ABSTRACT

Title of Thesis:	VICTIM DEPRESSION, POSITIVE PARTNER BEHAVIOR, AND TYPE OF PARTNER AGGRESSION AS DETERMINANTS OF WOMEN'S STEPS TOWARD LEAVING AN ABUSIVE RELATIONSHIP
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This study investigated factors associated with the degree to which victims of partner violence take steps toward leaving the relationship. It was a secondary analysis of clinic data from pre-therapy couple assessments of demographic characteristics; physical, psychological, and sexual partner aggression; victim depression; perpetrator positive partner behavior; and steps the victim took toward leaving. Females' income and education were not associated with steps toward leaving. Physical, psychological, and sexual aggression were all associated with steps toward leaving. Greater depression was associated with more steps toward leaving and more positive partner behavior was associated with fewer steps toward leaving. Neither depression nor positive partner behavior moderated the association between physical or psychological aggression and steps toward leaving. The association between sexual aggression and steps toward leaving was positive when positive partner behavior was higher, but non-significant when

positive partner behavior was lower. Clinical implications and suggestions for future research are discussed.

VICTIM DEPRESSION, POSITIVE PARTNER BEHAVIOR, AND TYPE OF PARTNER AGGRESSION AS DETERMINANTS OF WOMEN'S STEPS TOWARD LEAVING AN ABUSIVE RELATIONSHIP

by

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CHAPTER 1: INTRODUCTION

Statement of the Problem

"Why don't they just leave?" is the question that is commonly asked regarding individuals, particularly women, who remain in relationships in which they are subjected to intimate partner violence (IPV). IPV can include acts of physical aggression, psychological aggression, and sexual aggression (Krantz, Löve, Lövestad, & Vaez, 2017). Physical aggression refers to physical contact ranging in severity and potential injury to the victim from pushing, grabbing, kicking, and slapping to punching, choking, and use of weapons. Psychological aggression involves no physical contact but inflicts emotional harm to the victim via denigration (e.g., name-calling, insults, acts that belittle or humiliate the partner), intimidation (e.g., verbal threats of violence, breaking objects to scare the victim), hostile withdrawal (e.g., refusing to talk to the victim), and restrictive engulfment (e.g., limiting the victim's access to resources such as money and supportive others) (Foran, Graña Gomez, Jose, & O'Leary, 2014; Krantz, Löve, Lövestad, & Vaez, 2017; Murphy & Hoover, 2001). Sexual aggression refers to using physical and/or psychological coercion to force the victim to engage in unwanted sexual activity. IPV can happen to anyone regardless of race, ethnicity, gender, sexual orientation, etc.; it occurs within all communities (Coston, 2019; Holliday et al., 2017; Stockman, Hayashi, & Campbell, 2015).

There have been studies that have provided data on the prevalence of IPV across a range of different countries (O'Leary & Woodin, 2009). However, it is important to note that the prevalence data in these studies cannot be compared

directly due to the different research methods (samples, measures) with which the data were collected. Nevertheless, the research still indicates that IPV is a significant public health danger worldwide.

Impact of IPV on Victims

IPV of all three forms has been associated with symptoms of posttraumatic stress disorder (PTSD), generalized anxiety disorder (GAD), depression, and other negative mental health outcomes in victimized individuals (Krantz et al., 2017; Pickover et al., 2017), in addition to physical injuries and even death from physical violence. Victims of IPV are at increased risk of contracting HIV or other sexually transmitted infections (STIs) due to forced sexual behavior (NCAVD, 2019). Furthermore, IPV has been linked with physical and reproductive health issues including adolescent pregnancy, unintended pregnancy in general, miscarriage, stillbirth, intrauterine hemorrhage, nutritional deficiency, abdominal pain and other gastrointestinal problems, neurological disorders, chronic pain, disability, anxiety and post-traumatic stress disorder (PTSD), as well as non-communicable diseases such as hypertension, cancer and cardiovascular diseases (NCAVD, 2019). Victims of IPV are also at higher risk for developing addictions to alcohol, tobacco, or drugs (NCAVD, 2019). Furthermore, one in three female murder victims are killed by intimate partners, indicating that IPV also increases one's risk of being murdered (NCAVD, 2019). Although negative effects of psychological aggression may be less obvious than injuries caused by physical violence, studies have shown that psychological aggression has comparable negative effects on indices of psychological well-being (Curtis, Epstein, & Wheeler, 2017).

In addition to the negative physical and mental impact that IPV can have on a person, it also has a negative impact on society at a broader level, through effects on the economy. IPV is estimated to cost the U.S. economy between $5.8 billion and $12.6 billion annually, through lost productivity in the workforce. Victims of IPV are at a higher risk of losing their jobs due to issues stemming from the abuse. For example, a victim of physical aggression may lose their job due to calling out of work frequently in an attempt to hide bruises and other injuries. The National Coalition Against Domestic Violence (NCAVD) estimates that victims of IPV lose a total of 8,000,000 million days of paid work each year (NCAVD, 2019). Therefore, it is clear that IPV is a major economic cost for society as well.

Also, IPV can be a financial burden on the victim. IPV can result in substantial costs for medical treatments for injured victims to treat injuries such as broken bones. If a victim waits to seek medical treatment from IPV related injuries, then it could even be a larger financial cost to the victim due to the increased risk of further injury. Furthermore, IPV can be a financial cost to victims who seek mental health treatments. Once again, IPV is associated with negative mental health outcomes, including depression and PTSD, which can be costly to treat professionally (Krantz et al., 2017; Pickover et al., 2017).

Physical Aggression

The lifetime prevalence of physical aggression from an intimate partner among women across research studies has been found to range between 10% and 62% (O'Leary & Woodin, 2009). The operational definition of physical aggression across studies includes questions about specific acts of physical violence by a current

or former partner, including slapping, throwing an object at a person, pushing, shoving, kicking, dragging, beating, hitting with a fist or object, choking, burning, and threats with a gun, knife, or other weapon. The World Health Organization (WHO) conducted a multi-country study on women's health and violence against women across 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, United Republic of Tanzania, and Thailand. The lifetime prevalence of physical partner aggression from this study ranged from 13% in Japan to 62% in Peru (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).

The International Violence Against Women Survey (IVAWS) collected data on the prevalence of physical aggression using information from telephone interviews across various countries including Australia, the Czech Republic, Denmark, Hong Kong, Lithuania, Poland, Switzerland, Costa Rica, Mozambique, and the Philippines. The IVAWS found that the lifetime prevalence of partner aggression ranged from 6% in Hong Kong to 36% in Mozambique (Johnson, Ollus, & Nevala, 2007). Additionally, the Worldsafestudy collected data on the prevalence of partner aggression from face-to-face interviews in four countries: Chile, Egypt, India, and the Philippines. Rates of partner aggression ranged from 11% in Egypt to 43% in India (Sadowski, Hunter, Bangdiwala, & Muñoz, 2004). Thus, there is substantial evidence that physical aggression in intimate relationships occurs across diverse societies and cultures; it is a universal problem.

Psychological Aggression

The definition of psychological aggression across research studies can vary because people can conceptualize the types of behavior that involve no physical

violence against the victim but focus on inflicting emotional harm differently. This can make conducting research on the prevalence of psychological aggression difficult, given that there tends to be a lack of physical evidence as there is with physical and often with sexual aggression. However, the general operational definition of psychological aggression across research studies encompasses no physical contact but involves infliction of emotional harm to the victim via denigration, intimidation, hostile withdrawal, and restrictive engulfment (Foran, Graña Gomez, Jose, & O'Leary, 2014; Krantz, Löve, Lövestad, & Vaez, 2017; Murphy & Hoover, 2001). The WHO multi-country study on women's health and violence against women (Garcia-Moreno et al., 2006) criteria for psychological aggression by a partner included "being insulted or made to feel bad about oneself, being humiliated in front of others, being intimidated or scared on purpose, and being threatened directly or through a threat to someone the respondent cares about" (O'Leary & Woodin, 2009).

The WHO multi-country study on women's health and violence against women (Garcia-Moreno et al., 2006) found that between 20% and 75% of the women across the countries studied reported experiencing one or more of these acts. Insults, belittling, and intimidation were found to be the most frequently mentioned types of psychological aggression (Garcia-Moreno et al., 2006). Two thirds of all women who reported experiencing psychological aggression also reported experiencing the behavior more than once (Garcia-Moreno et al., 2006). Nearly one in four women in Brazil and Peru reported receiving threats from a partner (Garcia-Moreno et al., 2006). Moreover, the results of the WHO study found that the number of

psychologically controlling behaviors by the partner was associated with the risk of physical and/or sexual aggression (Garcia-Moreno et al., 2006).

Sexual Aggression

The definition of sexual aggression in research generally refers to a victim's lack of choice in engaging in sexual activity, due to coercion. Sexual aggression can also entail severe physical, social, and/or economic consequences if the woman refuses to engage in sexual activity with her partner. There is a misconception that sexual aggression cannot occur in committed relationships such as marriage because sex with one's partner is seen as an assumed aspect of marriage. Consequently, there is a risk of underreporting of sexual aggression within marriages (O'Leary & Woodin, 2009). In order to gain an accurate perception of the prevalence of sexual aggression in relationships, researchers across studies ask participants questions related to whether a partner has ever threatened or forced her to have sexual intercourse, physically forced her to engage in sexual activity, and/or forced her to perform other sexual acts when she did not having a desire to perform them (Minton, Mittal, Elder, & Carey, 2016; O'Leary & Woodin, 2009).

The WHO multi-country study on women's health and violence against women (Garcia-Moreno et al., 2006) found the prevalence of lifetime sexual aggression by an intimate partner ranged between 6% in Japan and Serbia and Montenegro city to 59% in Ethiopia. The IVAWS (Johnson, Ollus, & Nevala, 2007) found the prevalence of sexual aggression by an intimate partner to range between 3% in Switzerland and the Philippines to 15% in Costa Rica (O'Leary & Woodin, 2009).

Factors that Influence Victims' Decision-Making Process Regarding Staying or Leaving

Given the common serious negative health outcomes from IPV victimization, many people find it hard to understand why some victims choose to stay with an abusive partner. However, there has yet been a limited amount of research on the decision-making process in present or past victims of IPV in general, due to how difficult it can be to find individuals in this population who are willing to participate in studies that involve self-disclosure about such traumatic life experiences. Research has examined the prevalence of IPV, consequences of IPV for physical and psychological health, factors influencing perpetration of IPV, interventions designed to reduce rates of IPV, and factors involved in victims' healing after experiencing IPV (Chan et al., 2019; Clark et al., 2018; Czerny, Lassiter, & Jae Hoon Lim, 2018), but less about factors that influence victims' decisions about staying or leaving.

One of the factors that have been examined in prior research is stigma experienced by IPV victims that may inhibit both their disclosure of their abuse experiences and their confidence in taking steps to leave an abusive relationship. Survivors of IPV may experience stigma that includes victim-blaming messages from the broader society as well as specific stigmatizing reactions from others in their personal lives in response to their disclosure of being victimized (Kennedy & Prock, 2018). Stigmatizing reactions involve negative connotations such as shame or guilt (attributing responsibility to the victim) that are communicated to the individual about the experiences. Stigma can also be internalized by the victim as self-blame or shame, at least in part due to exposure to societal level victim-blaming, negative

representations of victims in the media, and negative stereotypes about characteristics of victims of IPV (Kennedy & Prock, 2018). Victim-blaming can include questioning what the victim did to elicit the perpetrator's aggression, such as whether the victim disobeyed the perpetrator in some way that somehow might be construed as justifying the violence. This stigma communicated by others can shape survivors' thoughts (e.g., negative self-image), feelings (e.g., depression, anxiety), and behaviors (e.g., avoidance of disclosure to others) (Kennedy & Prock, 2018). The self-blame and shame that survivors of IPV can experience may make it difficult for them to feel comfortable enough to participate in a research study, or to advocate for themselves in seeking support from others and preparing to leave the abusive relationship. In spite of such barriers to recruitment that make it difficult to study the decision-making process of IPV victims, it is important to identify factors that influence their decision making, in order to be able to provide guidance to mental health professionals and other potential support systems that may be able to assist victims in protecting themselves and reducing risks for both short-term and long term adverse life outcomes. The present study was intended to add to knowledge regarding other factors that can influence IPV victims taking steps to leave their couple relationships.

Personal Characteristics That May Influence IPV Victims' Decision-Making Regarding Staying or Leaving

In this study, the personal characteristic of the victim's depression was investigated as a factor that may weaken the victimization-leaving link, as depression is likely to lessen the victim's sense of having personal resources to protect oneself. This investigator chose depression as a factor that may influence a victim taking steps

toward leaving an abusive relationship because the common symptoms of depression can affect individuals' motivation, and energy in addition to their self-appraisal (e.g., self-criticism) and mood. Depression can cause low motivation and decreased energy to accomplish everyday tasks such as work tasks and self-care (e.g., taking a shower). According to the DSM-5 (APA, 2013), symptoms of major depressive disorder include:

> "depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful); markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation); psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down); fatigue or loss of energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick); and diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)" (APA, 2013).

The common decreased motivation and energy symptoms of depression can negatively influence a victim's actively taking steps to leave a relationship with IPV, given that she or he may not feel physically or mentally capable of doing so. Therefore, it is reasonable to hypothesize that depression would negatively influence one's ability to take steps toward leaving an abusive relationship. It would make

sense that a victim of IPV who is struggling with depression would have difficulty terminating an abusive relationship.

Positive Partner Behaviors That May Influence IPV Victims' Decision-Making Regarding Staying or Leaving: The Cycle of Violence Theory

The present study focuses on factors influencing the link between frequency of receiving IPV from one's partner and steps the victim has taken toward leaving the couple relationship. One such factor examined in this study that may *counteract* IPV victims' decisions to leave the relationship is co-existing positive behaviors from the IPV perpetrator. The cycle of violence theory (Walker, 1979) proposes reasons why women stay in abusive relationships versus leaving. The cycle of violence theory examines a perpetrator's repetitive actions that hinder a victim's ability or desire to leave an abusive relationship. The theory describes three phases of couple interaction: a tension building phase, an acute explosion phase, and a honeymoon stage (Walker, 1979).

In the tension building stage, the perpetrator increasingly generates tension and negative interaction between the partners, (Walker, 1979). During this stage, the perpetrator can be upset easily by the victim, yell, withhold affection, increase the use of threats, make more accusations (e.g., about the victim being unfaithful), and try to isolate the victim from personal resources such as others' social support. The victim's response during the tension building stage commonly is to try to attempt to calm the abuser, avoid arguments, and anticipate and attend to the abuser's wants and needs, based on prior experiences of the tension-building eventually leading to aggression. This stage can be very frightening for the victim, given that they are afraid of an

outburst by the abuser if they do anything that upsets the abuser. Consequently, as the abuser's behavior intensifies, the victim's anxiety will also increase (Walker, 1979). This stage is related to the abuse the victim of IPV receives in that the perpetrator's actions are examples of psychological aggression.

In the acute explosion stage, the abuser releases their tension with aggressive behavior toward the victim (Walker, 1979). During this phase, the abuser can use verbal aggression, physical aggression (e.g., slapping, kicking, choking, grabbing, use of weapons), sexual aggression, and/or preventing the victim from contacting friends, family, or the police. The victim has limited response options during this phase, which include trying to protect themselves from the abuse, fighting back, attempting to reason with their abuser, and/or contacting friends, family, or the police. This stage can also be anxiety provoking for the victim, who does not know how severe the aggression will be and has no way to prepare for it (Walker, 1979).

In the honeymoon stage, there are three common phases of response from the IPV perpetrator: remorse, pursuit, and denial (Walker, 1979). In the remorse phase, the perpetrator starts to feel ashamed of their actions and tries to justify those actions to themselves, the victim, and others (Walker, 1979). During the pursuit phase, the perpetrator promises to never be violent again (Walker, 1979). The perpetrator pursues the victim in an effort to make the victim believe they have changed, by engaging in positive behaviors such as buying gifts or helping with household tasks. The victim commonly feels confused about the perpetrator's positive actions that contrast markedly from the prior aggression and is unsure what to do next. The pursuit phase can lead to a denial phase in which both the perpetrator and victim are

in denial about the severity or persistence of the abuse (Walker, 1979), and the victim feels relief due to an inaccurate perception that the abuse is over. As a result of the abuser's current positive behaviors, perceived relationship quality can begin to increase for both partners, with both experiencing a desire to continue the relationship. Neither the perpetrator nor the victim acknowledges the likelihood that the abusive behavior can occur again, in order to maintain their denial (Walker, 1979). Furthermore, during the honeymoon stage the victim tends to weigh the partner's current positive behavior against memories of their abusive behavior, a cost-benefit analysis that is consistent with social exchange theory that provides a theoretical base for the current study and is described below.

Given the importance for IPV victims' well-being of their decision-making regarding leaving an abusive relationship, it is important to identify factors that influence that process, either amplifying or reducing motivation to escape a dangerous relationship. As described in the literature review, some such factors have been identified in prior research, but knowledge in this area still is limited, and there is a need for studies of additional predictor variables.

Purpose

The purpose of this study was to learn more about factors that can influence the degree to which victims of IPV are taking steps toward leaving the relationship in which they have been victimized. First, the study examined the degrees to which the types of IPV (physical, psychological, and sexual partner aggression) that are received are associated with victims taking steps toward leaving. Although it seems reasonable to assume that all three forms of IPV would motivate victims to distance

from perpetrators, it is important to examine the effects of each type of IPV on steps that victims take to leave the abusive relationship. Second, victims' personal resources of education level and individual income were investigated as factors that may strengthen victims' motivation to leave, whereas how long the couple has been together (a possible index of commitment to the relationship) may weaken it.

Third, aspects of the victim's personal psychological functioning may influence the link between degree of victimization and steps taken to leave. As discussed previously, this study investigates depression as a possible factor that may influence the victim's motivation to leave the relationship. Higher levels of depression may negatively impact the victim's cost-benefit analysis of the relationship given depression can be accompanied with low motivation and decreased energy. As a result, a victim of IPV with higher levels of depression may feel overwhelmed and unable to effectively engage in a cost-benefit analysis of the relationship due to being immobilized physical and/or mentally by their depression. This suggests victims of IPV with higher levels of depression are less likely to take steps to leave an abusive relationship.

Finally, the study investigated a characteristic of the perpetrator that also may influence the victim's motivation to leave the relationship. The degree to which the perpetrator's engaging in positive behavior toward the victim was examined as another possible moderator that could weaken the link between degree of victimization and steps taken to leave, as the victim engages in a cost-benefit analysis of the relationship and the partner's positive behavior may counteract the negative impact of abusive behavior. Consistent with the honeymoon stage process in

Walker's (1979) cycle of violence theory, in which the perpetrator exhibits positive behaviors as a way to convey remorse for the abuse and to attempt to convince the victim that the violence will not occur again, the perpetrator's positive behaviors have the potential to weaken the victim's motivation to leave the abusive relationship.

In sum, in order to increase knowledge about factors that can influence IPV victims' taking steps to leave their abusive relationships, the present study first explored whether victims' steps toward leaving vary by type of partner aggression received: physical, sexual, and psychological, because little research has compared possible differential effects of type of IPV on victims' coping. Then, the study examined demographic characteristics of victim education, victim personal income, and length of the relationship as possible predictors of victims' steps toward leaving in response to the three major types of IPV. Next, victim depression and perpetrator engagement in positive behavior were tested as possible moderators of the association between IPV victimization and victims' steps toward leaving the couple relationship.

The implications of the results of this study for intervention targets by mental health professionals were considered. For example, to the degree that victims' depression influences leaving abusive relationships, mental health professionals may decide to target victims' depression at the same time that treatment is focused on reducing aggressive partner behavior. In addition, clinicians may focus on the meanings that victims attach to perpetrators' positive behavior that counteract their motivation to protect themselves from further partner aggression by leaving. Finally, the results of this study can help clinicians tackle ambivalence in survivors of IPV as they are taking steps to leave the abusive relationship by examining possible

differences in victims' responses to the three types of IPV. For example, if one type of IPV is found to have a stronger association with taking steps toward leaving an abusive relationship than another, clinicians can use this information in discussing treatment planning with clients. It can help clinicians assess the woman's readiness to leave an abusive relationship as well as target the client's basic needs. For instance, in cases where physical and sexual violence are present, it would be important to address the safety needs of a client before progressing with other elements of the treatment plan. It is difficult for a client to make progress mentally if their safety needs are not addressed first. According to Maslow's hierarchy of needs, the two most foundational levels of needs for achieving true well-being and functioning as a member of society are attending to one's basic physical needs (air, water, food, shelter) and safety (personal security, resources, health) (Maslow, 1970; Mucedola, 2015). Therefore, it would be important for the clinician to include intervening with basic safety needs of the client early on in the treatment planning process.

As a result, this study addresses a gap in research by analyzing some internal and external factors that can influence one's level of commitment to an abusive relationship. However, it is important to note that the results of this study were based on data from a clinical population of couples who sought therapy from a university-based couple and family therapy clinic, which means that the sample may be different from populations of victims who have sought help from organizations such as shelters. The degree to which the present study's findings can be generalized are discussed.

Literature Review

The following literature review summarizes prior research regarding the prevalence of forms of IPV, their effects on victims, and factors that can influence victims' decision-making about staying in such a relationship. The samples and the measures of IPV used in the studies are described to provide points of reference for the present study. Finally, the theoretical base for the present study is outlined, and its hypotheses are listed.

Epidemiology of Intimate Partner Violence

Forms of intimate partner violence (IPV), physical aggression, psychological aggression, and sexual aggression, occur at high rates within society and have been found to have serious negative effects on the physical and psychological well-being of members of many couples around the world. Patra, Prakash, Patra, and Puneet (2018) report that "one in three women worldwide has experienced physical and/or sexual violence perpetrated by an intimate partner" and that studies have found rates ranging from 13% to 61% of women who have experienced physical aggression from a partner sometime during their lifetime. Based on U.S. national data, it is estimated that 10% to 15% of couples engage in physical partner aggression per year, with rates being higher in clinical samples of couples who sought therapy, with an estimated 50% of those couples reporting physically aggressive behaviors (Jose & O'Leary, 2009). Furthermore, research has indicated that milder forms of psychological aggression are reported by 75% of couples within clinical samples (Jose & O'Leary, 2009), suggesting that such negative interactions are so prevalent in couples who seek therapy that they can be considered normative. Nevertheless, psychological

aggression increases the likelihood that couples will be unhappy in their relationships and are at risk of dissolving their relationships, as does physical aggression (Jose & O'Leary, 2009; Lawrence & Bradbury, 2001; Yoon & Lawrence, 2013). The epidemiology of IPV is most likely even higher than what has been reported in research surveys, due to a variety of reasons for under-reporting by victims, such as the stigma associated with being abused, a fear of disclosing partner aggression that might lead to retaliation from the perpetrator, self-blame, and limited access to protective resources. Thus, forms of IPV victimization are a common experience in couple relationships that can be considered a serious public health problem, and knowledge of factors that contribute to victims' chronic exposure to partner aggression is crucial for the design of prevention efforts.

Characteristics and Consequences of Physical Partner Aggression

Physical partner aggression can vary in terms of types and severity among intimate relationships. It can include, but is not limited to, hitting, slapping, shoving, choking, and throwing objects (Bernstein, Fried, Gerber, Pineles, & Shipherd, 2012). The type of physical aggression can also vary in terms of severity. Some forms of physical aggression result in physical injuries such as bruises, whereas others can increase the risk of death, such as choking, beating, and use of weapons. With that being said, the health consequences of physical aggression range from short-term to chronic, and/or fatal. Physical health consequences of physical aggression can include physical injuries such as bruises, abrasions, lacerations, burns, fractures, and broken bones and teeth (WHO, 2012). The physical injuries resulting from physical aggression can lead to disabilities; for example, physical injuries to the ear can result

in hearing loss or physical injuries to the eyes can result in vision loss, and other. Long-term health consequences can include gastrointestinal disorders, chronic pain syndromes, and overall poor health status (WHO, 2012). Furthermore, physical aggression can result in death, due either to direct physical damage caused by the aggression itself or from associated health consequences over time (WHO, 2012). Physical partner aggression has also been associated with mental health issues in victims, including posttraumatic stress disorder (PTSD), depression, sleep and eating disorders, stress and anxiety disorders, suicide ideation and attempts, and poor self-esteem (Berstein et al., 2012; WHO, 2012).

Physical aggression within intimate relationships has been shown to be a risk factor for relationship dissolution (DeMaris, 2000; Lawrence & Bradbury, 2001; Woodin, Caldeira, & O'Leary, 2013). Couples with a history of moderate levels of physical aggression are more likely to dissolve their relationship than nonviolent couples (Curtis et al., 2017). Accordingly, research has shown that physical aggression is related to relationship dissatisfaction, in that the more frequent instances of physical aggression a couple has, the more likely the members of the couple (especially women) are to terminate the relationship (Curtis et al., 2017). Hence with physical aggression victimization likely leading to lower relationship satisfaction, it can play a role in a victim deciding to leave the relationship (Curtis et al., 2017).

Characteristics and Consequences of Psychological Partner Aggression

Psychological aggression can include, but is not limited to denigration of a partner (verbal attacks on the self-esteem of the victim), hostile withdrawal, domination and threats of violence, and restriction of the partner's freedom and

access to resources (Curtis, Epstein, & Wheeler, 2017; Yoon & Lawrence, 2013). It commonly is not taken as seriously as other forms of IPV by observers because it does not involve the infliction of physical pain and harm to the victim. However, its negative effects on the well-being of victims are comparable with those of physical aggression (Coker, Smith, Bethea, King, &McKeown, 2000).

Psychological aggression has serious health consequences, including increased risk of mental health disorders such as depression, anxiety, PTSD, and suicidal ideation and attempts (Follingstad, 2009). Psychological aggression has also been found to be a risk factor for future physical violence (Coker et al., 2000).

Additionally, psychological aggression has been found to increase risk of physical health problems (Straus et al., 2009). One research study conducted a prospective cross-sectional survey of all patients aged 18-55 in an urban emergency department to assess physical and mental functional health status as associated with the severity of IPV and perceived danger. Psychological and physical aggression were measured using the Conflict Tactics Scale (CTS2) and functional health status was measured using the Short-Form 12 Health Survey (SF-12). In participants who disclosed IPV victimization, increased physical assault and psychological aggression were also associated with diminished physical health functioning. The sample of this study for participants who disclosed IPV victimization was 91% African American, 70% single, and 63% female, and had a mean age of 35. These findings suggest that as psychological aggression increases physical and mental health status decreases (Straus et al., 2009).

Given the emotional distress that psychological aggression typically causes, it has been shown to be an important factor in victims' consideration of dissolving their couple relationships. One study utilized data from 346 heterosexual couples seeking therapy at a university-based couple and family therapy clinic serving an ethnically diverse suburban county to investigate associations between physically and psychologically aggressive behaviors and relationship dissolution (Curtis et al., 2017). Relationship dissolution was measured with the Marital Status Inventory (MSI; Weiss & Cerreto, 1980) and psychological aggression was measured using the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999). The researchers used two Actor–Partner Interdependence Models (APIMs) to analyze the associations between physically and psychologically aggressive behaviors and relationship dissolution (Curtis et al., 2017). They found that dyadic psychological aggression was related to steps taken toward leaving the relationship by both partners. This finding indicates that psychological aggression is related to decreased relationship satisfaction and an increased likelihood of separation (Curtis et al., 2017).

Psychological aggression victimization is highly likely to lead to relationship dissatisfaction and hence is an important factor in a victim's decision-making process regarding leaving the relationship. In a study by Gortner, Jacobson, Berns, and Gottman (1997), emotional abuse (another common terms for psychological aggression) was singled out as the most important factor in leaving an abusive relationship, particularly when the types of emotional abuse the husband engaged in were "degrading" and "attempting to isolate the woman from others " (Follingstad, 2009). The sample for the study was couples that were formerly missing during a 2-

year follow up assessment in the researchers' original longitudinal study (Jacobson et al., 1996). Participants in the study were 60 couples who engaged in severe husband-to-wife domestic violence (Jacobson et al., 1996). They were recruited through a combination of public service announcements, media advertising, and random digit telephone dialing (Jacobson et al., 1996). The authors of the follow-up study were successful in obtaining marital status information from 11 of the 15 couples that were previously missing during the 2-year follow up (Gortner et al., 1997). Psychological aggression was measured using the Emotional Abuse Questionnaire (EAQ; Waltz, Rushe, & Gottman, 1994), which contains 66 items pertaining to threatening, controlling, degrading, and sexually abusive behaviors done in the past by the spouse. The EAQ includes an isolation subscale that is composed of 24 items, such as: "My partner tries to control whom I spend time with," "My partner has disabled the car," and "My partner often disapproves of my friends." The EAQ also has a degradation subscale that is comprised of 28 items such as, "My partner humiliates me in front of others," "My partner ridicules me," and "My partner forced me to do things that are against my values." These two subscales are used to measure degrading and isolating behaviors that are common in psychological aggression. Relationship dissatisfaction in the study was measured with the Dyadic Adjustment Scale (DAS; Spanier, 1976), which is a 32-item measure intended to measure global marital satisfaction, dyadic cohesion, consensus, and affectional expression.

Further, evidence that women who experience psychological aggression are likely to terminate their couple relationship was found in Raghavan, Swan, Snow, and Mazure's (2005) study. The study's sample was 69 low-income, non-sheltered

battered women. Raghavan et al. (2005) measured physical aggression using items from the Revised Conflict Tactics Scale (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Psychological aggression was measured by combining items from the CTS-2 (Straus et al., 1996) and items from Tolman's (1989) Psychological Maltreatment of Women Scale. Lastly, relationship efficacy was measured using items from the Self-Efficacy subscale of the Relationship Efficacy Scale (Lopez & Lent, 1991). These items described dealing with important disagreements openly and directly, dealing with one's partner when he is angry or upset, telling the partner that she would prefer to spend time with other friends, finding ways to work out everyday problems, and expressing views on their sexual relationship. The major finding of the study was that psychological aggression predicted a longer-term separation, which suggests that the effects of psychological aggression are long-standing (Raghavan et al., 2005). Thus, psychological aggression within an intimate relationship is likely to increase relationship dissatisfaction, which can result in the dissolution of the relationship.

Characteristics and Consequences of Sexual Partner Aggression

Sexual partner aggression can vary in terms of type and severity. Yet, the general understanding of sexual aggression is that a victim has a lack of choice in participating in sexual activity (O'Leary & Woodin, 2009). There are a range of types of coercive partner behavior that produce that lack of choice, including psychological coercion, physical coercion, and threats of severe physical, social, or economic consequences if the victim resists sexual activity (Jewkes, Sen, & Garcia-Moreno, 2002). Common health consequences of sexual aggression for female victims include

unintended/unwanted pregnancy, abortion/unsafe abortion, sexually transmitted infections, including HIV, pregnancy complications/ miscarriage, vaginal bleeding or infections, chronic pelvic infection, urinary tract infections, fistula (a tear between the vagina and bladder, rectum, or both), painful sexual intercourse, and sexual dysfunction (WHO, 2012). Consequences for pregnant victims of sexual aggression can include an increased risk to their own health as well as to the health of their unborn child. Women in relationships with physical aggression are less likely and/or less able to use contraception or negotiate safer sex due to the risk of violence (Mittal, Senn, & Carey, 2013; Patra et al., 2018).

Mittal et al.'s (2013) study tested the hypothesis that fear of violent consequences when negotiating condom use mediated the relationship between women's IPV victimization and condom use. The sample included 478 people that were recruited between March 1, 2004 and June 30, 2006 from a public clinic that treats sexually transmitted diseases in upstate New York as part of a randomized controlled trial. Participants completed an audio computer-assisted self-interview (ACASI) that assessed demographic characteristics, physical, sexual and emotional IPV (recent and lifetime), fear of violent consequences to requests for condom use, and condom use in the past three months with a steady partner. The researchers found that recent IPV was associated with fear of violent consequences to a woman's making requests for condom use, and such fear was associated with inconsistent condom use. Women who reported IPV also reported greater difficulties in negotiating safer sex behaviors with their abusers (Mittal et al., 2013). Thus, the fear of violent consequences appeared to hinder women's ability to protect themselves

against HIV infection and other sexual transmitted diseases. Hence, the consequences of sexual IPV can include an increased risk of sexual transmitted diseases and HIV/AIDS, unwanted pregnancies, and risky sexual behavior.

A recent study of data from the WHO Multi-country Study on Women's Health and Domestic Violence found that women with a history of IPV had significantly higher chances of unintended pregnancy and abortion (Pallitto et al., 2013). In this study, data were limited to 17,518 women who responded positively that they had ever been pregnant, in order to conduct an analysis predicting abortion. The women included in the study were from primarily low- and middle-income countries. Pallitto et al. (2013) conducted multiple logistic regression analyses to examine associations between physical and/or sexual partner aggression and abortion and unintended pregnancy. A major finding from this study was that women with a history of IPV had a significantly higher chance of unintended pregnancy in 8 of 14 sites and of abortion in 12 of 15 sites (Pallitto et al., 2013). Therefore, sexual IPV is a risk factor for unintended pregnancy and abortion (Pallitto et al., 2013).

Additionally, research has found that women who had abortions were more likely to report IPV victimization than women with no history of abortion (Öberg, Stenson, Skalkidou, &Heimer, 2014). Öberg et al. (2014) also found that among women with histories of repeated abortions 51% reported experiences with IPV victimization. In this study, 635 women seeking termination of pregnancy and 591 women seeking contraceptive counseling answered a self-administered questionnaire regarding any experience of IPV. The sample of women came from Uppsala University Hospital located in Sweden. IPV was measured using the Abuse

Assessment Screen assessment (Soeken, 1998) and a shortened version of the Norvold Abuse Questionnaire (Swahnberg & Wijma, 2003). Öberg et al. (2014) concluded from the results of their study that both women seeking termination of pregnancy and women seeking contraceptive counseling reported a high prevalence of violent experiences, which indicates how IPV can be a risk factor for unintended pregnancy and abortion.

Sexual aggression within intimate relationships also is a risk factor for relationship dissolution. There has been limited research that demonstrates *how* sexual aggression can result in relationship dissolution. However, a common perception is that once sexual aggression has occurred, it can be difficult to regain intimacy and trust again in the relationship. Lack of intimacy (both physical and emotional) as well as lack of trust also are likely to increase the risk of termination of the relationship. Thus, sexual aggression within intimate relationships can increase the probability that the victim will want to leave the relationship due to the betrayal and lack of relationship satisfaction.

Societal Consequences of IPV

In addition to the personal negative consequences of IPV to victims' mental and physical health, there are also public health consequences to society, in that IPV has both direct and indirect costs to the medical, legal, and community systems involved in prevention, detection, and management of IPV (Patra et al., 2018). Because women who experience IPV have increased health needs, they seek more health services than the general population (WHO, 2012). The need for health services increases as the severity and frequency of violence increases, which can

result in a high cost to the medical system (WHO, 2012). Additionally, women who experience IPV are less likely to seek preventive health care services (WHO, 2012). This clearly has a public health impact, because prevention services cost the economy less than treatment services, but unfortunately they are under-utilized by IPV victims.

In other words, IPV not only has consequences for the individuals involved in the relationship; it also has consequences for the larger society. Therefore, it is important for researchers and mental health professionals not only to understand as much as possible about the factors contributing to the perpetration of IPV; it also is crucial to identify factors that interfere with victims taking self-protective steps toward seeking safety, given the devastating effects that IPV victimization has on both the individual and society.

Factors that Can Contribute to Victims Remaining in Relationships with IPV

Given the aversive quality of living in a relationship in which one is victimized and the severe consequences for one's physical and mental health, a natural question arises as to what factors may contribute to victims remaining in such a precarious position for any significant length of time. Researchers have identified several such risk factors.

Cultural beliefs and traditions can be a major factor that perpetuates IPV and victims' remaining in violent relationships. Some cultures with strong patriarchal gender roles permit violence against women in relationships as a way for male partners to exercise dominance and authority (Patra et al., 2018). Within these cultures women are expected to be submissive to men and cater to men's needs. Often in such cultures there are other people in the victim's social circle (family, friends,

clergy) who communicate to the victim that the abusive partner's behavior is acceptable. For example, one study examining IPV within the culture of Bangladesh, a traditionally patriarchal society, found that married women are not encouraged to speak against the 'expected norm' that their mothers or grandmothers have followed, which commonly involves the acceptance of spousal abuse (Biswas, Rahman, Kabir, &Raihan, 2017). The sample for this study came from three nationwide surveys in Bangladesh (in 2007, 2011, and 2014), in which women were asked to report their degree of acceptance of spousal abuse. Participants were asked to answer yes or no regarding whether they think it is justified for a husband to beat his wife, if she (a) goes out without telling her husband, (b) neglects the children (c) argues with her husband and (d) refuses to have sex with her husband. If they answered yes at all, the participant was categorized as receptive to the idea of spousal physical violence at home. Cultural norms for Bangladesh were based on previous research indicating that it is a conservative country where women are generally confined to the house, especially in sub-urban and rural areas (Shehabuddin, 2012). The study found that 31.3%, 31.9%, and 28.7% of the women in the surveys reported justification for physical violence in household in 2007, 2011, and 2014, respectively (Biswas et al., 2017). Hence, in that population spousal violence seems to be considered as a "right" of the husband, an idea that has been passed on generationally among women and men. In that cultural context, IPV can be seen as acceptable if a woman fails to meet her partner's wants and desires, as a means of the male's punishing the female and pressing her for greater compliance.

Research has shown that adverse childhood experiences, such as childhood exposure to parental IPV and/or the personal experience of physical and sexual abuse victimization can lead to an increased risk of being victimized in an adult relationship with IPV. These children may experience difficulty in forming trusting bonds, may learn violence as a legitimate way of resolving conflicts, and may end up accepting violence (as a victim or perpetrator) more easily than others (Patra et al., 2018).

Economic status is another factor that can contribute to the perpetuation of IPV victimization. Limited access to economic resources and economic dependency can result in an individual perceiving little opportunity to escape from a relationship with IPV (Baloushah, Mohammadi, Taghizadeh, Taha, &Farnam, 2019; Dhungel, Dhungel, Dhital, & Stock, 2017). Economic control is one tool used by abusers to maintain power and control in an intimate relationship (Park, 2016). If one partner in the relationship is extremely financially dependent on the other partner, it can be harder for that disadvantaged partner to leave that relationship even when IPV is present. Examples of economic control include preventing a partner from working and demanding that they relinquish their paycheck (Park, 2016). The uncertainty of current and future resources may deter victims of IPV from leaving an abusive relationship, given that basic necessities such as food and shelter may not be guaranteed. In addition, the risk and threat of violence may increase if the perpetrator discovers that their partner is searching for a job to increase personal resources, given that it signifies that the victim may be preparing to leave the relationship. Consequently, it can be dangerous for a victim to take steps to increase their personal financial resources, because the IPV perpetrator may view it as a potential loss of

their economic power within the relationship (Hynes et al., 2016; Kohli et al., 2015; Patra et al., 2018). Lack of financial resources can reduce a victims' sense of personal agency and limit their mobility.

Legal factors can also contribute to victimized individuals remaining in relationships with IPV (Cala, Trigo, &Saavedra, 2016). For instance, many victims may seek to file charges or a protection order against a perpetuator as a form of protection. Additionally, pursuing legal action can be a way for victims of IPV to formally track the violence. However, taking such legal actions may enrage the perpetrator and thus increase the risk of a violent retaliatory response. In a study with a sample of 345 women from Spain who had undertaken legal proceedings against their ex-partners, Cala, Trigo, and Saavedra (2016) found that the best statistical model for predicting disengagement from legal procedures included the level of social support received by the victim, contact with the aggressor, thoughts about going back with the aggressor, and a feeling of guilt (Cala et al., 2016). Thus, not only is the risk of a violent response from the aggressor a fear of many victims who seek legal action; these factors may also influence whether a victim continues to pursue legal action. Furthermore, despite being able to keep some personal information such as one's address private when filing a protective order, with modern online technology an abuser may have additional ways of finding a victim's personal information and location. These risks to confidentiality and safety may contribute to some victims' decisions to delay or forego actions toward leaving an abusive partner.

It is important to note that previous research has also examined other variables as predictors of leaving an abusive relationship, including the victim's attachment

style and perceived social support. It has been found that negative social reactions to a women's disclosure of IPV (i.e., disbelieving, blaming the victim) were associated with victims' greater psychological distress, post-traumatic stress symptoms, and intentions to leave the abusive relationship (Edwards, Dardis, Sylaska, & Gidycz, 2015). Additionally, prior research has found that found that victims of IPV who have a preoccupied attachment style are more likely to stay in an abusive relationship, given that those with a preoccupied attachment style are more likely to have both a need for closeness and a fear of abandonment (Henderson et al., 2005). Furthermore, Pietromonaco and Barrett (1997) found that preoccupied individuals are more likely to interpret a partner's negative responses as evidence that he is engaged in their relationship (addressing the victim's attachment need) and hence less likely to take steps to leave the relationship. Although these factors can be significant predictors of the degree to which victims leave an abusive relationship, this specific study did not examine the impacts of those particular variables. Instead, the study focused on how much (a) the degrees of the three types of partner aggression (physical, psychological, sexual) that are received, (b) personal resources of education level and individual income, (c) the personal psychological limitation of depression, and, (d) the perpetrator's positive behavior toward the victim are associated with the degree to which victims take steps toward leaving.

Partner Aggression and Relationship Dissolution: Application of Social Exchange Theory and Cost-Benefit Analysis Regarding Factors Influencing Victims' Decisions

A body of research has focused on factors that influence individuals' decisions to leave an aggressive relationship (Kim & Gray, 2008; Rhatigan & Street, 2005). The decision to leave a relationship with IPV can be a long process and takes into consideration the victim's appraisal of a variety of factors such as financial resources and safety. The process of *cost-benefit analysis* from social exchange theory has been applied to the decision-making process involved in leaving a relationship with IPV, and it is an appropriate theoretical base for the present study. Social exchange theory proposes that people weigh the potential benefits and costs of social interactions and social relationships in determining their level of satisfaction with (and potentially their commitment to) a relationship (White & Klein, 2008). It proposes that the goal is to maximize benefits and minimize costs. A benefit is anything perceived as a reward to the individual, such as friendship or social support. In this study, an example of a benefit of leaving an abusive relationship would be escaping the abuse and experiencing a more pleasant daily life. A cost is anything perceived as a negative to the individual, such as investing time, effort, or personal resources into the relationship. In this study, examples of costs of leaving the couple relationship are losing the positive partner behavior, loss of financial resources, etc. Social exchange theory suggests that people seek positive relationships where the benefits outweigh the potential costs (White & Klein, 2008). It proposes that when the costs begin to outweigh the benefits, then people will be motivated to terminate

the social relationship (White & Klein, 2008). Hence, in the present study it was predicted from social exchange theory that the more frequently a woman is the recipient of IPV (physical aggression, sexual aggression, and/or psychological aggression) the more steps she will have taken to leave the relationship, because the accumulation of victimization experiences will move toward outweighing any benefits the victim is receiving from the relationship.

Victims and perpetrators of partner aggression both consider the present and future costs of leaving the relationship and weigh those costs against the benefits of remaining in the relationship (Curtis et al., 2017). Consistent with social exchange theory, it is expected that as IPV increases within a couple relationship, the partners' expectancies for a violence-free relationship decrease, causing the perceived costs of remaining in the relationship to increase. Thus, it is more probable that a victim of IPV will decide to leave the relationship, given that the perceived costs may have reached the level of outweighing the benefits of the relationship at that point. Consistent with the social exchange theory concept of *comparison level*, it is important to note that the victim's consideration of alternatives to the current relationship can be an important factor in the weighing of costs and benefits of the current relationship. If a victim perceives that they have other options (e.g., a more pleasant life either as a single person or in a non-abusive relationship), then relationship dissolution may be more attractive. However, the decision about leaving still can be influenced by complications regarding access to financial resources and social support if one would leave one's aggressive partner (Curtis et al., 2017).

As described previously, the study conducted by Curtis et al. (2017) investigated associations between psychological and moderate physical aggression and relationship dissolution. The study utilized data from heterosexual couples who had sought therapy at a university-based couple and family therapy clinic serving an ethnically diverse community. The data were analyzed using Actor-Partner Interdependence Models (APIMs) that allowed the inclusion of both partners' scores on the measures simultaneously. The results indicated that dyadic psychological aggression was related to steps taken toward leaving the relationship by both partners, and that level of relationship satisfaction mediated the associations between physical and psychological partner aggression received and the steps that individuals had taken to leave (Curtis et al., 2017). In addition, a significant association was found between dyadic physical aggression and the female's steps toward leaving (Curtis et al., 2017). The findings from that study are consistent with the cost-benefit model described above, in that the higher costs of more intense aggression between partners were associated with individuals' lower relationship satisfaction and greater movement toward leaving the relationship.

Reactions of Others

Self-perception, in terms of how a victim views and evaluates the self, is another factor that may influence the degree to which IPV victims take steps to dissolve a relationship. Baly (2010) conducted a qualitative study that involved interviewing women who had left abusive relationships and found that reporting a self-reliant self-discourse (revealed information) helped participants leave the abusive situation and encouraged a positive self-construct of personal strength and agency

(Baly, 2010). Participants in the study were recruited from a registered domestic violence charity. The participants must have received domestic abuse counseling or advocacy support services in order to qualify for the study (Baly, 2010). Six participants were interviewed for the study, ranging in age from 18-75 years old and White British/European, Black African, or Black Caribbean. Interviews were 45 to 90 minutes long and covered the following topics: the main issues for the participants in dealing with their situation, how they reacted when problems occurred in their relationships, what helped them deal with the situation, how they felt they had coped so far, and their plans for the future (Baly, 2010). The results of the study included multiple accounts of their strength and agency when dealing with the abusive situation as well as reflections on what helped them leave abusive relationships including positive self-esteem and personal strength and agency (Baly, 2010).

Victim's Personal Psychological Functioning

Additional research has examined other cognitive factors, as well as types of personal affect that are associated with a victim's readiness to dissolve an intimate relationship with IPV. A study by Shurman and Rodriguez (2006) examined associations of cognitive-affective factors with women's readiness to end a relationship with IPV. The sample included 85 women aged 18-55 years old (and a majority reporting being Caucasian) from domestic violence shelters and transitional housing programs from a city in the Mountain West. In this study, the cognitive factors included attributions and attachment styles, and the affective factors included depression, anxiety, and anger. Attributions were the inferences that the victim of IPV made regarding the cause of the abuse they received (whether it is a reflection on

themselves, a reflection of the abuser, or possibly caused by an external factor such as the abuser's job stress). The researchers hypothesized that the victim attributing blame for the abuse to the abuser may be essential for the woman's decision to leave. Attributions were measured using the Relationship Attribution Measure–Revised (RAM-R) (Pape& Arias, 2000), which asks respondents to rate the extent to which they agree with statements regarding causal and responsibility attributions for the abusive behavior, with six items scored on a 6-point, Likert-type scale. Examples of items on the RAM-R include "My wife's behavior was due to something about her (e.g., the type of person she is, the mood she was in); My wife deserves to be blamed for what she did; My wife's behavior was motivated by selfish rather than unselfish concerns; and My wife deserves to be blamed for criticizing me" (Pape& Arias, 2000). Although Shurman and Rodriguez (2006) hypothesized that attributions would predict outcomes, they found that attributions about the abuse did not correlate significantly or predict most of the outcome measures. However, they found that a preoccupied attachment style and high emotional arousal on the victim's part were indicators of readiness to leave the abusive relationship (Shurman & Rodriguez, 2006).

Summary

From the prior research findings, it is clear that culture, adverse childhood experiences, economic status, legal factors, and personal psychological functioning factors including self-esteem and cognitive factors all can influence IPV victims' decisions to stay in or leave the relationship. Each victim must weigh the potential benefits and subtract estimated costs to examine if the abusive relationship is a social

relationship they wish to continue. For example, a victim may feel that the benefits they receive from their culture such as community membership outweigh the costs of strong patriarchal gender roles that permit violence against women. The victim would rather endure the costs of IPV then lose the other cultural aspects of her identity. On the other hand, the victim may decide that her personal psychological well-being outweighs the costs of the negative effects of IPV and thus choose to leave the relationship. As a result, the negative effects of IPV will begin to outweigh any benefits the victim is receiving from the relationship, and hence she may decide to terminate the relationship, according to the principles of social exchange theory.

Research Questions

This study examined the following research questions:

1. Are there associations between the frequencies with which women receive three types of IPV (physical, sexual, and psychological) and the degree to which they have taken steps to leave the couple relationship?
2. Are levels of personal resources of education and personal income associated with degree of steps taken to leave the couple relationship?
3. Is the victim's level of depression a moderator of the association between degree of IPV victimization (physical, sexual, and psychological) and the degree to which she has taken steps to leave the couple relationship?
4. Is positive partner behavior by the IPV perpetrator a moderator for the association between relationship between being the recipient of IPV (physical, sexual, and psychological) and the degree to which they have taken steps to leave the couple relationship?

Hypotheses

Based on prior literature and the cost-benefit aspect of social exchange theory, the following hypotheses were tested in this study:

1. *The more frequently a woman is the recipient of physical partner aggression, the more reported steps she will have taken to leave the relationship.*

2. *The more frequently a woman is the recipient of psychological partner aggression, the more reported steps she will have taken to leave the relationship.*

3. *The more frequently a woman is the recipient of sexual partner aggression, the more reported steps she will have taken to leave the relationship.*

These three hypotheses were based on prior research that shows all types of IPV are aversive and have detrimental effects on victims. Thus, it was hypothesized that each type of IPV would be associated with the woman taking steps to leave the relationship. It is important to note that in this study education, income, and a woman's own frequency of each type of IPV were controlled statistically. This investigator decided to control for education and income because these are personal resources that can aid a victim in taking steps toward leaving an abusive relationship. This investigator also decided to control for the woman's own frequency of each type of IPV because how her own partner aggression could influence how she reacts to her partner's aggression. In doing so, the investigator utilized the women's self-report about her own aggression.

4. *An individual's level of depression will moderate the positive relationship between being the recipient of physical partner aggression and taking steps toward leaving the*

relationship, with the association between the degree of physical aggression and steps toward leaving weaker with higher depression.

This hypothesis is based on the reasoning that depression symptomatology includes a lack of energy and fatigue nearly every day (APA, 2013). As a result, it would be hard for an individual with depression to find the motivation to leave an abusive relationship even if they are unhappy.

5. *The victim's level of depression will moderate the positive relationship between being the recipient of psychological partner aggression and taking steps towards leaving the relationship, with the association between the degree of psychological partner aggression and steps toward leaving weaker with higher depression.*

6. *The victim's level of depression will moderate the positive relationship between being the recipient of sexual partner aggression and taking steps toward leaving the relationship, with the association between the degree of sexual partner aggression and steps toward leaving weaker with higher depression.*

7. *Positive partner behavior by the IPV perpetrator will moderate the relationship between degree of physical partner aggression and steps toward leaving the relationship, such that with more positive partner behaviors, the weaker the relationship between physical partner aggression and taking steps towards leaving the relationship will be.*

8. *Positive partner behavior by the IPV perpetrator will moderate the relationship between psychological partner aggression and steps toward leaving the relationship, such that with more positive partner behaviors, the weaker the relationship between*

psychological partner aggression and taking steps toward leaving the relationship will be.

9. *Positive partner behavior by the IPV perpetrator will moderate the relationship between sexual partner aggression and steps toward leaving the relationship, such that with more positive partner behaviors, the weaker the relationship between sexual aggression and taking steps toward leaving the relationship will be.*

CHAPTER 2: METHODS

Sample

This study involved a secondary analysis of data that were collected previously for a research study that was conducted at the Center for Healthy Families (CHF) outpatient couple and family therapy clinic within the Department of Family Science at the University of Maryland, College Park between 2000 and 2015. The CHF is the primary clinical training site for graduate students enrolled in the Couple and Family Therapy (CFT) master's degree program at the University of Maryland. The CHF offers individual, couple, and family therapy to a diverse population of residents of the communities surrounding the College Park, Maryland location of the University. The CHF provides clinical services based on a sliding fee scale that is based on annual income, and thus it is a major provider of low-fee therapy for families in the region. All of the therapy services at the CHF are provided by the CFT graduate students, supervised by licensed full-time and adjunct faculty members. The main sources of referrals for clients who seek treatment at the CHF are local schools, courts, other local mental health agencies, local private practitioners, and prior CHF clients. Although the CHF does not present itself as a center specializing in the treatment of IPV, like other providers of therapy for distressed couples a notable percentage of couples who seek services at the clinic reveal varying levels of partner aggression during initial assessments or later during their treatment. Furthermore, the CHF was the site of a controlled clinical trial (the Couples Abuse Prevention Program) that compared models of couple therapy for the treatment of IPV, with couples who were identified during CHF intake assessments as experiencing

psychological aggression and/or mild to moderate physical aggression (Epstein, Werlinich, & LaTaillade, 2015). Thus, student therapists at the CHF received training in the assessment and treatment of IPV, and the clinic achieved some degree of visibility in the community as a source of therapy for couples experiencing partner aggression.

Data that were used in the present study were from couples who sought therapy at the CHF (whether or not they had participated in the clinical trial) and in which both partners completed the initial CHF pre-therapy assessments, which included measures of the variables of interest in this study. The only specific inclusion criterion for this study was both partners in the couple relationship sought therapy to improve their relationship. There was no exclusion from the sample based on age. However, the only female participants under the age of 18 were two 17 year olds. Although couples that reported experiencing IPV at high levels that would be considered clinically dangerous were excluded from conjoint treatment at the CHF, their initial pre-therapy assessment data were available for the present study. To clarify, although cases of severe physical violence were not treated at the CHF, their data were included in this study.

Data from women from 590 heterosexual couples initially were included in the sample. Too few women in same-sex couples were included in the CHF population to allow statistical analyses that would take sexual orientation into account. The sample size for the particular analyses varied due to some data being missing on some of the variables. Because the measures were administered across the span of two days, and the second day assessments were restricted to couples who had

reported at least mild levels of partner aggression, the sample sizes for the measures used to test this study's hypotheses varied. The survey of demographic characteristics including education and income, and the measures of partner aggression, depression, and steps taken toward leaving the relationship were administered during the first assessment day, but the measure of positive partner behavior was administered on the second day. Based on list-wise deletion of cases with any missing data, the resulting sample size for analyses that included measures other than the Positive Partner Behavior scale (PPB) was 381, whereas the sample size for analyses that included the PPB was 130.

In the overall sample, 43.9% of the participants were African American, 0.2% were Native American, 35.7% were White, 10.5% were Hispanic, 2.9% were Asian/Pacific Islander, and 6.8% identified as other or multi-racial. Table 1 presents the racial composition of the sample.

Table 1

Client's Race

Race	**Frequency**	**Percent**
Native American	1	0.2
African American	258	43.9
Asian/Pacific Islander	17	2.9
Hispanic	62	10.5
White	210	35.7
Other	40	6.8
Total	588	100.0

Participants' ages ranged from 17 years old to 77 years old, with the average age being 32 years old. Highest level of education achieved was also measured. 3.9% of participants had some high school education, 9.8% of participants had a high school diploma, 24.4% of participants had some college, 12.7% of participants had an associate's degree, 14.4% of participants had a bachelor's degree, 13.4% of participants had some graduate education, 8.8% of participants had a master's degree, 4.1% of participants had a doctoral degree, and 8.5% of participants attended trade school. Table 2 presents the education levels of the sample.

Table 2

Client's Highest Level of Education

Education Level	Frequency	Percent
Some high school	23	3.9
High school diploma	58	9.8
Some college	144	24.4
Trade school (mechanic, carpentry, beauty school, etc.)	50	8.5
Associate degree	75	12.7
Bachelor's degree	85	14.4
Some graduate education	79	13.4
Master's degree	52	8.8
Doctoral degree	24	4.1
Total	590	100.0

Lastly, the female participants' personal yearly gross income ranged from $0 to $185,000 with the mean personal yearly gross income being $27,503 (SD = $24,584), and their male partners' personal yearly gross income ranged from $0 to $200,000 with the mean personal yearly gross income being $38,353 (SD = $30,829). Although descriptive data for male participants are included here, this study focused on analyzing only the female members of the couples as the recipients of IPV. This study focused on the women as recipients of IPV given that most of the prior research has studied female IPV victims, and the question that typically is raised is why women stay in abusive relationships. Accordingly, this study drew on this previous research as its foundation. Although, the researcher certainly recognizes that IPV commonly is bidirectional and that the needs of male victims of IPV are important, this researcher made the decision to focus only on female recipients of IPV in this study.

Procedure

This study was a secondary analysis of data previously collected through the routine intake and assessment process that the CHF clinic conducts with all new potential clients. Potential clients who are seeking therapy at the CHF must first complete an intake interview over the phone, which takes about 20 minutes. The phone intake is conducted by a graduate student in the CFT program and includes general questions regarding demographic characteristics of the caller and their partner, any history of mental health problems and treatment, their reasons for seeking therapy, and their schedule of availability for therapy sessions. Once this information has been gathered, the case is assigned to a graduate student therapist or

co-therapist team at a weekly staff meeting. Once the case has been staffed, the graduate student therapist then reaches out to the couple to schedule their in-person pre-therapy assessment session, which can take up to an hour and 30 minutes to complete.

During the assessment session, the graduate student therapist first meets with the couple together to discuss and sign forms related to consent and release of information, confidentiality, a fee payment agreement, standard legal procedures followed in the CHF, and overall procedures of the clinic. The graduate student therapist then separates the partners into different rooms, where they are administered a packet of self-report questionnaires that assess aspects of individual psychological functioning (e.g., depression and other forms of psychopathology, drug and alcohol use), and couple relationship functioning (e.g., relationship satisfaction, communication patterns, forms of partner aggression, areas of conflict in the couple's relationship, positive partner behavior). Members of the couple are separated in order to ensure confidentiality, and this also gives the therapist the opportunity to assess for violence within the relationship, by examining the partners' responses on the measures of partner aggression and by asking each individual whether she or he feels safe in the couple relationship and with the prospect of conjoint couple therapy. Couples who reported severe physical violence that required seeking medical attention within the past four months were notified that they were not appropriate clients for the CHF and were given referrals for individual therapy if they desired it. Nevertheless, data from couples who had reported severe physical violence still were available for the present study.

Procedure for current study

This study involved extracting and analyzing couples' data from the CHF couple assessment database from the measures of demographic characteristics, the three forms of IPV (physical, psychological, and sexual), depression, positive partner behavior, and steps taken to leave the couple relationship. However, this study only analyzed data from the female members of the heterosexual couples. This investigator used a de-identified copy of that database, to protect the confidentiality of the original CHF client participants. Thus, this researcher had no contact with the original participants and only used the de-identified copy of that database.

Measures

The Conflict Tactics Scale - Revised (CTS2; Straus, Hamby, Boney-McCoy, &Sugarman, 1996), Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and the Positive Partner Behavior scale (PPB; based on the Spouse Observation Checklist; Wills, Weiss, & Patterson, 1974), that were used in this study were all included in the self-report assessment packet that couples completed at the CHF. The following are descriptions of those measures.

Conflict Tactics Scale - Revised (CTS2)

The CTS2 is a widely used self-report scale that can be used to measure degrees of psychological, physical, and sexual aggression that has occurred within the past four months within a couple relationship (Straus et al., 1996). The CTS2 consists of 78 questions. Each question has a response scale measuring frequency with which a type of behavior has occurred, in which 0= not in the past 4 months, but it did happen before; 1= once in the past 4 months; 2= twice in the past 4 months; 3= 3-5

times in the past 4 months; 4= 6-10 times in the past 4 months; 5= 11-20 times in the past 4 months; 6= more than 20 times in the past 4 months; and 9= this never happened (which is re-coded as 0 for scoring purposes). The respondent answers twice for each type of behavior, once for the self and once regarding the partner's behavior. The CTS2 has five subscales: negotiation, psychological aggression, physical assault, sexual coercion, and injury. The sum of the individual's item scores on each subscale is the index of IPV for that specific subscale. Furthermore, a composite physical aggression score from the sum of the physical assault and injury subscales is used to measure the frequency of physical aggression within the couple relationship and is used in the present study.

Sample items of psychological aggression from the CTS2 include: "I did something to spite my partner; I use threats to make my partner have sex; I insulted or swore at my partner". Sample items of physical aggression from the CTS2 include: "I threw something at my partner that could hurt him/her; I twisted my partner's arm or hair; I had a sprain, bruise, or small cut because of a fight with my partner". Sample items of sexual aggression from the CTS2 include: "I made my partner have sex without a condom; I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex; I insisted my partner have oral or anal sex (but did not use physical force)".

The CTS2 has been found to be a reliable and valid instrument to measure IPV across different populations and across different cultures (Chapman & Gillespie, 2019). Internal consistency reliability (Cronbach alpha) refers to the extent to which the items within a particular subscale measure the same construct. During the

development of the measure, the Cronbach alpha for the negotiation subscale was .86, the Cronbach alpha for the psychological aggression subscale was .79, the Cronbach alpha for the physical assault subscale was .86, the Cronbach alpha for the sexual coercion subscale was 0.87, and the Cronbach alpha for the injury subscale was .95 (Straus et al., 1996), all very good. This indicates that the CTS2 has high internal consistency reliability for each of the subscales (Chapman & Gillespie, 2019). Additionally, the CTS2 has been shown to have good cross-cultural consistency, which is important for the present study due to the diversity of the client base seen at the CHF (Chapman & Gillespie, 2019).

In order to assess psychological aggression, the current study used the CTS2 psychological aggression subscale, which consists of 8 items, aimed to measure the level at which an individual engages in actions that attempts to hurt and/or control their partner without having bodily contact with the partner. Each item consists of two statements where the person rates their own behavior toward their partner and the other in which they report their partner's behavior toward them.

Additionally, the current study used the composite of the physical assault and injury subscales of the CTS2, which consists of 18 self-report items, intended to measure the level at which an individual attempts to inflict physical pain and harm to their partner. This study also used the CTS2 sexual coercion subscale (7 items) to measure sexual aggression. All of these items also had two parts, one in which they reported on their own behavior and a second item in which they reported on their partner's behavior.

For all three indices of IPV, an individual's reports of their partner's aggressive behavior was used rather than individuals' reports of their own behavior. This is a common method for using the CTS2 data, because even though members of a couple may have some biases in reporting on their own and on their partner's aggression, it is advisable to avoid using data that can be distorted by perpetrators' tendency to minimize their own socially undesirable aggression (Epstein et al., 2015).

Beck Depression Inventory (BDI)

The BDI (Beck et al., 1961) is an extensively used self-report 21-question multiple choice questionnaire that taps severity of depression symptoms (rather than categorical diagnosis of depressive disorders). It tends to take between 5-10 minutes to complete. The BDI consists of items assessing emotional symptoms of depression including sadness, guilt and irritability, cognitions regarding being punished, self-criticism, self-appraisal of failure, hopelessness, and difficulty making decisions; and physical symptoms such as fatigue, weight loss, and lack of sexual desire. The respondent answers each item in terms of how she or he was feeling during the past week. Each question has four options that range in severity from the symptom not being present to the symptom being severe. For instance, one question asks the person to rate the level of sadness that they experience. The available responses are "I do not feel sad; I feel sad; I am sad all the time and I can't snap out of it; and I am so sad and unhappy that I can't stand it." Each response is assigned a value on a scale from 0 to 3. Thus, the response "I do not feel sad "= 0; "I feel sad"= 1; "I am sad all the time and I can't snap out of it"= 2; and "I am so sad and unhappy that I can't stand it"= 3. The index of depression severity is the total score on the 21 BDI items. The BDI is

typically used as a continuous variable measuring severity of depression symptoms. This means a higher score indicates more severe depression symptoms. Thus, this study used the total scores from the BDI to indicate a victim's level of depression symptomology.

Sample items from the BDI include: "I feel discouraged about the future; I don't enjoy things the way I used to; I am disappointed in myself; I am critical of myself for my weaknesses or mistakes; and I would kill myself if I had the chance."

The BDI has been shown to be a valid and reliable measure of the severity of depression. Research has found that the BDI has good content, concurrent, and construct validity (Beck & Steer, 1984). High concurrent (convergent) validity correlations were found between the BDI and other depression instruments such as the Minnesota Multiphasic Personality Inventory (MMPI) (Beck & Steer, 1984). The BDI has also showed high construct validity with the medical symptoms of depression that it measures (Beck & Steer, 1984). Regarding internal consistency reliability, one study reported a Cronbach alpha of .92 for outpatients and .93 for college student samples (Beck & Steer, 1984).

Contreras, Fernandez, Malcarne, Ingram, and Vaccarino (2004) found that the BDI has good cross-cultural reliability and validity. In their study, 2,703 Caucasian American and 1,110 Latino college students completed both the BDI and the Beck Anxiety Inventory to test validity. The internal consistency coefficients (Cronbach alpha) were calculated for the two samples, and the alphas were greater than .82, indicating good reliability for the BDI in each group. The results of the study also indicated that on both the BDI and Beck Anxiety Inventory, Latino students scored

significantly higher than Caucasian American students, but the measures showed culturally equivalent, reliability, and good construct validity across Caucasian American and Latino college students (Contreras et al., 2004).

As is commonly the case in research with the BDI, in the present study each individual's total BDI score was used as the index of depression symptom severity, using the continuum of scores as the variable to test whether the level of depression an IPV victim experiences is a factor that is associated with the degree to which they have taken steps toward leaving the couple relationship.

Positive Partner Behavior (PPB)

The PPB is the set of positive behavior items of the Daily Checklist of Marital Activities (Broderick & O'Leary, 1986), and a short version of the Spouse Observation Checklist (Wills, Weiss, & Patterson, 1974). The PPB is a 54-item self-report instrument that is utilized to assess the degree to which a person has experienced their partner as engaging in a variety of positive behavior toward them during the past week. The PPB measures the perceived amount of positive behavior exhibited by one's partner during the last week and how pleasant or unpleasant each behavior was to the recipient. When completing the measure, the respondent must first indicate whether each listed activity happened, did not happen, or is not applicable. If the activity happened it would be coded as a 1 for "yes it did happen." If the activity did not happen, it would be coded as a 0 for "no it did not happen." Then, if a partner behavior did occur, the respondent is instructed to rate how pleasant or unpleasant the activity was, on a scale of 1 to 9, where 1= extremely unpleasant, 2= very unpleasant, 3= rather unpleasant, 4= slightly unpleasant, 5= neutral, 6=

slightly pleasant, 7= rather pleasant, 8= very pleasant, and 9= extremely pleasant. However, if the activity did not happen or is not applicable, then the person would not rate the pleasantness of the activity. Yet, for the purposes of this study the pleasure ratings were not used. Instead, the investigator only used the subject's identification of which positive partner behaviors occurred. Additionally, it is important to note that the PPB also asks the respondent to rate how pleasant behaviors that were received were, but in this study only the occurrence of behaviors was used to compute an index of amount of positive partner behavior.

Sample items from the PPB include: "Partner held my hand; partner initiated sexual activity; partner worked on laundry, cleaning, straightening up, or other routine household project; and partner arranged to spend extra time with me").

The current study utilized the PPB to assess how the victim's overall perception of their partner's positive actions toward them may influence the degree to which the recipient has taken steps toward leaving the couple relationship. The PPB has items covering a variety of behaviors including affection (i.e. "Partner held, hugged, or kissed me") and nurture (i.e. "Partner took care of me or my chores when I wasn't feeling well or wasn't able to do them"). Some items are unilateral (i.e., "Partner asked me about how my day was") whereas other items are joint activities (i.e., "We played a game together"). Yet, this study only used the PPB unilateral items that describe a partner's actions toward the respondent and not the "we" items that describe joint positive behavior. For one, it is hard to know who initiated the "we" items that describe joint positive behavior. For example, the victim of IPV may initiate a date after an incident of abuse to try to get the relationship back on track.

However, this study focused on the perpetrator taking the initiative in conducting positive behaviors, perhaps as a way to convey remorse for the abuse and/or convince the victim that they have changed and the violence will not happen again. This is consistent with the hypothesis that victims whose partner engages in more positive behavior toward them will take less steps toward leaving the relationship.

Marital Status Inventory- Revised (MSI-R)

The Marital Status Inventory (Weiss & Ceretto, 1980) was developed to provide information about the degrees to which individuals have taken steps toward dissolving an intimate couple relationship. Its items describe steps that an individual has taken toward leaving a relationship, ranging from internal thoughts to enacting specific behaviors such as seeking legal advice or moving. The revised measure that has been used in the CHF (Epstein & Werlinich, 1999) was developed to be applicable to both married and unmarried couples. The revision of the MSI includes a change in language that is more inclusive of unmarried relationships such as "partner" and "relationship". Sample items from the 18-item MSI-R include "Occasionally thought about separation or divorce, usually after an argument," "Made specific plans to discuss separation with your partner, for example what you would say," and "Filed for a legal separation." The MSI-R was used in this study to measure the dependent variable, the extent to which the IPV victim has taken steps to leave the couple relationship. The respondent must indicate whether each listed statement is occurred or not. If the activity has occurred, it would be coded as 1, or if it has not occurred it would be coded as a 0, and the measure is scored by simply adding the scores from all of the individual items to achieve a total score. Additionally, this investigator

calculated the Cronbach alpha to determine the reliability of this measure for the purposes of this study.

Research shows that the MSI is a reliable and valid measure (Crane, Newfield, & Armstrong, 1984). Crane, Newfield, and Armstrong (1984) conducted a study where they administered the MSI to 241 couples, aged 20-64 years, in six independent samples (Crane et al., 1984). The MSI's reliability, discriminant validity, and predictive validity were examined and found to be good (Crane et al., 1984). Moreover, the MSI was able to identify couples who later divorced (Crane et al., 1984). Therefore, the MSI is a valid measure for assessing high distress and divorce potential amongst couples. In addition, the MSI was able to distinguish between couples that presented with different types of therapy issues, hence demonstrating discriminant validity (Crane et al., 1984). For example, Weiss and Cerreto (1980) found that couples who seek therapy for marital distress will have significantly higher MSI scores than those presenting for parent-child difficulties (Crane et al., 1984).

Table 10 presents the psychometric characteristics of the study measures, including the Cronbach alpha coefficients obtained in the present sample.

Table 10

Psychometric Characteristics of the Study Measures

Measure	# of Items	Mean	SD	Min	Max	Max Possible	Cronbach Alpha
CTS2-phys	18	3.106	8.185	.00	101.00	108.00	.66
CTS2-psy	8	10.051	7.516	.00	41.00	48.00	.74
CTS2-sexual	5	1.515	3.103	.00	24.00	30.00	.48
BDI	21	12.928	8.739	.00	45.00	63.00	.88
PPB	38	23.381	6.591	7.00	38.00	38.00	.83
MSI-R	18	6.832	4.284	.00	18.00	18.00	.87

Note. CTS2-phys= CTS2 partner physical aggression; CTS2-psy= CTS2 partner psychological aggression; CTS-sexual= CTS2 partner sexual aggression; BDI= Beck Depression Inventory; PPB= Positive Partner Behavior; MSI-R= Marital Status Inventory-Revised; Min= Minimum score in sample; Max= Maximum score in sample, SD= Standard Deviation.

CHAPTER 3: RESULTS

Overview of Statistical Analyses

Sample Descriptive Statistics

First, descriptive statistics were calculated for the sample's demographic characteristics: females' age, annual personal income, education level, and race. The results of those analyses appear in the Sample section, in the text and in Tables 1 (females' race) and 2(females' education). In order to provide perspective on the females' average level of personal income as a resource for them, the mean and standard deviation of their male partners' annual personal income also were calculated, with the males' mean personal income being $38,353 (SD = $30,829). A *t*-test indicated that the males' mean income was significantly higher than the females' mean income of $27,503; $t\ (1083) = 6.40$, $p<.001$, 2-tailed.

Pearson Correlations among the Study Variables

Table 9 presents bivariate Pearson Correlations among the study variables of CTS2 physical partner aggression, CTS2 psychological partner aggression, CTS2 sexual partner aggression, the BDI, the PPB, and the MSI-R. As presented in Table 9, physical partner aggression has a significant correlation with psychological partner aggression, sexual partner aggression, depression, and taking steps toward leaving the relationship. Psychological partner aggression has a significant correlation with physical partner aggression, sexual partner aggression, depression, and taking steps toward leaving the relationship. Sexual partner aggression has a significant correlation with physical partner aggression, sexual partner aggression, depression, and taking steps toward leaving the relationship. Depression has a significant

correlation with all three types of IPV, less positive partner behavior, and taking steps toward leaving the relationship. Positive partner behavior only had a significant negative correlation with depression. Lastly, taking steps toward leaving the relationship had a significant correlation with all three types of IPV and depression.

Table 9

Pearson Correlations among Study Variables

	CTS2-phys	**CTS2-psy**	**CTS2-sexual**	**BDI**	**PPB**	**MSI-R**
CTS2-phys	---	.397** (n=531)	.187** (n=524)	.093* (n=526)	.019 (n=159)	.161** (n=470)
CTS2-psy	.397** (n=521)	---	.364** (n=520)	.247** (n=523)	-.144 (n=159)	.371** (n=466)
CTS2-sexual	.187** (n=524)	.364** (n=520)	---	.122** (n=520)	-.129 (n=158)	.169** (n=460)
BDI	.093* (n=526)	.247** (n=523)	.122** (n=520)	---	-.189* (n=159)	.261** (n=462)
PPB	.019 (n=159)	-.144 (n=159)	-.129 (n=158)	-.189* (n=159)	---	-.119 (n=145)
MSI-R	.161** (n=470)	.371** (n=466)	.169** (n=460)	.261** (n=462)	-.119 (n=145)	---

Note. CTS2-phys= CTS2 partner physical aggression; CTS2-psy= CTS2 partner psychological aggression; CTS-sexual= CTS2 partner sexual aggression; BDI= Beck Depression Inventory; PPB= Positive Partner Behavior; MSI-R= Marital Status Inventory- Revised; n= number of participants
**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Tests of the Hypotheses

A set of stepwise multiple regression analyses were conducted to test the hypotheses of this study. In all of the analyses, the females' total score on the Marital Status Inventory-Revised (MSI-R) was the dependent variable, measuring the degree to which the female had taken steps toward leaving the couple relationship.

In *step 1* of each analysis, the females' demographic characteristics of personal income and level of education were entered as predictor variables. Given that the education variable had nine categories, a decision was made to dichotomize education into higher versus lower levels, at a dividing point that seemed meaningful in terms of educational credentials needed to obtain gainful employment at a level at which the female had potential to be self-supporting. Thus, the categories of some high school, high school diploma, some college, and associate's degree were recoded as 1 (lower), and the categories of trade school, bachelor's degree, some graduate education, master's degree, and doctoral degree were recoded as 2 (higher) for use in the analyses. Females' annual personal income was entered as a continuous variable.

In *step 2* of each analysis, one of the three types of partner aggression (physical, psychological, or sexual) perpetrated by the female (as rated by her male partner) was entered as a control variable.

In *step 3* of each analysis, the corresponding type of partner aggression that the female reported receiving from her male partner (physical, psychological, or sexual) was entered as a predictor variable. This step provided a test of Hypotheses 1, 2, and 3. In addition, one of the two variables that was hypothesized to be a

moderator variable (depression or positive partner behavior) was entered to examine its possible main effect association with steps toward leaving.

In *step 4* of each analysis, an interaction variable was computed and entered to provide a test of a moderation hypothesis. The interaction variables used in those regression analyses were computed as follows: (1) the interaction of depression and level of physical aggression received was calculated as the product of the female's BDI score and her report of her partner's physical aggression; (2) the interaction of depression and level of psychological aggression received was calculated as the product of the female's BDI score and her report of her partner's psychological aggression; (3) the interaction of depression and level of sexual aggression received was calculated as the product of the female's BDI score and her report of her partner's sexual aggression; (4) the interaction of positive partner behavior and level of physical aggression received was calculated as the product of the female's PPB score and her report of her partner's physical aggression; (5) the interaction of positive partner behavior and level of psychological aggression received was calculated as the product of the female's PPB score and her report of her partner's psychological aggression; and (6) the interaction of positive partner behavior and level of sexual aggression received was calculated as the product of the female's PPB score and her report of her partner's sexual aggression.

Before calculating the interaction variables in terms of products of predictor variables, the females' scores on the variables comprising those products were centered, to reduce the risk of interaction terms being correlated with their component variables, and to make it easier to compare regression coefficients obtained in the

analyses. Centering involves calculating the sample's mean value on a variable (e.g., mean BDI score) and then subtracting that mean value from each subject's score on that variable. Those centered variables were used in step 3 and step 4 of the analyses.

At each step of an analysis, when there was more than one predictor variable, the significance of each individual variable (and its associated β coefficient) in relation to steps toward leaving was examined.

Results of Stepwise Multiple Regression Analyses

Physical Partner Aggression, Depression, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner physical aggression and victim depression are presented in Table 3.

Table 3

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Physical Aggression and Depression

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.039	.002	.002	0.293	2, 378	.746
2	Own CTS2-phys	.105	.011	.010	3.649	1, 377	.057
3	Partner CTS2-phys, BDI	.290	.084	.073	14.937	2, 375	<.001
4	Partner CTS2-phys X BDI	.290	.084	.000	.000	1, 374	.987

Note. CTS2-phys= CTS2 physical aggression; BDI= Beck Depression Inventory

In step 1, when females' income and level of education were entered as predictors of MSI-R scores the result was not significant, and neither variable was associated with steps toward leaving.

In step 2, when partner CTS2 ratings of females' own physical aggression were entered, there was a trend toward significance (p = .057). The β was .099, indicating a trend toward a positive relation between females' own level of physical partner aggression and the steps they took toward leaving the relationship.

In step 3, when females' BDI scores and their CTS2 reports of males' physical aggression were entered, the change in R^2 was significant (p <.001).The effect for the

BDI was significant and positive; β = .247, $p < .001$, indicating that the more depression symptoms the woman reported, the *more* steps she had taken to leave the relationship. Thus, rather than suppressing motivation to leave, depression symptoms were associated with more steps toward leaving. The effect for level of partner's physical aggression also was significant; β = .105, $p = .038$, indicating that more frequent partner physical aggression was associated with more steps toward leaving, as hypothesized.

In step 4, when the interaction of females' BDI scores and their CTS2 reports of males' physical aggression was entered, the change in R^2 was not significant ($p = .987$). Thus, although depression had a main positive association with steps toward leaving, it did not operate as a moderator variable affecting the impact of partner physical aggression as hypothesized.

Psychological Partner Aggression, Depression, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner psychological aggression and victim depression are presented in Table 4.

Table 4

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Psychological Aggression and Depression

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.041	.002	.002	0.315	2, 373	.730
2	Own CTS2-psy	.214	.046	.044	17.221	1, 372	<.001
3	Partner CTS2-psy, BDI	.432	.186	.141	31.977	2, 370	<.001
4	Partner CTS2-psy X BDI	.433	.188	.001	.595	1, 369	.441

Note. CTS2-psy= CTS2 psychological aggression; BDI= Beck Depression Inventory

In step 1, when females' income and level of education were entered as predictors of MSI-R scores, the result was not significant (p = .730), and neither variable was associated with steps toward leaving.

In step 2, when partner CTS2 ratings of females' own psychological aggression were entered, the change in R^2 was significant (p<.001).The β for the association was .213, p< .001, indicating that the more females exhibited psychological partner aggression themselves, the more steps they had reported taking toward leaving.

In step 3, when females' BDI scores and their CTS2 reports of males' psychological aggression were entered, the change in R^2 was significant (p<.001).

The effect for the BDI was significant and positive; β = .170, p = .001, indicating that the more depression symptoms the woman reported, the *more* steps she had taken to leave the relationship. Thus, rather than suppressing motivation to leave, depression symptoms were associated with more steps toward leaving. The effect for level of partner's psychological aggression also was significant; β = .324, p< .001, indicating that more frequent partner psychological aggression was associated with more steps toward leaving, as hypothesized.

In step 4, when the interaction of females' BDI scores and their CTS2 reports of males' psychological aggression was entered, the change in R^2 was not significant (p = .441). Thus, although depression had a main positive association with steps toward leaving, it did not operate as a moderator variable affecting the impact of partner psychological aggression as hypothesized.

Sexual Partner Aggression, Depression, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner sexual aggression and victim depression are presented in Table 5.

Table 5

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Sexual Aggression and Depression

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.046	.002	.002	0.395	2, 372	.674
2	Own CTS2-sexual	.074	.006	.003	1.276	1, 371	.259
3	Partner CTS2-sexual, BDI	.301	.090	.085	17.212	2, 369	<.001
4	Partner CTS2-sexual X BDI	.301	.091	.000	.086	1, 368	.770

Note. CTS2-sexual= CTS2 sexual aggression; BDI= Beck Depression Inventory

In step 1, when females' income and level of education were entered as predictors of MSI-R scores, the result was not significant multiple correlation (p = .674). Neither variable was a significant predictor of steps toward leaving.

In step 2, when partner CTS2 ratings of females' own sexual aggression were entered, the change in R^2 was not significant (p = .259). The lack of an association may have been due to the overall low frequency of sexual partner aggression in this sample, especially perpetrated by the females.

In step 3, when females' BDI scores and their CTS2 reports of males' sexual aggression were entered, the change in R^2 was significant (p<.001).The effect for the BDI was significant and positive; β = .236, p< .001, indicating that the more depression symptoms the woman reported, the *more* steps she had taken to leave the relationship. Thus, rather than suppressing motivation to leave, depression symptoms were associated with more steps toward leaving. The effect for level of partner's sexual aggression also was significant; β = .163, p = .001, indicating that more frequent partner psychological aggression was associated with more steps toward leaving, as hypothesized.

In step 4, when the interaction of females' BDI scores and their CTS2 reports of males' sexual aggression was entered, the change in R^2 was not significant (p = .770). Thus, although depression had a main positive association with steps toward leaving, it did not operate as a moderator variable affecting the impact of partner sexual aggression as hypothesized.

Physical Partner Aggression, Positive Partner Behavior, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner physical aggression and positive partner behavior are presented in Table 6.

Table 6

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Physical Aggression and Positive Partner Behavior

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.047	.002	.002	0.142	2, 126	.868
2	Own CTS2-phys	.125	.016	.013	1.684	1, 125	.197
3	Partner CTS2-phys, PPB	.264	.070	.054	3.580	2, 123	.031
4	Partner CTS2-phys X PPB	.298	.089	.019	2.591	1, 122	.110

Note. CTS2-phys= CTS2 physical aggression; PPB= Positive Partner Behavior

In step 1, when females' income and level of education were entered as predictors of MSI-R scores, the result was not significant (p = .868). Neither variable was associated with steps toward leaving.

In step 2, when partner CTS2 ratings of females' own physical aggression were entered, the change in R^2 was not significant (p = .197). Females' own frequency of partner aggression was not associated with their steps toward leaving the relationship.

In step 3, when females' PPB scores and their CTS2 reports of males' physical aggression were entered, the change in R^2 was significant (p = .031).The association between the amount of positive partner behavior and steps toward leaving was negative and reached the level of a statistical trend; β = -.164, p = .066, indicating that more positive partner behavior tended to be associated with fewer steps toward leaving. The association of physical partner aggression with leaving reached the .05 p level, and β = .203, indicating a positive association, as hypothesized.

In step 4, when the interaction of females' PPB scores and their CTS2 reports of males' physical aggression was entered, the change in R^2 was not significant (p = .110).Thus, although positive partner behavior had a main negative association with steps toward leaving, it did not operate as a moderator variable affecting the impact of partner physical aggression as hypothesized.

Psychological Partner Aggression, Positive Partner Behavior, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner psychological aggression and positive partner behavior are presented in Table 7.

Table 7

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Psychological Aggression and Positive Partner Behavior

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.041	.002	.002	0.106	2, 127	.899
2	Own CTS2-psy	.229	.053	.051	6.773	1, 126	.010
3	Partner CTS2-psy, PPB	.422	.178	.125	9.450	2, 124	<.001
4	Partner CTS2-psy X PPB	.434	.189	.011	1.632	1, 123	.204

Note. CTS2-psy= CTS2 psychological aggression; PPB= Positive Partner Behavior

In step 1, when females' income and level of education were entered as predictors of MSI-R scores, the result was not significant (p = .899). Neither variable was a predictor of steps toward leaving.

In step 2, when partner CTS2 ratings of females' own psychological aggression were entered, the change in R^2 was significant (p = .010). The β for the association was .226, p = .01, indicating that the more females exhibited psychological partner aggression themselves, the more steps they had reported taking toward leaving.

In step 3, when females' PPB scores and their CTS2 reports of males' psychological aggression were entered, the change in R^2 was significant (p<.001).

The association between the amount of positive partner behavior and steps toward leaving was negative and reached the level of a statistical trend; β = -.143, p = .088, indicating that more positive partner behavior tended to be associated with fewer steps toward leaving. The association of psychological partner aggression with leaving was significant; β = .353, p< .001 indicating a positive association, as hypothesized.

In step 4, when the interaction of females' PPB scores and their CTS2 reports of males' psychological aggression was entered, the change in R^2 was not significant (p = .204). Thus, although positive partner behavior had a main negative association with steps toward leaving, it did not operate as a moderator variable affecting the impact of partner psychological aggression as hypothesized.

Sexual Partner Aggression, Positive Partner Behavior, and Steps Toward Leaving

The results of the stepwise multiple regression analysis predicting steps toward leaving the relationship from partner sexual aggression and positive partner behavior are presented in Table 8.

Table 8

Stepwise Multiple Regression Analysis of Steps Toward Leaving Relationship Predicted by Partner Sexual Aggression and Positive Partner Behavior

Model	Variables Entered	R	R^2	R^2 Change	F Change	df	p
1	Income, Education	.052	.003	.003	0.165	2, 122	.848
2	Own CTS2-sexual	.053	.003	.000	0.016	1, 121	.900
3	Partner CTS2-sexual, PPB	.257	.066	.063	4.012	2, 119	.021
4	Partner CTS2-sexual X PPB	.366	.134	.068	9.330	1, 118	.003

Note. CTS2-sexual= CTS2 sexual aggression; PPB= Positive Partner Behavior

In step 1, when females' income and level of education were entered as predictors of MSI-R scores, the result was not significant (p = .848). Neither variable was associated with steps toward leaving.

In step 2, when partner CTS2 ratings of females' own sexual aggression were entered, the change in R^2 was not significant (p = .900). Thus, females' own perpetration of sexual aggression was unrelated to their reports of taking steps toward

leaving the relationship. Again, the low overall occurrence of sexual partner aggression by females in the sample may have played a role in this finding.

In step 3, when females' PPB scores and their CTS2 reports of males' sexual aggression were entered, $R = .257$; $R^2 = .066$. The change in R^2 was significant ($p = .021$). The association between the amount of positive partner behavior and steps toward leaving was negative and significant; $\beta = -.181$, $p = .047$, indicating that more positive partner behavior was associated with fewer steps toward leaving. The association of sexual partner aggression with leaving reached the $p = .05$ significance level; $\beta = .178$, indicating a positive association, as hypothesized.

In step 4, when the interaction of females' PPB scores and their CTS2 reports of males' sexual aggression was entered, the change in R^2 was significant ($p = .003$). The β for this significant interaction effect was .284.

In order to examine the pattern of the significant interaction between male sexual aggression and their positive partner behavior in predicting females' steps toward leaving, a median split was conducted for the distribution of PPB scores. Then a Pearson correlation between degree of women's CTS2 partner sexual aggression scores and their MSI-R scores was computed for the subjects with PPB scores above the median and another Pearson correlation for those subjects with PPB scores below the median. The correlation for the higher PPB group was .354 ($p = .004$), whereas the correlation for the lower PPB group was .094 ($p = .420$). Thus, when the male partners provided more positive behavior, there was a positive association between degree of sexual aggression and women's steps toward leaving, whereas when the

males provided less positive behavior, there was no significant association between their level of sexual aggression and the women's steps toward leaving.

CHAPTER 4: DISCUSSION

This chapter provides a summary of the findings from the study, their interpretation relevant to each of the hypotheses, consideration of the strengths and limitations of the study, recommendations for future research on this topic, and implications for clinical practice.

Hypotheses 1, 2, and 3 predicted that the more frequently a woman is the recipient of forms of IPV (physical, psychological, and sexual partner aggression respectively), the more steps she will report having taken to leave the relationship. The results from the multiple regression analysis, controlling for women's education and personal income, supported these hypotheses, given that there was a statistically significant positive association between the frequency of physical, psychological, and sexual partner aggression the female reported receiving from her male partner and the extent to which the female had taken steps to leave the relationship. This finding is congruent with prior research that has found physical aggression to be a risk factor for relationship dissolution (DeMaris, 2000; Lawrence & Bradbury, 2001; Woodin, Caldeira, & O'Leary, 2013). In addition, this result is consistent with the idea that sexual aggression within an intimate relationship can be a risk factor for relationship dissolution given it can be difficult to regain trust and intimacy in the relationship once sexual aggression has occurred (LaMotte, Meis, Winters, Barry, & Murphy, 2018).

This result is also consistent with prior research that has shown psychological aggression to be an important factor in victims' consideration of dissolving their couple relationships and is related to an increased likelihood of separation (Curtis et

al., 2017). In fact, the results of this study show that women's psychological aggression toward their partner co-existed with their steps to leave the relationship. This suggests that psychological aggression toward either partner in a couple relationship is likely to result in the termination of the relationship.

Additionally, this finding is consistent with the cost-benefit analysis component of social exchange theory, such that IPV victimization is a major cost to an individual's level of commitment to remain in a couple relationship, increasing the individual's motivation to dissolve the relationship. In other words, the victim of IPV considers the aggression as a large cost that outweighs the benefits received in their couple relationship, contributing to motivation to terminate the relationship.

Moreover, as a beginning couple and family therapist this finding is consistent with my clinical experience with couples who have sought therapy for physical partner aggression. Women in those couples were more likely to reveal that they were considering taking steps to leave the relationship if the physical aggression did not cease, especially describing the negative impact that the physical aggression had not only on the victim's personal well-being, but on the quality of the couple relationship as well. Additionally, this finding is consistent with my clinical experience thus far in working with couples who have experienced psychological partner aggression, in that the female partner was more likely to take steps to terminate the relationship if the perpetrator did not take responsibility for the psychological aggressive behaviors and make an effort to end said abuse.

This researcher decided to control for women's own perpetration of partner aggression when examining the associations between their IPV victimization and

their steps toward leaving the relationship, and the results indicated that this was a good idea. In one of the multiple regression analyses testing the effects of male partners' physical aggression, the females' own frequency of physical partner aggression reached a trend ($p = .057$) toward being associated with more steps toward leaving. Their steps toward leaving still were associated with the frequency of their partner's physical aggression, but their own aggression played a role in steps toward leaving as well. When controlling for females' own perpetration of psychological partner aggression, the females' own levels of aggression were associated with the steps they had taken toward leaving the relationship. Their steps toward leaving still were significantly associated with their male partners' psychological aggression, but even more so than with physical aggression, their own psychological aggression played a role as well.

One possible explanation for this result might be that the women's own partner aggression was an expression of their unhappiness in the relationship. Thus, the woman's own frequency of partner aggression was an indicator to herself that it was time to take steps toward leaving the relationship. It is possible that becoming the aggressor herself was the breaking point for her in the relationship that resulted in her deciding to terminate the relationship. Upon becoming the aggressor, the realization of her unhappiness within the relationship was solidified and she knew she could no longer remain in the relationship. Moreover, this finding is reflective of what has been found in samples of non-battering IPV, where the aggression is bidirectional which is similar to the sample population of individuals who seek therapy at the CHF.

In this study, it was proposed that the levels of a woman's education and personal income should be controlled in examining steps that the women had taken to leave their relationship, as they may serve as personal resources that could make it easier to leave an abusive relationship. Therefore, those two variables were entered first, in all of the stepwise multiple regression analyses as control variables. However, the findings of this study indicated that neither higher levels of education nor of personal income had a significant association with the degree of steps that the women had taken to leave the couple relationship. It is possible that the women in this sample did not view their personal income and education as sufficient in their cost-benefit analysis of their relationship to warrant leaving the relationship. For example, it is important to note that there was a large difference in reported average personal income between the females and their male partners, with the women earning significantly less, an amount that the women may have perceived (often reasonably) as inadequate for self-sufficiency. Although according to social exchange theory education and personal income would be viewed as benefits, these two benefits may be viewed as having an insignificant impact on the associations between degrees of the three types of IPV and the degree of steps the victim has taken to leave the couple relationship.

Hypotheses 4, 5, and 6 predicted that an individual's level of depression would moderate the positive relationship between being the recipient of IPV (physical, psychological, and sexual partner aggression respectively) and the degree to which the victim has taken steps toward leaving the relationship, with the association between the degree of IPV and steps toward leaving the relationship

weaker with higher depression. The results of this study did not find the woman's level of depression to be a statistically significant moderator of the positive relationship between frequency of being the recipient of IPV and taking steps toward leaving the relationship. This result was surprising, given the negative physical, mental, and social impact that depression can have on an individual, with depression symptoms such as inertia, negative self-concept, a sense of hopelessness, and fatigue interfering with a victim having adequate motivation to take steps toward leaving. One possible explanation for this finding is that other symptoms that are associated with depression such as social isolation may have played a larger role than the symptoms that interfere with motivation and action. For example, a depressed victim's tendency toward wanting to be alone may have created incentive for her to leave the stressful relationship.

Nonetheless, this aspect of the study was exploratory, in that there has been little prior research conducted on the effect of depression on the relationship between IPV and taking steps toward leaving the relationship. However, as a beginning clinician it was encouraging to see this result, because it suggests that the negative symptoms of depression did not have enough impact to keep victims in an abusive relationship. Still, it is important to keep in mind that the mean level of depression (12.93 on the BDI) in this university family therapy clinic sample was only mild to moderate, and in a sample of more severely depressed victims the effect of depression might be stronger. In the present sample, the females' mild to moderate depression scores may reflect their unhappiness in their couple relationships, serving as a source of motivation to leave, rather than an impediment. As a result, further research is

recommended to see if the results of this study would be replicated across multiple clinical sites, including women's shelters in which IPV victims may be more likely to exhibit more severe depression.

Even though depression was not found to be a moderator of the positive relationship between being the recipient of IPV and taking steps toward leaving the relationship, the results indicated that the more depression symptoms the woman reported, the more steps she had taken to leave the relationship. This suggests rather than suppressing motivation to leave, depression symptoms were associated with more steps toward leaving. This result is consistent with a victim's cost-benefit analysis of the relationship, because social exchange theory would predict that depression would encourage the woman to take steps toward leaving the abusive relationship because the costs of being in the relationship on her personal psychological well-being are too high. It is possible that the impact of the depression symptoms coupled with the IPV was too overwhelming for the victims, hence resulting in them taking more steps to leave the relationship in hopes of improving their happiness. Consequently, when the woman perceives that the costs of being in the relationship outweigh the benefits, she would be more likely to decide to terminate the relationship.

As noted earlier, the sample of women in the present study did not suffer from severe levels of depression, and their mild to moderate depression seems to have had the opposite of the hypothesized effect, being experienced as distress about the quality of the couple relationship and seemingly motivating them to take steps toward leaving. Because the study did not include direct measures of the women's decision-

making process, more information is needed about the role of their depression in the steps they took toward leaving.

Hypotheses 7, 8, and 9 predicted that positive partner behavior by the IPV perpetrator will moderate the relationship between the degree of IPV (physical, psychological, and sexual partner aggression respectively) and steps toward leaving the relationship, such that with more positive partner behaviors, the weaker the relationship between physical partner aggression and taking steps toward leaving the relationship will be. However, the results of the study did not support these hypotheses, as the test of the interaction effect between both physical and psychological partner aggression and amount of positive partner behavior was not statistically significant. This finding was not consistent with social exchange theory, because within the cost-benefit analysis portion of social exchange theory positive partner behavior could be considered a benefit to the intimate relationship that could counteract the costs of receiving aggressive behavior from one's partner. Thus, with increased positive partner behavior the benefits received from the relationship would weaken the relationship between IPV and taking steps toward leaving the relationship. However, this study only measured the occurrence of various positive partner behaviors and not the meaning that the recipient attached to them. Therefore, it is plausible that the victim viewed the positive partner behavior as disingenuous (perhaps as the perpetrator's attempt to distract the victim from his aggression), and hence it did not have a significant impact on the association between the degree of physical partner aggression and steps toward leaving the relationship.

As a result, it would be important for additional research to be conducted to further explore the impact that positive partner behavior can have on the association between IPV and taking steps towards leaving the relationship, exploring the subjective meaning that the perpetrator's positive behavior has on the victim.

Despite positive partner behavior not being a significant moderator variable for the relationship between the degree of IPV and steps toward leaving the relationship, the results did indicate that more positive partner behavior tended to be associated directly with fewer steps toward leaving. This result is consistent with social exchange theory because positive partner behavior would be characterized as a benefit to the relationship. As a result, when the benefits of the relationship outweigh the costs, the person is more likely to continue the social relationship. Hence the positive partner behavior decreased the probability of an individual leaving the relationship. This result is not necessarily inconsistent with the finding that positive partner behavior failed to moderate the association between partner aggression and steps toward leaving. The amount of partner aggression varied in this sample, with the mean frequency of aggressive acts being fairly low, so among the women in the sample who had non-aggressive partners likely would experience positive partner behavior as pleasant and among the benefits to staying in the relationship. Again, it would have been informative to have had a measure of how the women in the sample thought about the positive partner behavior.

However, a statistically significant interaction between male sexual aggression and their amount positive partner behavior was found in predicting females' steps toward leaving, but a post hoc analysis indicated that the direction of

the interaction effect was opposite to the hypothesized direction. When the male partners provided more positive behavior, there was a *positive* association between the degree of sexual aggression and women's steps toward leaving, whereas when the males provided less positive behavior the association between the degree of sexual aggression and women's steps toward leaving was non-significant. This suggests that when male perpetrator also exhibited more positive partner behavior, the female victims were more likely to respond to more sexual aggression by taking more steps toward leaving; i.e., the positive partner behavior increased their motivation to escape from the sexual aggression.

One possible explanation for this outcome is that the victim interpreted the perpetrator's actions as disingenuous and an insult in the context of the degree of sexual aggression she received from him. Consequently, the positive partner behavior did not have the positive impact on the victim's commitment to the couple relationship that the cost-benefit component of social exchange theory would propose. Therefore, it would be important for future research to examine the victim's interpretation of the positive partner behavior when analyzing its impact as a moderator variable on the association between sexual partner aggression and the victim taking steps toward leaving the relationship.

The results of hypotheses 7, 8, and 9 seem to indicate that within the present sample there was no evidence of the "honeymoon stage" that is described in the cycle of violence theory (Walker, 1979). In fact, the results of this study suggest that it is possible that victims of IPV can react negatively toward positive partner behavior instead of positively. Consequently, the results of this study show that the process of

deciding whether to remain in an abusive relationship is more complicated than the cycle of violence theory states. Victims of IPV may not be easily swayed by positive partner behavior, especially regarding sexual partner aggression.

The results of this study appear to capture the core aspects of cost-benefit analysis that social exchange theory suggests is going on in IPV victims' minds. For example, when a woman is a victim of severe physical, psychological, or sexual IPV it seems that she needs to receive a high amount of benefits in the form of positive behavior in order to reduce her taking steps from leaving the relationship. The weight that victims can be expected to place on the costs and benefits is significant because it can influence whether or not they choose to remain in the relationship. Additionally, the results of this study found that a victim's mild to moderate depression symptoms affect their decision to leave an abusive partner. Given the mean level of depression in the sample was moderate, the depression was most likely not debilitating to the victim enough for them to consider staying in the relationship, and in fact the depression may have been an index of their unhappiness in the couple relationship, contributing to their motivation to leave. It is possible that victims with a higher level of depression may feel incapacitated to the point they feel stuck in the abusive relationship.

Limitations

This study had a number of notable strengths. First, it used a sample from a clinic serving a community population that is diverse in race, ethnicity, education, income, and other factors that help provide a representative cross section of victims rather than a relatively narrow population that would be found in shelters serving

battered women. In many cases, prior studies have relied primarily on White samples, so the present sample's diversity is advantageous. Second, the measures provided reports on individuals' IPV perpetration from both members of the couple, allowing the investigator to take the risk of response biases into account.

Nevertheless, the study also had some limitations. First, because the study was based on data from couples who sought therapy from a university-based couple and family therapy clinic for a variety of presenting problems (e.g., decreased intimacy, conflicts regarding parenting practices, coping with financial stress) and were not selected specifically due to experiencing partner aggression, the results may not be generalizable to those that would be found among women from settings in which the base rates of forms of IPV are greater. The overall level of IPV reported by the couples in this sample was mild to moderate. Given that the Center for Healthy Families treats a variety of presenting problems and does not solely aim to help victims of intimate partner violence, it is likely that organizations that focus on treatment of intimate partner violence would include clients whose experiences are different (more severe) than those tapped by the present study. Additionally, this study's sample did not include same-sex couples because far too few same-sex couples have attended the CHF to provide an adequate size sample that would allow for statistical analyses taking sexual orientation into account. Thus, it is possible that the findings of this study would not be generalizable to female same-sex couples, given that they were not represented in the study. Moreover, it is important to note that couples who seek therapy very often do so in order to work on the relationship to improve it. With that being said, it is likely that those who attend therapy with their

partner commonly are not ready to leave or terminate the relationship yet, whether or not some degree of IPV is present. Consequently, the results of this study may be skewed, to the extent that the couples who sought therapy at the CHF had made some degree of commitment to work on their relationship together rather than dissolve it.

A second possible limitation of this study is that the researcher decided to use the male partner's report of the female's own IPV perpetration (rather than the female's own self-report of her behavior) as a control variable, in order to reduce the risk that the females may have under-reported their own partner aggression. It is possible that male partners over-reported the amount of intimate partner violence that they received from the females (i.e., trading one type of biased reporting for another). Overall, the method used in this study was consistent with the approach most commonly used in prior IPV studies, relying on partner reports of individuals' aggression (Epstein et al., 2015). Given that it is virtually impossible to observe partner aggression in vivo, researchers must rely on self-reports and take into account the potential for response biases. Also, this approach produced consistency in measurement, given that the measurement of males' perpetration was based on the female victims' reports of their partners' behavior.

Another possible limitation of this study is that it examined each of the three types of IPV separately, whereas in real life people often experience more than one type. Therefore, it would be important for future research to investigate the effects of experiencing more than one type of IPV at a time. Analyses could examine the relative contributions of the three types of IPV victimization on individuals' degrees of disengaging from abusive relationships.

Additionally, as noted earlier, the mean level of depression in the sample was moderate, which suggests that the victim's depression was not likely to be especially debilitating. It would be helpful to examine the effects of depression in a sample of women whose mean level of depression is high, likely associated more with difficulty in acts of daily living and potentially terminating a relationship.

The measures used in this study originally were completed by the participants over the course of two assessment sessions, with the second set of questionnaires administered only to those who participated in a couple therapy outcome study. This resulted in the sample for Day 1 forms (including the CTS2, MSI-R and BDI) being larger than the sample for the Day 2 forms (that included the PPB). Relevant to the present study, the sample size available for the multiple regression analyses that included the BDI as well as the CTS2 and MSI-R was 381 couples, but the sample size for the analyses that included the PPB as well as the CTS2 and MSI-R was 130, based on listwise deletion of missing data. Although both sample sizes were adequate to test this study's hypotheses, it is important to note that the statistical power was lower for the analyses that included the PPB.

Finally, this was a cross-sectional study of data that all were collected virtually at the same point. Consequently, it is inappropriate to draw causal inferences about the associations that were found among the variables. Further research involving longitudinal designs will be needed to determine causal effects between variables.

Clinical Implications

The findings from this study may have implications for clinical practice when working with women that have experienced forms of IPV. One clinical implication is for therapists to take a "curious stance" when they learn about the existence of IPV in a couple relationship, exploring various factors that have influenced the women's appraisal of the aggressive behavior and its implications for the quality and stability of their couple relationships. In general, positive partner behavior was found to have a "main effect" association with steps toward leaving in which in more positive behavior was correlated with fewer steps toward leaving, but when more positive partner was exhibited in conjunction with sexual partner aggression, there were greater steps toward leaving. The results from this study address a gap in research by analyzing some internal and external factors that can influence one's level of commitment to an abusive relationship. Thus, by taking a curious perspective in learning more about the personal meanings that these internal and external factors have for IPV victims, therapists can help victims of gain a better overall perspective about their decision of whether or not to terminate the relationship. For example, this study found positive partner behavior to be a moderator variable for the association between sexual partner aggression and steps toward leaving the relationship. Therefore, when therapists are treating a victim of sexual partner aggression, it is important to explore with the victim her view of her partner's positive behaviors toward her and/or the relationship. If the partner's positive behavior is viewed negatively as an attempt to avoid dealing with the harm he has inflicted on the woman through sexual coercion, therapists might intervene with the perpetrator to increase

his awareness of this dynamic and determine whether he is truly committed to treating his partner in a loving and safe manner.

Second, the results of this research can provide a different perspective on taking steps toward leaving an abusive relationship that may not have been considered by therapists. For one, it is common for therapists to believe that they have an ethical dilemma when working with couples with present or past IPV. It can be difficult for therapists to balance development of a nurturing therapeutic relationship with active intervention to ensure the client's safety. This situation can pose a dilemma for therapists, because even though client safety is the number one priority, in the beginning stages of developing a therapeutic relationship (when building trust between clinician and client is crucial), addressing actions that the client may need to take in order to address safety concerns can be a delicate topic. The results of this study may provide therapists comfort in knowing some suggested areas to address when working with a victim of IPV.

Third, the results of this study capture how a victim can use cost-benefit analysis to influence their decision whether or not to take steps to leave an abusive relationship. The results suggest that it may be tempting to stay in a relationship where abuse is taking place. Thus, therapists can guide victims in thinking closely about how positive partner behavior or their own personal factors (e.g., depression) can be factors that are guiding their decision to stay or leave an abusive relationship.

Moreover, the results of the study can help therapists explore with victims of IPV any negative dyadic patterns that can be taking place in their lives. A common goal across different therapy modalities is to interrupt negative cycles that are not

conducive to the client's happiness. Therefore, a therapist can help hold each partner in the relationship responsible for their own actions. For example, the results of the psychological aggression analyses in particular suggest that the woman's own aggression is not reason to blame them for their victimization, but instead an unproductive and unhealthy way to express her unhappiness with the relationship. Consequently, a therapist can help a victim of IPV to develop other ways of coping with unhappiness and conflict in their relationship as a goal of therapy. Thus, the results of this study can help with determining therapy goals with a client.

Recommendations for Future Research

One recommendation for future research is to further investigate depression and positive partner behavior as potential moderator variables of the positive association between degree of IPV (physical, psychological, or sexual) and the victim taking steps toward leaving the relationship, because the sample used in this study may not have provided an adequate test of those effects One suggestion might be to examine the impact of these factors in a different population, such as women who have sought help at shelters for IPV victims. The sample used in the present research was couples who sought therapy at the CHF for a variety of reasons, not necessarily regarding partner aggression. In fact, even though it is possible that some women had been coerced into couple therapy by abusive male partners, this seems unlikely given that male perpetrators commonly isolate their partners from sources of social support and would be risking revelation of their abusive behavior to a therapist. Couple therapy tends to be initiated much more by female partners (Rice, 1978), based on their desire to improve their relationships, so it seems that women who are far along

in taking steps toward leaving their relationships would not be found often among the CHF couples in this study's sample. Similarly, the CHF does not specialize in therapy for clinical depression, so the women in this sample may not experience the level of depression that may interfere with leaving a relationship. Therefore, a better test of depression as a moderator of the association between IPV victimization and steps toward leaving would be replication of this study with samples that have experienced more severe partner aggression and include more severely depressed victims.

Moreover, it would be important for future research to explore the meaning attached to the positive partner behavior from the perspective of the victim. This could lead to better interpretation of the results if researchers had more insight into how the positive partner behavior was interpreted by the victim. For example, was the positive partner behavior seen as improvement of the perpetrator's behavior and a reason for hope, or was it seen as disingenuous behavior, another reason why the male was unsuitable life partner?

A second recommendation for future research would be to investigate the effects of experiencing more than one type of IPV at a time. The current research examined the effects of each type of IPV separately. Yet, it is common for victims of IPV to experience more than one form of IPV at the same time. It is possible that victims may judge receiving a combination of forms of aggression as a more serious problem. These analyses could examine the relative contributions of the three types of IPV victimization on individuals' degrees of disengaging from abusive relationships.

A third recommendation for future research would be to conduct this research with a longitudinal design instead of a cross-sectional design. A longitudinal design

would allow for the researcher to better determine causal effects in associations between variables. For example, a negative association between the frequency of receiving positive partner behavior and taking steps toward leaving the relationship may be because positive partner behavior leads the victim to consider those as benefits of the relationship for which it is worth staying. However, it also is possible that when an individual has taken more steps toward leaving the partner perceived it and engages in fewer positive acts toward her. A longitudinal study would help differentiate between those two possibilities. This research would provide vital insight into victims' experiences and thus hopefully provide therapists with more effective ways to assist them.

A fourth recommendation for future research would be to investigate the association between a victim of IPV taking steps toward leaving the relationship and other potentially significant variables such as age of victim and whether the victim has children or not. It is also important to note that this investigator considered length of the relationship as another potential variable that could influence an IPV victim's decision whether to take steps toward leaving the relationship or not. However, it was found that the correlation between length of relationship and steps toward leaving was negligible ($r = .09$), so it was decided to not use length of relationship as a control variable in the study. Nevertheless, length of relationship may be an important variable to consider in future research that examines a sample with more severe IPV.

Conclusions

In conclusion, victim depression, positive partner behavior, and frequencies of three types of partner aggression are all determinants of women taking steps toward

leaving an abusive relationship. Positive partner behavior was associated with women taking fewer steps toward leaving the relationship, whereas higher levels of depression were associated with taking more steps toward leaving the relationship. Education and personal level of income, despite being personal resources, were not found to be factors that influenced victim's taking steps toward leaving. Future research is needed to further examine the effects of experiencing more than one type of IPV at a time and if there can be any causal inferences drawn between the associations found between the variables. Nevertheless, this study has addressed a gap in IPV research and has provided clinical implications for therapists working with this population.

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