

The Role of Family of Origin Experiences, Early Maladaptive Schemas, and Attachment
Style in Predicting Intimate Partner Violence

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University.

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DEDICATION

This dissertation is dedicated to all survivors of intimate partner violence, specifically for the Lebanese population who have endured unbearable events and despite all the challenges and struggles, they were able to overcome abuse..

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“ Violence needs to stop. All of us, men and women, need to speak up and teach our children that violence is not the solution. Together we can all make a difference. The best place to start is with yourself.

Will Young

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Abstract

Intimate Partner Violence (IPV) is an important public health concern. In recent years, there has been greater awareness concerning this phenomenon, its causes and consequences. Due to the relational nature of IPV, attachment theory, schema theory and family of origin violence (witnessing interparental violence and experiencing direct abuse) it appeared to be a useful framework to better understand the components and dynamics of IPV. A total of 165 Lebanese participants were recruited using convenient sampling to complete an online survey. The study used 5 instruments: Conflict Tactics Scale-2 (CTS-2) to measure IPV, Experience in Close Relationship Scale - Short Form (ECR-S) to measure attachment style, Childhood Trauma Questionnaire- Short Form (CTS) and Conflict Tactics Scale, Parent-Parent (CTS) to measure family of origin violence and finally Young Schema Questionnaire -Short Form (YSQ-SF) to measure early maladaptive schemas. The statistical analysis partially supported the first hypothesis in which only direct experience of abuse was shown to predict IPV perpetration and victimization in adulthood. Also, avoidant attachment style appeared to be a partial mediator between family of origin violence and IPV. The other hypotheses were not supported. Hence, additional research with a greater sample size and a clinical sample is needed to provide a greater understanding of the phenomenon of IPV.

Keywords: Attachment style, child abuse, witnessing interparental abuse, intimate partner violence (IPV), early maladaptive schemas, perpetration, victimization

The Role of Family of Origin Experiences, Early Maladaptive Schemas, and Attachment Style in Predicting Intimate Partner Violence

Intimate partner violence (IPV) is increasingly identified as a major public health concern because it affects women, families and societies (Loue, 2010). IPV occurs in all settings and among all cultural, religious and socioeconomic groups (Pilkington et al., 2021). According to the World Health Organization (2012), IPV is one of the most common forms of violence against women and refers to any behavior within an intimate relationship that causes psychological, physical or sexual harm to those in the relationship. Estimates reveal that IPV affects about 1 in 3 (30%) of women worldwide (World Health Organization, 2021).

Forms of IPV can range from acts of physical violence (slapping, hitting, beating), sexual violence (including forced sexual intercourse), emotional or psychological abuse (insults, humiliation, belittling, threats of harm) and controlling behaviors (isolating a person from family and friends and monitoring their movements). It is a prevalent problem that has serious adverse effects on human physical and mental health through both direct and indirect pathways (Karakurt et al., 2016). These include injuries, wounds, increased risk of substance use, post-traumatic stress disorder, eating disorder, sleep disorders, depression and intergenerational trauma for children who witness IPV (Pilkington et al., 2021). In addition, the literature demonstrates positive relationship between IPV and suicidal behavior (as cited in Khosravi et al., 2011). Given the short- and long-term effects associated with IPV, it is important to identify relevant characteristics and predictors of IPV (Pilkington et al., 2021).

Early Maladaptive Schemas (EMS) (first predictor in this study) are dysfunctional internal working models encompassing affective, somatic, cognitive and memory-based components (Young et al., 2003). These mental images are internalized from early attachment experiences. Young et al. (2003) theorized that maladaptive schemas are formed in childhood

when core emotional needs, such as safety and emotional nurturance, are not met. There are 18 Early Maladaptive Schemas, grouped into five domains corresponding to the unmet childhood needs which are Impaired Autonomy and Performance (lack of autonomy, competence, and sense of identity), Over-vigilance and Inhibition (lack of relaxation, spontaneity, and play), Disconnection and Rejection (lack of safety, stability, and nurturance), Impaired Limits (lack of realistic limits and self-control), and Other Directedness (lack of freedom to express valid needs and emotions). However, for this current study, the focus is on schemas among these five domains that have been theoretically supported to predict victimization and perpetration of IPV which are mistrust/abuse, insufficient self-control, subjugation, and vulnerability to harm schemas. Pillinkton et al. (2021) emphasized the need to focus on specific schemas in predicting IPV rather than focusing on schema domains. This is because each schema within each domain predicts IPV differently. Some schemas within the same domain have low to moderate relationship to IPV while others highly predict IPV.

Attachment style was another predictor of IPV in this study. Attachment theory has been identified as unifying theoretical account for how relationship factors impact IPV (Lawson & Malnar, 2011). People have innate needs for close relationship with caregivers in order to maximize survival and safety (Bowlby, 1973). Schemas about self and others are developed through the repeated interactions with the caregivers. Early attachment patterns continue into adult relationships, predicting similar attachment patterns in adulthood (as cited in Lawson & Malnar, 2011). In a secure attachment pattern, the person is confident and interacts easily with others, meeting both their own and another's needs. However, when there is a fearful or preoccupied attachment pattern, the person chooses a partner who fits this maladaptive pattern (Obeid et al., 2019). A fearful avoidant attachment style is an insecure attachment pattern in

which individuals tend to have a strong desire for close relationships, but have a fear of getting too close. This attachment style is marked by a pattern of behavior in relationships that is high on anxiety and high on avoidance. Similarly, anxious preoccupied attachment style is a type of insecure attachment style rooted in a fear of abandonment. These individuals are highly insecure about the availability or responsiveness of their relational ties. They want to be close with others but are afraid that other people don't want to be with them. This attachment style is characterized by high anxiety and low avoidance.

Individuals with anxious attachment styles tend to engage in withdrawal strategies such as refusing to discuss the issue, ignoring the partner, and losing control. Research has indicated that anxiously attached individuals tend to fluctuate between active engagement by trying to satisfy the needs support, love and proximity and between withdrawal that is driven by their fear of rejection which can predict IPV victimization. Moreover, research has shown that anxiously attached individuals are more willing to tolerate IPV from intimate partners as a way to protect and stay close to their partners (Henderson et al., 2005). Those with anxiously attached individuals tend to see their relationship in a more negative perspective and analyze their partner's behavior from a negative point of view which might increase IPV perpetration. A meta-analysis done by Spencer et al. (2021) found that anxiously attached individuals may perpetrate IPV as a means to "pull" their partners back to them if they perceive that their partners are distancing themselves from the relationship.

Avoidant attachment style is more frequently associated with avoiding disagreements, aversive communication, and avoiding conflicts (Fowler & Dillow, 2011). Hence, avoidantly attached individuals might use delay tactics or stay silent. Therefore, it seems reasonable to expect that while avoidantly attached individuals keep silent or use delaying tactics, their

partners tend to criticize, demand changes, and engage in conflict (Bonache et al., 2019). Research has shown that individuals who use such communication patterns increase the likelihood of that the conflicts will escalate (as cited in Bonache et al., 2019). Hence, those with avoidant attachment style were more susceptible to being victims of IPV. This suggested that when an avoidantly attached individual withdraws, the other partner might resort to violence against their withdrawing partners (Spencer et al., 2021). It has also been demonstrated by Spencer et al. (2021) that people with avoidant attachment style can predict IPV perpetration as a means to keep their partners from getting too close or intimate with them. Individuals whose attachment needs have been frustrated may strike out violently to regain proximity to the perceived loss of an intimate partner.

A large body of research has found an association between exposure to violence in childhood and IPV perpetration in adulthood (Delsol & Margolin, 2004; Franklin & Kercher, 2012), suggesting that violence is transmitted across generations. Family of origin violence (FOV) (third predictor in this study) is defined as violence that occurs in the family of origin prior to age 18, in which the child is either exposed to child maltreatment (i.e., child abuse or child neglect) and/or witnesses parental IPV. One of the major explanations of the association between exposure to violence in childhood and perpetration of violence in adulthood is that children who are exposed to family violence model the behavior of their parents. This phenomenon can be explained by social learning theories (Wang et al., 2008). Children growing up in a violent home environment may both indirectly and directly learn from their parents' interaction patterns and attitudes through direct reinforcement and modeling. According to social learning theory, it is possible for children with exposure to parental violence to learn that violent

behavior is an acceptable way of conflict resolution between intimate partners (Ehrensaft et al., 2003; Rosenbaum & O'Leary, 1981).

Given the negative consequences and high prevalence of intimate partner violence, understanding the predictors of IPV was of theoretical and practical importance. Hence, this study aimed to investigate a number of determinants predicting IPV (Pilkington et al., 2021).

Research Question

In the light of the above, the present study addressed the following question: How do attachment style, family of origin violence, and early maladaptive schemas (all IVs) predict intimate partner violence (perpetration and victimization) in both females and males among a Lebanese sample whose participants are either dating, living together, divorced or married.

Rationale

Social learning theorists hypothesized that violence against intimate partners is initially learned through modeling in childhood (Bell & Naugle, 2008). Adults develop expectations of how others will treat them based on how they were treated in childhood. Experiencing a lack of safety in the caregiver relationship is associated with schema formation which increases the person's likelihood of relational problems in adulthood (Janovsky et al., 2020). According to these theories, violence is transmitted through direct experiences or vicarious observation (as cited in Eriksson & Mazerole, 2014). A summary of previous research findings on intergenerational violence indicated that experiencing or witnessing abuse as a child may be associated with the future perpetration and victimization of partner abuse (as cited in Bell and Naugle, 2008). However, other research findings suggested a stronger effect of observational learning compared with direct experiences (as cited in Eriksson & Mazerole, 2014) whereby

children learn to become violent against intimate partners by observing the patterns of behavior used by their parents. For example, a meta-analysis of 52 studies published between 1970 and 1984 found that witnessing interparental violence was a consistent risk factor associated with IPV perpetration among males. In contrast, the same study found that direct experience of violence in childhood was an inconsistent risk factor. Nevertheless, a meta-analysis of 39 studies have found that, compared with observing interparental violence, exposure to child abuse has a similar or strong effect (as cited in Eriksson & Mazerole, 2014) on IPV perpetration in adulthood. Therefore, this current research provided more evidence to the existing literature to whether direct experiences, vicarious observation of abuse or both predict IPV in adulthood.

Based on the literature review, it was evident that the majority of studies on IPV and its determinants are conducted in a Western context with only a dearth of studies conducted in other areas. Research has shown that patriarchal societies and beliefs that afford men the right to exercise power within the family and against women increase the prevalence of IPV (Awwad et al., 2014). Also, gender inequality and high masculinity which render the society largely male dominated limits women's rights and increases their vulnerability especially when there are no clear legislations and policies that protect them. In the West, authorities have the right to intervene and there are laws that protect women. Since Lebanon, the context of this study, has no policy on family matters as each religion governs its own, women and children are left at the mercy of religious doctrine that leave them most vulnerable. This is not to forget that all local, legal and religious authorities have largely ignored the occurrence of intimate partner violence against women in the Lebanese society which in turn increases the power of men against women (Awwad et al., 2014). Therefore, this research highlighted the seriousness and frequency of IPV in Lebanon which is a patriarchal society that has not been yet studied. In no doubts, the topic of

IPV is very sensitive especially in a society like Lebanon where there is stigma associated with IPV. Cultural beliefs around IPV de-legitimize individuals who have experienced partner abuse, often blaming those who have experienced IPV for their own victimization. Victims of abuse are often viewed as weak and passive. The social constructions equate victimization with a lack of agency. Hence, given the pervasiveness of these beliefs within society, it continues to be hard to report and talk about IPV.

In addition, as far as I know, there is only one research on the relationship between Early Maladaptive Schemas (EMS) and IPV in Lebanon (Rahme et al., 2020). Hence, this study discloses significant results in exploring the EMS in victims and perpetrators. Despite the theoretical links between schemas and IPV, the empirical support for these associations was unclear. A review focused on the relationships between schemas and IPV victimization and perpetration was needed. Previous reviews have provided insights into broad array of risk factors associated with IPV such as mental health status, drug use and marital dissatisfaction. However, the cognitive risk markers were limited to beliefs in traditional sex roles and approval of violence rather than schemas. Additionally, in previous years, none of the previous studies explored the three variables (attachment style, EMS, family of origin violence) all together in predicting IPV. The novel combination of the variables provides an in-depth analysis that can be translated into recommendations for therapy and prevention efforts. The findings have implications for screening, prevention, safety planning, and intervention, and can elucidate the directions for future research in this area.

Finally, Pillinkgton et al. (2021) who studied EMS and IPV victimization and perpetration through systematic review and meta-analysis emphasized the need to focus on

specific schemas in predicting IPV rather than focusing on schema domains. Thus, this study is of value given that it focuses on specific schemas such as mistrust/abuse schema, defectiveness/shame, and vulnerability to harm schemas.

Significance

Local, legal and religious authorities have largely ignored the occurrence of IPV against women in the Lebanese society (Awwad et al., 2014). This study helps the government and policy makers look at the strongest predictors of IPV which will further help them come up with IPV prevention programs.

Dominant theories on the aetiology of IPV have given greater attention to social and cultural risk factors associated with IPV than to ontogenetic factors such as cognitions. Research has found that cognitive, early developmental experiences and internal factors within the individual may be implicated in both IPV victimization and perpetration (Pilkington et al., 2021). Therefore, this study aimed at studying these factors that have previously been understudied.

The present study helps therapists understand the role of the attachment histories and family of origin violence play in the clients' presenting problems. This understanding is important in order to identify the maladaptive coping strategies the patient was engaging in and to target appropriate reparative experiences within the therapeutic relationship. This can have important clinical implications, especially for social workers and clinical psychologists who deal with the IPV phenomenon (Lucia & Franca, 2019).

Since this is the first research that studied IPV and the associated cluster of experiential, cognitive, and relational factors that predict it in a culture like Lebanon, it has significant implications on the societal level. This study might open the eyes for the need to challenge the social norms that may condone some forms of IPV and male control over women (Devries et al.,

2013) as well as the norms that allow IPV to be seen as a private issue rather than a public issue. The results might also direct the government and authorities to implement laws that protect women as well as to raise a societal awareness for the need to support local activism against violence and to promote nonviolent and gender equitable relationships (Devries et al., 2013). At the national level, this study adds to previous literature and particularly to Arab cultures, the need to promote equal economic and social rights and entitlement to women, and address the discriminatory behaviors women are subjected to.

Given the enormous psychological and economic costs that might result from partner violence which usually include pain, suffering, intergenerational trauma, sleep disorders, depression, and suicide, understanding men's IPV toward women was a significant area of psychological inquiry for psychologists (Hage, 2000). Hence, uncovering a number of risk factors for IPV helps in reducing the prevalence and frequency of IPV by creating awareness campaigns and prevention programs that help parents know the reality of the effects of parental abuse and spousal abuse which can, in turn, have important impacts on the society and individuals. These positive impacts include enhanced well-being, which can improve the general health and productivity at the population level (Cadilhac et al., 2015).

It is vital to mention that reviews have indicated that college students report a higher prevalence of experiencing IPV in dating relationships than do married couples in which the percentage of students who report experiencing sexual and physical violence on college campuses have ranged from 17% to as high as 48% (Murray & Kardatzke, 2007; Straus, 2001). Smithey and Straus (2004) propose that the higher rate among university students may be because university students "are in the prime ages for violent crime". Students are at a formative period in their lives, especially in relation to the development of appropriate patterns of behavior

with a partner (as cited in Straus, 2004; Murphy & O’Leary, 1989). This indicated that college students may be an at-risk population for violence in dating relationships (as cited in Anderson and Leigh, 2011). In addition, research by Elghossain et al. (2019) who measured the prevalence of IPV in the Arab world suggested that the topic of IPV was “too sensitive” in which they had to remove some questions. They also reported that the percentage of women who disclosed physical or sexual abuse was very low. Also, one of the limitations in their study was that this review may underestimate the “true” prevalence of IPV due to barriers of disclosure. Women were afraid to share that they were being abused because of the presence of children and afraid of what society might say (Elghossain et al., 2019). This suggested that the higher prevalence of IPV in college students might be so because married people, and in particular married women in our culture, are strongly restrained from admitting to being abused or victimized, simply due to the bonds of marriage and the presence of children. Dating couples compose one subset of the population that reports relatively high rates of IPV when compared with the general population. Thus, this study benefits this young population by opening the eyes for the need of primary prevention if results were found consistent results with previous literature (Hage, 2000).

Chapter 2

Literature Review

Previous studies have established a nexus between EMS, attachment style and family of origin experiences and IPV through a series of negative and positive relationships. The purpose of this chapter was to explore existing information on this topic that provide context for this research.

Early Maladaptive Schemas (EMS) and IPV

A systematic review and meta-analysis done by Pilkington et al. (2021) who addressed EMS as a risk factor for IPV perpetration and victimization, found out that adults develop expectations of how others will treat them based on how they were treated in their childhood. People internalize mental templates from early attachment experiences. Specifically, schemas are theorized to form when emotional needs, such as emotional nurturance and safety, are not met in childhood. These adverse childhood experiences contribute to the development of cognitive biases, which in turn increase vulnerability to psychological disorders later in adulthood (Janovsky et al., 2020). Those schemas are then activated in adulthood which biases how social information is encoded and prevents adaptive processing of information. Experiencing a lack of safety in the caregiver/child relationship is associated with schema formation, particularly schemas in the Disconnection and Rejection Domain (lack of safety, stability, and nurturance). This increases the person's likelihood of relational problems in adulthood (Janovsky et al., 2020). Schemas are therefore conceptualized as predicting IPV (victimization and perpetration) in adulthood. Ambiguous interpersonal and social cues may be misinterpreted, triggering maladaptive coping: schema surrender, schema avoidance or schema over-compensation. For

instance, an individual with Mistrust/abuse schema (other people will abuse, harm or take advantage of me) may surrender to this schema by tolerating or selecting partners that are untrustworthy or abusive (Hassija et al, 2018). Alternatively, individuals with mistrust/abuse schema might perpetrate violence if they perceive their partners as having aggressive or hostile intentions and over-compensate by using abusive or controlling behaviors (Senkas et al., 2020).

As mentioned above, Young et al. (2013) theorized that there are 18 early maladaptive schemas, grouped into five domains. Domain one corresponds to **Disconnection and Rejection** domain that encompasses within different schemas such as 1- Abandonment, 2- Mistrust/Abuse, 3-Emotional deprivation, 4- Defectiveness/ Shame and 5- Social Isolation. Domain two corresponds to **Impaired Autonomy and Performance** that encompasses 6- Dependence/Incompetence, 7- Vulnerability to harm/illness, 8- Enmeshment/Undeveloped self, 9- Failure. Domain three that corresponds to **Impaired Limits** encompasses 10- Entitlement/Grandiosity and 11- Insufficient self-control/ Self-discipline. Domain four corresponds to **Other-Directedness** that encompasses 12- Subjugation, 13-Self-Sacrifice and 14- Approval/Recognition- Seeking. Finally, domain five corresponds to **Over vigilance and Inhibition** that encompass 15- Negativity/Pessimism, 16- Emotional Inhibition, 17- Unrelenting standards and 18- Punitiveness.

The aim of the systematic review and meta-analysis that was conducted by Pilkington et al. (2020) was to evaluate the evidence on the associations between EMS and IPV perpetration and victimization. Previous studies have reported mixed findings, in which some studies have found that experiencing IPV is similarly associated with the full range of schema domains while other studies have reported that schemas clustered in schema domains related to

Disconnection/Rejection and Impaired Autonomy have stronger correlation with IPV victimization and perpetration.

IPV victimization and Early Maladaptive Schemas

Based on five studies (Atmaca & Gencoz, 2016; Falahatdoost et al., 2013; Gay et al., 2013; Pietri & Bonnet, 2017; Tas kale & Soygüt, 2016), both Impaired Autonomy and Disconnection and Rejection domain scores were moderately positively correlated with IPV victimization. Other-directedness scores demonstrated a small positive association with IPV. Based on three studies (Atmaca & Gencoz, 2016; Pietri & Bonnet, 2017; Taskale & Soygut, 2016), the Vulnerability to Harm schema was moderately correlated with IPV victimization. A meta-analysis based on four studies (Atmaca & Gencoz, 2016; Hassija et al., 2018; LaMotte et al., 2016; Pietri & Bonnet, 2017) indicated that the Mistrust Abuse schema was moderately correlated with IPV victimization. Therefore, only three schemas within the different five schema domains were significant predictors of IPV victimization according to the pooled effect of nine studies. These schemas are Subjugation (low to moderate correlation), Mistrust/Abuse schema (moderate correlation) and Vulnerability Schema (moderate correlation). Mistrust/Abuse Schema is a schema characterized by the persistent belief that one will be mistreated. Individuals with this schema view others as untrustworthy and expect the worse from them. They tend to expect that others (e.g. romantic partners) will not fulfill their basic emotional needs for acceptance, safety, empathy, respect and security. Thus, they tend to be more susceptible to IPV. Those with Subjugation Schema tend to believe that their own needs, emotions, preferences and opinion do not matter. This suggests that individuals with this schema are less likely to voice and uphold appropriate boundaries and limits. Young (2006) found that people with Subjugation Schema tend to be attracted to dominating partners. Vulnerability to Harm Schema is associated

with doubt about one's own capacity to protect oneself from harm. Therefore, individuals with this schema are more likely to become victims of abuse because they feel unable to protect themselves from partner violence. They also might be very hesitant to end the relationship because they lack the confidence in their capacity to function independently (Pilkington et al., 2021; Paim & Falcke, 2018; Hassija et al, 2020)).

IPV perpetration and Early Maladaptive Schemas

There is insufficient data to complete meta-analyses examining IPV perpetration. As cited in Pilkington et al. (2021), there is one study that reported small correlation between Impaired Limits and IPV perpetration (Kachadourian et al., 2013). Shorey et al. (2017) and Gay et al. (2013) found no significant association between IPV perpetration and Other-Directedness that was done on 3 samples.

Hassija et al. (2018) and LaMotte et al. (2016) reported five small to moderate correlations between IPV perpetration and Mistrust Abuse. A single study (Hassija et al., 2018) found a moderate correlation between IPV perpetration and Subjugation, small correlations with the Social Isolation, Entitlement, Abandonment, and Insufficient Self-control schemas, and no correlation with Self-Sacrifice.

In addition, Paim & Falcke (2018) who studied EMS and IPV of a sample consisting of 362 participants (181 males, 181 females) selected by convenience sampling in Brazil found out that two schemas in the domain of Disconnection and Rejection Domain which are mistrust/abuse and defectiveness/shame were identified as predictors of IPV (perpetration and victimization).

In the most recent study done by Pilkington et al. (2020) that included nine peer reviewed studies, it was shown that mistrust/abuse schema and insufficient self-control (moderate to high correlation) were found to predict IPV perpetrations (Hassija et al., 2020). In this study, I am studying the defectiveness/shame schema as many studies as cited above have shown that it is a predictor of victimization and perpetration. The defectiveness/shame schema is a schema in which individuals perceive themselves as defective or there is something that is seriously wrong with them. This can explain the increased probability of them either being perpetrators of abuse (“to cover their defect”) or be victims of abuse (“I don’t deserve better) (Paim and Falcke, 2018).

→ Check table underneath

Table 1

Relation between early maladaptive schemas and IPV victimization and perpetration according to 9 peer reviewed studies

Nine peer-reviewed studies included in meta-analyses examining the relationship between early maladaptive schemas and intimate partner violence victimization and perpetration (studies were from PubMed, PsycInfo, and CINAHL databases). Bold indicates the pooled effect size of the nine studies is significant.

N.B. Although in this meta-analysis, defectiveness/shame schema was found an insignificant predictor of IPV after studying the pooled effect size in all the studies; I was interested in studying it in this study as other studies have revealed that it is a predictor of IPV victimization and perpetration.

Schema Domains	18 Early Maladaptive Schemas	Victimization	Perpetration
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Disconnection and Rejection	Abandonment	No significant Correlation	No significant Correlation
	Mistrust/Abuse	Significant moderate correlation	Significant small to moderate correlation
	Emotional Deprivation	No significant Correlation	No significant Correlation
	Defectiveness/Shame	No significant Correlation	No significant Correlation
	Social Isolation	No significant Correlation	No significant Correlation
Impaired Autonomy	Dependence/Incompetence	No significant Correlation	No significant Correlation
	Vulnerability to Harm/Illness	Significant moderate correlation	No significant Correlation
	Enmeshment/Undeveloped Self	No significant Correlation	No significant Correlation
	Failure	No significant Correlation	No significant Correlation
Other-directedness	Subjugation	Significant low to	No significant Correlation

		moderate correlation	
	Self-Sacrifice	No significant Correlation	No significant Correlation
	Approval/Recognition-seeking	No significant Correlation	No significant Correlation
Impaired Limits	Entitlement/Grandiosity	No significant Correlation	No significant Correlation
	Insufficient Self-control/Self-Discipline	No significant Correlation	Significant moderate correlation
Over-vigilance & Inhibition	Negativity /Pessimism	No significant Correlation	No significant Correlation
	Emotional Inhibition	No significant Correlation	No significant Correlation
	Unrelenting Standards	No significant Correlation	No significant Correlation
	Punitiveness	No significant Correlation	No significant Correlation

Family of Origin Experiences and IPV

Research has shown different results when it comes to maltreatment in childhood. Some studies found that only individuals who experience abuse in their childhood will turn out to be victims or abusers of IPV (Paim et al., 2018) while other studies have revealed that witnessing IPV can also lead to IPV behaviors (Cannon et al., 2009).

Research done by Richards et al. (2017) explored the relationship between family of origin violence (witnessing interparental IPV and experiencing abuse in childhood) and IPV. Family of origin violence was assessed using two scales: Conflict Tactics Scale (CTS) that measures exposure to interparental IPV and Childhood Trauma Questionnaire – Short Form (CTQ- SF) that measures experiencing abuse in childhood. Results uncovered significant relationships between experiencing abuse in childhood and IPV victimization and perpetration for both females and males. Thus, experiencing violence in childhood may contribute to a dysfunctional ontogenetic system (that is a system that is referred to the personal, historical, and psychological factors of an individual) (Craft & Serovich, 2005).

Other studies have shown that individuals learn behaviors by watching and imitating actions experienced in the childhood environment. A study done by Rosenbaum and O’Leary (1981) reported that 80% of abusive husbands had experienced abuse in their families of origin and that 82% had witnessed abuse in their families. This suggests that not only people who experience abuse tend to become abusers of their own families but also those who witness spousal abuse. This was explained by the fact that abusers learn that violence is the only way to deal with relationship problems. The same results were shown in a more recent study done by Cannon et al. (2009) who explored the intergenerational transmission of witnessing intimate partner violence. They proposed that social learning theory is accepted as an explanation for the intergenerational transmission of IPV. A child who witnesses IPV learns to have positive

expectations associated with the use of violence as a way of resolving conflicts. Children who witness IPV between their parents may view IPV as normative; hence, they are more likely to engage in such behaviors with their partners. Individuals who witness spousal violence can become abusers. Male victims of child maltreatment may cope and react to their victimization by holding hostile cognitions and attributions that are characterized by mistrust and a belief that all individuals are selfish, dishonest, mean, and will intentionally cause harm (Elmquist et al., 2016). It is likely that these hostile cognitions and attributions subsequently increase the likelihood of physical and psychological IPV perpetration.

Another study done by Eriksson & Mazerolle (2015) that examined the impact of exposure to violence in childhood on perpetration of IPV in adulthood revealed that individuals who observed interparental violence (mother to father, father to mother) in childhood were more likely to be violent in their intimate relationships in adulthood than individuals who were not exposed to violence in childhood. In addition, a meta-analytic review done by Smith-Marek et al. (2015) which included 124 studies examined the association between being raised in a physically violent home and becoming an adult victim or perpetrator of physical intimate partner violence found stronger effect sizes for perpetration than victimization. Individuals who are exposed to parent-child physical aggression are significantly more likely to perpetrate violence against a romantic partner (Kaufman-Pakis et al., 2018).

Attachments Styles and IPV

Attachment theory is an important framework for understanding interpersonal and emotional processes that occur throughout the lifespan (Dumas et al., 2008). In fact, Bowlby (1982) proposed that attachment behaviors in infants (such as crying and searching) are adaptive responses to separation from a significant and primary caregiver – someone who provides care,

protection and support. Infants become dependent to adults who are responsive and sensitive to their needs. Therefore, parental responses will lead infants to develop patterns of attachment which in turn lead to internal working models which will guide the individual's feelings, thoughts, behaviors and expectation of future relationships. Thus, adult attachment style (how they develop their sense of self and other in relational context) in romantic relationships is influenced by and similar to attachment at an early age with a significant caregiver. Bowlby theorized that this early infant/adult interaction will lead to two general dimensions: a negative or positive view of self and a negative or positive view of others. This generates a model of different attachment styles: secure attachment style in which the person is confident and interact easily with others, meeting their own needs as well as other's needs, avoidant attachment style in which the individual feels uncomfortable with closeness; not worried about partner's availability, distrust of others, need to be self-reliant and anxious attachment style in which the individual becomes very insecure about the relationship and craves closeness and intimacy with fears of abandonment; individuals worry that their partner doesn't love or value them. Therefore, depending on adult attachment style, conflicts may be resolved or remain unresolved or get worse. Bonache et al. (2019) found a strong association between secure attachment and conflict resolution. On the contrary, individuals with anxious attachment styles tend to engage in withdrawal strategies such as refusing to discuss the issue, ignoring the partner, and losing control. Research shows that anxiously attached individuals tend to fluctuate between active engagement by trying to satisfy the needs support, love and proximity and between withdrawal that is driven by their fear of rejection. Hence, those with anxiously attached individuals tend to see their relationship in a more negative perspective and analyze their partner's behavior from a negative point of view.

Avoidant attachment style is more frequently associated with avoiding disagreements, aversive communication, and avoiding conflicts. Hence, avoidantly attached individuals might use delay tactics or stay silent while their partners tend to criticize and engage in conflict. Research has shown that individuals who use such communication patterns increase the likelihood of that the conflicts will escalate (as cited in Bonache et al., 2019). These destructive conflict resolution styles have been most commonly associated with perpetration of psychological and physical abuse.

Thus, from an attachment theory framework, intimate partner violence can be viewed as an attempt to maintain or establish a level of personal security within the relationship (Doumas et al., 2008). When a threat to the attachment relationship is perceived, individuals become alarmed and the resulting anxiety leads to responses designed to preserve the attachment system (Bowlby, 1984).

Research has shown that females with anxious attachment style are more likely to be victims of IPV while males with avoidant attachment style are more likely to become perpetrators of IPV (Kuijpers et al., 2012; Doumas et al., 2008; McDermott & Lopez, 2013; Velotti et al., 2018). Dutton suggested that IPV perpetrated by men might be related to an anxious attachment style and certain personality traits characterized by high rates of impulsivity, fear of abandonment, and manifestations of intense anger. According to this model, IPV is a form of dysfunctional protest behavior directed to the attachment figure (e.g., the partner) and triggered by the perception of abandonment or separation by this figure (Dutton, 1995). Some studies have also found that men's avoidance of intimacy is associated with perpetration of IPV (Lafontaine & Lussier, 2005; Lawson, 2008) as a way to maintain greater distance, push the

partner away, or escape when the partner is perceived as being too close or intrusive (Allison et al., 2008). Therefore, both of these dimensions of attachment were related to IPV perpetration in men (Godbout et al., 2009).

Researchers have also examined attachment in women victims of IPV and revealed that women identified as victims of IPV often have anxious attachment style (Henderson, Bartholomew, & Dutton, 1997). According to these authors, “Prototypical fearful or preoccupied individuals operate with an internal working model of themselves as unworthy and undeserving of love and may therefore see the abuse directed at them as justifiable.” Researchers have reported that anxious attachment style was associated with physical and psychological abuse regardless of the gender of the victim and perpetrator (Henderson, Bartholomew, Trinke, & Kwong, 2005; Roberts & Noller, 1998) A study done by Maysless (1991) revealed that anxious attachment was one of the strongest correlates for both IPV perpetration and victimization for both women and men. Anxious attachment has been identified as a possible catalyst or trigger to perpetrating violence by fueling one partner’s need to “pull” their partner back into the relationship, even if they have to resort to violence to do so. Therefore, anxious attachment can be a predictor for both perpetration and victimization. In this same study, avoidant attachment was significantly correlated with IPV perpetration for women and men, and IPV victimization for women.

Furthermore, research by Hocking et al. (2016) found that attachment style acts as a mediator between child maltreatment or family of origin violence and IPV. Children who are abused are more likely to experience interpersonal traumatic events in adulthood such as intimate partner violence. Evidence suggests that child abuse or maltreatment could lead to higher risk of

revictimization as adults. One of the factors that might lead to the repeated experience of trauma is attachment style, a pattern of how one relates to others in close relationships. As cited in Hocking et al. (2016) found that survivors of child maltreatment or abuse often report insecure attachment style specifically anxious attachment style which might then influence their revictimization as adults in romantic relationships. These results could be explained by the theory of betrayal trauma that states that the way information about a traumatic event is encoded depends on the relationship between the victim and perpetrator. When the perpetrator is someone the victim trusts, relies on or cares for, the survivor is less likely to remember these events in order to maintain the attachment bond with the perpetrator. In cases of children abused by their caretakers, it is more beneficial to forget that the trauma occurred because those individuals are dependent on their caretakers for survival. It is possible that abuse in childhood contributes to the development of anxious attachment in important close relationships in adulthood. In addition, the intense fear of abandonment and the proximity-seeking strategies that characterize anxious attachment, may result in remaining in unhealthy relationships that are at high risk for continued betrayal trauma. This shows that attachment style, specifically anxious attachment style mediates the relationship between child maltreatment or family of origin violence and victimization of IPV. Another study done by Agu (2021) suggested that the primary relationships with parental figures are essential to maximize healthy development across the lifespan. When children are exposed to family violence, the result is an insecure attachment style which make those children predisposed to both victimization and perpetration of IPV. Godbout et al. (2017) reported that adult attachment plays a role in the relationship between family of origin violence (witnessing interparental IPV and experiencing abuse) and IPV and marital satisfaction. This suggested that adult attachment acts as a mediator between family of origin violence and IPV. Men and women

who witnessed physical and psychological violence between their parents and who experienced child abuse are more likely to develop avoidant and anxious attachment styles which can make those individuals more susceptible to IPV perpetration and victimization.

Research by Gay et al. (2013) have also found that EMS have a mediating effect between childhood abuse and IPV. However, in this study it was examined that only schemas within the category of disconnection/rejection category tend to mediate the relationship between childhood abuse and IPV (mistrust/abuse schema and defectiveness/shame schema). Disconnection and rejection realm schemas were mediators between exposure to child maltreatment and dating physical violence in adolescence. In schema theory, the Early Maladaptive Schemas (EMS) play an essential role in explaining the perpetration of violence. EMS can be understood as significant self-defeating, change-resistant and dysfunctional emotional and cognitive patterns associated with a negative self-perception of the environment. Unmet basic emotional needs in early childhood and continued patterns of painful experiences, such as childhood maltreatment, are described as the primary sources of EMS development (Borges & Dell'Aglio, 2020).

Hypotheses

Based on the above discussed review of literature, the following four hypotheses were investigated:

Hypothesis 1 a: Witnessing interparental abuse and experiencing direct abuse in childhood predicts IPV perpetration in adulthood.

Hypothesis 1b: Witnessing interparental abuse and experiencing direct abuse in childhood predicts IPV victimization in adulthood.

Hypothesis 2a: Mistrust/abuse, defectiveness/shame, subjugation and vulnerability to harm predict victimization of IPV.

Hypothesis 2b: Mistrust/abuse, defectiveness/shame and insufficient self control schemas predict IPV perpetration.

Hypothesis 3a : Avoidant attachment style mediates the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

Hypothesis 3b: Anxious attachment style mediates the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

Hypothesis 4: Mistrust/abuse schema and defectiveness/shame schema mediate the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

Chapter 3

Methodology

This chapter presents the following: research design, participants, instruments, translation of scales, procedure, ethical concerns, and data analysis.

Research Design

The current study was a quantitative, correlational, non-experimental, cross-sectional study that was based on online survey (developed using Psytoolkit). Participants were asked to fill out five questionnaires and a demographic sheet. Inferential and descriptive statistics were used. The research question which studied whether early maladaptive schemas, attachment style, and family of origin violence predict IPV were addressed using multiple regression.

Participants

A total of 165 participants)calculated using G power with small to medium effect size for 4 independent variables, and adding 20% to account for dropout rates and incomplete surveys) were recruited for this cross-sectional study through non-random sampling (convenient). All participants above 18 years of age (to ensure that they are able to give proper consent) who are or have been in a relationship were eligible to participate. No research has specified a cutoff time for being in a relationship. It is whether participants have been subjected to any kind of abuse in their relationships. Participants who were not Lebanese were excluded from this study because as mentioned above the focus is on prevalence of IPV among Lebanese participants. It included female and male participants. The study focused mainly on male violence toward women. The questionnaires were presented online on different platforms (LinkedIn, Facebook, Instagram, and Twitter).

Instruments

The aim of the study was to investigate the predictive role of attachment style, family of origin violence (witnessing interparental abuse and experiencing direct abuse) and early maladaptive schemas on IPV. The study included an informed consent form, demographic sheet, and five scales that measure the following variables (attachment style, witnessing interparental violence, experiencing child abuse, early maladaptive schemas and IPV). It is important to note that the scales were translated from English to Arabic and back translated from Arabic to English.

Demographic Sheet

The questionnaire used was presented in Arabic and English. The last part of the questionnaire assessed the sociodemographic characteristics of the sample, including age, gender, marital status, educational level, occupation, number of children, socioeconomic status, and length of relationship for descriptive purposes.

The second part of the questionnaire included the following scales.

Early Maladaptive Schemas (YSQ-SF3)

The YSQ-SF3 is a short form of the long version that was developed by Young and Brown (1990). It is a 90-item inventory that measures all 18 schemas. Items are scored from 1 (completely untrue of me) to 6 (describes me perfectly). For this study, schemas that have been theoretically supported to mostly predict IPV were used which are mistrust/abuse, insufficient self-control/self-discipline, defectiveness/shame, vulnerability to harm and subjugation. Mistrust/abuse schema is characterized by the expectation that others will humiliate, hurt, abuse, lie, manipulate or take advantage (Haack, Pressi & Falcke, 2018). Insufficient self-control schema is characterized by a pervasive difficulty to control frustrations, behaviors and impulses. Defectiveness/ shame schema is the feeling of being defective and unwanted which lead feelings

worthless of love. Vulnerability to harm which is characterized by having a sense that the world is a dangerous place and that one might be overwhelmed by the challenges that lie ahead.

Subjugation is the belief that one must submit to the control of others, or else rejection or punishment will result. As each subscale consists of five items, the participant had to answer on 25 items (5 subscales). Research has found this instrument to be a reliable measure as indicated by a high Cronbach's alpha 0.956 (Obeid et al., 2019).

Family of Origin Experience (CTS & CTQ-SF)

To measure family of origin violence which constitutes of witnessing interparental IPV and/or experiencing abuse as a child, two scales were used. The first scale is Conflict Tactics Scale (CTS) that is used to measure the intergenerational cycle of violence from the participant's family of origin. The questionnaire includes 19 items that measure the different ways that the parents had tried to settle down the conflicts that happen. Items 1 through 11 measure verbal and psychological aggression, and items 12 through 19 measure physical violence. Different forms of two CTS subscales (verbal and psychological aggression, and physical violence) (Straus, 1979; 1990) were used to measure the frequency of the incidence of father-to-mother and mother-to-father psychological aggression and physical violence (i.e., how many times such aggression or violence. The participants will indicate the frequency of different violent behaviors that happened with their parents. Items are scored on a 0 (never) to 6 (more than 20 times) Likert scale. High scores indicate a higher frequency of interparental violence. Straus (1979) tested the reliability, validity, and other psychometric properties of the CTS on a representative national sample of 2143 couples in the United States. According to Straus, these tests, which included the Cronbach's Alpha coefficient (at least .78 on the violence scale), as well as item analysis, revealed an adequate level of reliability for the measure.

The second scale that was used is the Child Trauma Questionnaire- Short Form (CTQ-SF) which is a 28-item retrospective self-report questionnaire designed to assess five dimensions of childhood abuse which are emotional abuse, emotional neglect, physical neglect, physical abuse and sexual abuse. In this study, I used only the subscales of emotional abuse, emotional neglect and physical abuse as it has been throughout the literature to be mostly related to IPV. Therefore, participants were asked to answer 15 questions which are scored on a 1 (never true) to 5 (very often true Likert scale). High scores indicate a higher frequency of abuse. Research by Bernstein et al. (2003) who studied the development and validation of the brief screening version of Child Trauma Questionnaire found that CTQ-Short Form showed good evidence of criterion-related validity and good internal consistency (Cronbach's $\alpha = 0.89$). This scale was also tested for measurement invariance across four groups (adolescent psychiatric inpatients, adult substance abusing patients, a normative community sample of adults and adult substance abusers in the community) and for criterion validity with good psychometric results (Bernstein et al., 2003).

Attachment Style (ECR)

The initial scale consisted of 36 items (18 items that measure avoidant attachment style and 18 that measure anxious attachment style). The ECR is the most known and used attachment styles test because of the high level of internal consistency for the two dimensions with Cronbach's $\alpha = 0.91$ and Cronbach's $\alpha = 0.94$ for anxiety and avoidant subscales respectively (Wei et al., 2007). Attachment avoidance is defined as fear of interpersonal intimacy and dependence, reluctance to self-disclose and excessive need for self-reliance while attachment anxiety involves fear of interpersonal abandonment or rejection, distress when one's partner is unresponsive or unavailable and excessive need for approval from others. Participants are to

score on a 7-point Likert scale (1= strongly disagree and 7 = strongly agree). In this study, I used the short form of ECR that has also proved to have strong psychometric properties in which the Cronbach's alpha ranged from 0.77 to 0.86 for the Anxiety Subscale and 0.78 to 0.88 for that of the Avoidance Subscale. The short form consists of 12 items (6 items measuring attachment avoidance and other 6 items measuring attachment anxiety). The test-retest reliability result was $r=0.82$ (for anxiety) and $r=0.89$ (for avoidance) over a 1-month period. Some of the items are: I need a lot of reassurance that I am loved by my partner, I find that my partner doesn't want to get as close as I would like, my desire to be very close sometimes scares people away (Wei et al., 2007).

Intimate Partner Violence (CTS-2)

The CTS-2 which is used to describe individuals' intimate relationship behaviors specifically behaviors that may occur due to relationship conflicts, contains 78 items in total. The instrument contains incidents of conflict victimization and conflict perpetration in the past 12 months (Hassija et al, 2018). Items may include "I slapped my partner" to assess perpetration and "My partner slapped me" to assess victimization. The instrument is composed of five subscales that measure the following dimensions: 1) psychological aggression, 2) negotiation, 3) sexual coercion, 4) injury and 5) physical violence. In this study only physical violence and psychological abuse subscales were used since it is one of the most theoretically supported. Participants are to rate the list of behaviors performed by their partner via 7-point Likert scale (0= never and 6= more than 20 times). The physical violence subscale is divided into severe aggressions (punching, hitting, kicking, throwing against the wall) and minor aggressions (pushing, grabbing, slapping, throwing object, twisting the arm). The Cronbach's alpha

coefficient obtained in previous studies for the physical violence dimension was 0.83 indicating good reliability.

Translation of scales

To translate the scales mentioned above to Arabic and back translate them to English, a committee consisting of two professional translators and a psychology student was created. The first translator translated the scales from English to Arabic, the second translator translated the scales from Arabic to English and the psychology student compared the back translation and original translation. Then the committee had a final meeting where they discussed all needed changes. Dr. Hanine Hout, my thesis advisor, and I reviewed the Arabic translation scales and the back translation scales with the original scales to determine any required changes. (Beaton et al, 2000).

Procedures

After obtaining ethics approval, purposeful, convenience sampling was used. This study employed a cross-sectional survey design and data were collected from a wide range sample in Lebanon. After consent, participants were asked to fill an online survey (social media platforms such as LinkedIn, Instagram, Facebook) that has 5 scales to assess early maladaptive schemas, family of origin violence (child abuse and witnessing interparental violence), attachment style and intimate partner violence. . It is important to note that the scales were counterbalanced, using the PsycToolkit, to limit the carry-over and order effects. Also, a demographic sheet was presented at the end of the survey that asked about length of relationship, number of children, occupation, age, education level, socioeconomic status, and length of relationships. The scales that used were Young-Schema Questionnaire- Short Form (Young, 1998) that measures EMS, Conflict Tactics Scale (Straus, 1978) that measures interparental IPV, Child Trauma Scale-Short

Form that measures parent to child abuse, Experiences in Close Relationship Scale – Short Form (Wei et al., 2007) that measures insecure attachment style, and the Conflict Tactics Scale-Revised (Strauss, Hamby, BoneyMcCoy and Sugarman, 1996) that measures IPV respectively. The survey was also linked on different social media platforms. Participants had the option to choose the language of the questionnaire (Arabic or English). An advertisement text was presented where it said “Your opinion matters. You have been chosen to be part of this study to know what you think about intimate partner violence.”

Ethical Considerations

Prior to data collection, the researcher got the approval of the SBS Ethics Committee at Haigazian University. An informed consent was presented before participating in the study. The informed consent included the purpose of the research project and participant’s rights. Throughout the informed consent, it was explained that their participation in this project is voluntary, anonymous and confidential. If they chose to participate in the research study, they were be asked to fill a survey. The data collected weres stored safely in a password protected folder on the researcher’s desktop where only I and my advisor had access to it. The information will be discarded after 5 years. No identifying information appeared. The informed consent also included that participants have the right to withdraw or discontinue participation at any time for any reason. Also, participants were told about the aim of the study from the very beginning so there wasn’t any kind of deception. Partipants were given Kafa’s and Embrace’s hotline (2 Lebanese non-governmental organizations) for emotional support in case they have adverse reactions after filling the survey. It is worth mentioning that forward and back translation have been done since the questionnaires were presented in Arabic and English.

Design and Statistical Analysis

The data collected from the Psytoolkit were entered into SPSS version 27. Before executing main data analysis, preliminary analysis was conducted to check for missing value analysis, reliability of scales and subscales, univariate and multivariate outliers, outliers in the solution, and influential cases. Following that, sample, and scale descriptive were provided using range, mean, and standard deviation for scale variables. Main analysis was conducted through multiple regression. The aim of this regression was to uncover the variance explained by attachment style (avoidant and anxious), early maladaptive schemas, and family of origin violence (witnessing interparental violence and experiencing direct abuse) on IPV.

Chapter 4

Results

Sample Characteristics

Data were collected from a total of $N = 331$ participants. Of those, only 165 participants were included in the analysis. A total of 166 participants with empty responses on either the dependent variable or the full questionnaire were excluded. The final sample size ($N = 165$) consisted of 81.2% females ($n = 134$) and 18.8% males ($n = 31$). Participants ranged in age from 18 to 60 years old with an average of 26.87 ($SD = 7.697$). Most participants had a postgraduate degree ($n = 69$, 51.8%) or an undergraduate degree ($n=68$, 41.2%), followed by a high school degree ($n=26$, 15.8%) and only two participants (1.2%) held a doctoral degree. In terms of marital status, 37.6% of participants ($n=62$) reported being married, 30.9% ($n=51$) were dating, 21.8% ($n=36$) were going through a break up, followed by 7.3% ($n=12$) were engaged, and 2.4% ($n=4$) reported being divorced (Figure 2). The length of relationship reported by participants varied with most reporting two years ($n=15$) and 5 years ($n=15$). The longest relationship reported was 28 years ($n=2$). Finally, most participants had no children ($n=107$, 64.8%), followed by 11.5% ($n=19$) reported having one child, 9.7% ($n=16$) reported having two children, a total of 12 participants reported having 3 ($n=6$, 3.6%) or 4 ($n=6$, 3.6%) children, and 6.1% ($n=10$) had missing answers.

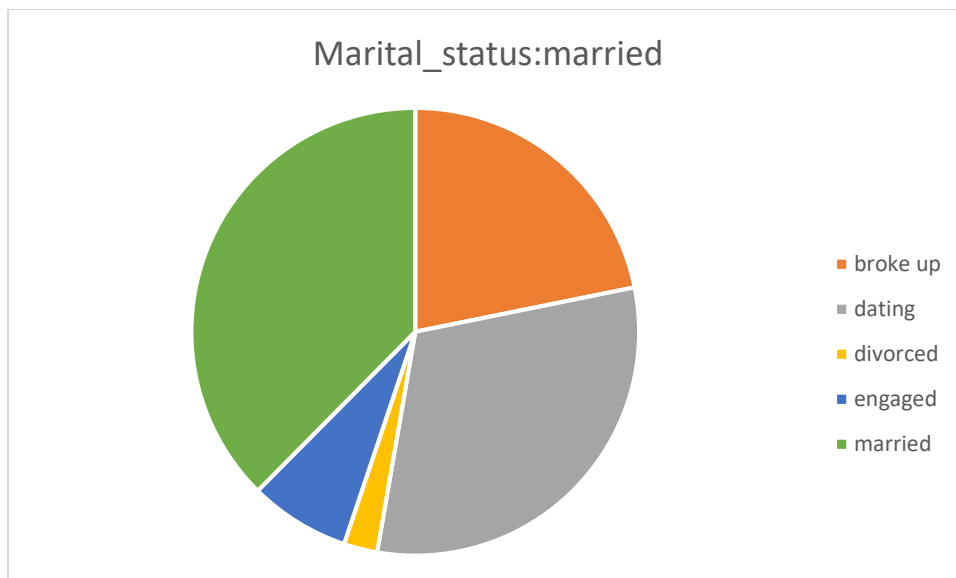


Figure 1

Descriptive Statistics of Marital Status

Scale Descriptive

Table 1 below shows the descriptive statistics for the variables in this study. Participants scored slightly above the midpoint on the avoidant attachment scale and slightly less than the midpoint on the anxious attachment scale. On average, participants had higher scores on the avoidant attachment subscale (range: 14 – 42) than the anxious attachment subscale (range 11 -42). For all the five schemas, participants scored below the midpoint, but expressed more mistrust/abuse than the other four schemas. Furthermore, participants on average scored below the midpoint for the childhood trauma questionnaire (CTQ). For the intimate partner violence questionnaire (Conflict Tactics Scale-2), participants reported on average low frequency of intimate partner violence but expressed more frequent acts of perpetration than victimization. Finally, acts of interparental violence witnessed by participants was lower than the midpoint. However, participants expressed on average high rates of interparental IPV.

Table 1

Descriptive Statistics of the Variables

	Mean	SD	Observed Range
Avoidant Attachment	33.45	0.568	14 – 42
Anxious Attachment	25.46	0.537	11 – 42
Mistrust/Abuse	14.47	0.464	5 – 30
Insufficient self-control	12.65	0.436	5 – 27
Defectiveness	8.02	0.365	5 – 30
Vulnerability/harm schema	12.39	0.437	5 – 28
Subjugation Schema	9.85	0.399	5 – 28
CTQ	35.92	0.508	15 – 70
IPV_Victim	11.13	2.601	0 – 262
IPV_Perpetrator	10.09	2.274	0 – 270
IPV	21.22	4.750	0 – 518
Observation of Abuse	69.35	4.836	0 - 354

Reliability Analysis

Internal reliability of the Conflict Tactics Scale (CTS-2), Young Schema Questionnaire (YSQ-SF), Experience in Close Relationships Scale (ECR-S), Childhood Trauma Questionnaire (CTQ), and Conflict Tactics Scale Parent-Parent (CTS) were investigated using Cronbach's Alpha. Results indicated that all scales were reliable. The CTS-2 had excellent reliability with an alpha for the total scale equal to $\alpha = .949$, as well as the YSQ-SF ($\alpha = .949$). Similarly, the CTS

scale had strong reliability ($\alpha = .858$), while the ECR-S had a very good reliability with an alpha for the total scale equal to $\alpha = .771$. The analysis also revealed an acceptable reliability score for the CTQ with an alpha for the total scale equal to $\alpha = .608$.

Table 2

Internal Reliability of Scales: Cronbach's Alpha

	Cronbach's Alpha		N
	Current Study	Previous Studies	
CTS-R	.949	.83	40
YSQ-SF	.949	.956	25
CTS	.858	.78	19
ECR-S	.771	.77 to .86	12
CTQ	.608	.89	15

Outliers

Z-scores were examined to determine univariate outliers for the quantitative variables of this study. Outliers were found on the scales that measured frequency of abuse (intimate partner violence and observation of interparental violence). However, upon examination of cook's distance, the score was < 1 indicating that the outliers were not influential.

To examine multivariate outliers, Mahalanobis distance was computed. A criterion > 18.467 was used as a cut-off to indicate a multivariate outlier. Results revealed that the

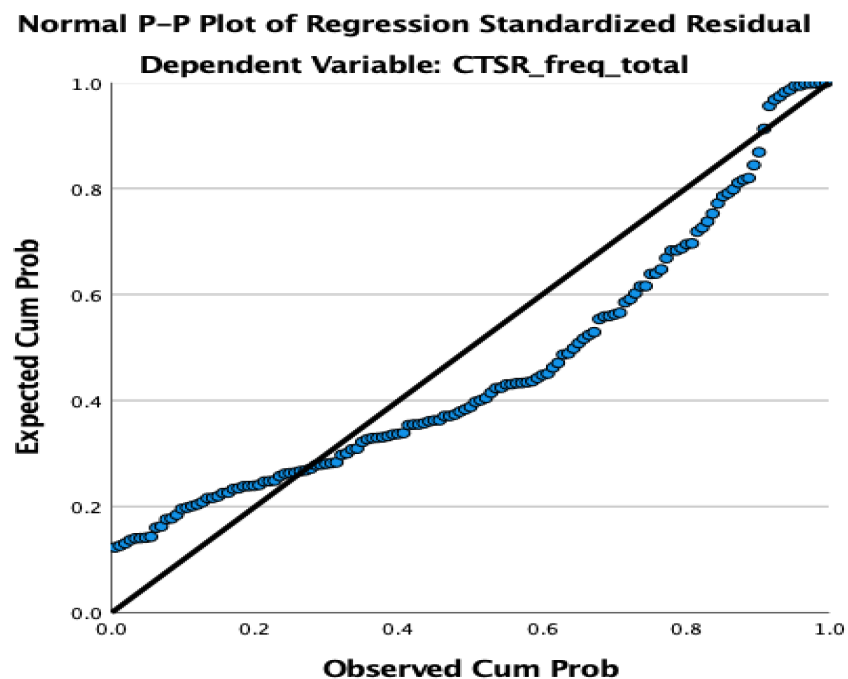
Mahalanobis distance was 7.107 indicating that no multivariate outliers were identified, and all responses were retained.

Normality

The normality of the data was tested by examining the K-S normality test. Results indicated that the K-S test was not significant, $D(165) = .364$, $p < .001$ suggesting that data was not normally distributed. This could be explained by the fact that the data were extracted from a community sample rather than a clinical sample. This led to a lot of variation in scores which was seen in this study. Also, given that it is not a clinical sample, the data was scored on a frequency measure rather than a clinical measure. For instance, when measuring schemas, instead of measuring whether the schema is present or not, we measured whether the participants is high or low on the schema.

Graph 1

P-P Plot



Hypothesis Testing

Hypothesis 1a: Witnessing interparental violence and experiencing direct abuse in childhood predicts IPV perpetration in adulthood.

Hypothesis 1b: Witnessing interparental abuse and experiencing direct abuse in childhood predicts IPV victimization in adulthood.

To test for relationship between witnessing interparental violence, direct childhood abuse, and IPV perpetration and victimization, two multiple regression analyses were conducted. The first analysis included observation of interparental violence and direct childhood abuse as predictors and IPV perpetration as an outcome. This model was significant, $F(1,63) = 9.833$, $p < .001$. The R squared value was $R^2 = .108$. This indicated that the model accounted for 10.8% variance in IPV perpetration. Furthermore, the adjusted R square had a value of $R^2 = .097$, which indicated that only 9.7% of the variance is explained by the predictor in this model. This suggested that witnessing interparental violence was a poor predictor of IPV perpetration in our sample. Assessment of the beta coefficients in our model showed that direct childhood abuse was a positive significant predictor of IPV perpetration, $\beta = .351$, $p < .001$. These findings indicated that those who reported higher frequency of experiencing direct childhood abuse also reported higher frequency of IPV perpetration. In contrast, observing interparental violence was not a significant predictor of IPV perpetration, $\beta = -.106$, $p = .184$.

Table 3

Model Summary: Predictors of IPV Perpetration

	Change	Statistics
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Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R	F	Df1	Df2	Sig. F
					Square Change	Change			Change
1	.329	.108	.097	27.759	.108	9.833	2	162	<.001

Table 4*Regression Parameters: IPV Perpetration*

Model		Unstandardized		Standardized	
		coefficients		Coefficients	
		B	SE	β	T
1	(constant)	-42.88	12.271		-3/495
	Childhood abuse	1.571	.355	.351	4.438
	Observation of Interparental Violence	-0.50	.037	-.1-6	-1.334

The second analysis included observation of interparental violence and direct childhood abuse as predictors and IPV victimization as an outcome. This model was significant,

$F(1,63)=6.837$, $p=.001$. The R squared value was $R^2=.078$. This indicated that the model accounted for 7.8% variance in IPV victimization. Furthermore, the adjusted R square had a value of $R^2=.066$, which indicated that only 6.6% of the variance is explained by the predictor in this model. This suggested that observation of interparental violence was a poor predictor of IPV victimization in our sample. Assessment of the beta coefficients in our model showed that direct childhood abuse was a positive significant predictor of IPV victimization, $\beta=.298$, $p<.001$. These findings indicated that those who reported higher frequency of experiencing direct childhood abuse also reported higher frequency of IPV victimization. In contrast, observing interparental violence was not a significant predictor of IPV perpetration, $\beta=-.115$, $p=.156$. Therefore, hypothesis 1a and 1b were partially supported.

Table 5

Model Summary: Predictors of IPV victimization

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	Df1	Df2	Sig. F Change
1	.279	.078	.066	32.287	.078	6.837	2	162	.001

Table 6

Regression Parameters: IPV Victimization

		Unstandardized		Standardized	
		coefficients		Coefficients	
		B	SE	β	T
<hr/>					
Model					
<hr/>					
1	(constant)	-39.35	14.27		-2.752
	Childhood	1.525	.413	.298	3.696
	abuse				
	Observation	-0.62	.043	-.115	-1.425
	of				
	Interparental				
	Violence				

Hypothesis 2a: Mistrust/abuse, defectiveness/shame, subjugation and vulnerability to harm predict victimization of IPV.

To test for the second hypothesis (2a) that examines the relationship between the four schemas: mistrust/abuse, vulnerability to harm, subjugation, and defectiveness/shame, and victimization of IPV, a multiple regression analysis was conducted. The model was not significant, $F(1,63) = 1.784$ $p = .135$. Moreover, examination of the beta coefficient showed that none of the schemas were significant predictors of IPV victimization, Therefore, hypothesis 2a was not supported.

Table 7

Model Summary of the relationship between schemas and IPV victimization

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change		Statistics		
					R Square Change	F Change	Df1	Df2	Sig. F Change
1	.207	.043	.019	33.101	.043	1.784	4	160	.135

Table 8*Regression Parameters of the relationship between schemas and IPV victimization*

Model		Unstandardized		Standardized	
		coefficients		Coefficients	
		B	SE	β	T
1	(constant)	6.317	7.51		.841
	Mistrust/abuse	-.444	.554	-.079	-.801
	Vulnerability to harm	-.443	.571	-.073	-.758
	subjugation	1.183	.737	.181	1.604
	Defectiveness/shame	-.618	.752	.087	.822

Hypothesis 2b: Mistrust/abuse, defectiveness/shame and insufficient self control schemas predict IPV perpetration.

To test for the second hypothesis (2b) that examined the relationship between the following schemas: mistrust/abuse, defectiveness/shame and insufficient self-control, and IPV perpetration, a multiple regression analysis was conducted. Results showed the model was borderline significant, $F(1,63) = 2.752$, $p = .044$. The R squared value was $R^2 = .049$. This indicated that the model accounted for 4.9% variance in IPV perpetration. Furthermore, the adjusted R square had a value of $R^2 = .031$, which indicated that only 3.1% of the variance is explained by the predictors in this model. Assessment of the beta coefficients in our model showed that none of the schemas were significant predictors of IPV perpetration. Therefore, hypothesis 2b was not supported.

Table 9

Model Summary of the relationship between schemas and IPV perpetration

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change		Statistics		
					R Square Change	F	Df1	Df2	Sig. F
1	.221	.049	.031	28.759	.049	2.752	3	161	.044

Table 10

Regression Parameters of the relationship between schemas and IPV perpetration

		Unstandardized		Standardized	
		coefficients		Coefficients	
		B	SE	β	t
Model					
1	(constant)	3.138	6.784		.462
	Mistrust/abuse	-.644	.416	-.132	-1.547
	Insufficient self-control	.734	.475	.141	1.547
	Defectiveness/shame	.870	.568	.140	1.532

Mediational Analysis

Hypothesis 3a : Avoidant attachment style mediates the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

To test for the third hypothesis (3a) where avoidant attachment style acts as a mediator between witnessing interparental violence and experiencing direct childhood abuse, and IPV, a mediational analysis was conducted. Following Hayes' (2013) Macro Process via bootstrapping method, to consider a mediator has a mediational effect when the (1) indirect effect of family of origin violence on IPV via avoidant attachment style, and (2) the bias corrected 95% CI around the indirect effect does not contain zero which is considered statistically significant. The results of our mediational analysis showed that a significant total effect between experiencing direct childhood abuse and IPV ($\beta=3.096, p<.001.$) and insignificant total effect between observation of interparental violence and IPV ($\beta=-.111, p=.156$). The path between family of origin violence and IPV was significant for experiencing childhood abuse ($\beta=.236, p=.01$). Moreover, the path

between avoidant attachment style and IPV was significant ($\beta=.185, p=.003.$). Finally, when attachment avoidant style was included in the relationship between family of origin violence and IPV, the direct effect ($\beta=3.574, p<.001$) was significant. In addition, the bias corrected 95% CI [.007, .089] which excludes zero. Hence, avoidant attachment style is considered to be a partial mediator for experiencing direct abuse on IPV.

Hypothesis 3b: Anxious attachment style mediates the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

To test for hypothesis (3b) where anxious attachment style acted as a mediator between witnessing interparental violence and experiencing direct childhood abuse, and IPV, a mediational analysis was conducted. Following Hayes' (2013) Macro Process via bootstrapping method, to consider a mediator has a mediational effect when the (1) indirect effect of family of origin violence on IPV via anxious attachment style, and (2) the bias corrected 95% CI around the indirect effect does not contain zero which is considered statistically significant. The results of our mediational analysis showed that a significant total effect between experiencing direct childhood abuse and IPV ($\beta=3.096, p<.001.$) and insignificant total effect between observation of interparental violence and IPV ($\beta=.123, p=.127$). The path between family of origin violence and IPV was not significant for experiencing childhood abuse ($\beta=.089, p=.30$) and for observing interparental violence ($\beta=-.015, p=.09$). Moreover, the path between anxious attachment style and IPV was not significant ($\beta=.636, p=.345$). Finally, when anxious attachment style was included in the relationship between family of origin violence and IPV, the direct effect ($\beta=3.039, p<.001$) was significant. However, the bias corrected 95% CI [.032, -.012] includes zero suggesting that anxious attachment style is not considered to be a mediator for family of origin violence on IPV.

Hypothesis 4: Mistrust/abuse schema and defectiveness/shame schema mediate the relationship between witnessing interparental violence and experiencing direct abuse in childhood and IPV.

To test for hypothesis 4 where the following schemas: mistrust/abuse, defectiveness/shame act as mediators between witnessing interparental violence and experiencing direct childhood abuse, and IPV, a mediational analysis was conducted. Following Hayes' (2013) Macro Process via bootstrapping method, to consider a mediator has a mediational effect when the (1) indirect effect of family of origin violence on IPV via mistrust/abuse, defectiveness/shame, and (2) the bias corrected 95% CI around the indirect effect does not contain zero which is considered statistically significant. The results of our mediational analysis showed that a significant total effect between experiencing direct childhood abuse and IPV ($\beta=3.096, p<.001.$) and insignificant total effect between observation of interparental violence and IPV ($\beta=-.111, p=.156$). The path between family of origin violence and IPV was significant for experiencing childhood abuse ($\beta=-.236, p=.01$). Moreover, the path between mistrust/abuse schema and IPV was insignificant ($\beta=-1.11, p=.18$) but the path between defectiveness/shame schema and IPV was significant ($\beta=2.52, p=.01$). Finally, when mistrust/abuse and defectiveness/shame schemas were included in the relationship between family of origin violence and IPV, the direct effect ($\beta=4.263, p<.001$) was significant. However, the bias corrected 95% CI included zero for both mediators. Hence, mistrust/abuse and defectiveness/shame schemas are not considered to be mediator for experiencing direct abuse on IPV.

Chapter 5

Discussion

The purpose of this chapter is to review the findings and put them into the context of the current research study. This section will demonstrate why the research results are important and where they fit in the current literature while also being candid about the shortcomings of the study.

Witnessing Interparental Abuse and Direct Abuse in Relation to IPV

This study examined the role of insecure attachment style, family of origin violence (witnessing interparental violence and direct experience of abuse) and early maladaptive schemas in predicting IPV in a sample of 165 participants. Given the proposition that behavior is modeled based on direct experiences and observations of the environment (Bandura, 1977), it was hypothesized in this study that both experiencing abuse as a child and witnessing interparental violence would be predictive of IPV perpetration and victimization (hypotheses 1a and 1b). In other words, it was expected that social learning processes are generalized, in that exposure to any form of violence in childhood are associated with IPV perpetration and victimization in adulthood (Eriksson and Mazerolle, 2015). Also, a study done by Carr and Vandusen (2002) reported that witnessing interparental violence and direct experience of child abuse were significant predictors of IPV perpetration. Research has shown that victims of child abuse are more likely to select potentially intimate abusive partners (Herrero, Torres, & Rodriguez, 2018). Child abuse can leave children with a sense of learned helplessness that hinders the development of appropriate coping skills, which in turn increases the risk of subsequent victimization by a partner. In this current study, the results were consistent with

previous studies in which there was a significant relationship between direct experience of abuse and IPV (Herrero, Torres, & Rodriguez, 2018). These findings suggested that experiencing abuse as a child predict IPV victimization and perpetration.

However, the current results were partially inconsistent with the study done by Eriksson and Mazerolle (2015) and Carr and Vandusen (2002) indicating that witnessing interparental violence was not a significant predictor of IPV perpetration or victimization, but direct experience of child abuse was a significant predictor of IPV perpetration. These results were consistent with the study done by Elmquist et al. (2016) in which the results indicated that only direct experience of child abuse was a significant predictor to IPV perpetration. Also, Godbout et al. (2009) suggested that although early exposure to violence is a consistent correlate of IPV, most survivors of family violence do not become perpetrators of IPV suggesting pathways or mechanisms that contribute to the intergenerational transmission of family violence.

It is worthy to mention that in the same study done by Eriksson and Mazerolle (2015), it was found that the transmission of violence across generations is both gender and role specific. It highlighted the importance of examining unique dimensions of partner violence to assess influences on children. Eriksson and Mazerolle (2015) reported that observing father-only violence and bidirectional interparental violence (mother to father and father to mother) was predictive of IPV perpetration, while observing mother-only violence was not. In another study done by Jung et al. (2019) reported that childhood exposure to interparental violence was a stronger predictor of adults IPV for males. This might be a possible explanation for the exposure to interparental violence being an insignificant predictor of IPV since most of the participants in this study were females (134 of the 165 participants were females). In addition, a study done by

Roberts et al. (2011) and Merrill, Thomsen, Gold, & Milner (2001) which examined the relationship between witnessing interparental violence and perpetration of IPV reported that males who were exposed to interparental violence were more likely to become perpetrators of IPV as adults while females who were exposed to interparental violence were more likely to become victims of IPV.

Another explanation for the insignificant relationship between exposure to interparental violence and IPV might be the presence of moderator effects. A study done by Tajima et al. (2010) and Levondosky et al. (2002) who examined the moderating effects of parenting characteristics and adolescent peer support reported that there are three major protective factors that moderate the relationship between childhood exposure to interparental violence and later IPV which are: 1) support from within one's family (e.g. positive relationship with a parent), 2) support from someone outside one's family, and 3) individual attributes of the child (e.g. resilience). Therefore, moderators can influence the relationship between exposure to interparental violence and IPV. In addition to all this, it has been found in the current study that although participants expressed on average high rates of interparental violence, acts of interparental violence observed by participants was lower than the midpoint. A research done by Goddard and Bedi (2010) reported that although elevated rates of psychological problems have been reported in groups of children witnessing intimate partner violence, there is substantial variability in individual outcomes (as cited in Goddard and Bedi, 2010). This variability depends on the frequency and severity of the violence that occurs. Thus, this study suggested that since there was an average high rate of witnessing interparental violence but low acts of interparental violence, then it is important for future studies to broaden their scope when studying the intergenerational transmission of abuse focusing on the severity, frequency and the exposure

type (did the children hear or someone told them or they observed the interparental violence) in relation to IPV.

A third explanation could be the nonclinical sample of the current study. A research done by Godbout et al. (2009) reported that when it comes to the relationship between exposure to violence in childhood and IPV, results may not be applicable to non-clinical samples of males and females who generally report subtler forms of IPV.

Schemas and IPV

It is theorized that EMS are dysfunctional internal working models that are internalized in childhood when core emotional needs such as emotional nurturance and safety are not met (Pilkington et al., 2021). Young defined schemas as “templates for encoding, perception, retrieval of information and storage” (Young et al., 2003). These schemas form the lenses through which we look at the world. Once these schemas are formed, people have the tendency to to retain their schemas. If individuals are subjected to adverse early experiences, the development of cognitive biases might occur, in which they are more likely to process incoming information in a way that fits their schemas. As mentioned earlier, Young et al. (2003) identified 18 early maladaptive schemas, grouped into five domains corresponding to the unmet childhood needs. However, a multi-level meta-analysis which included nine studies that was done by Pilkington et al. (2021) reported that the theoretical links between schemas and IPV perpetration and victimization differs among the different domains even among the different schemas within each domain.

Therefore, it was hypothesized in this study that mistrust/abuse, vulnerability to harm, subjugation, and defectiveness/shame schemas will predict IPV victimization (hypothesis 2a).

However, results revealed that none of the mentioned schemas were significant of IPV victimization. The results of this study were inconsistent with Falahatdoost et al. (2013) and partially inconsistent with Pilkington et al. (2021). However, a possible explanation for the insignificant relationship might be due to the non-clinical sample of the current study. In the study done by Falahatdoost (2013), the sample selected was targeted to victims of abuse. Also, in the same study, it was revealed that there was a significant difference in all domains of early maladaptive schemas between those who have experienced higher levels of violence and those with lower levels of violence. In this study, it was found that for the intimate partner violence questionnaire (CTS-2), participants reported on average low frequency of intimate partner violence but expressed more frequent acts of perpetration than victimization. Thus, given the low levels of victimization and the non-clinical small sample, this might be one explanation for the insignificant relationship. Also, for all the five schemas, participants scored below the midpoint. Young et al. (2003) mentioned that higher mean scores indicate a greater presence of a particular maladaptive schema. Therefore, this might be another explanation for the insignificant relationship between mistrust/abuse, vulnerability to harm, subjugation, and defectiveness/shame schemas will predict IPV victimization.

It was also hypothesized that mistrust/abuse, defectiveness/shame and insufficient self-control will predict IPV perpetration (hypothesis 2b). However, results of the current study found insignificant relationship between these schemas and IPV perpetration. In Pilkington et al. (2021) meta-analysis, it was reported that there was insufficient data to complete the meta-analysis examining early maladaptive schemas and IPV perpetration. However, it was found that mistrust/abuse schema was found in two studies to have a small to medium correlation with IPV. An explanation for the insignificant relationship between these schemas and IPV perpetration

might also be drawn back to the participants' scores which are below midpoint for all the schemas. In a study done by Rahme et al. (2020) which explored the correlation between EMS and violence against women among a Lebanese population reported that high average of the schemas implies activation of the schema. It was also reported that the higher the average, the more the schemas are dysfunctional. In the current study, it was evident that the average of all the schemas is below midpoint which can imply that the schemas were not activated. Also, the insignificant relationship between all the schemas and IPV goes back to the scoring of schemas in which the frequency was taken in this study. In a study done by Shorey, Stuart and Anderson (2014) who used the Young Schema Questionnaire-Long Form, they reported that for each early maladaptive schema, a score of 4 or greater for each item contributes to the total score of each specific schema, since a response of 4 or greater is indicative that that particular item may be representative of a maladaptive belief and/or behavior. Scores of 1, 2, or 3 are recoded into "0" as they are not indicative of clinically significant early maladaptive schema endorsement. Similarly, for the Young Schema Questionnaire- Short Form, any score of 2 or more is usually meaningful. Therefore, scoring the Young Schema Questionnaire as a frequency might be a possible explanation of the insignificant relationship.

Avoidant Attachment Style, Family of Origin Violence and IPV

From an attachment perspective, being abused as a child or witnessing interparental violence may challenge the child's confidence in the parents' responsiveness and availability (Godbout et al., 2009). These children are less likely to have their basic needs met, impairing the development of positive internal working models of self, others and of healthy relational patterns (as cited in Godbout et al., 2009). Empirical studies consistently found that children who witness interparental violence and those who experience abuse are likely to form insecure attachment

styles with their caregivers and to maintain insecure attachment styles in adulthood. Empirical research on IPV perpetrators found that they were likely to be insecurely attached and that they were more likely to be violent toward their partners when they fear abandonment (as cited in Oka et al., 2014). Other research at the couple levels reported that when both partners are insecurely attached, they are at a higher risk for partner violence. A growing body of research showed that domestically abusive males are more likely to have been exposed to family violence as children as compared to nonviolent males. Lawson (2008) found that severely violent men (kicked, hit, and/or choked their wife) experienced and witnessed more parental violence than moderately violent men (pushed, grabbed, and/or slapped their wife) and non-violent men. The research done by Godbout et al. (2009) highlighted the important role of anxious and avoidant attachment style in the path from early exposure to violence during childhood to IPV.

Therefore, it was hypothesized that anxious attachment style mediated the relationship between witnessing interparental violence and experiencing abuse and IPV (hypothesis 3b). Contrary to the hypothesis that anxious attachment style would mediate the relationship between witnessing interparental violence, experiencing abuse and IPV, analysis indicated that anxious attachment style is an insignificant mediator. The results of the current study were inconsistent with the study done by Godbout et al. (2017) in which they found that attachment insecurity especially anxious attachment style may contribute to the increased risk of partner violence seen in adults who recall exposure to parental violence in childhood. The findings suggested that exposure to family violence predicts relationship violence both directly and indirectly through attachment anxiety (as cited in Papalia and Widom, 2023). The current results were consistent with the study done by Gay et al. (2013) who studied insecure attachment style and early maladaptive schemas as mediators between childhood abuse and IPV in which they found that

both insecure attachment styles (avoidant and anxious) were insignificant mediators. There may be several reasons for these differences in findings. First, there are differences in samples. Unlike Papalia and Widom (2023), the current sample was not a clinical sample.

Another explanation to the current insignificant results might be due to the participants scoring slightly below the midpoint on the anxious attachment style. In addition, in the study done by Papalia and Widom (2023) and Brassard et al. (2014), they reported that the type of maltreatment or the form of abuse the adult was exposed to as a child is related to different attachment styles in which it also differs among females and males. For instance, they proposed that neglect might be more strongly associated with attachment anxiety, whereas physical abuse might be more strongly linked to attachment avoidance. They also reported that previous psychological parental victimization was the strongest predictor of anxious attachment and psychological IPV, and witnessing psychological domestic violence during childhood was the strongest predictor of avoidant attachment. The strongest predictors of physical IPV were different for men (both sexual abuse and psychological victimization) and women (witnessing physical domestic violence). This suggested that the type of abuse witnessed and experienced as a child predict different attachment styles and different types of IPV. However, in the current study, only three subscales of the Childhood Trauma Questionnaire (CTQ) were used which were psychological abuse, physical abuse and neglect and only two subscales of the Conflict Tactics Scale (CTS) were used which are physical abuse and psychological abuse. Also, the level of risk for insecure attachment will likely depend on the level of threat IPV poses to the child. This can be influenced by factors such as the child's age, relationships with other caregivers, length of exposure to IPV, and the role of the parent as the perpetrator or victim of violence (Levendosky, Bogat, & Huth-Bocks, 2011).

In addition to this, previous literature proposed that exposure to violence as a child predicts IPV; however, the relationship is not causal (Brassard et al., 2014). It was shown that attachment-based anxiety moderates rather than mediates the relationship between witnessing interparental abuse, experiencing abuse and IPV. This means that when anxious attachment was high, exposure to violence is positively correlated with IPV, but when anxious attachment was low, exposure to violence no longer predicted IPV. Therefore, it could be that insecure attachment style acts as a moderator (increases or decreases) in the relationship between exposure to violence as a child but not as a mediator.

Interestingly, however, the current results showed that avoidant attachment style acted as a partial mediator between witnessing interparental abuse, experiencing abuse in childhood and IPV (hypothesis 3a). Unlike anxious attachment style and IPV, the direct relationship between avoidant attachment style and IPV was significant. This result may be explained by the fact that participants scored on avoidant attachment style more than anxious attachment style. Another explanation might be the higher number of females enrolled in this study compared to males. A meta-analysis done by Spencer et al. (2021) that there was a significantly stronger association among avoidant attachment and IPV victimization for women compared to men.

EMS as mediators between family of origin violence and IPV

Previous studies indicated that exposure or experiencing violence in childhood is a significant risk factor for IPV. Children exposed to these types of stressors in the family context experience and perpetrate violence in adulthood, repeating the patterns of interpersonal interaction learned in childhood (Kaukinen and Buchanan, 2015). However, as mentioned before, not all individuals exposed to interparental violence perpetrate violence in their intimate

relationships. A study with young Koreans indicated that both boys and girls exposed to child abuse are at higher risk of becoming perpetrators of dating violence. However, some results indicated that the gender variable must be managed. For example, boys who suffered childhood maltreatment developed a greater acceptance of violence, while girls developed empathy capacity impairments. Studies have revealed that the effect of exposure and witnessing interparental violence and IPV is not direct suggesting that there would be different emotional and cognitive variables acting as mediators of this relationship. EMS may be one of the cognitive factors associated with the interaction between witnessing and exposure to childhood violence and IPV (Borges and Dell'Aglio, 2020). Previous literature proposed that children who are exposed to or who experienced violence as children are more likely to develop schemas within the Disconnection/Rejection Domain (mistrust/abuse, defectiveness/shame) which, in turn, predict IPV. Therefore, it was predicted in this study that these two schemas would mediate the relationship between exposure to violence and IPV (hypothesis 4). However, results of the current study indicated that defectiveness/shame schema and mistrust/abuse schema didn't mediate the relationship between childhood exposure to violence and IPV. In addition, while there is significant evidence to suggest that schemas play a role in the relationship between childhood abuse and aggression, it is possible that the trauma-related symptoms may be a better predictor of aggression than EMS are. There are multiple reasons behind the current insignificant results. As mentioned earlier, the sample of the current study was not clinical. Participants were randomly selected. Therefore, the rates of violence were less pronounced and more skewed (Stith et al., 2012). In addition, Calvete and Orue (2013) also found that girls were more likely to endorse beliefs related to the justification of violence following maltreatment than boys and that these beliefs predicted reactive and proactive aggression. These studies suggested that it is

critical to explore gender differences when examining the role of EMS on childhood abuse and aggression, particularly given the paucity of preexisting literature (Atkins, 2017).

However, it is important to point out some important aspects. In order to understand intimate partner violence, it is important to examine the ways in which cultures construct beliefs, expectations, and norms about gender and family. Meanings of violent acts cannot be understood outside of their cultural context. Domestic violence must be understood in its sociocultural context. Traditional Arab society values women as wives and mothers within a patriarchal family structure, and family cohesiveness might be prioritised over individual rights and freedoms. This may have led participants to ‘fake good’ to conform to socially acceptable values, avoid criticism, or gain social approval.

In Lebanon, traditional gender role attitudes have been found to facilitate violence and to provide cultural justification for abusive behaviors while encouraging self-blaming attitudes in abused women. Both men and women have the duty to preserve the honor of their family, however, they are expected to show different behaviors: men should be authoritative and courageous while women are encouraged to be submissive. Such gender specific differences imply that men are in control and entitled to exert authority over their wives. In patriarchal cultures, men are socially—and often times legally—responsible for the women in their family, this gives them the right to educate and discipline them. When a female fails to meet societal expectations or to perform her duties, violence is reckoned as a valid alternative to educate her. Therefore, this could have affected the disclosure rate of intimate partner violence especially that most of the participants enrolled in this study were females (81.2%).

A research done by NSPCC (2005) found that there are variety of disclosure inhibiting factors, including reluctance to burdern others, feelings of embarrassment, fear of getting themselves or those around in trouble. Therefore, women might have underreported intimate partner violence acts because of shame or fear. Also, when in comes to participants reporting the frequency of witnessing interparental violence, these factors could have played a role especially in a country like Lebanon. Arabs may be reluctant to disclose due to both fear and shame for the abuser and their family. Religious teachings nd values emphasize and support the centrality of family life, the importance of positive family relationships, and a focus on the concerns and needs of others over the self.

Limitations and Future Studies

This study had some limitations. It was a cross-sectional research using self-reporting tools, in which participants may have responded according to social desirability standards. The cross-cutting nature has in itself limitations concerning the causality relationship between the investigated variables. In other words, it was difficult to determine whether people are aggressive as a result of attachment insecurity, or whether people are insecurely attached as a result of violence and aggression in their relationships. A gender bias was found in the sample, with a more significant number of females, which may have influenced the results. Besides, females, in particular, married women in our culture, are strongly restrained from admitting to being abused or victimized, simply due to the bonds of marriage and the presence of children. Further, while this study has clinical implications, the study's sample is a community sample, rather than a clinical one. It can be assumed that, if we were to focus this study on a clinical sample, the rates of violence would be more pronounced and less skewed (Stith et al., 2012), as well as, presumably, the lack of attachment security (Pielage, Luteijn, & Arrindell, 2005).

We suggest future research with a longitudinal design and studies that can investigate the relation between exposure and experiencing violence, attachment style, early maladaptive schemas and IPV. Also, future studies may investigate the association of EMS in the formation of legitimizing beliefs in adults perpetrating violence who were exposed to child maltreatment.

Limitations also included a reliance on self-reports of IPV from one partner rather than dyadic assessments, as recommended by some researchers (e.g., Capaldi et al., 2012). IPV is now acknowledged to be a dyadic phenomenon (e.g., Dutton & White, 2012), so it will be important in future studies to collect data independently from both relationship partners. We based our study on simple retrospective self-reports of child abuse and this could lead to

underreporting biases or distortions in the traumatic event. Brewin, Andrews and Gotlib (1993), however, stated that such selection or distortion biases do not systematically affect the association between child maltreatment. This is not to forget that we didn't control for factors such as gender which some studies revealed that may play a role in attachment style and IPV. In addition, only three forms of childhood abuse were taken (physical, neglect and psychological) while the other forms of abuse such as injury and sexual abuse were not taken into account. This may have affected the results since previous research has shown that sexual abuse in childhood significantly predict IPV. Also, when assessing for exposure of interparental violence, also only two subscales were used which are psychological and physical abuse. Previous studies showed that the type of abuse witnessed affect whether exposure to interparental violence determines IPV in adulthood. Future research may benefit from examining the co-occurrence of childhood maltreatment experiences, rather than specific types of abuse

We also did not have reliable information about who perpetrated the maltreatment or the frequency and chronicity of these experiences, which may have impacted the association with adult attachment (Martin et al., 2017). Relatedly, we do not know whether attachment insecurity predicts violence onset or whether there is a reciprocal relationship between attachment and violence (e.g., violent acts may push others away, reinforcing insecure representations). Cross-lagged panel designs that include self-report and official measures of violence/abuse, broadly defined, may help to address these limitations. Furthermore, the scoring method of Young Schema Questionnaire (YSQ) that took it as a frequency inconsistent with some the recommendations of the creators of the measure, may have artificially deflated the current results. Although Brotchie et al. (2004) and Roper et al. (2010) found significant results using similar scoring method (i.e. summing all items and not recoding scores below 2), it would have

been better to have used the scoring recommended by creator of the scale especially that the sample is small and non-clinical. In other words, the current scoring method measured the severity of a specific schema rather than the presence of a specific maladaptive schema.

While the focus of this article were the contributions of attachment on IPV, it is important to note, briefly, other factors or explanations for IPV. For example, cultural and societal factors take into account the social acceptability of IPV in certain cultures, as well as the dominance of patriarchy outlined by feminist scholars (Straus, 1976; Yllö, 2005). Future research could involve the collaboration between multiple data collection and from diverse cultural contexts to allow for greater sample size and to examine the generalizability of the findings in other populations. In addition, researchers such as Johnson and Ferraro (2000) argued that we cannot properly understand IPV without important distinctions between social characteristics, motives of perpetrators, and cultural contexts in which violence occurs. Finally, the majority of the sample was college educated. Johnson and Ferraro (2000) reported that there is a negative relationship between intimate violence and education.

This is one of the first studies that examined the relationship between insecure attachment style, childhood maltreatment (exposure and experience of abuse), early maladaptive schemas and IPV on a Lebanese population. Furthermore, there were minimal previous studies investigating the role of EMS as a mediator in this relationship. Future studies should replicate the current study with a larger sample size while controlling for gender.

In summary, our findings supported attachment theory's value in helping to understand the cycle of violence. We showed that mal-treated children continued to be at higher risk of violent arrests in middle adulthood, which was partly mediated by greater attachment insecurity in close adult relationships. The potential importance of attachment avoidance in particular

emerged, however links between maltreatment subtypes, adult attachment dimensions, and violence require further research. Future work should replicate our findings and test more complex models that help explain individual differences in adult attachment (in)security following mal- treatment and how it converges with other mechanisms to influence violence propensity.

Clinical Implications

The results suggested that adults who experience psychological and physical abuse in childhood are at greater risk to become perpetrators or victims of IPV. Considering the victimization experiences accumulate across the life course, interventions should target child victims and aim to prevent their future revictimization. Programs and policies for preventing childhood abuse are needed. There is a promising body of evidence for preventive intervention programs for childhood abuse such as training in parenting and home visitations. Careful cross-cultural adaptation of these programs and rigorous evaluation to monitor their impact are warranted. Our findings also suggested that there might be possible factors affecting the intergenerational transmission of violence. This study shed light on the importance of studying these factors such as the severity or frequency of violent acts observed.

Accurate IPV risk assessments have the capacity to reduce incidence, prevalence, and severity of spouse abuse and support the allocation of scarce resources (e.g., determine treatment needs, close supervision of high-risk offenders). The benefits of using risk assessments also include facilitating the development and execution of appropriate safety plans for victims and providing a common language that can facilitate communication between professions and across organizations and settings. The focus of the assessment is to understand the variables and processes that may have led to abuse in the past and to understand what might influence future choices to engage in IPV or not. Ultimately, the objective is to improve the validity, reliability, transparency, and justifiability of risk determinations and interventions. Therefore, this study gave insight on what these factors might be and thus be of benefit for risk assessment.

In addition, for men who endorse IPV motives of power and control in patriarchal societies such as Lebanon, traditional, groups-based interventions that address and attempt to change sexist or patriarchal attitudes may be helpful. Considering the relation between reasons for IPV, and violence, systematic assessment for personality pathology and a functional analysis to uncover motives for violence should be a first step in intervention.

Also, this research highlighted that clinicians should expand on the traditional models of relationship violence characterized by a controlling male perpetrator and a female victim. Instead, clinicians should be open to the fact that both men and women use violence in relationships and both men and women suffer as a result. Additionally, research-based typologies of violence require that clinicians be attuned to the reality that there is no archetypal perpetrator of violence or violent relationship. Instead, violence in intimate relationships takes many forms and clinicians are cautioned not to overlook violence that does not conform to traditional expectations.

Empirical research has highlighted the importance of multifactor risks, and resultant models/tools to guide professionals in their assessment of IPV, which is a far cry from understanding the main cause of IPV as patriarchy resulting from a male dominated society. Multiple risk factors such as the ones studied in the current study demonstrate the need for treatment to be targeted at the criminogenic need and risk level of perpetrators, as intervention with other forms of aggressive behavior. Thus, clinicians should judge intervention programs according to:

- well-designed programs should have a firm and explicit theoretical basis which is supported by empirical research;

- programs should be based on accurate assessment of the 'risk', 'needs', and 'responsivity' of offenders;
- there should be strategic targeting of such risk and need factors through program features;
- programs should be delivered to consistently high standards, using treatment responsivity

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Appendix A: Participant Information Letter

Dear Ms./Mr.

I am Farah Merdas, a student at Haigazian University from the Faculty of Social and Behavioral Sciences. I am currently carrying out a research study titled “The Role of Family of Origin Experiences, Early Maladaptive Schemas and Attachment Style in Predicting Intimate Partner Violence” advised by Dr. Hanine Hout.

You are being asked to take part in this study since you are above 18 years who is or has been in an intimate relationship.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at investigating a number of predictors of intimate partner violence (IPV) and the interaction between these variables in predicting IPV in Lebanon. Intimate partner violence is a major public health concern that has serious adverse effect on the physical and mental health. Intimate partner violence has largely been neglected in the Arab region as the majority of studies on intimate partner violence and its determinants are conducted in a Western context. In a country like Lebanon, a patriarchal society that has no clear legislations or policies to protect women, women are left at the mercy of religious doctrine that leave them most vulnerable. Hence, this study will lay direct evidence and will raise awareness for the existence of a genuine problem of public health dimension which is far widely ignored by local authorities in Lebanon. It will also raise a societal awareness for the need to support local activism against

violence and to promote nonviolent and gender equitable relationships and open the eyes for the need to challenge the social norms that may condone some forms of IPV and male control over women. In addition, this study will have important clinical implications, especially for social workers and clinical psychologists who deal with the IPV phenomenon. This study will also contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill a questionnaire. Your participation will involve complete a survey that entails statements that you will have to rate based on agreement (completely untrue for you to perfectly describes you or never to very often or strongly agree to disagree) for approximately 15 minutes. Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder. The data will be analysed and reported in aggregate. Only the principal investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.

- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the SBS ethics committee at Haigazian University. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact the SBS Committee at SBS.Ethics@haigazian.edu.lb
-

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. However, women who are victims of partner abuse may be triggered and might have negative reactions. Hence, the survey will initially include an informed consent, a contact email or number for the researcher in case you have any questions or comments regarding the study and will have a referral section that include mental health organisations (such as Embrace's hotline (1564) and Kafa's hotline) for emotional support.
- You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand the relationship between family of origin violence, attachment style and early maladaptive schemas and Intimate partner violence.

Contact information

If you have any questions or concerns about the research you may contact:

Name: Farah Merdas

Affiliation: Clinical Psychology Master's student at Haigazian University

Email: farahmerdass@gmail.com

Name: Dr. Hanine Hout

Affiliation: Thesis Advisor (Faculty in the SBS at Haigazian University)

Telephone: 961 1 349 230, ext. 331

Email: Hanine.hout@haigazian.edu.lb

Appendix B: Participant Consent

The Role of Family of Origin Experiences, Early Maladaptive Schemas, and Attachment
Style in Predicting Intimate Partner Violence

Please read the following statements and place a check mark in the boxes adjacent to them.

- I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and does not involve payment of any kind.
- I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any kind.

- I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.
- My participation involves an answering a questionnaire for approximately 15 mins.
- I have been assured that the researcher will maintain my identity confidential.
- I have been assured that the information from this survey will be used for the purpose of academic study only.
- I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.
- I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.
- I have been assured that I can access my data (if identified) at any time.
- I have read, listened and fully understand the explanation given to me. All my questions have been satisfactorily answered.
- I, therefore, choose to voluntarily participate in this research study.
- I have received a copy of this consent form co-signed by the researcher.

Participant consent

Investigator

Date: _____

Date:

Name: _____

Name:

Signature: _____

Signature:

Appendix C: Ethics Approval Letter**HAIGAZIAN UNIVERSITY**

Faculty of Social and Behavioral Sciences

SBS Research Ethics Committee

Dear Ms. Merdas,

The SBS Research Ethics Committee reviewed the following protocol:

Type of review	Initial, Expedited
Study title	The Role of Family of Origin Experiences, Early Maladaptive Schemas, and Attachment Style in Predicting Intimate Partner Violence
Study ID	TA.11.20
Principal investigator(s):Name, title, institution, contact information(email and phone number)	Ms. Farah Merdas MA student in Clinical Psychology Haigazian University farahmerdass@gmail.com
Advisor	Dr. Hanine Hout Chair, SBS Faculty

	Haigazian University Hanine.hout@haigazian.edu.lb
Committee members	- Dr. Vartan Agopian Assistant Professor - Dr. Rita Merhej Lecturer in Psychology SBS Faculty Haigazian University Rita.merhej@haigazian.edu.lb

Appendix D: Experience in Close Relationship Scale - Short Form (ECR-S)

Instructions:

The following statements concern how you feel in romantic relationships. Please respond to each statement by indicating how much you agree or disagree.

		Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1.	It helps to turn to my romantic partner in times of need.	7	6	5	4	3	2	1
2.	I need a lot of reassurance that	7	6	5	4	3	2	1

	I am loved by my partner.							
3.	I want to get close to my partner, but I keep pulling back.	7	6	5	4	3	2	1
4.	I find that my partner doesn't want to get as close as I would like.	7	6	5	4	3	2	1
5.	I turn to my partner for many things, including comfort and reassurance.	7	6	5	4	3	2	1
6.	My desire to be very close sometimes scares people away.	7	6	5	4	3	2	1
7.	I try to avoid getting too close to my partner.	7	6	5	4	3	2	1
8.	I don't worry about being abandoned.	7	6	5	4	3	2	1
9.	I usually discuss my problems	7	6	5	4	3	2	1

	and concerns with my partner.							
10.	I get frustrated if my romantic partner is not available when I need them.	7	6	5	4	3	2	1
11.	I am nervous when my partner gets too close to me.	7	6	5	4	3	2	1
12.	I worry that a romantic partner won't care about me as much as I care about them.	7	6	5	4	3	2	1

Appendix E: Conflict Tactics Scale-2

RELATIONSHIP BEHAVIORS

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things in the past year, and how many times

your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle "7."

How often did This happen?

1 = Once in the past year

2 = Twice in the past year

3 = 3-5 times in the past year

4 = 6-10 times in the past year

5 = 11-20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year, but it did happen before

0 = This has never happened

1.	I insulted or swore at my partner.	1	2	3	4	5	6	7	0
2.	My partner did this to me.	1	2	3	4	5	6	7	0
3.	I threw something at my partner that could hurt.	1	2	3	4	5	6	7	0
4.	My partner did this to me.	1	2	3	4	5	6	7	0
5.	I twisted my partner's arm or hair.	1	2	3	4	5	6	7	0
6.	My partner did this to me.	1	2	3	4	5	6	7	0
7.	I pushed or shoved my partner.	1	2	3	4	5	6	7	0
8.	My partner did this to me.	1	2	3	4	5	6	7	0
9.	I used a knife or gun on my partner.	1	2	3	4	5	6	7	0

10.	My partner did this to me.	1	2	3	4	5	6	7	0
11.	I called my partner fat or ugly	1	2	3	4	5	6	7	0
12.	My partner called me fat or ugly.	1	2	3	4	5	6	7	0
13.	I punched or hit my partner with something that could hurt.	1	2	3	4	5	6	7	0
14.	My partner did this to me.	1	2	3	4	5	6	7	0
15.	I destroyed something belonging to my partner.	1	2	3	4	5	6	7	0
16.	My partner did this to me.	1	2	3	4	5	6	7	0
17.	I choked my partner.	1	2	3	4	5	6	7	0
18.	My partner did this to me.	1	2	3	4	5	6	7	0
19.	I shouted or yelled at my partner.	1	2	3	4	5	6	7	0
20.	My partner did this to me.	1	2	3	4	5	6	7	0
21.	I slammed my partner against a wall.	1	2	3	4	5	6	7	0
22.	My partner did this to me.	1	2	3	4	5	6	7	0
23.	I beat up my partner.	1	2	3	4	5	6	7	0

24.	My partner did this to me.	1	2	3	4	5	6	7	0
25.	I grabbed my partner.	1	2	3	4	5	6	7	0
26.	My partner did this to me.	1	2	3	4	5	6	7	0
27.	I stomped out of the room or house or yard during a disagreement.	1	2	3	4	5	6	7	0
28.	My partner did this to me.	1	2	3	4	5	6	7	0
29.	I slapped my partner.	1	2	3	4	5	6	7	0
30.	My partner did this to me.	1	2	3	4	5	6	7	0
31.	I burned or scalded my partner on purpose.	1	2	3	4	5	6	7	0
32.	My partner did this to me.	1	2	3	4	5	6	7	0
33.	I accused my partner of being a lousy lover.	1	2	3	4	5	6	7	0
34.	My partner accused me of this.	1	2	3	4	5	6	7	0
35.	I did something to spite my partner.	1	2	3	4	5	6	7	0
36.	My partner did this to me.	1	2	3	4	5	6	7	0
37.	I threatened to hit or throw something at my partner.	1	2	3	4	5	6	7	0

38.	My partner did this to me.	1	2	3	4	5	6	7	0
39.	I kicked my partner.	1	2	3	4	5	6	7	0
40.	My partner did this to me.	1	2	3	4	5	6	7	0

Appendix F: Young Schema Questionnaire -Short Form (YSQ-SF)

INSTRUCTIONS:

Listed below are statements that a person might use to describe himself or herself. Please read each statement and decide how well it describes you. When there you are not sure, base your answer on what you emotionally **feel**, not on what you **think** to be true. Choose the **highest rating from 1 to 6** that describes you and write the number in the space before the statement.

RATING SCALE:

1 = Completely untrue of me me	4 = Moderately true of
2 = Mostly untrue of me	5 = Mostly true of me
3 = Slightly more true than untrue	6 = Describes me perfectly

1. _____ I feel that people will take advantage of me.
2. _____ I feel that I cannot let my guard down in the presence of other people, or else they will intentionally hurt me.
3. _____ It is only a matter of time before someone betrays me
4. _____ I am quite suspicious of other people's motives
5. _____ I'm usually on the lookout for people's ulterior motives. *ma
6. _____ No man/woman I desire could love me once he/she saw my defects.
7. _____ No one I desire would want to stay close to me if he/she knew the real me.
8. _____ I'm unworthy of the love, attention, and respect of others.
9. _____ I feel that I'm not lovable.
10. _____ I am too unacceptable in the very basic ways to reveal myself to other people. *ds
11. _____ I can't seem to escape the feeling that something bad is about to happen.
12. _____ I feel that a disaster (natural, criminal, financial, or medical) could strike at any moment.
13. _____ I worry about being attacked.
14. _____ I worry that I'll lose all my money and become destitute.

15. _____ I worry that I'm developing a serious illness, even though, nothing serious has been diagnosed by a physician. *vh
16. _____ I think that if I do what I want, I'm only asking for trouble.
17. _____ I feel that I have no choice but to give in to other people's wishes, or else they will retaliate or reject me in some way
18. _____ In relationships, I let the other person have the upper hand.
19. _____ I've always let others make choices for me, so I really don't know what I want for myself.
20. _____ I have a lot of trouble demanding that my rights be respected and my feelings be taken into account. *sb
21. _____ I can't seem to discipline myself to complete routine or boring tasks.
22. _____ If I can't reach a goal, I become easily frustrated and give up.
23. _____ I have a very difficult time sacrificing immediate gratification to achieve a long-term goal.
24. _____ I can't force myself to do things I don't enjoy, even when I know it's for my own good.
25. _____ I have rarely been able to stick to my resolutions. *is

Appendix G: Conflict Tactics Scales (CTS) Parent-Parent

1 = Once	4 = 6-10 Times
2 = Twice	5 = 11-20 Times
3 = 3-5 Times	6 = More than 20
0 = never	

No matter how well a family gets along, there are times when they disagree, get annoyed with each other, want different things, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Families also have many different ways of trying to settle their

differences. This is a list of things that might happen when having differences. Complete this questionnaire by thinking back to when you were growing up; respond to the following items based on how you remember your family. If in doubt, rate your family as you remember it as being in the last year you lived at home. Please write on the line provided how many times your parents did each of these things in interaction with each other according to the scale.

MY parents during my childhood

1. _____ Discussed an issue calmly
2. _____ Got information to back up his/her side of things
3. _____ Brought in, or tried to bring in, someone to help settle things
4. _____ Insulted or swore at him/her
5. _____ Sulked or refused to talk about an issue
6. _____ Stomped out of the room or house or yard
7. _____ Cried
8. _____ Did or said something to spite him/her
9. _____ Threatened to hit or throw something at him/her
10. _____ Threw or smashed or hit or kicked something
11. _____ Threw something at him/her
12. _____ Pushed, grabbed or shoved him/her
13. _____ Slapped him/her
14. _____ Kicked, bit, or hit him/her with a fist
15. _____ Hit or tried to hit him/her with something
16. _____ Beat him/her

17. _____ Choked him/her
18. _____ Threatened him/her with a knife or gun
19. _____ Used a knife or fired a gun

Appendix H: Childhood Questionnaire Trauma-Short Term (CTQ-SF)

	Never True	Rarely True	Sometimes True	Often True	Very Often True
1. I was called names by my family	1	2	3	4	5
2. My parents wished I was never born	1	2	3	4	5
3. I felt hated by my family.	1	2	3	4	5
4. My family said hurtful things.	1	2	3	4	5
5. I was emotionally abused	1	2	3	4	5
6. I was hit hard enough from my parents to see a doctor	1	2	3	4	5
7. I was hit hard enough from my parents to leave bruises	1	2	3	4	5
8. I was punished with hard objects	1	2	3	4	5
9. I was physically abused	1	2	3	4	5
10. I was hit hardly enough to be noticed	1	2	3	4	5
11. I felt loved	1	2	3	4	5

12.I felt important	1	2	3	4	5
13.I was looked out for	1	2	3	4	5
14.My family felt close	1	2	3	4	5
15. My family was a source of strength	1	2	3	4	5

Appendix I: Arabic Version of ECR-S

(ECR-S) تجاربك في العلاقات الوثيقة- نموذج قصير

تعليمات: تتعلق العبارات التالية بما تشعر به في العلاقات الرومانسية. يرجى الرد على كل بيان بالإشارة إلى مدى موافقتك أو عدم موافقتك.

أوافق بشدة	أوافق	أوافق قليلا	محايد	ارفض قليلا	ارفض	ارفض بشدة	
١	٢	٣	٤	٥	٦	٧	١. اللجوء إلى شريكي الرومانسي في أوقات الحاجة يساعدي.
١	٢	٣	٤	٥	٦	٧	٢. أحتاج إلى الكثير من الطمأنينة بأن شريكي يحبني.
١	٢	٣	٤	٥	٦	٧	٣. أريد أن أقرب من شريكي، لكنني أتراجع.
١	٢	٣	٤	٥	٦	٧	٤. أجد أن شريكي لا يريد الاقتراب كما أريد.
١	٢	٣	٤	٥	٦	٧	٥. ألجأ إلى شريكي لأشياء كثيرة، بما في ذلك الراحة والطمأنينة.
١	٢	٣	٤	٥	٦	٧	٦. رغبتني في أن أكون قريبًا جدًا تخيف الناس أحيانًا وتبعدهم.
١	٢	٣	٤	٥	٦	٧	٧. أحاول تجنب الاقتراب الشديد من شريكي.
							٨. لا اقلق ان يتخلى عني الآخرين.

١	٢	٣	٤	٥	٦	٧	
							٩. أنا عادة أناقش مشاكلي ومخاوفي مع شريكي.
١	٢	٣	٤	٥	٦	٧	
							١٠. أشعر بالتوتر إذا لم يكن شريكي الرومانسي متاحًا عندما أحتاج إليه.
١	٢	٣	٤	٥	٦	٧	
							١١. أشعر بالتوتر عندما يقترب مني شريكي كثيرًا.
١	٢	٣	٤	٥	٦	٧	
							١٢. أقلق ألا يهتم الشريك الرومانسي بي بقدر ما أهتم بهم.

Appendix J: Arabic Version of CTS-2

مقياس تكتيكات الصراع – (CTS-2)2

سلوكيات العلاقة

بغض النظر عن مدى توافق الزوجين، فهناك أوقات يختلفان فيها، أو يتضايقان من بعضهم البعض، أو يريدان أشياء مختلفة عن بعضهما البعض، أو مجرد خلافات أو شجار لأنهما في حالة مزاجية سيئة، أو متعبان، أو لاي سبب آخر. الأزواج لديهم أيضًا العديد من الطرق المختلفة لمحاولة تسوية خلافاتهم. هذه هي قائمة بالأشياء التي قد تحدث عند وجود اختلافات. يرجى وضع دائرة حول عدد المرات التي قمت فيها بتنفيذ كل من هذه الأشياء في العام الماضي، وعدد المرات التي شريكك فعلها في العام الماضي. إذا لم تفعل أنت أو شريكك هذه الأشياء في العام الماضي، لكنها حدثت قبل ذلك، ضع دائرة حول "7".

كم مرة حدث هذا؟

١ = مرة في العام الماضي

٢ = مرتين في العام الماضي

٣ = 3-5 مرات في العام الماضي

٤ = 6-10 مرات في العام الماضي

٥ = 11-20 مرة في العام الماضي

٦ = أكثر من 20 مرة في العام الماضي

٧ = لم تحصل في العام الماضي، لكن حدث ذلك من قبل

٠ = هذا لم يحدث ابدا

٠	٧	٦	٥	٤	٣	٢	١	1. لقد أسأت وشتمت شريكى.
٠	٧	٦	٥	٤	٣	٢	١	2. شريكى فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	3. ألقيت بشيء على شريكى يمكن أن يؤذييه.
٠	٧	٦	٥	٤	٣	٢	١	4. شريكى فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	5. لويت ذراع أو شددت شعر شريكى
٠	٧	٦	٥	٤	٣	٢	١	6. شريكى فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	7. لقد دفعت شريكى.
٠	٧	٦	٥	٤	٣	٢	١	8. شريكى فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	9. لقد استخدمت سكيناً أو مسدساً على شريكى.

٠	٧	٦	٥	٤	٣	٢	١	10. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	11. لقد قلت لشريكي انه سمين او قبيح.
٠	٧	٦	٥	٤	٣	٢	١	12. شريكي قال لي انني سمين او قبيح.
٠	٧	٦	٥	٤	٣	٢	١	13. لقد لكمت شريكي أو ضربته بشيء يمكن أن يؤدي
٠	٧	٦	٥	٤	٣	٢	١	14. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	15. لقد دمرت شيئاً يخص شريكي.
٠	٧	٦	٥	٤	٣	٢	١	16. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	17. لقد خنقت شريكي.
٠	٧	٦	٥	٤	٣	٢	١	18. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	19. لقد صرخت على شريكي.
٠	٧	٦	٥	٤	٣	٢	١	20. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	21. لقد صدمت شريكي بالحائط.
٠	٧	٦	٥	٤	٣	٢	١	22. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	23. ضربت شريكي
٠	٧	٦	٥	٤	٣	٢	١	24. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	25. أمسكت بشريكي

٠	٧	٦	٥	٤	٣	٢	١	26. شرڪي فعل هذا بي
٠	٧	٦	٥	٤	٣	٢	١	27. خرجت من الغرفة أو المنزل أثناء خلاف مع شريكي.
٠	٧	٦	٥	٤	٣	٢	١	28. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	29. صفتت شريكي.
٠	٧	٦	٥	٤	٣	٢	١	30. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	31. لقد حرقت شريكي عن قصد.
٠	٧	٦	٥	٤	٣	٢	١	32. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	33. اتهمت شريكي بأنه عاشق رديء.
٠	٧	٦	٥	٤	٣	٢	١	34. شريكي اتهمني بذلك.
٠	٧	٦	٥	٤	٣	٢	١	35. لقد فعلت شيئاً لنكايه شريكي.
٠	٧	٦	٥	٤	٣	٢	١	36. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	37. هددت بضرب أو رمي شيء ما على شريكي.
٠	٧	٦	٥	٤	٣	٢	١	38. شريكي فعل هذا بي.
٠	٧	٦	٥	٤	٣	٢	١	39. لقد ركلت شريكي.

٠	٧	٦	٥	٤	٣	٢	١	40. شريكى فعل هذا بي.

Appendix K: Arabic Version of YSQ-SF

نموذج قصير - Young Schema Questionnaire

أدناه هي العبارات التي قد يستخدمها الشخص لوصف نفسه أو نفسها. يرجى قراءة كل بيان وتحديد مدى وصفه لك. عندما لا تكون متأكدًا، ضع إجابتك على ما تشعر به عاطفيًا، وليس على ما تعتقد أنه صحيح. اختر أعلى تصنيف من 1 إلى 6 يصفك واكتب الرقم في الفراغ قبل العبارة.

المقياس

١ = غير صحيح تمامًا

٢ = غير صحيح غالبًا

٣ = صحيح أكثر من غير صحيح

٤ = صحيح إلى حد ما

٥ = صحيح غالبًا

٦ = يصفني تمامًا

1. _____ أشعر أن الناس سيستغلونني.
2. _____ أشعر أنني لا أستطيع أن أتخطى عن حذري في وجود أشخاص آخرين، وإلا فسوف يؤذونني عمدًا.
3. _____ إنها مسألة وقت فقط قبل أن يخونني أحد.
4. _____ أشك تمامًا في دوافع الآخرين.
5. _____ أنا عادة أبحث عن دوافع الناس الخفية. * أمه
6. _____ لا رجل / امرأة سوف يحبني إذا رأى عيوبى.

7. ____ لا أحد يرغب في البقاء بالقرب مني إذا عرفوا حقيقتي.
8. ____ أنا لا أستحق حب واهتمام واحترام الآخرين.
9. ____ أشعر أنني لست محبوبًا.
10. ----- أنا غير مقبول ابدا في الطرق الأساسية للكشف عن نفسي للآخرين.
11. ____ يبدو أنني لا أستطيع الهروب من الشعور بأن شيئاً سيئاً علي وشك الحدوث.
12. ____ أشعر أن كارثة (طبيعية أو إجرامية أو مالية أو طبية) يمكن أن تحدث في أي لحظة.
13. ____ أخشى التعرض للهجوم.
14. ____ أخشى أن أفقد كل أموالي وأصبح معدماً.
15. ____ اقلق ان يصيبني مرض خطير، على الرغم من أنه لم يتم تشخيص أي شيء خطير من قبل الطبيب.
16. ____ أعتقد أنني إذا فعلت ما أريد، فأنا أطلب المشاكل والمتاعب.
17. ____ أشعر أنه ليس لدي خيار سوى الاستسلام لرغبات الآخرين، وإلا فسوف ينتقمون مني أو يرفضونني بطريقة ما.
18. ____ في العلاقات، أترك السلطة والقرارات للشخص الآخر.
19. ____ لقد سمحت دائماً للآخرين بتحديد الخيارات نيابة عني، لذلك لا أعرف حقاً ما أريده لنفسي.
20. ____ أجد صعوبة كبيرة في المطالبة باحترام حقوقي ومراعاة مشاعري.
21. ____ لا يمكنني ان أنظم وأتحكم بنفسني لإكمال المهام الروتينية أو المملة.
22. ____ إذا لم أتمكن من الوصول إلى الهدف، فأنا أشعر بالإحباط بسهولة وأستسلم.
23. ____ أجد صعوبة بالغة في التخلي عن المتعة الفورية على حساب تحقيق هدف بعيد المدى.
24. ____ لا أستطيع أن أجبر نفسي على القيام بأشياء لا أستمتع بها، حتى عندما أعلم أن ذلك لمصلحتي.
25. ____ نادراً ما كنت قادرًا على الالتزام بقراراتي.

Appendix L: Arabic Version of CTS

مقاييس تكتيكات الصراع (CTS)

بعض النظر عن مدى توافق الأسرة، فهناك أوقات يختلفون فيها، أو ينزعجون من بعضهم البعض، أو يريدون أشياء مختلفة، أو مجرد خلافات أو شجار لأنهم في حالة مزاجية سيئة، أو متعبون، أو لسبب آخر. لدى العائلات أيضًا العديد من الطرق المختلفة لمحاولة تسوية خلافاتهم. هذه قائمة بالأشياء التي قد تحدث عند وجود خلافات. أكمل هذا الاستبيان من خلال التفكير في الوقت الذي كنت تكبر فيه؛ قم بالرد على العناصر التالية بناءً على كيفية تذكرك لعائلتك. إذا كنت غير متأكد، فقم بتقييم عائلتك كما تتذكرها في آخر سنة عشت معهم. يرجى وضع دائرة حول عدد المرات التي فعل فيها والداك كلاً من هذه الأشياء بالتفاعل مع بعضهما البعض.

المقياس

1 = مرة واحدة

2 = مرتين

3 = 3-5 مرات

4 = 6-10 مرات

5 = 11-20 مرة

6 = أكثر من 20

0 = أبداً

اهلي او والديّ خلال طفولتي

1. _____ ناقشا القضية او المشكلة بهدوء
2. _____ كان ابي او كانت امي يحصل او تحصل على معلومات من اجل تثبيت وجهة نظرهم
3. _____ كان ابي او امي يجلبان أو يحاولان جلب شخص للمساعدة في تسوية الأمور
4. _____ كان ابي او امي يسيبان او يهينان بعضهم البعض
5. _____ كانا والديّ يرفضون التحدّث عن قضية او مشكلة
6. _____ كان ابي او امي يخرجان من المنزل خلال مشكلة

7. رأيت امي او ابي بيكيان _____
8. كان ابي او امي يفعلان ام يقولان أشياء لنكايه او استفزاز بعضهم البعض _____
9. كان ابي يهدد امي بالضرب او برمي شيء عليها او كانت امي تفعل هذا بأبي _____
10. لقد رأيت ابي يرمي او يضرب او يدفع امي او كانت امي تفعل هذا بأبي _____
11. لقد رأيت امي او ابي يرمي بشيء على بعضهم البعض _____
12. كان ابي يدفع او يمسك امي بقوة او كانت امي تفعل هذا بأبي _____
13. كان ابي يصفع امي او امي تصفع ابي _____
14. كان ابي يركل أو يعضّ او يضرب امي بقبضة يد او كانت امي تفعل بأبي هذا _____
15. كان ابي يضرب او يحاول ضرب امي بشيء او كانت امي تفعل هذا بأبي _____
16. كان ابي يضرب امي او امي تضرب ابي _____
17. حاول ابي ان يخنق امي او حاولت امي ان تخنق ابي _____
18. هدد ابي امي بالسلاح او بالسكين او امي فعلت هذا بأبي _____
19. استخدم ابي سكين أو أطلق النار من مسدس او امي فعلت هذا بأبي _____

Appendix M: Arabic Version of CTQ-SF

استبيان صدمة الطفولة – نموذج قصير

صحيح جداً	غالباً صحيح	صحيح في بعض الاوقات	نادراً ما يكون صحيح	غير صحيح ابداً	
٥	٤	٣	٢	١	Translation ١١١
٥	٤	٣	٢	١	١. تمّ مناداتي بأسماء من قبل عائلتي
٥	٤	٣	٢	١	٢. تمنى والداي لو أنني لم أولد أبداً
٥	٤	٣	٢	١	٣. شعرت بأنّ عائلتي تكرر هني.

٥	٤	٣	٢	١	٤. قالت عائلتي أشياء مؤذية.
٥	٤	٣	٢	١	٥. لقد تم تعنيفي معنويًا من قبل اهلي
٥	٤	٣	٢	١	٦. لقد تعرضت للضرب بقوة من قبل اهلي الى حد انني اضطررت رؤية طبيب
٥	٤	٣	٢	١	٧. لقد تعرضت لضربة قوية من والدي تركت كدمات
٥	٤	٣	٢	١	٨. لقد عوقبت بأشياء صلبة
٥	٤	٣	٢	١	٩. لقد تعرضت للعنف الجسدي
٥	٤	٣	٢	١	١٠. لقد تم ضربني بشدة الى حد يكفي ليتم ملاحظتي من قبل الآخرين
٥	٤	٣	٢	١	١١. شعرت بالحب
٥	٤	٣	٢	١	١٢. شعرت بالأهمية
٥	٤	٣	٢	١	١٣. كان والدي يسألون عني
٥	٤	٣	٢	١	١٤. شعرت ان عائلتي متقاربة
٥	٤	٣	٢	١	١٥. كانت عائلتي مصدر قوة