A Dyadic Mediation Model Examining Associations Between Ineffective Arguing, Emotional Distress, and Violence Perpetration/Victimization in Couples Before Therapy

by

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A Thesis submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Master of Science

Auburn, Alabama
August 6, 2022

Keywords: Intimate Partner Violence, Domestic Violence, Conflict Resolution, Ineffective Arguing, Emotional Distress, Depression, Anxiety, and Stress

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Abstract

Previous research has studied the associations between ineffective arguing and emotional distress without the context of violence (Bowles, 2018; Overall & McNulty, 2017), as well as the associations between violence perpetration and victimization and the aftermath of emotional distress (Kelly & Johnson, 2008; Spencer et al., 2016; Stith et al., 2011). However, research has not linked ineffective arguing with violence perpetration/victimization nor identified the pathways through which they are associated, such as emotional distress symptoms. Dyadic data from 231 married, heterosexual couples before receiving therapeutic services was used to explore dyadic associations between ineffective arguing to violence victimization and perpetration with emotional distress symptoms as a mediator. The hypothesized model was also compared to two other plausible alternative models and a number of important covariates were included. Results revealed that men's higher levels of ineffective arguing were associated with men's higher levels of violence perpetration, both directly as well as through his higher emotional distress; higher men's ineffective arguing was associated with lower men's violence perpetration through higher women's emotional distress. The results from this study provide evidence to help support clinicians' treatment of simultaneous interpersonal violence (both perpetration and victimization), ineffective arguing, and emotional distress and identify modifiable pathways through which they are associated.

Acknowledgements

Wow, it is crazy that the conclusion of this journey is here, and this small section is supposed to encompass the gratitude I have for every person that has made this journey possible, which feels extremely difficult, but I will try my best to do so.

First, I would like to thank God for letting me follow his plan that was far greater than I could have ever imagined for myself. He has guided my path to Auburn long before I ever even thought of applying for the MFT program here. I am grateful for his abundance of love, grace, and learning during this season.

Second, I would like to thank my family and friends for their support over the last two years. There were many times where the world felt too big, but I always knew that I had a huge support system cheering me on from back home.

My third thank you goes to my cohort. I am better for knowing each of you. You have inspired me each and every day for the last 730 days. I had the honor of sitting with five of the most brilliant, talented, and compassionate people in the world. Thank you for being the BEST part of this journey.

I would like to thank my major professor, Dr. Joshua Novak, for taking a chance on me. You have taught me how to better honor myself while communicating my needs to others. Thank you for always providing a safe space for me during the last two years and for always being willing to chat over a cup of hot tea. You have inspired me to continue to chase my dreams and never settle for mediocre.

To Scotty K, I am grateful for your care for me during this program. You have always met me where I was ready to provide support whenever I asked. Thank you for always valuing my voice (even if it was really loud sometimes). I am thankful that I was able to learn under you and I will be waiting for my signed copy of your book someday.

Lastly, thank you to all my supervisors at FCS (Sarah, Ann, and Caroline) for always believing in me and helping me confront my own biases – that tough love was not always fun, but I am so grateful for it. To my committee, Mallory and Scott, thank you both for helping me think analytically about my research question and improve my research skills. Your feedback has been valuable to me and my work.

To end on a quote by Ernest Hemingway "It is good to have an end to journey toward; but it is the journey that matters in the end." Thank you to everyone who has been a part of my journey. I could not have done it without you all.

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List of Abbreviations

ACES	Adverse Childhood Experiences
CTS	Conflict Tactics Scale
DV	Domestic Violence
EFT	Emotion-Focused Therapy
GAD	Generalized Anxiety Disorder
GED	General Education Development
IAI	Ineffective Arguing Inventory
IPV	Intimate Partner Violence
IT	Intimate Terrorism
MDI	Major Depression Inventory
MVC	Mutual Violence Control
NCADV	National Coalition Against Domestic Violence
PSS	Perceived Stress Scale
SCV	Situational Couples Violence
VR	Violent Resistance

Chapter 1: Introduction

Intimate partner violence can impact all people and families, regardless of race, income, class, or geographical location—so much that it has been designated as a "human rights issue" (Lelaurain et al., 2021a; 2021b). Indeed, Jose and O'Leary (2009) found that of couples seeking therapy treatment, approximately 58% have at least one form of violence present in the relationship. Further, the National Coalition Against Domestic Violence (NCADV; 2020) found that 33% of women and 25% of men experience physical violence yearly, and more than 20,000 phone calls are made to domestic violence helplines annually. The numbers from 2016 to 2018 have increased in the United States by 42% for individuals experiencing violence within their relationships. In addition to experiencing intimate partner violence, victims often lose on average eight working days per year, and approximately up to 60% of victims lose their jobs. The total cost of domestic violence in the US economy exceeded 8.3 billion dollars in 2020 which includes services received from domestic violence shelters, divorces, child abuse/maltreatment, and long-term (physical, relational, and physical) health needs for victims. Recently, IPV/DV has been implicated in the global COVID-19 pandemic, with research showing a rise in families and relationships experiencing violence that occurs within the home during the past year and a half (Agüero, 2020).

Although a variety of contextual factors are linked with violence in relationships, such as intergenerational transmission (Eriksson & Mazerolle, 2015; Godbout, 2017), gender (Ford & Courtois, 2020), and race (Mengo et al., 2017), research that examines specific couple relationship processes is important to identify why and how violence occurs. Mulawa and colleagues (2018) illustrate that 69.7% of men and 81.8% of women perpetrators experience violence victimization additionally in their relationships. The Center for Disease Control and

Prevention (2021) discusses risk factors that are associated with individuals perpetrating violence within romantic relationships such as a history of physical/emotional abuse in childhood, the core belief of strict gender roles, and low education or income, among others. One important variable that has been associated with violence is ineffective arguing, or the couples' inability to resolve conflict (Bowles, 2010; Overall & McNulty, 2017). Ineffective arguing has been investigated in reconciliation (Johnson & Roloff, 2000b) and marital distress (Margolin & Wampold, 1981; Markman et al., 1993)—and can vary with age (Johnson & Roloff, 2000a), but has not been linked directly or indirectly to violence. As a result of the inability of couples to repair and manage conflict, partners can experience emotional stressors (e.g., anxiety, depression, and stress) which are linked with the experience of violence, both perpetration and victimization (Barros-Gomes et al., 2019).

As such, this thesis aims to explore the associations between ineffective arguing, and relational violence perpetration, and victimization, and examine emotional distress as a mediator in heterosexual couples seeking therapy. Although violence is often conceptualized as men perpetrators with women victims, research suggests that co-perpetration is becoming more common (Spencer et al., 2016; Stith et al., 2011). Thus, reports from both partners' data (dyadic) will be examined to understand co-occurring conflict management, emotional distress, and relational violence perpetration. To that end, the purpose of this paper is to (a) review the literature behind intimate partner violence perpetration and victimization and gender differences that exist, (b), discuss how ineffective arguing and couple conflict processes are associated with emotional distress and violence perpetration and victimization, and finally, (c) review how emotional distress symptoms influence violence perpetration and victimization.

Chapter 2: Literature Review

Intimate Partner Violence Overview

Intimate Partner Violence (IPV) or, more commonly known as Domestic Violence (DV), is defined by the Centers for Disease Control and Prevention (2020) as taking physical, sexual, psychological, stalking, or coercive action against an individual that is currently in or previously in a romantic relationship with their partner. Approximately 20% of all couples experience domestic violence, with emotional abuse as the most common, followed by 20% experiencing physical violence within the relationship (National Coalition Against Domestic Violence; 2020). Four categories of IPV such as Coercive Controlling Violence, Violent Resistance, Situational Couple Violence, and Separation-Instigated Violence were developed by Kelly and Johnson (2008) to encompass a typology of violence within relationships. These categories help identify types of abuse that can take place within a relationship such as co-perpetrating abusive relationships rather than the idea of domestic violence as a singular gender power issue.

Types of Violence within the Romantic Relationship

Kelly and Johnson (2008) distinguished each type of violence from one another by creating specific verbiage to make clear distinctions from one another. Several types of violence can occur in relationships, including physical, psychological, sexual, emotional, and financial. Johnson (2008) created typologies of violence within relationships which include intimate terrorism (*IT*), violent resistance (*VR*), situational couple violence (*SCV*), and mutual violence control (*MVC*) (Johnson, 2008). Intimate terrorism is defined by one partner controlling the other partner and is not reciprocated (Johnson, 2008, p. 6); approximately 11% of men and 3% of women are the perpetrators of *IT*. It can be also classified as coercive control depicted as "emotionally abusive intimidation, coercion, and control coupled with physical violence" and is

commonly associated with the *Power and Control Wheel* (Pence & Paymar, 1993). Violent Resistance is, also known as Resistive/Reactive Violence, both violent and controlling for the perpetrator, and the victim in response is violent but lacks control over the perpetrator (Johnson, 2008, p. 6). Approximately 3% of men and 11% of women engage in *VR*. In addition, it is also grouped with the vernacular of the victim upon being physically abused in response and then becomes physically violent (Kelly & Johnson, 2008). Mutual Violence Control is when both individuals are controlling and violent in the relationship (Johnson, 2008, p. 6). Spencer and Stith (2020) found that couples who engage in physically perpetrated violence have relationship patterns that consist of demand/withdrawal interactions between men and women, regardless of any stressors that impact the relationship (e.g., financial, work, mental health diagnoses).

Situational Couple Violence, the most common type of violence within couples, is the type absent of power and control where control, stressors, and vulnerabilities result in an escalation in violence across situations and contexts (Kelly & Johnson, 2008; Stith et al., 2011). In *SCV*, 86% of both men and women engage in situational violence; cases of situational violence form a cycle of escalation from ineptitude to resolve conflict leading to violence for control then ending in the escalation portion of the cycle. Outside of *SCV*, there are more pronounced gender differences displaying how couples engage in conflict and violence occurs within the relationship.

Violence continues to impact individuals having immediate and long-term effects not exclusive to one type of violence. For this study, Situational Violence will be the primary violence typology analyzed.

Precursors to Intimate Partner Violence within Couples

There are an indefinite number of precursors that could lead to violence within couples in a romantic relationship. Exposure to parental violence through Social Learning Theory (Bandura, 1977; Straus et al., 1980) and Attachment Insecurity (Campbell et al., 2005; Davies & Cummings, 1998; Godbout, 2017; Lee et al., 2014; Slotter & Gardner, 2012) have been highlighted in the literature as risk factors for future IPV in relationships. These two foundations of violence demonstrate how individuals can form ideas, behaviors, and emotions about relationships that translate into a further perpetuation of the cycle of violence (Widom, 1989). Both child abuse (Hines & Saudino, 2002) and family history patterns of violence (Henning & Connor-Smith, 2011; Nichols & Davis, 2016) are related to individuals getting into and remaining in an abusive relationship – coined as violent intimacy for identifying family as the model for love relationships (Bernard & Bernard, 1983). Considerable findings state that children who have experienced forms of abuse in their lives later experience forms of intimate partner violence across their lifespan, including in their parental and romantic relationships (Briere et al., 2014). Children experience their parental abuse as a form of "conflict resolution" skills to one day use in their relationships (O'Leary, 1988), but that violence does not necessarily indicate a child will use these skills in relationships unless it serves them a function for them as an adult (Dutton, 2006). Although not directly a variable for the study, it is critical to know the foundations of violence perpetration within couples.

Gender Differences within Perceptions and Actions of Perpetrated Violence

Although there are no differences in the risk markers based on gender for intimate partner violence (Spencer et al., 2016)—and conflict can occur with any couple and can have a different experience for each individual—research depicts different narratives for each gender, and some overlapping themes have emerged in the literature. Researchers over the years have found that

through the lens of gender can alter societal perceptions of intimate partner violence. For example, Dutton (2012) classifies domestic violence as a "couples with dysfunctional conflict management styles or psychopathology" issue rather than one of "women's rights." As the literature shifts to become inclusive of men victimization it is clear that equal rates of victimization exist for men and women in dating relationships (Kaura & Lohman, 2007). Furthermore, Alexander's (2020) research has expanded on causes of domestic violence including dual trauma – including if both partners have experienced adverse childhood experiences, known as ACEs (Felitti et al., 1998) – which could lead to the heightened conflict before acts of violence; partners within a relationship can have altered interpretations of conflict that occurs due to individual trauma (i.e., trauma that happens outside of their relationship, not including their partner) and dual trauma (i.e., both partners experiencing a traumatic event together, such as car wrecks, miscarriage, etc.), This concept illustrates how two individuals, with various trauma backgrounds, can undergo the same event and may have been impacted in different ways causing distinctions in the reactions or conflict resolution that can occur between the partners (Briere et al., 2014).

Women. Although societally women are viewed as being less violent, research shows that women are just as violent as men in heterosexual relationships (Archer, 2000; O'Leary, 2008, 2015). In individuals seeking therapy, women are more likely to disclose domestic violence victimization through paper assessments than compared to when therapists orally assess for domestic violence perpetration or victimization. (Chang et al., 2011; Dimidjian et al., 2008, 2015; O'Leary et al., 1992). Although women experience more negative consequences of violence victimization in relationships than men, violence perpetrated by women is viewed as more socially acceptable, especially when women use violence perpetration as a form of self-

protection (Kaura & Lohman, 2007; O'Keefe 1997; Stith et al., 2008). Women typically do not act out of aggression because societal norms do not require the idea of "femininity" to be hard, aggressive, or violent (Bosson & Vandello, 2011). Additionally, more satisfaction is gained by after using violence perpetration against women in comparison women using violence perpetration against men (Stith et al., 2008; Ulloa & Hammett, 2015).

Men. Society condemns acts of violence against others, particularly regarding men abusing women. Over the generations, men have had themes of aggression, adaptations of behavior for social acceptance, and learned behavior from their family of origin. Society associates acts of violence with gaining relationship power, but Overall and others (2016) saw that aggression was not correlated to relationship power, but rather to maintaining societal ideals of masculinity in relationships. Not only is aggression learned behavior and commonly experienced by other men in the past, but men are socialized to be less emotionally expressive, and to not say how they are feeling in order to manage stress. Acting out of violence perpetration and aggression to uphold these ideals was an adequate way to uphold societal standards in situational violence (Bosson & Vandello, 2011; Vandello et al., 2008).

Further, aggression is more likely to be modeled for men as an acceptable way to handle conflict with spouses, children, and other important relationships (Henning & Connor-Smith, 2011). Thus, when conflict arises in relationships, there is no way to resolve it or express what men experience which may resort to violence perpetration. In addition, men become more sensitive or hypervigilant to perceived motions of aggression such as sudden movement, changes in facial expression, and a decrease in the spatial distance (Skuja & Halford, 2004). Men who are more domineering and withdrawing in their relationships are associated with higher levels of marital conflict and intimate partner violence (Henning & Connor-Smith, 2011; Skuja &

Halford, 2004). However, the presence of comorbid depression and anxiety indicates that violence perpetrated by men is more socially accepted (Kaura & Lohman,2007). These behaviors, that were demonstrated as a child or psychopathologies, can distort the difference between his concepts of what abuse versus love are (Bancroft, 2003). This inability to process the difference between abuse and love can alter a man's conflict resolution skills, causing these skills to become more maladaptive in his relationship**.** And yet, other research has found that men feel more shame regarding violent physical actions due to the social acceptability of women being violent compared to men (Beyers et al. 2000; Hannon et al. 2000; Simon et al. 2001; Sorenson and Taylor 2005; Stith et al., 2008; Straus 2005).

Summary. Situational couples' violence impacts both men and women in relationships. Events of violence, whether perpetration or victimization, could be further explored through ineffective arguing to identify if there are any direct associations between the two variables. However, the links between ineffective arguing and emotional distress have demonstrated inconsistent findings throughout the literature. The link between ineffective arguing and violence perpetration/victimization could be mediated through emotional distress symptoms. Examining these variables could give insight for therapeutic intervention in the early stages of therapy. For example, exploring dyadic violence victimization/perpetration and relationship conflict patterns, clinicians could gain insight into how couple interactional patterns play out. These pathways can examine how crucial conflict resolution skills can be when implemented into relationship processes including emotional and behavioral distress.

Ineffective Arguing

Arguing happens in almost every relationship, but individuals may lack the skills, experience, or even the physiology to process the interaction of the argument and the ability to

repair it. A person's inability to manage conflict can affect life on multiple levels (e.g., individual, community, and family), but a lack of practical communication skills in relationships may produce especially undesirable results (Bowles, 2010). *Arguments* in relationships are defined as beginning with resistance from partners (i.e., unwillingness to compromise or disagreement) and not ceasing the conversation until there is no more opposition (Johnson & Roloff, 2000a; Newell and Stutman, 1991; Vuchinich, 1987). Arguing that is more than a single event is depicted as a "serial argument" (Johnson & Roloff, 2000a; Trapp & Hoff, 1985) or as a perpetual problem (Gottman, 1999).

Johnson and Roloff (2000a; 2000b) found that the number of times the argument occurred did not increase the frustration in the relationship or affect the commitment, but rather the progression the partners were making towards the desired resolution. An essential quality to all couples in their relationship was the reconciliation (Johnson & Roloff, 2000a) or repair process with couples working the differences (Gottman, 1999). Gottman (1999) stated that couples will have at least ten perpetual problems across the length of the relationship that never cease to exist, but rather help the couple gain skills to communicate more effectively. Two studies (Johnson & Roloff, 2000b; Stutman & Newell, 1990) found that a common way that couples choose to tackle relationship problems is by attempting to change their partner instead of unifying together to combat the problem as a team. Markman et al.'s study (1993) demonstrated that teaching couples effective arguing skills could increase longevity in the relationship, while Vivian and O'Leary (1990) found that couples may never solve the problem of their arguments but will stay even if the relationship is abusive or in constant distress. While skills for couples are important to utilize, Gottman (1999) and others (Carroll et al., 2006) state that it is not only skills but additionally their own physiology that contributes to conflict resolution. One known

thing is that couples fight, and couples therapy can help partners combat and understand the argument together.

Conflict Resolution Skills to Prevent Violence

In their study of undergraduate college students that were only dating their partner, Johnson and Roloff (2000b) found that relationship harm increased when the couple did not utilize coping skills in the relationship while the arguments were occurring. Individuals in relationships who desire to have their needs met to do so through their ability to express their needs to their partner (Bowles, 2005). However, in place of negotiation individuals attempted to initiate change by consistently reiterating the desired change rather than having a discussion (Falbo & Peplau, 1980; Johnson & Roloff, 2000b). In addition to the increased frustration, violence became a potential outcome of heightened emotionality. To create change within the couple’s communication cycle, Overall and McNulty (2017) found that motivating each individual to analyze their own contribution to the conflict allowed for an improvement in the couple's effective arguing skills but did not account for how heightened emotions take over an individual’s logical brain and disrupt an individual’s ability to give appropriate responses to arguments. Regulation of emotion was critical in effective arguing because if one individual was unable to regulate their own emotions, it led to destructive communication patterns (Markman et al., 1993).

When a couple can understand their current communication patterns and add effective arguing skills, it allows for higher rates of problem-solving for the couple against the problem (Margolin & Wampold, 1981). Thus, researchers have found that implementing new skills for individuals within relationships can be helpful to the functioning of the relationship, however the pathways through which this occurs is unclear. Research alludes to associations between

violence and ineffective arguing although not directly studied in the literature. As previously stated, there is cause for emotional distress symptoms to be an important mediator in the association between ineffective arguing and violence victimization and perpetration. This thesis conceptualizes emotional distress as depressive symptoms, anxiety symptoms, and stress, which will each be further defined and discussed below.

Emotional Distress and Relationship Communication

Overview

Research has found bidirectional support for the relationship between emotional distress—also conceptualized as mental health symptomology—and ineffective arguing. Support has been found for the link between depression and anxiety to lower levels of conflict resolution skills, and in turn, having more conflict (i.e., ineffective arguing) has been associated with lower relationship quality within couples (Oommen, 2013). Lower relationship quality contributes to individuals' mental health symptomology, but individuals' previous mental health symptomology before the relationship has also associated with lower relationship quality (Nunner & Lemon, 2017). Afifi et al. (2009) examined various precursors of mental health symptoms such as child abuse, intimate partner violence, and gender as other studies previously had found links between these variables. Previous research has found associations between women's violence victimization and mental health responses to intimate partner violence within relationships (Bonomi et al., 2006; Campbell, 2002; Coker et al., 2000; Gleason, 1993; Golding, 1999; Lang et al., 2004; Ratner, 1993; Seedat et al., 2005; Stein & Kennedy, 2001; Zlotnick et al., 2006). Whereas others have reported that women are more likely to display and report depression, anxiety, and other mental illnesses (Afifi et al., 2009; Carbone-Lopez et al., 2006; Cascardi et al., 1992; Coker et al., 2002; 2005). Whisman (2007) in contrast, found that there were no

differences in mental health symptomology. Although little research has been done on pre-existing diagnoses before exposure to intimate partner violence, Lebow (2011) found that mental health diagnoses have increased relationship difficulties. Ulloa and Hammet (2016) discuss gender in terms of bidirectional perpetration contributing to mental health outcomes. Below, I will review the links between each emotional distress construct—depression, anxiety, and stress—as well as gender differences in overall emotional distress symptoms.

Depressive Symptoms and Relationships

Depressive Symptoms Defined. Depressive symptoms can be identified as extreme sadness, loss of interest, and isolation, which in turn causes "significant impairment or distress" in various areas of an individual's life (American Psychiatric Association, 2012). Nunner and Lemon (2017) found that symptomology onset can be generated by stressful events within an individual's life, although this is not all-inclusive of the multiple theories and models that explain depression. Depressive symptoms can also affect an individual's typical behavior which alters how conflict is resolved in their relationships. Barros-Gomes and colleagues (2019) found that depressive symptoms affect how individuals receive both non-verbal actions and verbal communication, which increases the possibility of violence within their relationship. In addition, depression impairs an individual's ability to read and interpret different verbal or nonverbal communications from their partner (i.e., Social Information Processing Model; Barros-Gomes et al., 2019). In turn, this leads to potential missed communication signals within a conflict, leading to increased events of violence within relationships (Murphy, 2013). These multiple factors also contribute to the depressed individuals' ability to resolve conflict. Due to the alteration in functioning caused by depressive symptoms, violence perpetration and victimization may occur more frequently—and especially for both partners (dyadic)—due to the missed communication

signals and impaired information processing between partners (Fishbane, 2013; Murphy, 2013; Barros-Gomes et al., 2019).

Depressive Symptoms and Relationship Conflict. Depression is a common emotional distress symptom that couples face throughout the duration of their relationship. The symptoms—such as lost interest in usual activities (including sex), isolation, and agitation—cause a decrease in conflict resolution (Rao, 2017). Beach and Cassidy's (1991) Marital Discord Model of Depression theory helps describe why discord exists in relationships which largely contributed to depression. In their model, depression was found to increase short-term and long-term stressors within the relationship in addition to decreasing possible opportunities for social support resources outside the relationship. Research has found that the only difference during a conflict between genders – men and women – with depressive symptoms, was how the individuals reacted in response to their partners when conflict arose (Fincham et al., 1997). Conflict, if not treated, can lead to an increase in marital dissatisfaction, depressive symptoms, and ineffective arguing among both men and women (Bodenann et al., 2008; Bowles, 2010). Importantly, Whisman and Bruce (1999) found that gender did not moderate depressive symptoms in relationship satisfaction or conflict.

Anxious Symptoms and Relationships

Anxious Symptoms Defined. Anxiety symptoms can be classified as the crippling fear that causes "significant distress or impairment in multiple domains of functioning" (American Psychiatric Association, 2012; Black, 2017). Although this thesis is exclusively looking at anxious distress symptoms rather than a diagnosis of Generalized Anxiety Disorder, it is important to know what is classified as "anxiety." At some level, every individual can experience anxious feelings, but the key difference is the "significant distress or impairment" that prohibits

an individual from moving past those emotions (Black, 2017). Anxiety symptoms can be hereditably passed down through first-degree biological relatives but can also be learned by caregivers and the environment around them (Bandura, 1977; Black, 2017). Stress within individuals can impact the relationship and can be a reflection of a person's anxiety (Lebow, 2011; Black, 2017).

Anxious Symptoms and Relationship Conflict. Due to the increase in anxiety symptoms, Campbell et al. (2005) found that higher conflict arose within these marriages as a result of increased conflict frequency within the relationship. People with more anxious symptoms are more likely to be hyper-fixated on the events that precipitate the symptoms; this focus can impair the overall communication patterns within the relationship, particularly regarding conflict and the individual's ability to resolve the conflict (Black, 2017; Campbell et al., 2005). Importantly, anxious symptoms affect the ability to resolve conflict at both the individual and relational level (however, previous research misses the influence of individual anxiety symptoms within the context of the relationship and excludes various types of couples, including those in dating, engaged, or homosexual relationships). Relationship conflict affects both men and women, but how conflict is expressed is different based on conflict resolution or emotional distress in situations of perpetrated violence.

In previous studies, both men and women with anxiety report high conflict and dissatisfaction within their relationships. Women with anxiety symptoms self-reported higher events of conflict (Campbell et al., 2005; McLeod, 1994) than men with similar symptoms, but women stated that they viewed their relationship in a more positive light compared to their men partners (McLeod, 1994). This finding highlights the gender differences in perceived anxiety symptoms and conflict. In couples where only one individual has anxious symptoms, conflict can

perpetuate a cycle of excessive worry, particularly if the partner is without conflict resolution skills including validation and healthy confrontation (Black, 2017). When an individual is apprehensive to confront the problem or chooses to smooth over an issue, then conflict is avoided in the current moment, and no progress is made towards resolution; thus, conflict perpetuates the anxiety. Overall, this research supported a women's level of anxiety as the main predictor of the quality of the relationship (Campbell et al., 2005; McLeod, 1994).

Stress Symptoms and Relationships

Stress Defined. Stress is defined as the result of an impact on an individual from both external (work, social, etc.) and internal (communication, financial, etc.) stressors and encompasses how the individual copes or reacts to combat these stressors (Bodenmann, 2005; Randall & Bodenmenn, 2009; Wheaton, 1996). How partners cope with the perceived stress at an individual level can then impacts the relationship and the individual’s ability to resolve conflict. When an individual applies external stressors to the relationship (Lavner et al., 2017) this can negatively affect the overall stress levels between partners (e.g., stress spillover theory; Bolger et al., 1989). Higher levels of stress can lead to more marital dissatisfaction (Lavner et al., 2017) which is a precursor to verbal and physical aggression in relationships (Bodenmann et al., 2010). However, Hilpert et al., (2018) found that dyadic coping between partners can offset the stress that leads to higher levels of intense emotionality. Individuals within relationships experience their partner's stress (e.g., systemic transaction model; Bodenmann, 2005; Bodenmann et al., 2019), but couples may self-soothe rather than help each other cope (Randall et al., 2021). Without coping skills, higher stress can lead to greater verbal aggression in the relationship (that are affected by both gender and power dynamics) and symptoms of other emotional distress factors (Bodenamann et al., 2010; Dutton, 2006; Pence & Paymar, 1993).

Stress Symptoms and Relationship Conflict. Stress symptoms and responses differ between women and men. The interactions between couples and their partners are key in experiencing intimacy together (e.g., intimacy process model; Reis & Patrick, 1996) which conveys support in the relationship combating internal and external stressors (Bodenmann et al., 2010). Stress can arise in relationships when both parties are unable to agree on desired goals, motives, and preferences (Overall & McNulty, 2017). When men feel stressed from external factors (e.g., work), men recluse away from their partner decreasing the number of supportive responses (Kuhn et al., 2017) which leads to more negative interactions with their relationships (e.g., Tend and Befriend Model; Taylor, 2006; Taylor et al., 2000). Importantly, research displays that it takes longer for men to recover from receiving their partner's emotions (Gottman & Levenson, 1988; Kiecolt-Glaser & Newton, 2001).

Compared to men, women tend to have more confrontational habits and can self-regulate during instances of stress in comparison to men during stress events (Bodenmann et al., 2015; Randall et al., 2013; 2020). Women tend to report higher levels of stress due to home-work-life balance (Cohen & Janicki-Deverts, 2012; Randel et al., 2020). The language was a key difference between genders as Meier and colleagues (2021) found that "we-talk" was primarily used by women, adding increased stress to the relationship, while Bodenmann and Randall (2020) found that men used techniques taught in relational therapy more frequently, causing a decrease in stress. When women and men used "I/you" talk when external stressors experienced by only one individual in the relationship were increasing relational stress levels. This allowed the couple to work together to combat exterior stress lowering both individuals' stress levels (Lau et al., 2019). When stress causes conflict to emanate, poor coping skills may increase maladaptive conflict resolution skills, which is detrimental to the relationship (Simson & Rholes,

2017). Emotional distress influences a couple's conflict resolution tactics, increasing ineffective arguing patterns, which can then contribute to violent coping strategies, in both perpetration and victimization.

Emotional Distress and Violence

Overview

In sum, these three specific emotional distress symptoms affect how the brain can receive communication signals from their partners, which impairs an individual's ability to logically communicate effectively in response to the conflict in relationships (Lavner et al., 2017; Nunner & Lemon, 2017). In many cases, although violence is taking place in the relationship, there is still this fantasized or idealized relationship that is simultaneously happening in the brain (Lelaurain, et al., 2021b). As such, the presence of anxiety, depression, and stress can be associated with an increased propensity for conflict within the relationship (Holmes et al., 2020). Associations between gender and intimate partner violence show various mental health outcomes that may arise for individuals with intimate partner violence relationships.

Depressive Symptoms and Violence

Research has examined the links between gender, violence, and depressive symptoms. Barros-Gomez et al., (2019) found more perpetrated psychological violence to occur in relationships compared to physical violence in both men and women with higher depressive symptoms. Depressive symptoms were higher in men who were the perpetrators and lower in men who were in the victimization or bidirectional categories. In women, depression symptoms were higher in the bidirectional or victimization categories than in the perpetration category (Anderson, 2002; Graham et al., 2012). Stein and Kennedy (2001) examined comorbidity in the context of women experiencing intimate partner violence and depressive symptoms and found

that these two items were less likely to occur independently, but rather coincide with post-traumatic stress disorder.

Burns et al. (1994) stated that once violence victimization has occurred, this causes a more repetitious cycle of depression due to the violence maintaining the current symptomology of depressive symptoms. Within relationships of intimate partner violence, precursors of depression can appear as having a decrease in support from at least one individual in their system (Bodenann et al., 2008; Jacobson et al., 1996; Monroe et al., 1986), belief in being unlovable (Beck et al., 1979; Burns et al., 1994), or have witnessed violence within their families (Nunner & Lenon, 2017). Again, the study demonstrates what happens after an event of violence occurs, but the literature does not address how prior existing conditions contribute to the perpetration of violence and how this relationship is affected by gender.

Anxious Symptoms and Violence

Throughout literature, anxious symptomology is woven through intimate partner violence within both perpetration and victimization. In 2020, research depicts that despite the various types of violence, individuals with higher levels of anxious symptoms are shown to have statistically significant levels of intimate partner violence within their relationship (Velotti et al.,). Starting in the childhood developmental period, children who experience a form of abuse were found to be connected with higher anxious symptoms; this experience within children was found to become a predictor for the perpetration of intimate partner violence within romantic relationships later in life and comparative victimization was more closely related to developing an anxious attachment style (McClure & Parmenter, 2020). Once an individual experienced an act of violence, Shorey and colleagues found that shame was more prominent within individuals who have higher levels of anxious symptomology which allowed for the further perpetuation of

violence within relationships (2011). In addition, Stein and Kennedy (2001) found that anxiety was much less likely to be comorbid in women who have experienced intimate partner violence. In sum, the literature shows that an increase of pressure on both parties within the relationship increases anxious emotional distress that could lead to intimate partner violence.

Stress Symptoms and Violence

Stress and violence – perpetration and victimization – are associated with relationships having stress prior to an act of violence as well as stress occurring after an act of violence. When individuals are faced with an external stressor (i.e., financial or discrimination), it is associated with higher levels of violence perpetration by husbands compared to their wives in the study (Hammett et al., 2020). Economic stress is a key variable predicting violence within the relationship, Renzetti (2009) found that in times of economic recession, men and women in relationships experienced more violence; particularly in the lower socioeconomic classes associated with higher rates of poverty (i.e., higher rates of poverty associated with higher rates of IPV). Additionally, contextual family factors (i.e., having a child, adopting, or fostering children) or parenting stress have increased demands on couples, leading to higher levels of stress in the relationship, which research has found to be associated with events intimate partner violence (Holden et al. 1991, 1998; Huth-Bocks & Hughes, 2008). After the event of violence has occurred, individuals' health and mental well-being suffer which includes an increase in stress (Campbell, 2002; Campbell & Lewandowski, 1997; Chen et al., 2009; Coker et al., 2002; Garcia-Moreno et al., 2012). The psychological pattern that induces stress is the double bind that occurs within the individual (i.e., fear of what happens if the victim leaves the relationship or fear that the event will happen again if the victim stays within the relationship) (Anderson & Saunders, 2003; Anderson et al., 2003; Stoever, 2011, 2014). Garcia and colleagues (2021)

found associations between perceived stress and violence among women that were taught mindfulness exercises through an empowerment group that decreased their overall symptoms, which suggests that learning these skills before violence could be a preventative measure. Research illustrates that stress and intimate partner violence – perpetration and victimization – have associations on multiple levels.

The Current Study

The current study analyzes the dyadic relationships between ineffective arguing, emotional distress, perpetrated violence, and violence victimization in heterosexual couples that are currently seeking therapy and have not yet completed their first session (see Figure 1). These factors will help therapists and clinicians better understand the relationship between emotional distress symptoms as the linking mechanism between ineffective arguing and violence perpetration/victimization within couples. Understanding those links will help further treatment standards to provide better quality care for couples seeking therapy and establish safety within relationships. In order to verify that these are the most viable pathways, the original hypothesized model will be compared to two alternative model to ensure best fit. In addition, emotional distress—that is depressive symptoms, anxiety symptoms, and stress (Lazarus & Folkman, 1984; Folkman 1997; Goodman & Shippy, 2002) can not only affect the individual experiencing the symptomology, but also crossover to the relationship and the significant other (e.g., Marital Discord Model of Depression (Beach and Cassidy, 1991), stress spillover (Bodenmann, 2005), anxiety (e.g., McLeod, 1994; Whisman, 2007). In addition, ineffective arguing (Bowles, 2010; Markman et al., 1993; Oommen, 2013) affects both at an individual and couple level and contributes to their communication patterns. I hypothesize that higher levels of ineffective arguing for both men and women are indirectly associated with higher levels of violence

victimization and perpetration via the pathways of emotional distress (e.g., anxiety, depression, and stress) for themselves and their partners.

I also tested the hypothesized model to two plausible alternative models. First, past research has found that ineffective arguing are associated with emotional distress/mental health symptoms (Bosson & Vandello, 2011; Oommen, 2013), so I will test the alternative ordering of ineffective arguing →violence victimization and perpetration→emotional distress (See Figure 2). Third, past research suggests that higher levels of emotional distress/mental health symptomology are associated with more conflict and higher rates of violence perpetration and victimization (Barros-Gomez et al., 2019; Hammett et al., 2020; McClure & Parmenter, 2020). Thus, I will test the alternative ordering of emotional distress→ineffective arguing→violence perpetration, and victimization (See Figure 3). Finally, I included relevant controls—men and women age, men and women race/ethnicity, number of children, men and women education, men and women income, and relationship length. The following three hypotheses will be tested in one actor-partner interdependence mediation model:

Hypothesis 1: For both men and women, higher levels of one's own ineffective arguing skills will be directly associated with higher levels of one's own violence perpetration and victimization (actor- actor; Johnson & Roloff, 2000b; Mulawa et al., 2018).

Hypothesis 2: For both men and women, higher one's own emotional distress will be associated with higher levels of one's own violence perpetration and victimization (actor-actor; Lavner et al., 2017; Lelaurain et al., 2021; Nunner & Lemon, 2017).

Hypothesis 3: For both men and women, emotional distress will mediate the association between ineffective arguing and violence perpetration and victimization (partial mediation) for

both men and women (actor-actor-actor; McClure & Parmenter, 2020; Shorey et al., 2011; Velotti et al., 2020).

Exploratory Research Question: Additionally, because less literature has explored these associations in an APIM model, I will also explore unique examining actor and partner for each partial mediation (actor-partner-actor, actor-partner-partner, actor-actor-partner).

Figure 1.

Hypothesized Model of the Dyadic Associations between Ineffective Arguing, Emotional Distress, and Violence Perpetration and Victimization

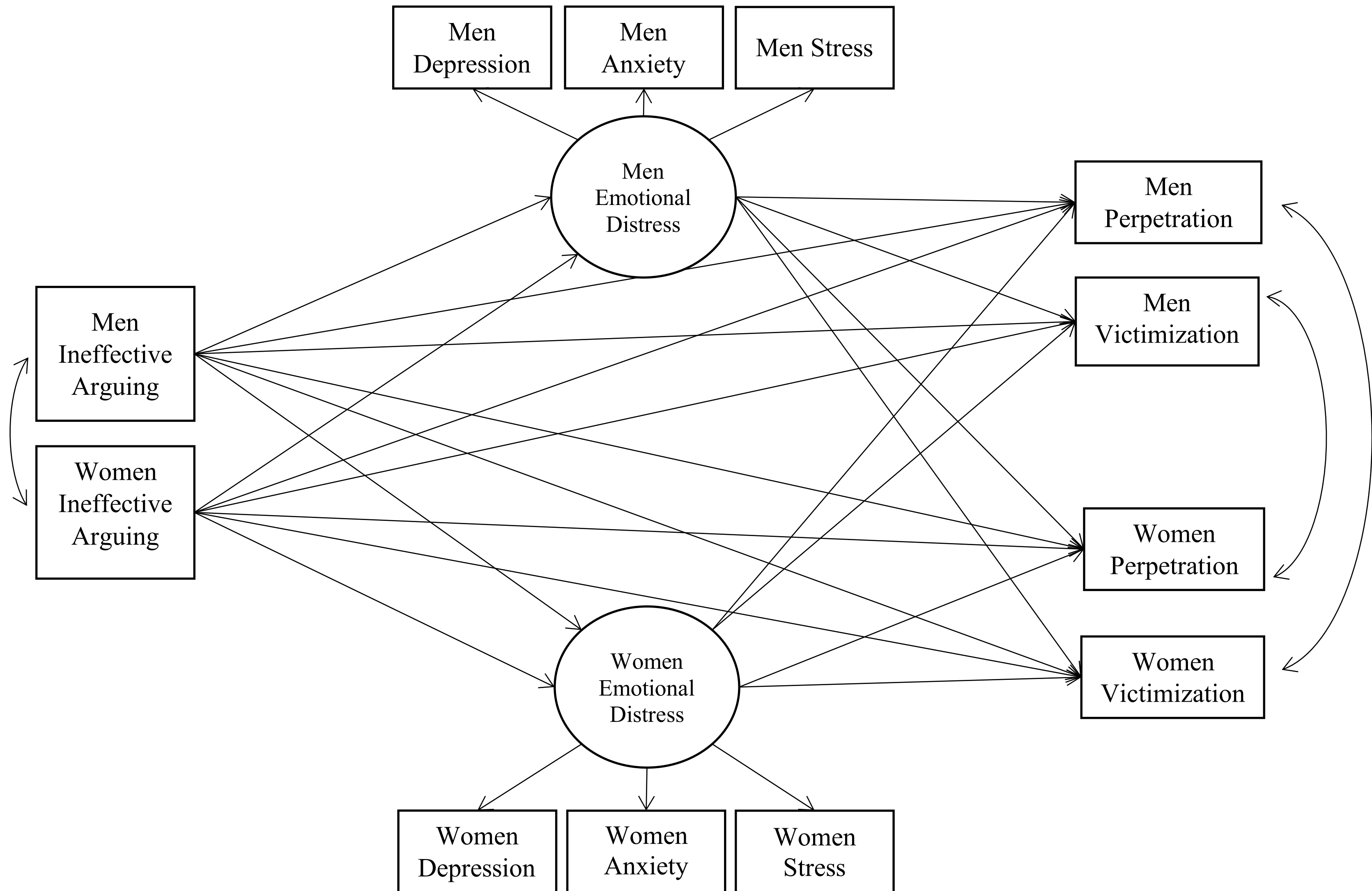


Figure 2.

Alternative Model of the Dyadic Associations between Ineffective Arguing and Emotional Distress Symptoms through Violence Victimization and Perpetration

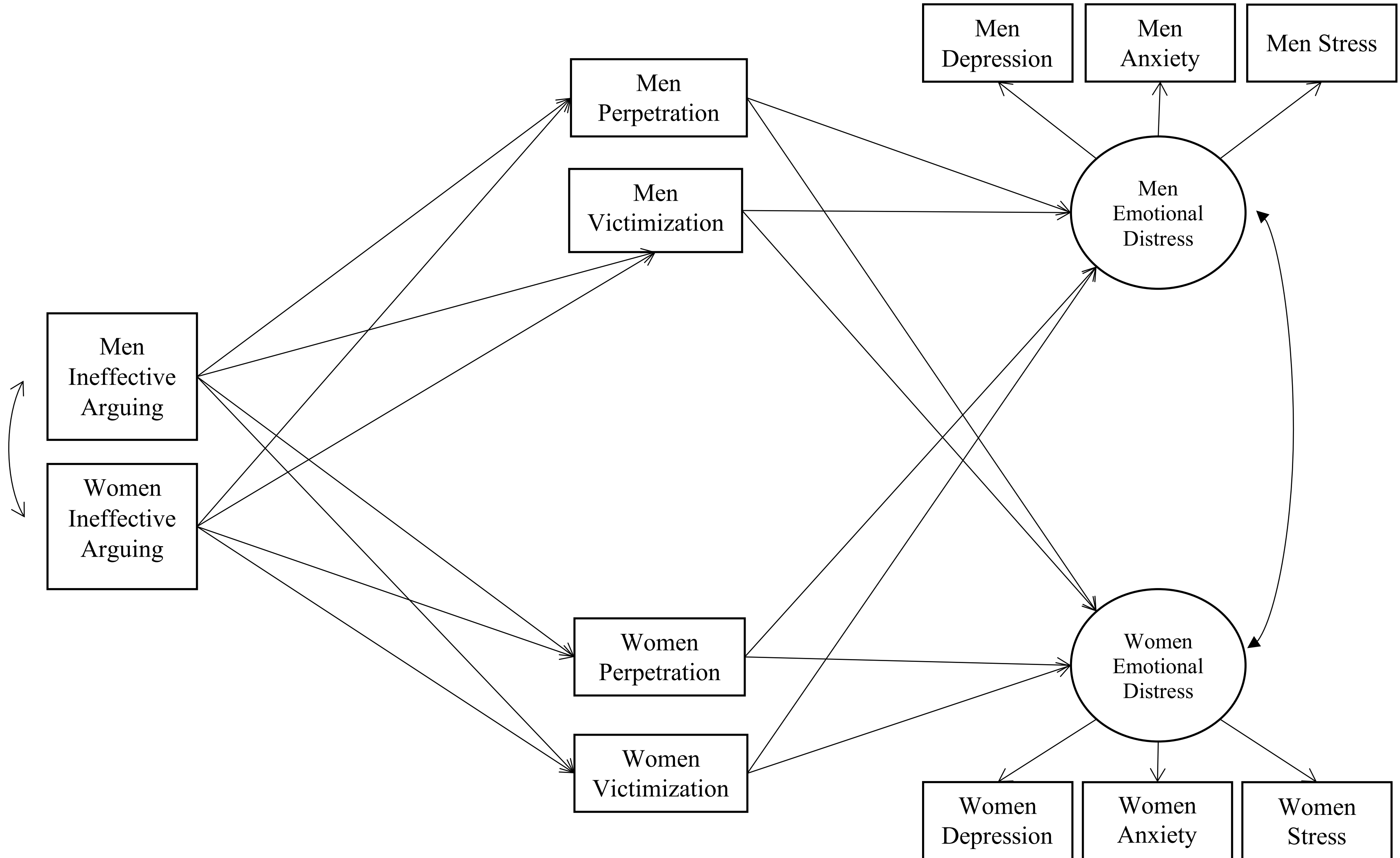
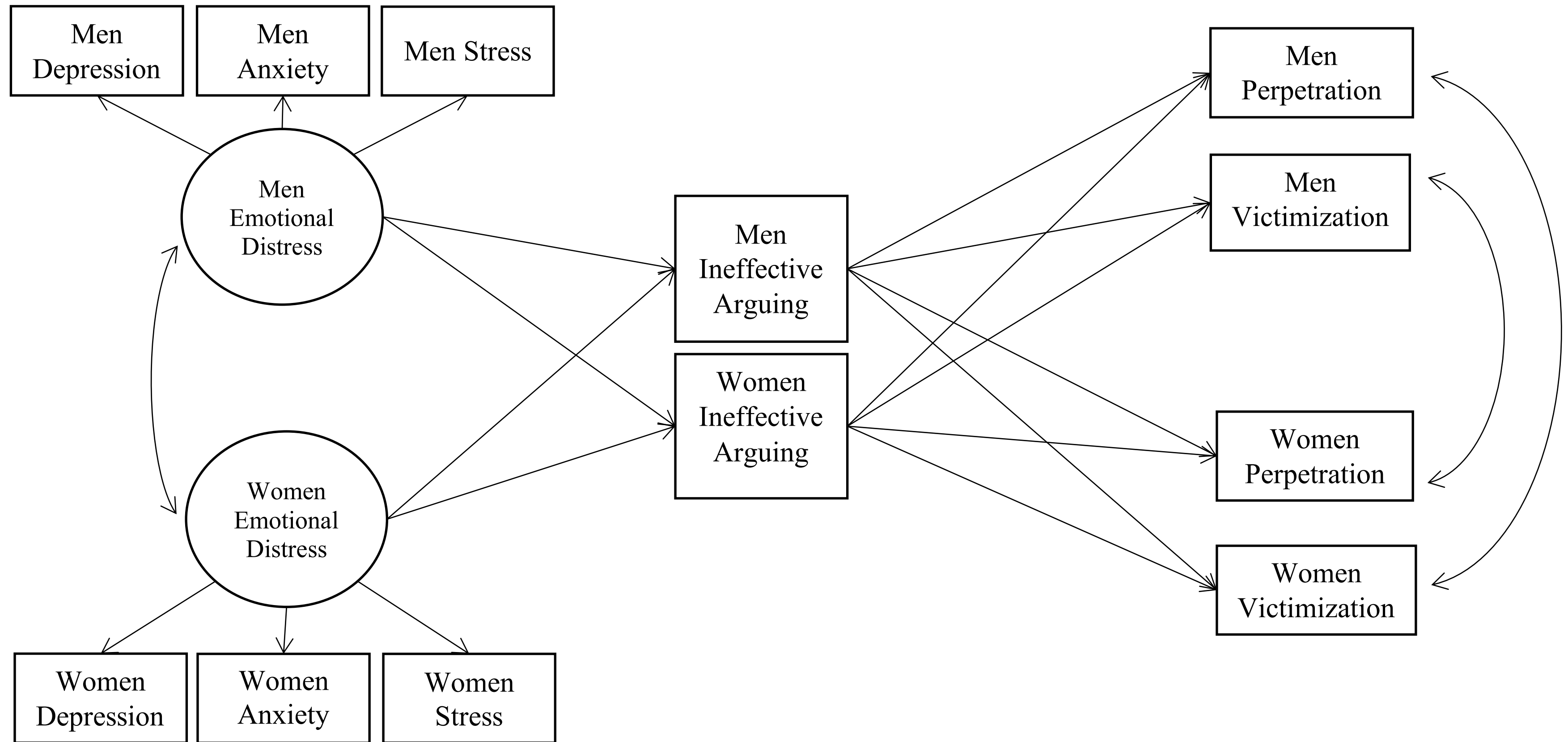


Figure 3.

Alternative Model of the Dyadic Associations between Emotional Distress Symptoms and Violence Victimization and Perpetration through Ineffective Arguing



Chapter 3: Methods

Data

The data examined in this study are collected by graduate student clinicians at Auburn University's Marriage and Family Therapy master's program. The Auburn University Marriage and Family Therapy Center (AUMFT) allows the therapists to provide services to members, individuals, couples, and families, in the community of Auburn, Alabama, and surrounding communities. Before receiving services, clients complete the intake assessment packet measuring a variety of items including depressive symptoms, anxious symptoms, stress levels, conflict within relationships, and their resolution skills. The aim of this study is to analyze couples' initial assessment scores cross-sectionally prior to receiving services. To provide the highest standard of research practices, the university institutional review board (IRB) approved this study.

Procedures

The Institutional Review Board (IRB) at Auburn University approved data collection at the Auburn Marriage and Family Therapy Center (AUMFT) from the clients seeking therapy services there, which is where the data collection for this sample occurred. Clients at the clinic are recruited in many ways such as through self-referral, social media, the psychology today website, flyers, court mandates, partnering agencies, and other professionals in the area referring to the clinic. Data, from 2015 – 2019, were collected from the initial paperwork packets at the intake session preceding receiving services for all clients above the age of twelve. In addition to the intake paperwork packet, clients also receive a written document to sign of the informed consent which outlines the clinic's policies, procedures, and client rights for the therapy process. The informed consent is verbally discussed with clients at the beginning of the therapy session to

facilitate an explanation of what the information signifies and allows any participant questions. The initial intake paperwork packet collects data on the variables of interest including the demographics of each participant. Clients are given the option to receive paperwork in one of two different languages, English or Spanish, to meet a participant's language needs and to ensure equal accessibility.

Sample

The same consisted of (*N=231*) couples that self-identified as heteronormative and seeking therapy services. For women and men, the highest age category was the 26 – 32 group (32.9% women and 34.9% men) followed by the 18 – 25 group (29.9%. women and 22.3% men). The largest educational group for men was High School or GED (32.9%) and for women was Bachelor's degree (38.8%). The sample was predominately white for both men and women (76.2% women and 74.9% men). The largest income bracket for couples was Under $20,000 (24.2%) followed by the $20k - $39,999 (22.1%). Over half (51.5%) of the sample did not have children; the relationship length was 24 months and under (33.5%) followed by 25 – 48 months (22.6%). The quartiles for men's violence perpetration are as follows: less than 25% of the sample did not report any violence, 50% of the sample reported at least a 1(*one time in the past year*) on the CTS-scale, and the top 25% reported a 5 (*11 to 20 times in the past year*). The quartiles for women's violence perpetration are as follows: less than 25% of the sample did not report any violence, 50% of the sample reported at least a 2 (*twice in the past year*) on the CTS-scale, and the top 25% reported a 6 (*more than 20 times in the past year*). The quartiles for men's violence victimization are as follows: less than 25% of the sample did not report any violence, 50% of the sample reported no violence, and the top 25% reported a 5 (*11 to 20 times in the past year).* The quartiles for men's violence victimization are as follows: less than 25% of the sample

did not report any violence, 50% of the sample reported no violence, and the top 25% reported a 6 (*more than 20 times in the past year*).

Table 1.

Demographic information for all couples (N = 231)

	Women %	Men %
Age (in years)		
18 - 25	29.9	22.3
26 - 32	32.9	34.9
33 - 39	15.6	18.3
40 - 46	13.4	14
47 - 53	5.6	5.7
54 - 60	1.3	3.1
61 +	1.3	1.7
Race		
Asian American/Pacific Islander	1.7	0.9
African/Black	15.6	16.9
Hispanic	2.2	0.9
Caucasian	76.2	74.9
Other	2.2	1.7
Missing	0.4	2.2
Education		
Junior High School or less	0.4	1.7
High school or GED	27.7	32.9
Vocational or Technical School	3.9	7.4
Associate's degree	11.3	9.5
Bachelor's degree	38.8	27.7
Graduate or professional degree	22.1	19.0
Missing	0.9	1.7

	Both (Couple Variable)
Income	**%**
Under $20,000	24.2
$20K-$39,999	22.1
$40K-$59,999	16.0
$60K-$79,999	12.6
$80K-$99,999	7.8
$100K+	12.6
Missing	4.8
# Children	**%**
0	51.5
1	16
2	16
3	11.7
4+	2.6
Missing	2.2
Relationship Length	**%**
24 months and under	33.5
25-48 months	22.6
49-60 months	4.8
61-84 months	13.9
85-108 months	7.8
109+ months	17.3
Missing	2.2

Measures

Ineffective Arguing Skills

The Ineffective Arguing Inventory (IAI) measures couples arguing patterns (Kurdek, 1994). The assessment is an 8-scale self-report measure to assess couple conflict resolution skills with agreement to the questions (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided,* 4 = *Agree,* and 5 = *Strongly Agree*). Four items are reverse scored (Questions 2, 4, 5, and 6) and higher scores indicate less conflict resolution skills. Examples of statements given are as follows: “We need to improve ways to settle our differences,” “Our arguments are left hanging and unresolved,” and “When we begin to fight or argue, I think, ‘Here we go again.’” This assessment will be both a predictor (hypothesized model) and a mediator (alternative models) variable examining associations between IAI and perpetrated violence. Cronbach alpha reliability coefficients were .906 for men and .910 for women.

Emotional Distress

Emotional distress was constructed as a latent variable using self-reported measures of generalized anxious symptoms, depressive symptoms, and perceived stress as indicators.

Depressive Symptoms. The Major Depression Inventory (MDI) was developed (Bech & Wermuth, 1998; Bech et al., 2001) as a 10-item scale assessing clinical symptoms of major depression, and then was examined to determine the internal and external validity in 2003 (Olsen et al.). This assessment will be both a predictor (alternative models) and mediator (hypothesized model) variable examining associations between MDI and perpetrated violence. These scores examine the frequency of the question by assessing how often they the aligned with the question (0 = *At no time,* 1 = *Sometimes*, 2 = *Less than half the time*, 3 = *More than half the time,* 4 = *Most times,* and 5 = *All of the time*). No items in the assessment are reversed scored and higher

scores indicate higher depressive symptoms (20 – 24 = *mild depressive symptoms*, 25 – 29 *moderate depressive symptoms*, and 30 + = *severe depressive symptoms*). Examples of questions in the assessment are as follows: "Have you felt low in spirits or sad," "Have you felt lacking energy and strength," and "Have you felt less self-confident?". Cronbach alpha reliability coefficients were .922 for men and .926 for women.

Anxious Symptoms. The Generalized Anxiety Disorder-7 (GAD-7) is a 7-item scale to measure symptoms of generalized anxiety disorder developed in 2006 (Spitzer et al.). This assessment will be both a predictor (alternative model) and mediator (hypothesized model) variable examining associations between GAD and perpetrated violence. This assessment is self-reported by each individual within the relationship measuring symptoms within the past two weeks (0 = *Not at All*, 1 = *Several Days*, 2 = *More than Half the Days*, and 3 = *Nearly Every day*) prior to taking the assessment and no items are reversed scored. Examples of questions include the following: "Feeling nervous, anxious, or on edge," "Becoming easily annoyed or irritable," and "Not being able to stop or control worrying." Higher scores on the scale indicated higher levels of anxious symptoms (0 – 4 = *minimal anxious symptoms*, 5 – 9 = *mild anxious symptoms*, 10 – 14 *moderate anxious symptoms*, 15 – 21 *severe anxious symptoms*) and the reliable change index is 4. Cronbach alpha reliability coefficients were .917 for men and .924 for women.

Stress Symptoms. The Perceived Stress Scale (PSS) measures stress levels within individual levels and was developed in 1983 by Cohen and colleagues. This assessment will be both a predictor (alternative model) and mediator (hypothesized model) variable examining associations between PSS and perpetrated violence. This assessment is 10-question self-report measure to examine stress frequency (0 = *Never*, 1 = *Almost Never*, 2 = *Sometimes*, 3 = *Fairly*

Often, and 4 = *Very Often*) for the individual seeking therapy. Four items are reversed scored on the PSS (Questions 4, 5, 7, and 8) and higher scores indicate more stress. Examples of questions on the scale include the following: "How often have felt that you were unable to control the important things in your life," "How often have you felt confident about your ability to handle your personal problems," and "How often have you found that you could not cope with all the things you had to do?" National averages in men for stress are 12.1 with a standard deviation of 5.9 and for women are 13.7 with a standard deviation of 6.6. Cronbach alpha reliability coefficients were .884 for men and .874 for women.

The measurement model was fit using Confirmatory Factor Analysis. The model fits the data well: model fit indexes: $\chi 2(8)$ =12.007, p=.151, comparative fit index (CFI)=.995, Tucker–Lewis index (TLI)=.990, root mean square error of approximation (RMSEA) = .045 (90% confidence interval (CI) [.000, .095]), standardized root mean residual, SRMR=.031). Factor loadings can be seen in Figure 4.

Violence Perpetration and Victimization

The Conflict Tactics Scale (CTS), developed by Straus (1979), is used to measure violence, both victimization and perpetration, within couple relationships. This measure will be the outcome variable in this study examining both partners' violence within the relationship. The assessment is collected by asking the same 6-item self-report questions for self and their partner. The scales measure the frequency (0 = Never, 1 = *Once*, 2 = *Twice*, 3 = *Three to Five Times*, 4 = *Six to Ten Times*, 5 = *Eleven to Twenty Times*, 6 = *More than 20 Times*, and 7 = *Happened but not in the past year*) in which either the self or partner have had violent behaviors. During the analysis portion of the study, 7's will be recoded as 0's. Questions on self-assessment start with "How often did **YOU** do the following during the past year," while questions asking about the

partner start with “How often did **YOUR PARTNER** do the following within the past year?” Examples of questions asked are as follows: “Pushed, grabbed, or shoved family member,” “Hit a family member but not with anything hard,” and “Threatened to hit or throw something at a family member.” Each partner in the relationship completes this assessment for themselves and their experience with their partner. For example, if women are answering the questions, YOU would be the women and YOUR PARTNER would be the men. The women answering the questions would go into the violence perpetration and victimization variables. When the men answer the questions, YOU would be the men and YOUR PARTNER would be the women. The men answering the questions would go into the violence perpetration and victimization variables. No items are reverse scored, and higher scores indicate higher levels of violence within the relationship. The CTS assessment has been validated (Jones et al., 2002; Newton et al., 2001). Cronbach alpha reliability coefficients were .852 for men and .866 for women for the SELF scale. Cronbach alpha reliability coefficients were .916 for men and .899 for women for the OTHER scale.

Control Variables

Demographic Variables

Demographics are collected with the initial packet of the assessments for the clinic before the individual receives services. In the study, I will control for 7 variables: relationship length, age, education, income, number of kids, ACES, race/ethnicity. The income bracket is collected by asking for combined gross income before taxes and is separated into groups (*1 = Under $5,500, 2 = $5,501 to $11,999, 3 = $12,000 to $15,999, 4 = $16,000 to $19,999, 5 = $20,000 to $24,999, 6 = $25,000 to $29,000, 7 = $30,000 to $34,999, 8 = $35,000 to $39,999, 9 = $40,000 to $49,999, 10 = $50,000 to $59,999, 11 = $60,000 to $69,000, 12 = $70,000 to $79,000, 13 =*

$80,000 to $89,999, 14 = $90,000 to $99,999, and 15 = $100,00 or more). Age is gathered by filling in the blank box but is also verified by the date of birth the individual puts in. Relationship status (Shannon et al., 2007; Sutton & Dawson, 2021) is collected by groups given to the individual (1 = *single/never married, 2 = married, 3 = divorced, 4 = separated, 5 = widowed, 6= significant other heterosexual = 6, and 7 = significant other homosexual*); in a separate box, individual are asked to put in the relationship length by months. Education levels are collected by groups given to the individual (*1 = Junior High School or less, 2 = GED/High School, 3 = Vocational/Technical School, 4 = Associate Degrees/2 Years, 5 = Bachelor's degree, and 6 = Graduate/Professional Degree*). Additionally, number of children will be collected as a continuous variable.

Adverse childhood experiences – *ACES* – (Felitti et al., 1998) are collected by a series of questions encompassing potential traumatic events that the individual could have witnessed during childhood. Verbal abuse (e.g., *Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you?*), sexual abuse (e.g., *Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you?)* and physical abuse (e.g., *Did a parent or other adult in the household often: Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?)* are assessed at an individual level when working with all couples. Additionally, through the ACES assessment, individuals are also assessed for witnessing the abuse of a maternal figure (e.g., *Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?).* For the severity

measuring of ACES, individuals self-reported based on their experience – 0 = *N/A,* 1 = *Mild*, 2 = *Moderate*, and 3 = *Severe*.

Racial/Ethnic groups are collected by asking the individual to select a group (e.g., *White/Caucasian, Asian/Asian American, Black/African American, Hispanic/Latino, Native American, Pacific Islander, Biracial, and other*); down below the other box is blank and can allow participants to put their own if one of the groups given does not encompass their racial status. Race and ethnicity are associated with emotional distress symptoms and IPV perpetration and victimization. Mengo et al. (2017) reported that race impacts an individual's predisposition to cognitive outcomes for depressive symptoms and IPV. They found intimate partner violence and depressive symptoms were lower among Black/African Americans compared to individuals who identified as White; in addition, those that identified as Hispanic and other races did not show a significance in the relationship between IPV and depressive symptoms. Research suggests that distress symptoms occur after intimate partner violence, each subset (depression, anxiety, and stress) will be broken down into gender and systemic patterns within the cycle of violence. Whitfield and colleagues (2021) examined how the intersectionality of race and sexual orientation have higher risks of victimization for intimate partner violence; Whitton (2021) found that Black women had seven times more violent experiences and Latino women had five in comparison to their white counterparts. As such, race/ethnicity will be included as a dummy coded variable (0 = *not white*, 1= *white*).

Table 2
Control Variable Descriptives

Variables	Mean	SD	Range
Men ACES Severity	3.74	4.61	0 – 19
Women ACES Severity	6.65	6.76	0 – 32
Men Race/Ethnicity	1.50	1.44	1 – 9
Women Race/Ethnicity	1.64	1.73	1 – 9
Men Age	33.24	10.05	19 – 69
Women Age	31.71	9.37	18 – 65
Men Education	3.87	1.62	1 – 6
Women Education	4.17	1.552	1 – 6
Combined Income	8.17	4.62	0 – 15
Number of Children	.96	1.21	0 – 5
Relationship Length	64.94	68.51	1 – 366
Relationship Status	3.64	2.255	1 – 8

Note: ACES Severity (0 = N/A, 1 = Mild, 2 = Moderate, and 3 = Severe), Race/Ethnicity (0 = Not White, 1= White), Age is measured in years, Education (1 = Junior High School or less, 2 = GED/High School, 3 = Vocational/Technical School, 4 = Associate Degrees/2 Years, 5 = Bachelor's degree, and 6 = Graduate/Professional Degree), Income (1 = Under $5,500, 2 = $5,501 to $11,999, 3 = $12,000 to $15,999, 4 = $16,000 to $19,999, 5 = $20,000 to $24,999, 6 = $25,000 to $29,000, 7 = $30,000 to $34,999, 8 = $35,000 to $39,999, 9 = $40,000 to $49,999, 10 = $50,000 to $59,999, 11 = $60,000 to $69,000, 12 = $70,000 to $79,000, 13 = $80,000 to $89,999, 14 = $90,000 to $99,999, and 15 = $100,00 or more), Number of Children is measured as continuous variable, Relationship Length is measured in months, and Relationship Status (1 = single/never married, 2 = married, 3 = divorced, 4 = separated, 5 = widowed, 6= significant other heterosexual = 6, and 7 = significant other homosexual).

Analytic Plan

Missing Data

Utilizing the SPSS program's (version 25.0) Missing Value Analysis 7.5, an expectation maximization (EM) technique was used with inferences based on the likelihood under the normal distribution (Hill, 1997). The Little's MCAR test was used to estimate whether values were missing completely at random. The result indicated that data (a total of 0.990% of all values; ranging from 0.0% to 2.5% for men perceived stress) was indeed missing completely at random: chi-square = 126.536 (df = 126; p = .470). Full Information Maximum Likelihood was used to impute the missing values using the Mplus software (Muthén & Muthén, 2012).

Actor-Partner Interdependence Mediation Model

Assumptions of linear regression (including linearity, normality, multicollinearity, homoscedasticity, and independence of observations) were tested through the data collected for the study. Following the dyadic data analysis procedures (Kenny et al., 2006), maximum likelihood estimation was applied to answer the research questions using SEM path analysis in Mplus 8.0 (Muthen & Muthen, 2012). Using an Actor-Partner Interdependence Mediation Model (Ledermann & Bodenmann, 2006; Ledermann et al., 2021), both partner's variables were modeled concurrently to account for the interdependence of the data. Bivariate correlations were examined, and a dyadic actor-partner interdependence mediation model (APIMeM; Ledermann & Bodenmann, 2006; Ledermann et al., 2021) will be run to answer the study's research questions. Men and women's ineffective arguing will be regressed onto men and women's emotional distress and men and women's violence perpetration and victimization. Men and women's emotional distress will be regressed onto men and women's violence perpetration and victimization. The control variables (relationship length, age, education level, income, number of

children, ACES severity, and race/ethnicity) were regressed onto men and women's emotional distress and men and women's violence perpetration and victimization.

Model fit was evaluated with the model chi-square (χ^2), CFI, TLI, RMSEA, and SRMR; a nonsignificant chi-square, and values greater than .95 for CFI and TLI and smaller than .06 and .08 for RMSEA and SRMR all suggest good fit to the data (Hu & Bentler, 1999). The indirect paths were tested with bootstrapping procedures with 95% confidence intervals using 2,000 samples (Preacher & Hayes, 2008). Significant indirect effects are detected when the confidence interval does not cross the zero threshold. We also tested our model to two plausible alternative models using appropriate procedures in regard to nested model comparison (full vs. partial mediation using chi-square difference test to whether removing direct pathways is a better fit to the model) and non-nested model comparison (alternative model ordering), where smaller values of the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) indicated less discrepancy between the hypothesized model and the true model (West et al., 2012).

Chapter 4: Results

Preliminary Analysis

The beginning number of participants was 658, but upon filtering and cleaning – due to partners not being included, entry errors, and duplicate participants – the data set the final number of viable couples meeting inclusion criteria (heteronormative) was 231. Assumptions of regression such as distribution of normality (skewness and kurtosis), homo/heteroscedasticity, Durbin-Watson statistic, and Shapiro-Wilks test were completed prior to the main analysis of the data set. Assumptions were met.

Bivariate Analysis

Findings from correlation analyses show important information regarding relationships among the main study variables. Both men's and women's ineffective arguing were significantly associated with violence victimization and perpetration as well as each emotional distress symptom. Violence victimization and perpetration had significant correlations with emotional distress symptoms. Men’s violence perpetration was not significantly associated with men’s depression and women’s stress. Men’s violence victimization was not significantly associated with their own depression symptoms as well as their women partner depressive, anxious, and stress symptoms. Women’s violence perpetration was not significantly associated with men’s depressive and stress symptoms; whereas men’s depressive symptoms were the only emotional distress symptom to not be significantly correlated with women’s violence victimization. Additionally, all constructs were significantly positively correlated between partners (see Table 3).

Table 3
Bivariate Correlation Matrix of Main Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Men IAI	-											
2. Women IAI	.657**	-										
3. Men MDI	.199**	.139*	-									
4. Women MDI	.230**	.213**	.106	-								
5. Men GAD	.311**	.191**	.713**	.114	-							
6. Women GAD	.201**	.250**	.120	.787**	.126*	-						
7. Men PSS	.267**	.149*	.685**	.202**	.698**	.232**	-					
8. Women PSS	.230**	.339**	.073	.655**	.118	.705**	.209**	-				
9. Men Perpetration	.256**	.178**	.136*	.020	.195**	.015	.218**	.010	-			
10. Women Perpetration	.205**	.252**	.045	.240**	.152*	.187**	.080	.199**	.306**	-		
11. Men Victimization	.319**	.259**	.127	.067	.216**	.090	.169**	.089	.507**	.462**	-	
12. Women Victimization	.300**	.293**	.070	.164*	.150*	.142*	.164*	.177**	.593**	.515**	.380**	-
Mean	26.53	27.76	17.04	20.83	9.07	11.50	19.54	22.36	3.15	4.57	3.86	4.54
SD	7.56	8.26	10.91	12.02	5.93	6.11	6.90	6.79	4.70	6.44	6.72	7.59
Range	9 – 40	8 – 40	0 – 50	0 – 50	0 – 21	0 – 21	4 – 37	0 – 40	0 – 25	0 – 26	0 – 42	0 – 42

Note: *** p<.001, ** p<.01, * p<.05.

Alternative Model Comparisons

The original hypothesized model was tested against 3 plausible alternative models. First, I tested the original, hypothesized model to two plausible alternative models (non-nested). The hypothesized model is that ineffective arguing skills are indirectly related to violence perpetration and victimization through perceptions of emotional distress symptoms (IAI→Emotional Distress→ Violence Perpetration and Victimization: AIC = 14930.095, BIC = 15110.). Potential alternative models that were tested include a relationship between emotional distress and violence perpetration and victimization through ineffective arguing (Kelly & Johnson, 2008; Johnson & Roloff, 2000b; Nunner & Lemon, 2017; Stutman & Newell, 1990) (Emotional Distress→IAI → Violence Perpetration and Victimization: AIC = 18680.89, BIC = 18852.25) and a relationship between ineffective arguing and emotional distress through violence perpetration and victimization (Gottman, 1999; Nunner & Lemon, 2017; Ulloa & Hammett, 2015) (IAI→ Violence Perpetration and Victimization → Emotional Distress: AIC = 14943.37, BIC = 15113.27). Observation of the corresponding AIC and BIC values indicates the hypothesized model has the least discrepancy (smallest AIC and BIC values) to the true model and therefore is the best fit.

Final Model

The final mediation model results are depicted in Figure 4. The model revealed good fit to the data: χ^2 (73) = 87.364, p = 0.1204; RMSEA = 0.032 (90% CI [.000, .054]); CFI = .968; TLI = .969; SRMR = .030, and accounted for 28.1% of the variance in men perpetrated violence, 23.6% of the variance in women perpetrated violence, 20.4% of the variance in men violence victimization, 27.7% of the variance in women violence victimization, 17.3 % of the variance in

men's emotional distress symptoms, and 20.1% of the variance in women's emotional distress symptoms.

Main Variable Pathways

Regarding the main study variables, higher men's ineffective arguing was related to, but did not predict women's ineffective arguing. Higher levels of men's ineffective arguing were associated with higher levels of men's perpetration of violence ($\beta = 0.224$, $p = 0.019$) and higher levels of men's emotional distress ($\beta = 0.359$, $p < 0.01$). Women's ineffective arguing was not associated with men's emotional distress ($\beta = -0.050$, $p = 0.632$) or men's violence perpetration ($\beta = 0.019$, $p = 0.804$). Both men's and women's ineffective arguing were not associated with women's violence perpetration (men: $\beta = -0.036$, $p = 0.716$; women: $\beta = 0.103$, $p = 0.220$). Higher levels of men's ineffective arguing had higher levels of men's victimization ($\beta = 0.229$, $p = 0.016$), but women's ineffective arguing was not associated with men's violence victimization ($\beta = 0.071$, $p = 0.393$). Both men's and women's ineffective arguing were not associated with women's violence victimization (men: $\beta = 0.157$, $p = 0.190$; women: $\beta = 0.067$, $p = 0.485$). Higher levels of women's ineffective arguing are not associated with higher levels of women emotional distress symptoms ($\beta = 0.118$, $p = 0.228$). Higher levels of men's ineffective arguing had trend level associations for women emotional distress symptoms ($\beta = 0.189$, $p = 0.055$).

Higher levels men emotional distress symptoms are associated with higher men perpetrated violence ($\beta = 0.152$, $p = 0.044$), but higher women emotional distress symptoms were associated with lower men perpetrated violence ($\beta = -0.253$, $p = 0.002$). Both men and women's emotional distress symptoms were not associated with women's perpetration (men: $\beta =0.065$, $p = 0.416$; women: $\beta = 0.097$, $p = 0.191$). Higher levels of men's emotional distress were associated at trend level with men's violence victimization ($\beta = 0.131$, $p = 0.071$); while

women's levels of emotional distress did not predict men's victimization (β = -0.051, p = 0.480). Both men and women's emotional distress symptoms did not predict women's violence victimization (men: β =0.072, p = 0.389; women: β = -0.010, p = 0.903).

Control Variable Results

For women, identifying as White was found to be associated with higher men's emotional distress (trend level; β = 0.158, p = 0.060) and higher levels of women emotional distress symptoms (β = 0.197, p = 0.032). However, higher number of children (β = 0.175, p = 0.025) and lower educational levels (β = -0.300, $p < 0.001$) were associated with higher levels of men's perpetration of violence, but lower income was only trend level (β = -0.201, p = 0.089). However, women identifying as White (β = -0.174, p = 0.030) and higher income (β = -0.277, p = 0.014) were associated with lower levels of women's perpetration. Women who have a higher number of kids (β = 0.225, p = 0.050) had associations with higher levels of women's perpetration. Lower women education level was associated with higher levels of men's victimization (β = -0.189, p = 0.033). However higher numbers of children (β = 0.296, p = 0.007), lower educational levels (β = -0.148, p =0.059), and lower income (β = -0.221, p = 0.075) were all trend level associations with higher levels of women's victimization.

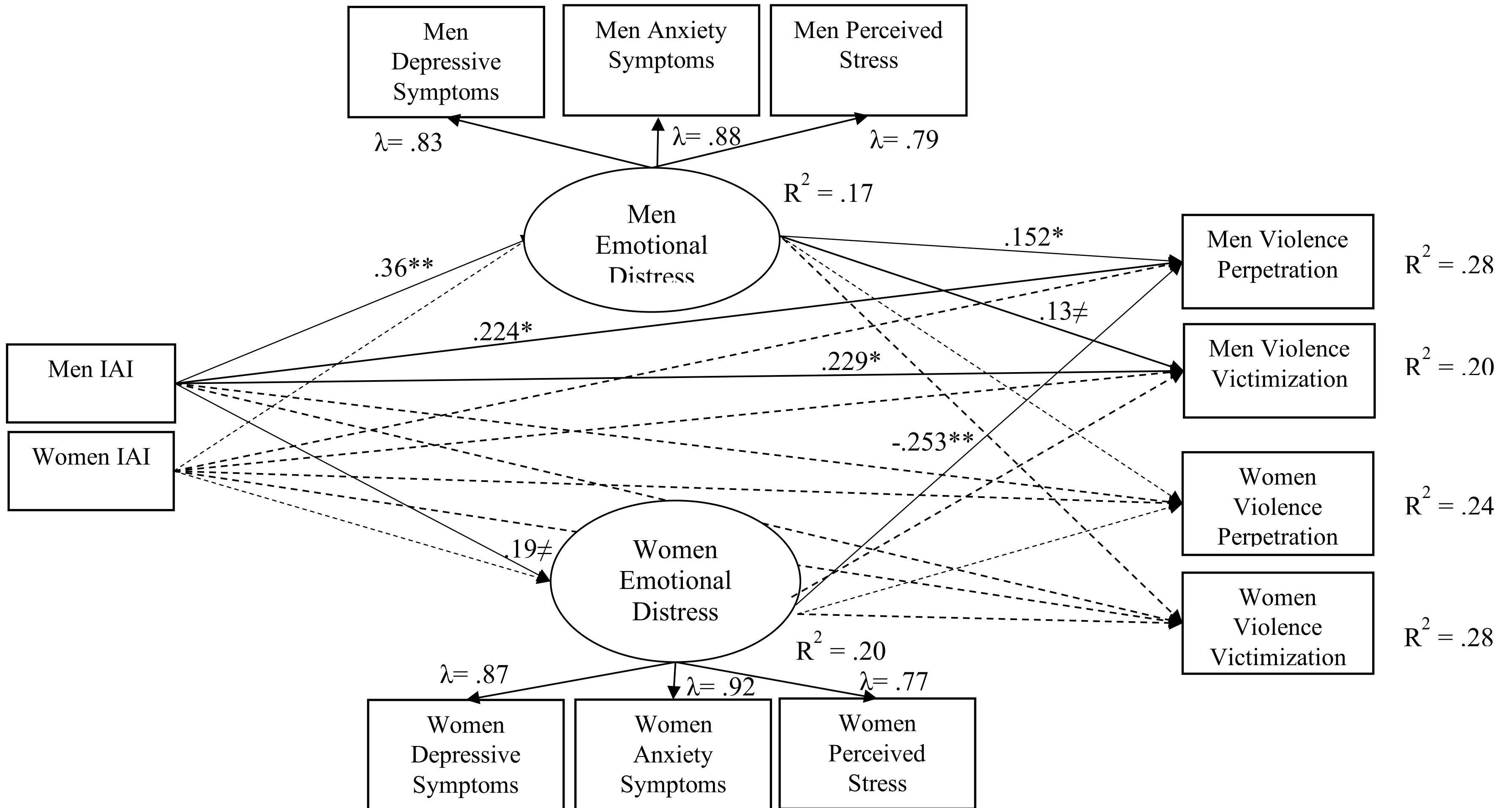
Indirect Effects

There was one indirect effect that was significant while the other only approached significance (trend level). The first was an indirect effect from men's ineffective arguing to men's perpetrated violence through men's emotional distress: men's IAI → men's emotional distress symptoms → men's violence perpetration (β = 0.055, p = 0.095, 95% Confidence Interval [CI] = 0.033, 1.671). This can be interpreted as follows: A 1-standard deviation unit increase in the men's ineffective arguing is associated with a .06 standard deviation increase in

men’s violence perpetration via the prior effect of men’s ineffective arguing on men’s emotional distress. This finding was significant. The second was an indirect effect from men’s ineffective arguing to men’s perpetrated violence through women’s emotional distress: men’s IAI → women’s emotional distress symptoms → men’s violence perpetration (β = -0.0485, p = 0.090, 95% Confidence Interval [CI] = 0.028, -1.697). This can be interpreted as follows: A 1-standard deviation unit decrease in the men’s ineffective arguing is associated with a .05 standard deviation increase in women's emotional distress symptoms via the prior effect of men's ineffective arguing on men's violence perpetration. This finding was approaching significance (trend level).

Figure 4

Dyadic Structural Equation Model



Note. χ^2= 87.36(73), *p* = .1204, CFI = 0.968, TLI = 0.969, RMSEA = .032 (.00 - .054), SRMR = .030; *** *p*<.001, ** *p*<.01, * *p*<.05, ≠ *p*<.10. The model controlled for the following covariates: relationship length, age, education, income, number of kids, ACES, race/ethnicity.

Chapter 5: Discussion

The current study explored the dyadic associations between couples' ineffective arguing and violence victimization and perpetration with emotional distress as a mediator among a sample of 231 couples prior to entering therapy. Utilizing an actor-partner interdependence mediation model, there was two trend level indirect effects: higher men's ineffective arguing was associated with less men perpetration through higher women's emotional distress (at the trend level) and more violence perpetration through men's higher emotional distress. Men's ineffective arguing was also directly related to their own violence perpetration and victimization, and men's ineffective arguing was related to their own and—at the trend level—their partner's emotional distress. Finally, higher men's emotional distress was associated with higher men's violence perpetration whereas higher women's emotional distress was associated with lower men's violence perpetration. These results were robust, as the original, hypothesized model was compared with two alternative models and several important covariates (i.e., ACES severity, race/ethnicity, and other pertinent demographics) were included in the models. The findings from this study have important implications for therapy.

Significant Pathways

This study found that men's higher levels of ineffective arguing were directly associated with higher levels of *both* men's perpetration and men's victimization of violence. These findings support previous literature that increased likelihood of violence perpetration can occur because of individual difficulties in conflict management and communication (i.e., skills, experiences, or physiology (Bowles, 2010; Markman et al., 1993). Importantly, however, is that men also report more victimization when there is more ineffective arguing in the relationship. Thus, beyond general conflict in the relationship, this study identifies ineffective arguing—a

chronic buildup of conflict (i.e., "serial argument" (Johnson & Roloff, 2000a; Trapp & Hoff, 1985)—as an important barometer for both violence perpetration and victimization for partnered men, suggesting that ineffective arguing conflict resolution skills can determine the enactment of violence.

In addition, this study detected one significant indirect and one trend level indirect effect. Higher men's ineffective arguing was associated with higher men's violence perpetration through higher men's emotional distress (actor-actor-actor effect) and *less* men's violence perpetration through higher women's emotional distress. These findings are important for two main reasons. First, along with the previous direct pathways between ineffective arguing and male violence perpetration, this pathway can also occur through heightened emotional distress for men, which is in line with past research (Markman et al., 1993; Oomen, 2013). Indeed, men's higher emotional distress was associated with higher levels of men's violence perpetration (at the $p < .05$ level) in the current study. Thus, the significant indirect effect could suggest that the partnered men in this study enact violence out of their emotional distress stemming from not making progress on issues that continue to plague their relationship (which is a factor in ineffective arguing). This could highlight the phenomenon of social learning theory, (also known as intergenerational family history (Henning & Conner-Smith, 2011; Nichols & Davis, 2016), and the cycle of violence (Bernard & Bernard, 1983; Widom, 1998)) where individuals learn that violence is a way to communicate with their partner (Bandura, 1977; Henning & Conner-Smith, 2011; Nichols & Davis, 2016), and specifically through not regulating their emotions (Kaura & Lohman, 2007).

Second, and interestingly, the trend level indirect effect of higher men's ineffective arguing and lower men violence perpetration through higher women's emotional distress (actor-

partner-actor) suggests gendered and partner effects. It seems that men's own emotional distress is associated with higher perpetration, but their female partner's distress is associated with lower perpetration. Thus, and again stemming from ineffective arguing, men see their partner in distress and are less likely to perpetrate violence. Perhaps, men are transformed by their partner's distress—even amidst their own, or perhaps they re-evaluate their perception of the conflict and their contributions to it (Overall & McNulty, 2017), especially since their partner's ineffective arguing was not associated with emotional distress or violence perpetration and victimization. Regardless, this finding is important and contrasts with previous research that men are insensitive to their partner's display of emotional distress (i.e., facial cues, body language, and vocal tones (Skuja & Halford, 2004; Ulloa & Hammett; 2016)).

Control Variables

Within the control variables, identifying as other than white, having more children, and having lower income were associated with higher levels of violence perpetration for women. This finding is in line with previous work highlighting the association between stress and violence (Bosson & Vandello, 2011). For men, having more children and lower education levels were associated with higher levels of men's violence perpetration. Multiple studies (Holden et al., 1991, 1998; Huth-Bocks & Hughs, 2008) have found associations between contextual factors in relationships that increase an individual's stress levels which increase conflict leading to violence perpetration which could be related to this study's findings. Thus, this study highlights the increased risk for mutual violence for both men and women experiencing these contextual factors.

Notable Nonsignificant Pathways

There were also notable nonsignificant findings. First, there was no association between women's ineffective arguing, women's emotional distress, and women's violence perpetration or victimization, or men's victimization. For violence perpetration, this finding supports previous research which suggests that women do not gain satisfaction from implementing violence in their relationships as a form of communication (Ulloa & Hammett, 2015). Thus, even in the face of perpetual problems (Gottman, 1999) women may be more likely to view their relationship in a more positive light even during conflict (McLeod, 1994). Interestingly, however, is that there was no association between women's report of ineffective arguing, her emotional distress, and her report of violence victimization, meaning that even if women feel that there is not much progress toward resolving issues in the relationship, it is not tied to experiencing violence or heightened emotional distress.

The women in this study reported higher levels of both violence perpetration and victimization compared to their partners, thus perhaps other mediators or moderators are factoring in here that explain that association—as it is not direct or mediated through emotional distress. Alternatively, because this was a sample of couples seeking therapy, perhaps going to therapy infused hope so that women felt less distressed and more positive toward their relationship (Flaskas, 2007; Miller et al., 2014). Another nonsignificant finding was that women's emotional distress was not associated with men's victimization. Although not measured in this study, perhaps—because of physiology, skills, or other factors – women were able to regulate their emotions so that they did not escalate to violence (Carroll et al., 2006; Gottman, 1999). Conversely, this could be explained by past work that suggests women with higher emotional distress are less likely to report violence perpetration or victimization (Afifi et al., 2009; Carbone-Lopez et al., 2006; Cascardi et al., 1992; Coker et al., 2002; 2005).

Finally, men's emotional distress was not associated with (1) men's violence victimization, (2) women's violence perpetration, and (3) women's victimization. These findings could allude to previous studies' notions of the alteration in brain functioning if emotional distress is occurring (Murphy, 2013). Meaning that, if typically, a man with no emotional distress symptoms would execute violence then potentially, with higher levels of emotional distress, his brain would resort to fleeing his partner rather than fight (Dana, 2018; Kuhn et al., 2017) which would align with no associations between men's emotional distress and men's violence victimization. Additionally, as a result of the societal standards of masculinity, men with higher emotional distress symptoms are less likely to report being a victim of abuse potentially from the shame that is created by this ideal (Overall et al., 2016). These nonsignificant findings could also be aligned with men's overall emotional distress coping skills as previous studies have looked at men not being as confrontational as their women partners during times of higher emotional distress (Bodenmann et al., 2015; Randall et al., 2013; 2020); thus relating to no associations between men's emotional distress and women's violence perpetration or victimization. Although not measured in this study, as the case may be, examining if the couple had previously been in therapy; as men were more likely to utilize therapy techniques taught to them to decrease stress in their relationships (Lau et al., 2019).

Clinical Implications

These results have clinical implications for couples that are seeking therapy services, including for assessment and intervention. First, the present study highlights the need for a thorough assessment, especially before the first session of therapy, on ineffective arguing, emotional distress, and violence perpetration and victimization through both verbal and written means. This study highlights the importance and salience of men's constructs, so therapists

should identify how men’s views of conflict, his emotional distress, and how conflict plays out through the use of written assessments—including ineffective arguing (IAI; Kurdek, 1994), emotional distress/mental health ((i.e., MDI, GAD, and PSS (Bech & Wermuth, 1998; Bech et al., 2001; Cohen et al., 1983; Spitzer et al., 2006), and violence (CTS2; Straus, 1979). Therapists should follow up verbally with the male partners about their results from the written assessments to verify how men experience conflict, their emotional distress, and the presence or absence of conflict. If indeed violence is present as a result of couples' ineffective arguing (i.e., not making progress on issues), therapists should employ domestic violence-focused couples therapy prior to working on conflict management (Knudson-Martin, 2013; Keilholtz & Spencer, 2022; Stith et al., 2011), including the use of de-escalation skills such as the negotiated time-out technique (Rosen et al., 2003; Veenstra & Scott, 1993). Not only can this help to stop couples from escalating conflict, but it could also potentially help delay or inhibit—at least temporary—men’s associated emotional distress and violence perpetration. Although this study did not test the alternative ordering of violence and ineffective arguing, this de-escalation can also help the therapist begin to unpack their conflict cycles.

To that end, two couples therapy models may be particularly helpful in the above dynamics. First, the Gottman Method of Couples Therapy (Gottman, 1999) presents a helpful framework for helping couples understand and identify which problems are solvable versus which ones may be perpetual problems. Thus, once the therapist helps them with which is which, couples can begin to meta-understand and partial out (1) problems that can be tackled through problem-solving conversations and (2) which problems require affective or emotional conversations and less or no problem-solving communication. In that way, couples can prevent their conversations from escalating, and—as discussed above—can alleviate the associated

emotional distress and inhibit violence-escalated conflict. Second, from a post-conflict angle, viewing heightened emotionality from an attachment perspective (Emotionally Focused Couples Therapy (EFT); Johnson, 2008) can give clinicians a framework to identify where "ineffective arguing" occur that drive insecure attachment, which can escalate conflict and violence (Oka et al., 2014). Thus, from this perspective, clinicians can help couples understand and experience how these attachment disruptions impact both themselves and their partners in a new, more vulnerable way. EFT (Johnson, 2008) helps to guide couples through their dance when arguments are gridlocked—maintaining their emotional and relational bond. This study already demonstrates that the men in this sample responded favorably to their partners' emotional distress (via less violence perpetration) (e.g., Tend and Befriend Model; Taylor, 2006; Taylor et al., 2000), so a continued focus on these dynamics would work further strengthen this link.

Limitations and Directions for Future Research

This study must be considered in light of its limitations. First, the participants in this study were homogenous in terms of race/ethnicity, income, and sexual orientation, so the results are not generalizable to other ethnic groups, those in higher income brackets, or LGBQT+ relationships. The sample population had filtered out non-heteronormative relationships which limits violence perpetration and victimization implications for therapy for couples that do not identify as heteronormative. In addition, the data was collected from the same geographical location in a Southern State which limits findings on a larger scale; thus, the results are not as applicable to other geographical communities. Future research should include different sampling in other and multiple geographical locations.

A noteworthy limitation is that all measures were subject to self-report bias. The data sample was pre-collected therefore the measures used to evaluate the research questions were

limited. Future research should include both standardized clinical and psychological assessments as well as observational data on couples' interaction patterns. There were additional limitations in the transcribing of the data collection into SPSS due to potential inaccuracy in the client's self-reported scores. The clients were given paper assessments to complete and then was transcribed by undergraduate interns to be compiled into SPSS. This process had several potential limitations including (1) time constraints, (2) labor-intensive, (3) incorrect data input, and (4) intern fatigue depending on entry at the time of the semester. Future research should include a more streamlined process of collecting participant data such as using an online survey platform that can go directly into SPSS to remove the transference of the sample from paper surveys.

Additionally, emotional distress variables were aggregated rather than tested separately which could have limited the understanding of which emotional distress symptom (i.e., depression, anxiety, or stress) was more important in the pathways in which violence victimization and perpetration occurs. Additionally, being able to parse out the differences in the type of emotional distress will better prepare clinicians for being able to assess and treat couples who are experiencing simultaneous disruptions, both emotionally and behaviorally. While providing prevention services prior to violence perpetration, it is equally important to help couples regulate emotionally once violence has occurred (Markman et al., 1993; Overall & McNulty, 2017).

Finally, data were collected before couples beginning therapy, so data collected across therapy sessions during treatment could have provided clearer associations for each of the variables and pathways. Future research should explore the variables across time and at different points during the therapeutic process to gain a better understanding of how clinicians could treat intimate partner violence simultaneously with mental health symptoms (i.e., comorbidity).

Conclusion

This study highlights the importance of men's constructs in the associations between ineffective arguing, his emotional distress, and violence perpetration. There also was a significant link between women's emotional distress and less violence perpetration from men. Taken together, these findings suggest that assessment and intervention should not only focus on couple conflict patterns—and where couples get stuck—but also on men's perceptions and experiences specifically. Models that focus on helping couples identify which problems are solvable vs. perpetual (The Gottman Method of Couples Therapy), as well as those that help strengthen couples' empathy during conflict and toward their partner's emotional experience (EFT), can help address and alleviate ineffective arguing and the associated emotional and relational distress.

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Appendix A

Demographic Questions

1. Your age: ________ 2. Your Sex: ______ 3. Partner Sex: ______ 4. Racial/Ethnic Group (Specify): ____________

5. How many times have you been married? __________ 6. How many times has your partner been married? __________

7. Your current relationship/marital status is: Circle the best answer.

   A. Single/Never Married *B. Married* *C. Divorced* *D. Separated*
   E. Widowed *F. Committed Relationship (Not Living Together)* *G. Committed Relationship (Living Together)*

8. Your current relationship length (years & months)? ________________

9. How many biological, adopted, step-children under 18 live in your home at least 50% of the time? ______________

10. How many total people live in your home? ________________

11. What is the highest level of education you attained? Circle the best answer.
   A. Junior High School or less *B. GED/High School* *C. Vocational/Technical School*
   D. Associate Degree/2 years *E. Bachelor Degree* *F. Graduate/Professional Degree*

12. What is your combined gross income (before taxes) in the current year Circle the best answer
   A. Under $5,500 *B. $5,501 to $11,999* *C. $12,000 to $15,999*
   D. $16,000 to $19,999 *E. $20,000 to $24,999* *F. $25,000 to $29,999*
   G. $30,000 to $34,999 *H. $35,000 to $39,999* *I. $40,000 to $49,999*
   J. $50,000 to $59,999 *K. $60,000 to $69,999* *L. $70,000 to $79,999*
   M. $80,000 to $89,999 *N. $90,000 to $99,999* *O. $100,000 or more*

Appendix B

Ineffective Arguing Index

Please indicate how much each argument description fits your relationship.

		Strongly Disagree	*Disagree*	*Undecided*	*Agree*	*Strongly Agree*
1.	By the end of an argument, each of us has been given a fair hearing	1	2	3	4	5
2.	When we begin to fight or argue, I think, "Here we go again."	1	2	3	4	5
3.	Overall, I'd say we're pretty good at solving our problems.	1	2	3	4	5
4.	Our arguments are left hanging and unresolved	1	2	3	4	5
5.	We go for days without settling our differences	1	2	3	4	5
6.	Our arguments seem to end in frustrating stalemates	1	2	3	4	5
7.	We need to improve the way we settle our differences	1	2	3	4	5
8.	Overall, our arguments are brief and quickly forgotten	1	2	3	4	5

Appendix C

Major Depression Inventory

		All the Time	*Most Times*	*More than Half the Time*	*Less than Half the Time*	*Some-Times*	*At No Time*
1.	Have you felt low in spirits or sad?	5	4	3	2	1	0
2.	Have you lost interest in your daily activities?	5	4	3	2	1	0
3.	Have you felt lacking in energy and strength?	5	4	3	2	1	0
4.	Have you felt less self- confident?	5	4	3	2	1	0
5.	Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
6.	Have you felt that life wasn't worth living?	5	4	3	2	1	0
7.	Have you had difficulty in concentrating, e.g. when reading the newspaper or watching TV?	5	4	3	2	1	0
8.	(A) Have you felt very restless?	5	4	3	2	1	0
	(B) Have you felt subdued or slowed down?	5	4	3	2	1	0
9.	Have you had trouble sleeping at night?	5	4	3	2	1	0
10.	(A) Have you suffered from reduced appetite?	5	4	3	2	1	0
	(B) Have you suffered from increased appetite?	5	4	3	2	1	0

Appendix D

Generalized Anxiety Disorder – 7

		Not at All	*Several Days*	*More than Half the Days*	*Nearly Every Day*
1.	Feeling nervous, anxious or on edge	0	1	2	3
2.	Not being able to stop or control worrying	0	1	2	3
3.	Worrying too much about different things	0	1	2	3
4.	Trouble relaxing	0	1	2	3
5.	Being so restless that it is hard to sit still	0	1	2	3
6.	Becoming easily annoyed or irritable	0	1	2	3
7.	Feeling afraid as if something awful might happen	0	1	2	3

Appendix E

Perceived Stress Scale

The questions in this scale ask you about your **feelings and thoughts** during the last month.

		Never	*Almost Never*	*Sometimes*	*Fairly Often*	*Very Often*
1.	How often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2.	How often have you felt that you were unable to control the important things in your life?.....	0	1	2	3	4
3.	How often have you felt nervous and "stressed"?...	0	1	2	3	4
4.	How often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5.	How often have you felt that things were going your way?...	0	1	2	3	4
6.	How often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7.	How often have you been able to control irritations in your life?................................	0	1	2	3	4
8.	How often have you felt that you were on top of things?	0	1	2	3	4
9.	How often have you been angered because of things that were outside of your control?..........	0	1	2	3	4
10.	How often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Appendix F

Conflict Tactics Scale – Self

Using the following key, how often did **<u>YOU</u>** do the following during the past year?

0	1	2	3	4	5	6	7
Never	*Once*	*Twice*	*3-5 Times*	*6-10 Times*	*11-20 Times*	*More than 20 Times*	*Happened but Not in Past Year*

Item								
1. Threw something (but not at a family member) or smashed something	0	1	2	3	4	5	6	7
2. Threatened to hit or throw something at a family member	0	1	2	3	4	5	6	7
3. Threw something at family member	0	1	2	3	4	5	6	7
4. Pushed, grabbed, or shoved a family member	0	1	2	3	4	5	6	7
5. Hit (or tried to hit) a family member but *not* with anything hard	0	1	2	3	4	5	6	7
6. Hit (or tried to hit) a family member with something hard	0	1	2	3	4	5	6	7

Appendix G

Conflict Tactics Scale – Other

Using the same key as above, how often did **YOUR PARTNER** do the following during the past year?

1.	Threw something (but not at a family member) or smashed something	0	1	2	3	4	5	6	7
2.	Threatened to hit or throw something at a family member	0	1	2	3	4	5	6	7
3.	Threw something at family member..	0	1	2	3	4	5	6	7
4.	Pushed, grabbed, or shoved a family member	0	1	2	3	4	5	6	7
5.	Hit (or tried to hit) a family member but *not* with anything hard	0	1	2	3	4	5	6	7
6.	Hit (or tried to hit) a family member with something hard	0	1	2	3	4	5	6	7

Appendix H

Adverse Childhood Experiences Scale

19. Answer the following questions for **childhood** and the **family in which you grew up**. SEVERITY = The IMPACT on YOU.

In your childhood and family years, were there problems with:		Severity			Frequency		
		Mild	*Moderate*	*Severe*	*Once*	*Some*	*Often*
1. **Emotional Abuse**: Swearing, insults, threats	N/A	1	2	3	1	2	3
2. **Physical Abuse**: Slapping, hitting, throwing things	N/A	1	2	3	1	2	3
3. **Sexual Abuse**: Being touched or touching someone sexually, forced sex	N/A	1	2	3	1	2	3
4. **Emotional Neglect**: Unloved, ignored, rejected	N/A	1	2	3	1	2	3
5. **Physical Neglect**: Not properly clothed, not fed, not taken to doctor (not because you were too poor)	N/A	1	2	3	1	2	3
6. **Mother Was Treated Violently**: She was pushed, bit, slapped, kicked, punched, threatened with knife/gun	N/A	1	2	3	1	2	3
7. **Substance Use and Abuse**: Alcohol abuse, drug use, or prescription abuse	N/A	1	2	3	1	2	3
8. **Household Mental Illness:** Depression, mental illness	N/A	1	2	3	1	2	3
9. **Attempted Suicide or Suicide**	N/A	1	2	3	1	2	3
10. **Incarcerated Household Member**	N/A	1	2	3	1	2	3
11. Parental Separation or Divorce	N/A	1	2	3	1	2	3