The relationships between intimate partner violence and attachment, personality features, and early maladaptive schemas

Partner şiddeti ile bağlanma, kişilik özellikleri ve erken dönem uyumsuz şemalar arasındaki ilişkiler

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SUMMARY

Objective: The literature shows that attachment styles, personality features, childhood maltreatment, cognitive schemas, and various socioeconomic and clinical issues can play an important role in intimate partner violence (IPV). This study investigated the relationship of IPV with attachment styles, schema domains, and personality beliefs in a treatment-seeking women group. **Method:** The participants were 75 women who presented to a psychiatric outpatient clinic and endorsed experiencing IPV during the previous year. We conducted a psychiatric evaluation and administered Young Schema Inventory-Short Form, Personal Belief Questionnaire-Short Form, Beck Depression Inventory, Beck Anxiety Inventory, Conflict Tactics Scale-2, and Experiences in Close Relationships-II. We performed correlation analyses and a stepwise regression analysis to determine the variables that affect IPV. A mediator analysis was performed to evaluate the role played by schema domains and personality beliefs in attachment styles and IPV. **Results:** Different levels of relationships were found between IPV and an anxious attachment style, some schema domains and personality beliefs. There was a relationship between an individual's negotiation attitude and the other-directedness schema domain. We found that attachment styles, schema domains, and personality beliefs could explain 7% to 32% of IPV behaviors. **Discussion:** When working with couples suffering from violence in their relationship, evaluating attachment and focusing on personality features and schemas may provide new insights to direct the therapy process. This data, supporting the role of personality beliefs and schemas, will be very useful for clinicians working with cognitive behavioral therapy or schema-therapy, which are becoming increasingly common in the field of psychiatry.

Key Words: Partner violence, attachment, personality, early maladaptive schemas

(Turkish J Clinical Psychiatry 2023;26:91-103)

DOI: 10.5505/kpd.2023.93708

ÖZET

Amaç: Literatür, bağlanma stillerinin, kişilik özelliklerinin, çocuklukta kötü muamelenin, bilişsel şemaların, çeşitli sosyoekonomik ve klinik sorunların partner şiddetinde önemli rol oynayabileceğini göstermektedir. Bu çalışmada, psikiyatrik tedaviye başvuran bir kadın grubunda partner şiddetinin bağlanma stilleri, şema alanları ve kişilik inançları ile ilişkisi araştırıldı. **Yöntem:** Katılımcılar, psikiyatri polikliniğine başvuran ve önceki yıl içinde partner şiddeti yaşadığını belirten 75 kadındı. Psikiyatrik değerlendirme yapıldı ve Young Şema Envanteri-Kısa Form, Kişisel İnanç Anketi-Kısa Form, Beck Depresyon Envanteri, Beck Anksiyete Envanteri, Çatışmaların Çözümüne Yaklaşım Ölçeği-2 ve Yakın İlişkilerde Yaşantılar Envanteri-II uygulandı. Partner şiddetini etkileyen değişkenleri belirlemek için korelasyon analizleri ve aşamalı regresyon analizi yapıldı. Bağlanma stilleri ve partner şiddeti arasında şema alanları ve kişilik inançlarının rolünü değerlendirmek için aracı analizi yapıldı. **Bulgular:** Partner şiddeti ile kaygılı bağlanma stili, bazı şema alanları ve kişilik inançları arasında farklı düzeylerde ilişkiler bulundu. Bireyin müzakere tutumu ile başkalarına yönelimlilik şema alanı arasında bir ilişki vardı. Bağlanma stilleri, şema alanları ve kişilik inançlarının partner şiddeti davranışlarını %7 ile %32 arasında açıklayabildiği bulundu. **Sonuç:** İlişkilerinde şiddet yaşayan çiftlerle çalışırken bağlanmayı değerlendirmek, kişilik özelliklerine ve şemalara odaklanmak terapi sürecine yön verecek yeni anlayışlar sağlayabilir. Kişilik inançlarının ve şemalarının rolünü destekleyen veriler, psikiyatri alanında giderek yaygınlaşan bilişsel davranışçı terapi veya şema-terapi ile çalışan klinisyenler için çok işlevsel olacaktır.

Anahtar Sözcükler: Partner şiddeti, bağlanma, kişilik, erken dönem uyumsuz şemalar

The arrival date of article: 02.09.2022 , Acceptance date publication: 17.01.2023

INTRODUCTION

Intimate partner violence (IPV) is defined by the Centers for Disease Control and Prevention (CDC) as "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse", and is a serious global health issue (1). IPV is one of the most common forms of violence, affecting more than one in four ever-partnered women. It has many adverse effects on physical and mental health (2). In a recent study on general population, more than 15% of women reported experiencing IPV within the past year (2). As IPV incidents increase, studies of its relationship with many other risk factors continues (1). There is a growing body of research into risk factors for IPV that focuses on attachment styles, childhood adversity, personality features, cognitive schemas, and various other socioeconomic and clinical issues (3-5). This study investigated the relationship between intimate partner victimization (IPV-V) and intimate partner perpetration (IPV-P) and attachment styles, schemas, and personality traits. First we give the definitions of these concepts, then we describe the literature on the relationship between each factor and IPV. Within the scope of this study, the term IPV will be used to mean both exposure to violence (victimization) and to describe acting violently (perpetration).

Attachment theory, originally theorized by Bowlby, argues that negative evaluations of the self and others may lead to varying attachment styles (6). Individuals prone to avoidant attachment styles avoid emotional connections with others, hoping not to be rejected or abandoned. Those who show anxious attachment styles hold negative models of themselves and others, and demonstrate fear of the intense emotional effects of rejection and abandonment along with a stronger desire for reciprocity than individuals with secure attachment styles (6-8). Investigations of the relationship between IPV and attachment styles have shown connections with both anxious and avoidant attachment styles (3, 9). Insecure attachment styles are considered risk factors for violent behavior and also a vulnerability factor for victimization (3). It has been suggested that there may be differences in the severity and type of violent behaviors related to different attachment styles. The risk of being a victim or perpetrator may also differ in relationship to these characteristics (10). In addition, the attachment styles of both partners may lead to different effects on IPV in relationships. The interaction between partners' attachment styles can be associated with violent behavior in both men and women. For example a male partner with an avoidant attachment style may be in a relationship with a female partner who has an anxious attachment style. Under these circumstances, both of these attachment styles are likely to be associated with IPV (9). The results of the studies on the relationship between IPV victimization and anxious attachment in women are more consistent than the results of the studies between avoidant attachment style and IPV-V. Similarly, the data on the relationship between male violent behavior (IPV-P) and anxious attachment style were repeated more frequently than the data between avoidant attachment style and IPV-P (11). In addition to a direct connection between attachment styles and IPV, some other variables, such as conflict resolution styles also show a mediating effect between attachment styles and IPV. In conclusion, it is important to investigate other potential factors that may directly or indirectly impact the relationship between IPV and attachment styles.

Studies show a relationship between IPV, personality traits, and personality disorders (PD) (4,12,13). Most of the research on this topic focuses on perpetrators. A study focusing on the relationship between personality traits and IPV determined that pathological personality facets may explain up to 16% of IPV (3). The fact that, there is a difference in personality disorders between individuals referred by the court for IPV and self-referred perpetrators (a higher rate of antisocial PD among court-mandated perpetrators and a higher rate of sadistic and borderline PD among self-referred perpetrators) (4). Because PDs associated with IPV show differences based on gender, it may also be useful to investigate the relationship between personality traits and IPV in the general population (4). Personality disorders are common for perpetrators of IPV, and it has been shown that pathological personality traits have fully or partially mediating effects between attachment styles and violence (4,8). There is data providing evidence for a relationship between insecure attachment styles

and personality disorders, particularly in relationship to IPV. After controlling for the perpetrators' personality disorder, anxious attachment style directly affects psychological violence, whereas avoidant attachment style does not (8).

Another concept that has been studied is the relationship between IPV and schemas. Schemas are defined as abstract cognitive frameworks that serve as guides for problem-solving and for interpretation of information (14). Schemas affect an individual's approach to processing information in new situations. They lead individuals to select what they will perceive, shape inferences about the causes of other people's behavior, and affect relationship satisfaction. According to Young, "early maladaptive schemas" (EMSs) are self-destructive emotional and cognitive patterns that organize thoughts, memories, and bodily sensations beginning in early childhood. EMSs can be grouped into five domains: Disconnection and Rejection (DR), Impaired Autonomy and Performance (IAP), Impaired Limits (IL), Other-Directedness (OD), and Hypervigilance and Inhibition (HI) (14). Unmet core emotional needs shape EMSs, for instance insecure attachment to others, lack of autonomy and positive identity perception, an inability to express needs and emotions, lack of spontaneity, an inability to set rational limits, and lack of self-control in childhood (14). The literature includes many studies of the relationship between IPV and EMSs and shows evidence for a mediating role between EMSs, childhood maltreatment experiences, and IPV in later life (5,15). The literature also shows a relationship between insecure attachment styles and EMSs (16,17). Considering three factors together, first, the effect of attachment on the development of schemas, second, its relationship with PDs and third, the associations between schemas and personality disorders, will increase our knowledge about factors driving IPV.

Studies report a relationship between IPV and psychological symptoms, regardless of IPV type (18,19). Exposure to violence is associated with an increased incidence of depression and other psychiatric disorders, such as post-traumatic stress disorder and anxiety disorder (18). In addition, women displaying violent behavior often experience victimization and are more likely than the general population to have psychiatric diagnoses including post-traumatic stress disorder, depression, and anxiety (20). For these reasons, effective interventions for individuals involved in IPV will require examining psychopathology as a potentially important factor.

Studies in the literature have generally been carried out on male perpetrators, or female individuals staying in shelters due to victimization. Given the high frequency of IPV throughout the general population, the generalizability of data from these studies focused on specific groups, may be limited (2). Moreover, we know that some individuals experiencing IPV are not able to request help (21). In a primary health care study, women were asked if they had experienced violence. This clinic based IPV advocacy intervention for women who had experienced violence, was superior to the usual approach for reducing violence (22). Based upon this evidence, it is important to investigate IPV in women in the general population to identify and support individuals who need interventions.

Previous research has provided data about relationships between IPV and adult attachment styles, personality disorders, and EMSs (8). In the light of previous data, this study aims to investigate the relationships between IPV and attachment styles, schema domains, and personality beliefs in a treatment-seeking group of women, and examines to what extent these factors can help to explain IPV. Considering the increasing frequency of domestic violence, data examining the role of personality beliefs and schemas in IPV could be very helpful for clinicians who use cognitive behavioral therapy (CBT) or schema therapy (ST). CBT and ST are becoming increasingly common in the field of psychiatry. This study's major strength is its examination of theoretically plausible mediators in the well-established link between attachment and IPV.

METHOD

Sampling and study design

Study participants were recruited from Ankara Diskapi Yildirim Beyazit Training and Research

Hospital Psychiatry Outpatient Clinic between November 2018 and January 2020. We conducted our study in a help-seeking group of women who applied to psychiatry clinics, not directly because of IPV, but for different psychological symptoms. In this way, we aimed to increase our knowledge about individuals who do not, or cannot get help for IPV, for a variety of reasons. Since the population in our study consists of individuals who apply for help due to their psychological symptoms, this study enabled us to intervene quickly and provide assistance to individuals living with IPV. Among the participants, there were no referrals to the psychiatry clinic due to any judicial process. In order to minimize selection bias, all patients meeting the criteria for inclusion in the study were invited to participate during their examination, and information was provided about the study. Based on this, our research was designed as a predictive correlational model, a quantitative research approach. Data were collected from 82 people on a voluntary basis with convenient sampling, a non-random sampling method. During the data analysis process, most of the answers of seven people were excluded from the study as incomplete. As a result, the study consisted of 75 women seeking psychiatric treatment.

The study included women aged 18-65, literate, diagnosed with an anxiety disorder, a depressive disorder, and/or an adjustment disorder through a psychiatric examination. They also endorsed experiencing IPV within the last year. Specifically, they stated that they had been subjected to violence by their partner and/or inflicted violence on their partner. Exclusion criteria for the study included psychotic disorders, bipolar affective disorder, alcohol or substance use disorders, the presence of neurological diseases or drug use that might affect cognition, and a history of a developmental disorder or mental disability. Upon obtaining the informed consent of the individuals who agreed to participate in the study, participants completed a sociodemographic data form, psychiatric examinations were performed, and study scales were administered.

Ethical approval was obtained from the Ethics Committee of Ankara Diskapi Yildirim Beyazit Training and Research Hospital (25.09.2017-41/02). This study was carried out in accordance with the Helsinki Declaration.

Materials

A sociodemographic assessment form, the Young Schema Inventory-Short Form, the Personal Belief Questionnaire-Short Form, the Beck Depression Inventory, the Beck Anxiety Inventory, and the Experiences in Close Relationships-II were administered to each study participant. To evaluate both perpetration of violence and victimization by individuals in our study population, we used the Conflict tactics scale-2.

Sociodemographic Assessment Form: This form requests characteristics such as age, marital status, education level, working status, and mental illness diagnosis.

Young Schema Questionnaire- Short Form 3 (YSQ-SF3): This scale was developed by Young et al. and consists of 90 items rated on a 6-point Likert type scale (1=entirely untrue of me, 6 = describes me perfectly) (14). The scale consists of 18 EMSs in 5 schema domains (disconnection and rejection, impaired autonomy and performance, impaired limits, hypervigilance and inhibition, other-directedness), and higher scores indicate stronger schema features. The Turkish validation study was conducted by Soygut et al.,14 factors and five higher-order structures were found to be more consistent (23). The schema domains' Cronbach Alpha internal consistency coefficients vary between alpha=.53-.81 (23).

Conflict Tactics Scale -2 (CTS-2): CTS-2 is the most widely used and researched measure of family conflict (24). This scale was developed by Straus in 1979 and revised in 1996 by Strauss et al (25). It includes 78 items rated on a 7-point Likert type scale (0=never, 1=once, 2=twice, 3=3–5 times, 4 =6–10 times, 5 = 11–20 times, 6 = more than 20 times in the last year). There are also options that individuals can mark if the described behaviors have not been present at all in the past year or have not occurred throughout their relationship. The scale has five subscales: Negotiation, psychological aggression, physical assault, sexual coercion, and

injury. Higher scores on the negotiation scale indicate greater use of positive conflict tactics by the respondent (24). 39 items on this scale evaluate the perpetration of violence, and 39 items are related to victimization (reported partner's behavior). The single items are related to situations where the participant is the victim (the behaviors are attributed to their romantic partner) and the double items are related to the situations where the participant is the perpetrator. The Turkish validity and reliability of the scale were performed by Aba and Kulakac (2016) (26).

Personality Belief Questionnaire-SF (PBQ – SF): This scale was developed by Butler et al., and it offers statements to determine a person's core beliefs about themself, other people, and the world (27). Each question on the scale corresponds to a personality disorder (Avoidant, dependent, histrionic, borderline, passive-aggressive, obsessive-compulsive, antisocial, narcissistic, schizoid, and paranoid dimensions). It uses a 4-point Likert-type scale. The Turkish validity and reliability study of the original form of the PBQ was performed by Türkçapar et al. (2007), and internal consistency was found to be between 0.67 and 0.90 (28).

Experiences in Close Relationships-II (ECR-II): This scale was developed by Fraley et al. (2000) to measure adult attachment dimensions (29). It includes 36 items, of which 18 are for attachment-related anxiety, and 18 are for attachment-related avoidance. It is a 7-point Likert-type scale. The validity and reliability study in Turkey was performed by Selçuk et al. (2005) (30).

Beck Depression Inventory: This measure was developed by Beck et al. to measure the risk of depression and the level and severity of depression symptoms in adults (31). The scale consists of 21 items, and each item is scored between 0 and 3 points. A high total score means that the level of depressive symptoms is severe. The validity and reliability study in Turkey was conducted by Hisli (1988), and the reliability coefficient of BDI was reported as .74 (32).

Beck Anxiety Inventory: This scale was developed by Beck et al. (1988) to measure the severity of anxiety (33). It is a 21-item 4-point Likert-type self-assessment scale. A high total score means that the level of anxiety symptoms is severe. The validity and reliability study in Turkey was conducted by Ulusoy et al. (1998) (34).

Statistical analysis

Before starting this research, we did a power analysis. Since the correlations between the dependent and independent variables determined for the purpose of the study were expected to be low and moderate, a medium level was chosen for the effect size. In this context, when the effect size analysis was performed on a single sample for two independent/predictive variables, it was determined that the required minimum sample size was 68. The conditions determined for the power analysis were alpha level 0.05, beta level (second type error) 0.20, the effect size was medium, and a two-way hypothesis was chosen. The power analysis was carried out using the Gpower (version 3.1.9.7) package program.

Our data analysis used descriptive statistical measures (frequency and percentages), normality tests for the normality of measurement tools (Kolmogorov-Smirnov and Shaphiro-Wilk) and correlation analysis. Analyzes were conducted based on schema domains to minimize the number of statistical tests performed and to facilitate interpretation of the findings. A stepwise regression analysis was conducted to determine the variables that affect IPV (for each subscale of CTS-II as a dependent variable). Finally, mediator analysis was performed to evaluate the roles of schema domains and personality beliefs between attachment and IPV. The SPSS (version 25) package program was used for data analysis. An alpha level of .05 was taken to represent statistical significance.

RESULTS

Kolmogorov-Smirnov and Shapiro-Wilk tests, which are among the normality tests, were used to determine whether the scores obtained from the measurement tools used for the purpose of the study showed a normal distribution (Supplementary File - Table 1). We found that the

scores of ECR-II, two schema domains (YSQ-SF3) and six sub-dimensions of the PBQ-SF, were normally distributed. The other subscales of the PBQ-SF, three schema domains (YSQ-SF3), and CTS-2 subscales did not show a normal distribution. Accordingly, correlation analyses were performed using the Spearman rank difference correlation coefficient, a non-parametric method.

Descriptive Statistics

This study included 75 women with an average age of 37.61 ± 7.97 who reported experiencing IPV during the previous year, and 92% of these individuals were married at the time. Their mean scores on the Beck Depression Inventory were 20.96 ± 12,98, and the Beck Anxiety Inventory was 21.67 ± 15.72. The sociodemographic and clinical features of the patients participating in the study are summarized in Table 1.

Table 1. Demographic characteristics of participants.

		N	%
Education	Primary school	8	10.7
	Secondary school	18	24
	High school	23	30.7
	University or higher	26	34.6
Vocation	Not employed	39	52.7
	Civil servant	10	13.5
	Worker	25	33.8
Marital Status	Married	69	92
	Single	6	8

Correlation Analyses

Within the scope of the study, we examined the relationships between IPV, attachment styles, schema domains and personality beliefs, shown in Table 2. These data show that there are low-level relationships as well as meaningless relationships between individuals' violent behaviors toward their partners and schema areas. In particular, this table shows that the sub-dimension of negotiation is related only to the other-directedness schema domain. It also shows that the relationship of the negotiation sub-dimension to personality beliefs is statistically insignificant. Similarly, we found that the negotiation sub-dimension obtained from the answers to the CTS-II questions, evaluating violence upon individuals perpetrated by their partners, did not have a statistically significant relationship with both schema domains and personality beliefs. In the other sub-dimensions of the CTS-II scale, most relationships with schema domains and personality beliefs were found to be significant but of low impact.

When looking at the relationship between IPV and attachment styles, we found no relationship between avoidant attachment styles and any subscales of CTS-II. However, a positive correlation was found between anxious attachment styles and all subscales of CTS-II, except for the sexual coercion subscale (reported partner's behavior) and negotiation subscales (both for respondent and reported partner's behavior).

After examining correlations between the variables, a stepwise regression analysis was performed for each subscale of the CTS-II evaluating IPV separately for both perpetration and victimization. Our goal was to determine the variables affecting IPV. The main purpose of a stepwise regression analysis is to determine which variables have the most effect upon the dependent/predicted variable.

First, a stepwise regression analysis was performed to determine which variables affect perpetration behaviors. Each subscale considered as a dependent variable and a total of four models were tested and reported.

The variable that had a statistically significant

Table 3. Correlations between attachment styles and schema domains, personality beliefs, and IPV

	Anxious Attachment Style	Avoidant Attachment Style
Schema Domains	r	r
Disconnection and Rejection Domain	.699*	.252*
Impaired Autonomy and Performance Domain	.745*	.213
Impaired Limits Domain	.452*	-.209
Other-Directedness Domain	.622*	.024
Overvigilence and Inhibiton Domain	.562*	-.067
Personality Belief Questionnaire (PBQ-SF)		
PBQ-SF AVO	.600*	.086
PBQ-SF DEP	.587*	.027
PBO-SF PAS	.587*	.070
PBQ-SF OBS	.480*	.129
PBQ-SF ANT	.646*	.060
PBQ-SF NAR	.486*	.054
PBQ-SF HIS	.602*	.102
PBQ-SF SCH	.545*	.036
PBQ-SF PAR	.654*	.197
PBQ-SF BOR	.649*	.197
Conflict Tactics Scale -2 (CTS-2)		
Negotiation (Respondent)	.148	-.127
Psychological aggression (Respondent)	.420*	-.044
Physical assault (Respondent)	.466*	.093
Sexual coercion (Respondent)	.301*	.146
Injury (Respondent)	.398*	.096
Negotiation (RPB)	.036	-.150
Psychological aggression (RPB)	.370*	.083
Physical assault (RPB)	.367*	.120
Sexual coercion (RPB)	.187	.092
Injury (RPB)	.253*	.153

*p < .05. Note: AVO, Avoidant scale; DEP, Dependent scale; PAS, Passive aggressive scale; OBS, Obsessive-compulsive scale; ANT, Antisocial scale; NAR, Narcissism scale; HIS, Histrionic scale; SCH, Schizoid scale; PAR, Paranoid scale; BOR, Borderline Scale; RPB, Reported partner's behavior.

effect on the psychological aggression subscale of CTS-II was found to be an anxious attachment style (R=.47; R^2=.22; p<.05). Significantly, this explains 22% of the change in the level of psychological aggression for women (β =.47). The established regression model was found to be significant (F_{1-73} = 20.19; p < .05).

The variables that had a statistically significant effect on levels of physical assault are anxious attachment style (β = .42), avoidant attachment style (β = .22), obsessive-compulsive and antisocial personality beliefs (β = -.28 and β = .34 respectively), impaired autonomy and performance schema domain (β = -.29), and impaired limits schema domain (β = .30) (R = .57; R^2 = .32; p < .05). We determined that the significant variables altogether explain 32% of changes in levels of physical assault. While impaired autonomy and the performance schema domain and obsessive-compulsive personality beliefs are inversely proportional to physical assault, other variables are directly proportional. We found the established regression model significant (F_{6-68} = 5.39; p < .05).

The variables that have a statistically significant effect on levels of sexual coercion are anxious attachment style (β=.29), antisocial personality beliefs (β = .43) and borderline personality beliefs (β = -.30) (R = .52; R^2 = .27; p < .05). We determined that the variables that were significant together explained 27% of the change in levels of sexual coercion for these women. While borderline personality beliefs were inversely proportional to sexual violence, other variables were directly proportional. We found the established regression model significant (F_{3-71} = 8.95; p < .05).

The variables that have a statistically significant effect on injury levels appear to be anxious attachment style (β =.38), antisocial, paranoid, and passive-aggressive personality beliefs (β = .66, β = -.31 and β =-.35 respectively) (R = .55; R^2 = .30; p < .05). We determined that the variables that were significant together explained 30% of changes in levels of injury. While passive-aggressive and paranoid personality beliefs are inversely proportional to injury level, other variables are directly proportional. We found the established regression model significant (F_{4-70}=7.49; p < .05).

After determining the variables that affect the perpetration behavior of patients, we examined the variables that affect levels of victimization.

The variables that had a statistically significant effect on levels of psychological violence are anxious attachment (β=.42), obsessive compulsive and antisocial personality beliefs (β=-.28 for both) (R= .44; R^2= .20; p < .05). Significant variables together explain 20% of changes in levels of psychological violence for women who have been subjected to violence by their partner. There is an inverse correlation between obsessive-compulsive personality beliefs and psychological violence. We found the established regression model significant (F_{3-71}= 5.80; p < .05).

The variables that have a statistically significant effect on individuals' exposure to physical aggression are anxious attachment style (β=.30), avoidant attachment style (β=.19), paranoid personality beliefs (β=-.45) and antisocial personality beliefs (β=.38) (R=.41; R^2=.17; p < .05). We determined that the variables that were significant together explained 17% of the change in levels of physical aggression. While paranoid personality beliefs were inversely proportional to physical aggression, other variables were directly proportional. We found the established regression model significant (F_{4-70} = 3.63; p < .05).

The variable that had a statistically significant effect on the sexual coercion exposure of women was antisocial personality beliefs (R=.27; R^2=.07; p < .05). We determined that antisocial personality beliefs explain 7% of the change in levels of sexual coercion. We found the established regression model significant (F_{1-73} = 5.78; p < .05).

The variables that had a statistically significant effect on injuries for women who had been subjected to violence by their partners were anxious attachment style (β =.28), antisocial and paranoid personality beliefs (β = .51 and β = -.49 respectively) (R = .44; R^2 = .19; p < .05). We determined that the variables that are significant together explain 19% of changes in levels of injury. Paranoid

personality beliefs were inversely proportional to injury level, while other variables were directly proportional. We found the established regression model significant ($F_{3\text{-}71} = 5.68$; $p < .05$).

A stepwise regression analysis was conducted to determine which variables affect the negotiation subscales (both for the respondent and reported partners' behavior). We showed that the variable with a statistically significant effect on the negotiation subscale for respondents was the other-directedness schema domain ($R=.27$; $R^2=.07$; $p<.05$). The other-directedness schema domain explains 7% of the change in levels of negotiation ($\beta = .27$). We found the established regression model significant ($F_{1\text{-}73} = 5.68$; $p < .05$). The variables that had a statistically significant effect on levels of reported partners' negotiation behavior are the other-directedness schema domain ($\beta = .42$), and impaired autonomy and performance schema domains ($\beta = -.33$) ($R = .31$; $R^2 = .09$; $p < .05$). Significant variables together explain 9% of the change in levels of negotiation. While there was an inverse correlation between the impaired autonomy and performance schema domain and the level of negotiation, the other-directedness schema domain is directly proportional to the level of negotiation. We determined that the established regression model was significant ($F_{2\text{-}72} = 3.70$; $p < .05$).

We considered attachment styles as independent variables in the light of literature that describes attachment as a fundamental structure in personality and schema development, and that shows high negative predictive value of secure attachment style for personality disorders in adults (15,35,36). As a result of regression-based mediation analysis, we found that both personality beliefs and schema domains did not have a statistically mediating effect on the relationship between attachment styles and IPV.

DISCUSSION

This study investigated the relationship between attachment styles, personality beliefs, schema domains, and IPV. We found different levels of relationships between perpetration behaviors, and an anxious attachment style, some schema domains and personality beliefs. Similarly, we found relationships between individuals' victimization other than sexual coercion (psychological aggression, physical assault, and injury), and anxious attachment style, some of the schema domains and personality traits. There was a relationship between an individual's attitude toward negotiation and the other-directedness schema domain. There was no relationship between the individual's partner's reported attitude toward negotiation, and any schema domains or personality beliefs. Finally, we investigated, attachment styles, schema domains, and personality beliefs effective on IPV-P and IPV-V with a stepwise regression analysis. We found that these variables could explain between 7% and 32% of IPV behaviors

Our study found an association between an anxious attachment style and IPV (both IPV-V and IPV-P) in adulthood. On the other hand, we could not find any relationship between avoidant attachment style and IPV. According to the results of our stepwise regression analysis, we determined that anxious attachment had an explanatory effect on all IPV behaviors except the sexual coercion exposure of women, while avoidant attachment had an explanatory effect only on physical assault (both for respondent and reported partner's behavior). These results show that some relationships that cannot be detected by correlation analyses may be found by further analysis. In addition, we showed that attachment styles have an explanatory role in different IPV behaviors at different levels. Despite numerous studies showing a relationship between an anxious attachment style and IPV, there is less evidence for a relationship between avoidant attachment style and IPV. Also, the relationship between attachment styles and IPV in adulthood shows varying results related to gender and an anxious attachment style, and is a significant predictor for female victimization (10). An avoidant attachment style may affect men's behavior more than women's IPV behavior, and most studies found a relationship between an avoidant attachment style and IPV mainly in men (7,37). In line with our findings, there are data in the literature showing that an anxious attachment style in women is more often associated with perpetration than an avoidant attachment style (7,9). In fact, there is a link between an avoidant attachment style and with-

drawal behavior in conflict situations (3). Because avoidance behavior is frequent in stressful situations, individuals with an avoidant attachment style may not be clearly distinguishable in studies of attachment styles and IPV (38). Another study of college students showed a correlation between an anxious attachment style and experiencing emotional abuse in romantic relationships (39). The fact that our study included only women patients may have affected our findings.

In our study, in line with the literature, we found that there were different levels of positive correlations between individuals' perpetration and victimization (IPV), and schema domains and personality beliefs (4,5,12,13). In our study, the disconnection and rejection schema domain and hypervigilance and inhibition schema domains were associated with all violent behaviors (IPV-P) except sexual coercion. The impaired autonomy and performance schema domain and the other-directedness schema domain were associated with all violent behaviors (IPV-P). The impaired limits schema domain was associated with physical assault and injury behaviors. On the other hand, when we considered victimization (IPV-V) we found that all schema domains except the hypervigilance and inhibition schema domain were associated with the individual's exposure to physical assault. The impaired limits schema domain is also associated with injury, and the other-directedness schema domain is associated with psychological aggression exposure.

Gay et al. determined that only the disconnection and rejection schema domain plays a mediator role in the relationship between early childhood emotional abuse and IPV-V (5). They also report that they obtained data supporting the use of schema therapy when victimization was present in women with a history of emotional abuse (5). In their research on the relationship between child abuse and IPV-V, Atmaca et al. found that only the disconnection and rejection schema domain was important and mediated the association between these parameters (15). Corral et al., on the other hand, looked at the relationship between personality traits and schemas in IPV perpetrators (IPV-P) (13). They reported that EMSs should be addressed in treatment programs for perpetrators as a result of relationships they found between narcissistic, borderline, antisocial and paranoid personality disorder traits, and different schema domains (13). In our study, the relationships between schema domains and different types of IPV behavior may be because our research differs from that of other studies that focused on the mediator role of EMSs rather than direct relationships. However, our findings support a relationship between IPV and schemas, similar to previous studies.

One critical issue when considering relationships between schema domains and IPV are coping attitudes. According to Young et al., although they have the same schemas, individuals' expressive behaviors may differ due to different coping attitudes (schema surrender, avoidance, overcompensation) (14). Therefore, while we expect a relationship between the other-directedness schema domain and negotiation, this schema domain is also associated with all violent behaviors (IPV-P), and some types of IPV-V (partner's psychological aggression and physical assault behaviors) may seem strange at first glance. However, individuals over-compensating for their schemas may exhibit behaviors that are exactly contrary to their schemas. Investigating characteristics like schema coping attitudes may be useful.

We noted that only the impaired autonomy and performance schema domain and impaired limits schema domains significantly affected levels of physical assault (IPV-P). According to Young et al., individuals endorsing impaired autonomy and performance schema domains have difficulty forming their identities, and establishing their lives and competence (14). Individuals endorsing the impaired limits schema domain did not feel the need to follow the rules applied to others, to consider others, or to develop self-control as a child. As a result, we expect that having insufficient internal boundaries around self-discipline and reciprocity will be associated with violent behavior. No other schema domains were found to be effective in stepwise regression analyses for IPV.

Many personality traits were positively associated with perpetration (IPV-P). On the other hand,

when we examined the relationship between victimization (IPV-V) and personality traits, we found limited and weak relationships. As a result of our stepwise regression analysis, we determined that an individual's antisocial personality traits were related to exhibiting physical assault, sexual coercion and injury behaviors. Obsessive-compulsive features might increase the likelihood of performing physical assault. Borderline personality traits were associated with an increased risk of engaging in sexual coercion, and paranoid and passive aggressive personality traits might increase the likelihood of displaying injury behavior. When individual's victimization is considered (IPV-V), an individual's antisocial personality traits were associated with higher likelihood of experiencing violent behaviors from her partner (psychological aggression, physical assault, sexual coercion and injury). An individual's paranoid personality traits were associated with higher likelihood of experiencing physical assault from her partner and an individual's obsessive-compulsive personality traits were associated with higher likelihood of being exposed to psychological aggression from her partner. Related to our study design we can not make any suggestions about the causal relationships between these variables and our analysis can provide only an estimation of the relationships between them. In the light of our findings, we may say certain personality dimensions are related to violence exposure, some personality traits in women may make the individual vulnerable to interpersonal violence. Another important issue to consider when interpreting our results is gender. Gender is an important factor related to violent behaviors (40,41). Factors associated with IPV-V of women is often framed within the context of gender inequality and power relations (40). Problems experienced in relationships due to the personality traits of partners can be considered as a conflict issue in relationships. There are study results confirming that gender effects conflict-solving styles and ways of coping with violence and promoting gender equality is a crucial component of violence prevention (40,41). From this point of view, a woman with paranoid personality traits can easily experience her partner's repression because of her behaviors or statements related to this trait. In contrast, a woman is more likely to surrender to her partner's expectations and even some restrictions about her life related to his personality traits because of the inequality of power.

The literature previously showed a relationship between IPV and personality disorders (4,8,12,13). One study evaluated the personality traits of individuals convicted of violence against their spouse, and, similar to our results, most of these individuals demonstrated disordered personality characteristics like narcissistic, obsessive-compulsive, paranoid, antisocial, and histrionic traits (13). In studies investigating personality characteristics associated with IPV, antisocial personality traits were most frequent in males, while borderline personality traits were most common for females, and antisocial personality traits were the second most common (4). One study, which examined antisocial processes (psychopathic features) in adolescents, found a relationship between victimization experiences and antisocial behavior in girls (42). The results of these studies may indicate that antisocial behavior is an important element, both in committing violence and exposure to violence. In accord with our findings, data in the literature also show antisocial and borderline personality traits frequently related to IPV-P and attachment styles (8,37). Again, a study investigating the mediating role of antisocial and borderline personality traits with attachment and IPV-P found that antisocial personality traits had a full mediating effect on an avoidant attachment style and IPV-P, and partial mediating effects with an anxious attachment style and IPV (8). It is interesting that our study showed paranoid personality beliefs have a relationship with reduced likelihood of experiencing physical assault and injury. This may be explained by the fact that individuals who perceive a high risk of being harmed by others may develop behavioral patterns to protect themselves. Individuals with obsessive-compulsive beliefs, on the other hand, are overly concerned about behaving correctly and not making any mistakes, and this attitude could also protect them from victimization. We recommend more investigation of these relationships.

Our study found a relationship between individuals exhibiting an attitude of negotiation towards their partners and the schema domain of others-directedness. While most studies on IPV only focus on victimization or perpetration behaviors, our use of

CTS-II enabled us to obtain data on attitudes toward negotiation. In our stepwise regression analysis, we saw that the other-directedness schema domain might increase the likelihood of displaying negotiation attitude in individuals and their partner's. We also determined that a person's impaired autonomy and performance schema domains were associated with higher likelihood of experiencing negotiation attitudes from that person's partner. According to our results, as autonomy and performance schemas increased, the partner's attitude toward negotiation decreased. The relationship between attitudes toward negotiation (both for the individual and her partner) and the other-directedness schema domain is clear. According to Young et al., individuals endorsing other-directedness schema domains are more focused on meeting the needs of their partners than on their own needs (14). They may hope to gain approval and maintain emotional connection or avoid negative reactions with other-directed behaviors. This schema domain consists of subjugation, self-sacrifice, and approval-seeking schemas. Individuals in this type of relationship with their partner may not be aware of their anger and instead focus on the other individual's reactions. They may suppress their own emotions to avoid being abandoned. In this way, this schema may have an impact on negotiation behaviors (14). Individuals with impaired autonomy and performance schema domains believe they can not handle daily responsibilities without help and may be extremely dependent. This may affect their partners negatively and make the partner show less openness to negotiation towards them.

The literature describes a variety of therapeutic interventions for IPV. Cognitive behavioral therapy has a positive effect on changing personality beliefs, and our study has shown that personality beliefs affect IPV. In addition, considering our data on attachment and schemas, schema therapy interventions show promise, though more evidence must be gathered. (5,13,15).

Limitations

There are some limitations to our study. First, our sample size is small. Second, the cross-sectional nature of our study prevents us from making definite suggestions about causation for IPV. A third limitation is that our study was conducted only with women. The effects of attachment styles on violent behavior in adults may differ by gender. Fourth, we investigated attachment styles in only two dimensions (avoidant and anxious) instead of four. Another limitation is the lack of an evaluation of secure attachment in our study. Also, ECR-II (the attachment scale used in our study) evaluates attachment within the context of romantic relationships. We used a self-report scale and not an interview-based approach, which could be another limitation. On the other hand, ECR-II is recommended because it measures adult attachment styles with higher measurement sensitivity than other scales. Using self-rating scales and omitting a social desirability scale make it impossible to ignore the possibility of bias in participant responses. Although our data provide new information about the group of treatment-seeking women, results can not be generalized to more typical community samples. Finally, since there was no control group in this study, we cannot claim that the data obtained are related only to individuals who experience intimate partner violence. However, it should be noted that there is often no control group in studies on IPV in the literature.

CONCLUSION

The findings from our research indicate statistically significant associations between IPV and attachment styles, personality features, and schema domains in a group seeking help due to different psychological symptoms not directly related to IPV. Considering the widespread prevalence of IPV in the community and the inability of some individuals to seek help for this problem, it is important to address this issue with individuals who apply to psychiatry outpatient clinics. Unlike populations of healthy individuals, victims of violence, or violent criminals in the literature, the study we carried out in this clinic sample provides valuable findings beyond previous data. It shows significant effects of attachment styles, personality features and schema domains on IPV. When working with couples suffering from violence in their relationships, evaluating attachment and addressing personality traits and schema domains as dimensions for intervention may be useful in the therapy process. Our

study shows that these variables have explanatory effects of up to 30% on IPV.

Acknowledgments: The authors thank all the study participants for their time and efforts. We also wanted to thank to Mehmet Şata for his help for statistical analyses. The author(s) received no financial support for this article's research, authorship, and/or publication.

Data Availability Statement: The data supporting this study's findings are available from the corresponding author upon reasonable request.

Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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