

Interpersonal Dependency Constructs and Male Perpetrators of Intimate Partner Violence

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This study analyzed the subscales of the Interpersonal Dependency Inventory to investigate the levels of dependency among men court ordered to enter a batterers intervention program, determine associations between the subscales and violence, and evaluate the treatment's ability to change dependency on program completers. A secondary analysis with 114 men was used. Results indicated that using negotiation tactics and psychological aggression were significantly associated with emotional reliance on another person. Furthermore, the level of injury inflicted on a partner was associated with 2 subscales. No change in the level of dependency was found. Implications regarding treatment were explored and discussed.

Batterer intervention programs (BIPs) gained popularity in North America during the 1980s, largely in response to a call for mandatory arrest laws in intimate partner violence (IPV) cases. These programs, designed to address abuse perpetrated by men toward women, sought to hold perpetrators accountable for their behavior thereby reducing IPV while providing an alternative to incarceration (Jackson et al., 2003). Although BIPs serving women exist today, the original intent of these programs was to serve male perpetrators of IPV, and the majority of these programs continue to target men. This is consistent with the fact that although violence toward an intimate partner is not exclusively perpetrated by men, the majority of perpetrators are men

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(Bureau of Justice Statistics, 2003; Gondolf, 2007). Furthermore, questions about the men who abuse their intimate partners and the interventions available to help them stop the abuse remain. For these reasons, the focus of this study was on male perpetrators of IPV.

Since the proliferation of BIPs, researchers and practitioners alike have raised questions about the effectiveness of these programs. Numerous studies have been conducted to address the question of effectiveness, and the results to date have been mixed (e.g., Babcock, Green, & Robie, 2004; Davis & Taylor, 1999; Davis, Taylor, & Maxwell, 1998; Dunford, 2000; Feder & Forde, 2000; Feder & Wilson, 2005; Levesque, 1999; Morrison & Nesuis, 2003). In certain studies completion of a BIP had a positive impact on participants' beliefs and attitudes toward abuse of their intimate partners (Creig, Roybak, Torosian, & Hummer, 2006). In a multisite, 4-year follow-up evaluation, Gondolf (2002, 2004) found that the majority of the men who completed a BIP did eventually stop abusing their partners and their use of nonphysical violence decreased. A meta-analysis of 22 programs suggested that where there was a treatment effect, the effect was small (Babcock et al., 2004). However, some studies have found no positive changes in men attending BIPs. For example, Feder and Dugan (2002) found a BIP to have no effect in changing abusive behaviors or participants' attitudes toward their partners. Similarly, Dunford (2000) reported that the interventions used by the programs in his study failed to produce the desired change in behaviors. Furthermore, some researchers have raised concerns because of large attrition numbers (Buttell & Carney, 2008; Carney, Buttell, & Muldoon, 2006; Daly & Pelowski, 2000). From these and other empirical studies, the conclusion seems to be that treatment effects are present, but they are modest (Carney & Buttell, 2006).

In addition to the question of effectiveness, the issue of treatment appropriateness has been raised. Research has shown that male batterers vary significantly, not only with regard to the severity of violence, but to whom the violence is directed, as well as in individual psychopathology (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Holtzworth-Munroe & Stuart, 1994; Saunders, 1992; Straus, 1996). Because of these differences, the need for treatment that is fitting to the individual issues faced by clients is at least worthy of further exploration. To answer the question of appropriateness of treatment, one area researchers have continued to explore is the role of attachment in IPV.

LITERATURE REVIEW

Some researchers and clinicians have argued that to enhance the effectiveness of intervention efforts for batterers the conceptualization of the factors that contribute to IPV need to be expanded (Lawson, 2003). One of the

leading approaches regarding IPV is attachment theory (Mikulincer & Shaver, 2007). Although attachment studies began by exploring the relationship between infants and their mothers, other theoretical developments have studied the analogous patterns between childhood attachment and adult relationships (see Carney & Buttell, 2008). Attachment theory has provided a framework to help explain relationship components and their impact on IPV (Carney & Buttell, 2006; Lawson & Malnar, 2011; Mahalik, Aldarondo, Gilbert-Gokhale, & Shore, 2005; Sonkin & Dutton, 2003).

Some have suggested that excessive interpersonal dependency among abusive men could be influenced by insecure attachment in childhood (Dutton, 1995; Holtzworth-Monroe, Stuart, & Hurchinson, 1997; Tweed & Dutton, 1998). A review of the literature on attachment theory and domestically violent men suggested that “men whose violence was predominantly or exclusively in intimate relationships probably have an attachment disorder” (Sonkin & Dutton, 2003, p. 109), providing support for the need to continue to explore the connections between attachment and IPV.

Results from previous studies have provided evidence that these observations are accurate. Early research suggested that men who used violence toward their partners and entered treatment voluntarily exhibited higher levels of dependence on their partners relative to that of nonviolent men (Holtzworth-Munroe et al., 1997; Kane, Staiger, & Ricciardelli, 2000; Murphy, Meyer, & O’Leary, 1994). Studies of men in court-mandated treatment confirmed the earlier findings; abusive men were found to be overly emotionally dependent on their partners (Buttell, Muldoon, & Carney, 2005; Carney & Buttell, 2006). It is important to note, however, that at least one of the earlier studies conducted on violent men who were court-ordered to treatment found quite different results. Buttell and Jones (2001) found that violent men reported similar levels of interpersonal dependency as nonviolent men.

Previous findings and the fact that questions still remain unanswered about the relationship between interpersonal dependency and IPV, gives support to the need for additional research. In that regard, this study sought to extend the work in this area by exploring the individual constructs of interpersonal dependency (Emotional Reliance on another Person [ER], Lack of Social Self-Confidence [LSC], and Assertion of Autonomy [AA]), as measured by the Interpersonal Dependency Inventory (IDI) (Hirschfeld et al., 1977), in relation to IPV.

Most profeminist psychoeducational models of treatment use curricula that address issues of jealousy and possessiveness (Bowen, Gilchrist, & Beech, 2005; Scourfield & Dobash, 1999), especially in relation to emotional reliance on a single individual; factors that have been found to be related to dependency (Bowlby, 1973; Murphy et al., 1994). Much of the literature related to interpersonal dependency and interpersonal violence has been measured using the IDI total score and has shown those men to be overly emotionally dependent on their partners (Carney & Buttell, 2006; Holtzworth-Munroe, Stuart, & Hutchinson, 1997; Kane et al., 2000; Murphy et al., 1994).

It is possible, that when the individual constructs of interdependency are assessed separately, differences would be present in one area of dependency over another. If this is the case, implications for the appropriateness of treatment for perpetrators should be addressed. If abusive men have different scores in their levels of dependency to a single other person versus dependency to people in general, practitioners may need to determine if a uniform treatment is the most beneficial for change to occur. Furthermore, in light of the mixed results obtained to date regarding the effectiveness of programs for perpetrators, determining the relationship between the components of interpersonal dependency and violence, can provide insight into specific areas where program curriculum could be enhanced.

Some studies have used the subscales of the IDI to determine the relationship between dependency and IPV. For example, Bowen et al. (2005) used the ER subscale to measure dependency in a program evaluation of a British batterers program. They found that men who reoffended had significantly higher levels of interpersonal dependency when compared to those who did not reoffend. Also using the ER subscale, Kane et al. (2000) found violent men to have significantly higher levels of interpersonal dependency compared to men in a football team and men who volunteered in a community program. However, no studies examining the three individual subscales with one sample were found.

This study seeks to extend the work in this area of IPV by further differentiating the role of attachment and interdependency using the IDI subscale scores as indicators of the three theoretical factors they identify: dependency in relation to a single other person, dependency to people in general, and independence from the evaluations of other people (Hirschfeld et al., 1977). The purpose of the current study was to answer the following research questions:

1. What are the pretreatment levels of interpersonal dependency, dependency in relation to a single other person, dependency to people in general, and independence among men court-ordered to attend an IPV treatment program?
2. Is there an association between the factors measured by the IDI subscales and interpersonal violence as measured by the Revised Conflict Tactics Scale (CTS2) among men court-ordered to attend a BIP?
3. Does completion of a BIP affect the levels of dependency in relation to a single other person, dependency to people in general, or independence?

METHOD

Participants

Participants for the study included men who had been court ordered to a BIP located in a rural state in the southeast region of the United States. In order to

be included in the study, the men had to have been through the assessment process and had to have started the program. All men who had completed the program when the study began were included in the initial sample; in addition, a randomly selected group of those who dropped out were selected for participation. At the time of data collection, 250 men had been referred to the program but not all completed the treatment. The initial sample consisted of the 61 men who had completed the 16-week treatment and 64 men who dropped out of the program (randomly selected). Of these 125 men, the responses of 11 were omitted due to them giving the same rating to all the items (showing lack of discrimination between items) or because they failed to complete the entire instrument package. The final sample consisted of 114 heterosexual men; 56 who completed the treatment and 58 who dropped out. Within this total sample, 31% were referred following an arrest for severe physical violence, 30% for moderate physical violence, 26% for mild physical violence, and 13% for verbal harassment, as indicated on the referral reports.

Over half of participants were not married (56.8%); with an average age of 32 years and an average 12th-grade education. The sample included 50.9% African American men, 46.4% White men, and 2.7% Hispanic men. The men averaged five previous arrests and approximately two previous arrests for IPV. See Table 1 for pretreatment participants' characteristics.

Data Collection

This study used secondary data, which was collected at a BIP in the southeast region of the United States. Clients referred to this program completed an assessment interview where they were asked to complete a demographic questionnaire, the CTS2 (Straus et al., 1996), and the IDI (Hirschfield et al., 1977). When the participants completed the program, they were asked to again complete the IDI, thus the program obtained posttreatment data. The CTS2 was not used upon completion because of program length. The instrument is designed to measure relationship constructs over the previous 12 months, thus the 16 weeks of treatment in this program did not allow for needed length of time to re-administer the instrument. The agency used this information to prepare a pretreatment assessment of the individual and to evaluate changes in interpersonal dependency upon program completion. The program administrators believe there is sufficient information in the curriculum to address issues of interpersonal dependency, and to expect changes upon completion.

When collecting the data, the privacy of participants was assured by deleting all personal information from the demographic information form. Only copies of unidentified demographics and the psychological instruments were provided to the researchers. The researchers did not have direct access to client files.

TABLE 1 Participant Characteristics ($N=114$)

Characteristic	Treatment completers	Drop-outs	Total
	($n = 56$) <i>M (SD)</i>	($n = 58$) <i>M (SD)</i>	<i>M (SD)</i>
Age	33.4 (9.8)	31.4 (10.3)	32.4 (10.1)
Prior arrests	4.7 (8.6)	4.9 (6.8)	4.8 (7.7)
Prior arrests (domestic violence)	1.8 (1.5)	1.7 (1.8)	1.7 (1.6)
Education	11.9 (1.9)	11.7 (1.9)	11.8 (1.9)
IDI total score pretreatment	42.3 (14.2)	44.0 (15.6)	43.1 (14.9)
ER score pretreatment	39.7 (10.5)	41.7 (11.3)	40.7 (10.9)
LSC score pretreatment	31.4 (6.7)	32.0 (7.3)	31.7 (7.0)
AA score pretreatment	28.9 (6.5)	29.6 (9.1)	29.2 (7.9)
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>
Race			
African American	26 (46.4)	31 (55.4)	57 (50.9)
Caucasian	27 (48.2)	25 (44.6)	52 (46.4)
Hispanic	3 (5.4)	0 (0)	3 (2.67)
Income			
<\$10,000	7 (18.4)	5 (15.2)	12 (16.9)
\$10,000–\$20,000	12 (31.6)	18 (54.5)	29 (42.3)
\$20,000–\$30,000	10 (26.3)	7 (21.2)	17 (23.9)
>\$30,000	9 (23.7)	3 (9.1)	13 (16.9)
Status of relationship ^a			
Married	24 (54.5)	14 (31.8)	38 (43.2)
Not married	20 (45.5)	30 (68.2)	50 (56.8)

Note. IDI = Interpersonal Dependency Inventory; ER = Emotional Reliance Subscale; LSC = Lack of Social Self-Confidence; AA = Assertion of Autonomy.

^aSignificant differences found between the two groups at $p = .05$.

Following Straus' (2004) recommendations for measuring the CTS2, the current study computed frequency and annual prevalence scores for each of the five subscales of the CTS2. Furthermore, the physical assault, sexual coercion, and injury subscales were divided by level of severity (less severe vs. more severe) for the correlation analysis.

The Batter Intervention Program

The program model used for treatment was cognitive behavioral in nature; its structure and emphasis were consistent to psycho-educational programs described in the literature (Gondolf, 1997; Rosenbaum & Leisring, 2001; Williams, 1992). This program is based on the Duluth-informed program model and also incorporates cognitive-behavioral techniques to help men change their violent behavior, as other programs described in the literature do (Bowen et al., 2005; Mullender, 1996; Pence & Shepard, 1988). Furthermore, these programs address jealousy, possessiveness, and other controlling

behaviors, components related to interpersonal dependency, in addition to challenging participants to take ownership for their behavior (Bowen et al., 2005). The intervention program is a structured, intensive, 16-week group that focuses on anger management and skills development and utilizes a feminist perspective. After the initial orientation and intake interview (one session) 15 psycho-educational sessions are required. Approximately 15 men attend each group one night each week for approximately 2 hours. The groups were open-ended, allowing participants to enter the program as soon as their assessment was completed, regardless of where the group was at in the course's material.

Instruments

THE IDI

The IDI is a self-report instrument that contains 48-items, and it is designed to measure interpersonal dependency in adults. The authors of the instrument defined interpersonal dependency as “a complex set of thoughts, beliefs, feelings, and behaviors which revolve around the need to associate closely with, interact with, and rely upon valued other people” (Hirschfeld et al., 1977, p. 610). Hirschfeld et al. (1977) found three factors in the IDI that were theoretically meaningful and represented two main components of interpersonal dependency, attachment, and dependency. Each of these three factors was categorized as a subscale and in each of them, the way individuals see themselves in relation to others differs. Furthermore, different kinds of dependency seemed to be measured by the subscales (Gurtman, 1992). The ER subscale addresses the intensity of a relationship to one specific person. This type of dependency has been classified as *anaclitic*, where an anaclitic personality is related to dependency on others with the goal of obtaining support and gratification; related to feeling deprived; and to difficulty in managing anger because of fear of losing the object of the dependence (Blatt, D’Afflitti, & Quinlan, 1976). The LSC subscale addresses relationships to people in general. This type of dependency has been referred to as “introjective” or a self-critical component where an introjective personality is related to feelings of inferiority, guilt, and worthlessness. In addition, these individuals tend to feel that they failed to live up to the expectations of others and are highly vulnerable to criticism (Blatt et al., 1976). Lastly, the AA subscale assesses independence from what others think, or as recommended by Bornstein (1994), it has been used as an index of independence (Hirschfeld et al., 1977).

The name of the instrument used in self-report testing is The Personal Attitude Survey. This name is used to minimize the focus on dependency. Respondents are asked to rate each item on a 4-point Likert type scale ranging from 1 (*not characteristic of me*) to 4 (*very characteristic of me*).

The overall scale score ranges from 48 to 192. Each subscale is composed of items as follows: ER = 18 items; LSC = 16 items; and AA = 14 items.

The IDI has been used widely to measure dependency since it was first published in 1977 (Bornstein, 1994; Hill, Gold, & Bornstein, 2000) and it is one of the most widely used instruments to evaluate interpersonal dependency in studies involving batterers (Carney & Buttell, 2006). Reliability coefficients for the whole-scale score and subscale scores at 84-week intervals are comparable to those of 1-month intervals (Bornstein, 1997). The authors indicated the IDI has good internal consistency (e.g., split-half reliabilities for the three subscales ranging from .72 to .91) and good concurrent validity (Hirschfield et al., 1977). The subscales for emotional reliance and lack of social self-confidence have shown to correlate with measures of general neuroticism and anxiety, depression, and interpersonal sensitivity (e.g., Symptom Checklist-90; Derogatis, Rickels, & Rock, 1976). The scores on the IDI subscales have been found to be unrelated to age, marital status, education, income, or social desirability (Bornstein, 1994; Hirschfield et al., 1977). Bornstein (1994) concluded that the evidence is sufficient to support the construct validity of the scale.

THE CTS2

The CTS2 is a revised version of the original Conflict Tactics Scales (CTS; Straus, 1979, 1997). Although not without its critics, the scale has been widely accepted as a self-report measure of physical assaults in domestic relationships and it is considered the most widely used self-report measure of IPV in the United States (Dwyer, 1999; Straus, 1997). The CTS2 contains 39 items (78 questions), through which individuals self-report behavior regarding negotiation skills, psychological and physical attacks, use of sexual coercion, and physical injury on a partner in a marital, cohabitating, or dating relationship; the instrument is designed to obtain information from the previous 12 months (Straus, 1997; Straus, Hamby, Boney-McCoy, & Sugarman, 1996).

The theoretical basis for the CTS2 is conflict theory, as it was for the original scale (Straus, 1979; Straus et al., 1996). This approach views conflict as a part of human interactions; however, it does not support violence as the appropriate response to conflict (Straus, 1997; Straus et al., 1996). The CTS has been used to measure conflict with individuals from different cultures, races, and ethnicities, including the minority groups represented in this study (Cazenave & Straus, 1979; DuRant, Cadenhead, Pendergrast, Slavens, & Linder, 1994; Hampton, Gelles, & Harrop, 1989; Kauffman Kantor, Jasinski, & Aldarondo, 1994). In addition, the reliability and validity of the CTS has been established in previous studies, ranging from .79 to .95; its authors provided preliminary evidence of construct validity and discriminant validity (Straus, 1997; Straus et al., 1996).

RESULTS

To answer the first question, the pretreatment levels of interpersonal dependency were measured and compared between those who completed the treatment and those who dropped out. The general characteristics of participants at the pretreatment assessment are shown in Table 1. The total IDI pretreatment score for this sample was $M = 43.1$ ($SD = 14.9$). The pretreatment means for completers (on the IDI total and subscales) were slightly higher than the means for dropouts, therefore an independent samples t -test was performed to determine if there were differences at pretreatment levels. The observed differences between means did not reach statistical significance (IDI total: $t = -.581$, $p = .563$; ER: $t = -.981$, $p = .329$; LSC: $t = -.443$, $p = .659$; AA: $t = -.514$, $p = .608$). The demographic statistics were compared using a chi-square test. Only marital status was statistically significant, $\chi^2(1, 88) = 4.63$, $p = .031$, between the two groups (completers and noncompleters).

A Pearson product-moment correlation procedure was conducted to determine potential linear relationships between measures of self-reported violence (CTS2) and interpersonal dependency (IDI), to answer the second research question. Because the sample is known to be violent, Straus's (2004) recommendation to use the frequency score was followed to investigate the potential correlations between the CTS2 and the IDI at the pretreatment assessment. The results of the correlation analyses presented in Table 2 show that there was only one statistically significant association between the total IDI score and the CTS2; this was the association between the total IDI score and the psychological aggression subscale (less severe level, $r = .264$, $p = .006$). However, several statistically significant associations were found between the IDI subscales and the CTS2 subscales.

Statistically significant associations were found between the use of negotiation tactics, psychological aggression, and injury, with several of the IDI subscales. Use of negotiation tactics was significantly associated with the ER subscale of the IDI ($r = .195$, $p = .042$). The psychological aggression subscale was significantly associated with the IDI ER subscale at both levels of severity (less severe: $r = .307$, $p = .001$; more severe: $r = .198$, $p = .038$). Last, the injury subscale was found to be significantly associated with the IDI LSC subscale and the AA subscale. The association with both subscales was significant at the more severe level of injury (LSC: $r = .186$, $p = .049$; AA: $r = .250$, $p = .008$).

Finally, a paired sample t -test was conducted to answer the third question and determine the extent to which participants' interpersonal dependency scores (total and for each subscale) changed between the pretreatment and posttreatment assessments as a result of the BIP. With an alpha level of .05, the dependent t -test procedure indicated that participant scores were not significantly different on the total IDI posttreatment assessment

TABLE 2 The Bivariate Correlations Among the CTS2 and the IDI at Pretreatment Assessment

CTS2	IDI	ER	LSC	AA
Negotiation				
Pearson correlation	.140	.195 ^a	.126	.098
Sig. (2-tailed)	.147	.041	.183	.304
<i>N</i>	109	110	113	111
Psychological aggression				
Less severe				
Pearson correlation	.264 ^b	.307 ^b	.173	.077
Sig. (2-tailed)	.006	.001	.066	.424
<i>N</i>	109	110	113	111
More severe				
Pearson correlation	.154	.198 ^a	.167	.118
Sig. (2-tailed)	.111	.038	.078	.218
<i>N</i>	109	110	113	111
Physical assault				
Less severe				
Pearson correlation	.110	.096	.128	.036
Sig. (2-tailed)	.255	.319	.176	.704
<i>N</i>	109	110	113	111
More severe				
Pearson correlation	.044	.086	.098	.126
Sig. (2-tailed)	.650	.372	.302	.189
<i>N</i>	109	110	113	111
Sexual Coercion				
Less severe				
Pearson correlation	.094	.121	.049	-.002
Sig. (2-tailed)	.333	.207	.610	.985
<i>N</i>	109	110	113	111
More severe				
Pearson correlation	.082	.116	.072	.073
Sig. (2-tailed)	.398	.228	.449	.449
<i>N</i>	109	110	113	111
Injury				
Less severe				
Pearson correlation	.035	.081	.089	.135
Sig. (2-tailed)	.720	.401	.348	.156
<i>N</i>	109	110	113	111
More severe				
Pearson correlation	-.007	.049	.186 ^a	.250 ^b
Sig. (2-tailed)	.945	.609	.049	.008
<i>N</i>	109	110	113	111

Note. CTS2 = Revised Conflict Tactics Scales; IDI = Interpersonal Dependency Inventory; ER = Emotional Reliance Subscale; LSC = Lack of Social Self-Confidence; AA = Assertion of Autonomy; Sig. = significance.

^aSignificant correlation at $p = .05$.

^bSignificant correlation at $p = .01$.

($t = .328$, $p = .744$), nor in the IDI subscales posttreatment assessment (ER: $t = .083$, $p = .934$; LSC: $t = .766$, $p = .447$; AA: $t = .523$, $p = .603$). These results suggest no change in level of interpersonal dependency at the conclusion of the treatment program for treatment completers. Means are presented in Table 3.

TABLE 3 Participant's Statistics on the Interpersonal Dependency Inventory (IDI) Subscales (Completers)

Scale	Pretreatment (<i>n</i> = 56)		Posttreatment (<i>n</i> = 56)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Total IDI scale	42.3	14.2	41.6	10.6
Emotional Reliance on Another Person	39.7	10.5	39.6	9.1
Lack of Self Confidence	31.4	6.7	30.6	5.7
Assertion of Autonomy	28.9	6.5	28.4	6.4

DISCUSSION

Implications for Practice

The problem of interpersonal violence remains a pressing issue. As treatment programs and domestic violence shelters continue to see diverse issues among the clients they are serving—serious substance abuse, mental health issues, bidirectional violence, increased incidences of blurred lines between victim and perpetrator—it becomes more and more critical to sort out the individual needs of those using violence. The results of this study sought to extend the previous work by increasing our understanding of the relationship between the individual constructs measured by the IDI subscales and IPV to provide information that can potentially strengthen treatment programs. Furthermore, associations between the specific behaviors measured by the CTS2 were individually addressed.

An interesting finding, and one that requires further exploration, is the association found between perpetrators' use of negotiation tactics and emotional reliance on a single other person as measured by the ER subscale. Two viewpoints to this finding can be taken. First, as it has been suggested previously, this finding points to perpetrators inclination to acknowledge the use of violent behavior while at the same time pointing to their use of socially acceptable behavior such as the use of negotiation to settle disagreements (Carney & Buttell, 2006). Evidence to this explanation is provided in the prevalence data, where 96.5% indicated the use of negotiation tactics, while at the same time reporting the use of psychological aggression (88.6%), physical violence (76.3%), sexual coercion (36.8%), and violence causing injuries (39.5%). A second explanation of this association addresses the behaviors the subscales intend to capture. The negotiation subscale of the CTS2 measures behaviors intended to "settle disagreements through discussion" (Straus et al., 1996, p. 289). As described above, the ER subscale of the IDI reflects a desire to have contact and emotional support from specific individuals, as well as the fear of losing that person (Hirschfeld, 1977). Therefore, these data also suggest those individuals with high levels of attachment to their partners and who fear losing this person may seek to negotiate

disagreements in an effort to keep the person in the relationship. However, when these efforts fail, they may resort to violence; or as Murphy et al. (1994) concluded, violent men desire closeness with their partners but given their inability to achieve emotional closeness, they engage in violent and controlling behaviors to ensure physical closeness rather than emotional closeness.

Previous research has shown that abusive men have higher levels of interpersonal dependency when compared with nonabusive men (Bowen et al., 2005; Buttell et al., 2005; Kane et al., 2000). This may help explain the significant correlation found in this study between psychological aggression and the IDI. Interestingly, of the four CTS2 subscales that measure abusive behavior, psychological aggression was the only subscale significantly correlated with the ID subscales that measure dependency. More specifically, the correlation was significant with the ER subscale, which measures attachment to a specific person as well as the desire for approval and attention (Hirschfeld et al., 1977). Coercive and controlling behaviors, which are components of psychological abuse (Chamberland, Fortin, Turgeon, & Laporte, 2007), may be used to redirect a partner's attention back to the abuser. These behaviors are usually used to limit the partner's autonomy (Kane et al., 2000), which lead to isolation and forced dependency on the abusive partner.

In addition, this finding also points to the need for programs to consider the issue of interpersonal dependency as it relates to psychological aggression during and after program completion. Some have suggested that interpersonal dependency can be a predictor of violence (Bowen et al., 2005; Murphy et al., 1994), as well as a possible predictor for re-offences (Bowen et al., 2005); in addition, the cessation of physical violence may result in an increase of psychological violence after attendance to a BIP (Bowen et al., 2005). In this study, although a significant correlation was found between psychological aggression and interpersonal dependency, specifically emotional reliance on a single other person, there was no change in the level of interpersonal dependency before and after completion of the program. Since the primary goal of BIPs is to stop IPV, programs should consider emphasizing information regarding dependency and attachment in their curriculum, thus making their interventions potentially more effective.

Some researchers have suggested that individuals who have high levels of dependency on their intimate partners experience conflicting emotions regarding the relationship. They may simultaneously desire a close relationship with the partner while at the same time experiencing intense fear to have a close emotional relationship (Murphy et al., 1994). This suggestion can assist in explaining the significant correlation between the level of independence (AA subscale) reported and the infliction of severe injury of their partners. In this case, the conflicting emotions would include the desire for independence, while at the same time using violence to keep the person in the relationship.

The data in the current study provide support for the need to consider the specific needs of individuals in treatment. Research has shown that the intervention of choice for men who assault their partners is group intervention to which men are court-mandated (Lavesque, Velicer, Castle, & Greene, 2008). The issue at hand, however, is not how the intervention is provided, but the content of the intervention. These programs usually use a psycho-educational model or a cognitive-behavioral orientation rooted in a feminist perspective of female oppression (Jackson et al., 2003) and most of the groups actually combine these two perspectives (Mullender, 1996; Pandya & Gingerich, 2002; Stuart, Temple, & Moore, 2007). From a feminist perspective, the problem of abuse is rooted in a patriarchal system that in many ways supports and promotes violence against women. This belief is contextualized to society's broader support of a culture of dominance and aggression. The cognitive-behavioral perspective contends that violence is learned, and therefore, can be unlearned (Babcock et al., 2004). These two perspectives are used together to provide group-based interventions of various lengths. Once again, using this approach is not necessarily problematic if the curriculum used for these group sessions addresses the issues relevant to the men in the group. Issues of interpersonal dependency, specifically issues related to dependency on a single other person along with the conflicting desire to be independent, and their effect on how men see themselves and relate to their partners is important and could be emphasized in the curriculum without altering its feminist foundation or its cognitive-behavioral approach. Support for this was found in the fact that no significant differences were found between pretreatment and posttreatment IDI scores and yet, participants reports high level of dependency. Perhaps including a goal that aims to decrease interpersonal dependency as part of the program could bring some resolution in this area for participants.

Whether looking to attachment theory and interpersonal dependence for instruction on batterer intervention treatment proves to be instructive or not, the persistent use of treatment programming that produces modest results points to the need for further research to explore avenues to effective programming. Research suggesting a link between the use of violence and insecure attachment provides an opportunity for treatment intervention that can add to the current ownership/responsibility approach, and may increase effectiveness in enabling client treatment matching and perhaps sustained change in the reduction of violence as a solution to conflict.

Policy Implications

The issue of appropriate treatment for perpetrators of IPV continues to be debated among practitioners and researchers. Dixon and Graham-Kevan (2011) suggest that intervention programs should be judged not only by their immediate outcomes, but also by the risk and needs of offenders. As the

results of this study suggest, the needs of perpetrators may be varied and attention needs to be given to the content offered during intervention. Program design is an issue that has implications for practice as well as policy because many of these programs continue to be court-mandated and in some cases, must follow standards in order to provide services or receive funding (Arias, Dankwort, Douglas, Dutton, & Stein, 2002). Because we still do not have definitive answers on services based on typologies (Edleson, 2012), additional research is needed to determine the validity of this premise. Results from future research can then inform and shape policies to guide the provision of services for IPV perpetrators.

Regarding policies around BIP standards, it is important for all those involved in the provision of services to continue to evaluate the appropriateness of these standards, as having them in place is not enough. If programs adhering to standards are not producing the desired outcomes, then additional evaluations need to take place so appropriate policies are developed and goals are reached. Furthermore, attention needs to be paid to the potential restrictiveness of some policies where only one model is accepted for intervention (Tolman, 2002), possibly limiting the use, or even the open discussion or investigation, of additional interventions that may have promising results. As this study suggests, adding the issue of interpersonal dependency to the curriculum conversation is at least warranted. As advocates, the criminal justice system, and providers of victims' services, seek to create a safe environment for victims, reviewing their standards and providing flexibility that allows for promising interventions to be incorporated into available services seems reasonable.

One last, but important issue regarding policy implications is the need to reach consensus on what qualifies as program success. This issue was highlighted at a BIP experts' round table, as needing attention in the field (Family Violence Prevention Fund, 2010). Studies such as this are necessary and helpful in moving the conversation forward. However, without some common ground within the field, it will continue to be difficult to argue for appropriate policies and best practices, and to gain much needed support to fund and continue the provision of services for those who perpetrate violence against intimate partners.

LIMITATIONS AND FUTURE RESEARCH

Although the current study can help in our quest to understand IPV and dependency, several potential drawbacks limit the conclusions that can be drawn and it is important to keep them in mind when evaluating the findings. First, all participants of this program were court-ordered into treatment and therefore were involuntarily involved in treatment. Second, given the high rates of attrition among BIPs, the number of treatment completers

was limited, resulting in a small sample for this study. Third, because of the BIP's length, CTS2 posttreatment scores were not obtained. This hindered our ability to examine potential differences between pretreatment and posttreatment scores among completers. Fourth, the data collected was self-reported. Finally, this study used a sample of batterers drawn from a predominately rural state. It is clear that these men are not representative of batterers in general and the results of this study may not be applicable to those in different geographic regions and clinical settings.

Several areas can be highlighted for future research. First, further exploration of the significant association found between the AA subscale and the severe injury subscale of the CTS2 is needed. The seemingly contradictory nature of someone with high levels of attachment and high levels of autonomy present at the same time poses questions that need to be addressed. Second, the exploration of differences among participants based on demographic characteristics i.e., race and marital status also warrants additional research. Third, because of the length of the program (16 weeks), CTS2 scores were not collected posttreatment. Future studies with a similar population would be enhanced by obtaining posttreatment violence data whether at the end of the program or at various follow-up intervals. This would provide more solid data regarding the effectiveness on the program in terms of reducing interpersonal dependency and violence. Finally, studies that would allow for comparisons between violent and nonviolent individuals between the subscales not yet explored in this manner (namely the LSC and the AA) would also benefit the field.

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