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A Behavioral Analysis of Intimate Partner Violence Victims

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A Behavioral Analytic View of Patterns in Intimate Violence Victims

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Table of Contents

Abstract 4

Introduction 5

 Scope of the Problem 5

Theory 6

 Analyzing Behavior 6

 Operant Conditioning 7

 Respondent Conditioning 9

Literature Review 9

 Childhood Abuse 9

 Substance Abuse 11

 Cycle of Abuse 12

 Difficulty Leaving 13

Methods 14

 Design & Sampling 14

 Participants 15

 Procedure 15

Results 16

 Childhood Abuse 16

A Behavioral Analytic View of Patterns in Intimate Violence Victims	3
Escalation of Abuse	19
Difficulty Leaving	21
Children as a Motivation	23
Discussion	25
Findings	25
Theoretical Implications	28
Practical Implications	28
Limitations	29
Future Research	33
Conclusion	34
Appendices	35
References	36

ABSTRACT

This study derived from the stories of eight women from varying backgrounds who have experienced intimate partner abuse. My analysis focuses on identifying themes across the transcripts of their qualitative open-ended interviews. I was specifically interested in how intimate partner abuse impacted the women's behavior in terms of surviving the relationships and navigating escape. Given that the interviews included life histories, I was able to also examine themes related to childhood victimization as well. Patterns that arose from their experiences include exposure to violence in the home as children, escalation of abuse in their adult intimate relationships, various struggles to leave their abusive partners, and how children were used to motivate the women to leave. These behaviors were analyzed from a behavioral perspective, and in doing so I tried to explain the reasons that these thematic experiences are common in many survivors of intimate violence.

INTRODUCTION

Scope of the Problem

An estimated 25 Americans per minute experience physical violence, stalking, and/or rape at the hands of an intimate partner, totaling approximately 13 million men and women annually. Nearly 75 million Americans have reportedly experienced at least one of the three behaviors during his or her lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). Furthermore, reports of psychological aggression from a current or former partner were disclosed by roughly 103 million men and women (Black, et al., 2011). The Center for Disease Control and Prevention acknowledges that due to underreporting and lack of education amongst the public, these statistics are only a fraction of the victims and do not resemble the real magnitude of the intimate partner violence occurring (Black, et al., 2011).

Since this violence often occurs behind closed doors, it is difficult to explain just how much damage occurs to these victims and even more so when there are no physical signs to prove it. According to Truman and Morgan (2014), of all reports of violent victimization from 2003-2012, 15% of those were intimate partner violence. It is estimated that only 34% of the victims physically assaulted by their intimate partners will seek medical care for the injuries. They also found that “[v]ictims of intimate partner violence were more likely to suffer serious injuries (i.e., sexual violence injuries, gunshots, knife wounds, internal injuries, unconsciousness, and broken bones) than those victimized by immediate family members or other relatives” (Truman & Morgan, 2014, p. 5). Approximately 1 in 6 homicide victims were murdered at the

hands of a current or former partner. That number jumps to 1 in 2 when solely analyzing female homicide victims.

Undeniably, victims of intimate partner violence suffer from more than just the physical scars that can be seen and can last far longer than when the episodes end. Moreover, victims often are diagnosed with health issues that are not directly caused by the violence itself, including “frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health, asthma, irritable bowel syndrome, and diabetes” (Black, et al., 2011, p. 3). Victims will also suffer from sexual health issues, such as “unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including HIV, pregnancy complications, pelvic inflammatory disease, urinary tract infections and sexual dysfunction” (Garcia-Moreno, Guedes, & Knerr, 2012, p. 5-6). In addition to struggling with physical health, these victims will also struggle mentally and emotionally. Often victims will suffer from post-traumatic stress disorder, depression and anxiety, suicidal ideation, low self-esteem, and sleeping and eating disorders, not to mention the increased risk of substance abuse, smoking, self-harm, and unsafe sexual behavior (Garcia-Moreno, Guedes, & Knerr, 2012). In short, being victimized by someone who claims to love you takes a toll on an individual’s body, mind, and soul that could take a lifetime to mend.

Intimate partner violence does not discriminate; regardless of gender, age, race, sexual orientation, socioeconomic status and/or any category used to differentiate humans. As a society, it is dangerous to assume that intimate partner violence is far away, when the threat is much closer to home. Intimate partner violence should not be thought of as a private family matter. By doing that, society has perpetuated the victimization.

THEORY

Analyzing Patterns of Behavior

To understand behavioral patterns that arise amongst individuals, the underlying causes of those behaviors must be examined and identified. Behavioral psychology, a branch of psychology otherwise known as behaviorism or behavioral analysis, seeks to explain behavior and the contingencies that maintain it. To explain behavior, this school of psychology does not rely on underlying internal causes but rather on behavior as a response to environmental changes. The analysis of behavioral contingencies, which are the occasion or antecedent that signal behavior, also named response, and the consequences that follow the response, is utilized by behavior analysts to understand the occurrence of behavior. In this school of psychology, learning is defined as the process of adding a novel behavior to an individual's repertoire. The two main behavioral learning procedures in behaviorism are operant and respondent conditioning. Although both analyze behavior and the surrounding stimuli, the two are differentiated by the interpretations of which stimulus, preceding or succeeding, causes behavior (Malott & Shane, 2014).

Operant Conditioning

According to Thorndike's law of effect, consequences that follow response will determine if behavior will continue. This idea is the basis of operant conditioning. This learning theory states that the contingencies that shape behavior will result in the immediate or delayed presentation or removal of a stimulus, which will either reinforce or punish that response and influence future frequency of responding. Contingencies in behavioral analysis include reinforcement, punishment, direct-acting, and indirect-acting. There are two types of reinforcement contingencies, positive and negative reinforcement, that will increase the frequency of a response, or behavior. Positive reinforcement is the response-contingent

presentation of a stimulus resulting in an increased frequency of that response; whereas, negative reinforcement is the response-contingent removal of an aversive stimulus resulting in an increased frequency of that response. Negative reinforcement is separated into two categories, escape and avoidance. In escape contingencies, the behavior will result in removal of a pre-existing aversive stimuli. On the other hand, avoidance contingencies are response-contingent prevention of an aversive stimulus. Conversely, the two punishment contingencies decrease the frequency of that response in the future. Positive punishment is the response-contingent presentation of an aversive stimulus resulting in a decreased frequency of that response, while negative punishment is the response-contingent removal of a stimulus resulting in a decreased frequency of that response. Direct-acting and indirect-acting contingencies maintain behavior; however, the frequency of the behaviors will be determined by features of the effect including the length of time between the end of the response and the delivery of the response product, the value, and the probability of the consequence's occurrence. Delivery of the outcome must be delivered between zero to one second following the response to be considered immediate reinforcement or punishment. Consequences occurring one to sixty seconds after the response are classified as delayed reinforcement, and delayed delivery of a reinforcer or punisher describes any consequences that occur after sixty seconds. Moreover, the reinforcer or aversive stimulus that influences behaviors is the value it holds to the behavior. For a reinforcer or aversive stimulus to be effective, the outcome's value must be relative to the effort that would be expended. Value is determined on an individual basis. Additionally, the delivery of the reinforcer or aversive stimulus needs to be feasible. Direct-acting contingencies maintain behavior through consequences that are immediate, sizable, and probable; whereas, indirect-acting contingencies involve delayed consequences of the response. Even though a consequence does eventually

occur, these contingencies do not reinforce or punish behavior; instead, rule control will maintain the behavior. For operant conditioning, the response product of the behavioral contingency will affect the rate at which the individual exhibits that response (Malott & Shane, 2014).

Respondent Conditioning

Respondent conditioning is developed through a pairing procedure of a neutral and unconditioned stimulus that elicits an unconditioned response. The neutral stimulus initially does not cause the response to occur, but by repeatedly presenting this stimulus with the unconditioned stimulus, the neutral stimulus acquires eliciting properties, becoming a conditioned stimulus. Following the conditioning procedure, the conditioned stimulus will be followed by the conditioned response, which originally was unconditioned. These responses are described as reflexes, and occasionally, skeletal muscles are used in the topography of the response. However, most of the responses elicited involve the movement of smooth muscles and glandular secretion. One collection of these physiological responses is referred to as activation syndrome. Once the eliciting stimulus is conditioned, that physiological response is referred to as an emotional response.

LITERATURE REVIEW

Childhood Abuse

While the children may not be the intended target of abuse, they are undoubtedly the forgotten victims of violence in the home. Similar to other statistics on domestic violence, it is difficult to say for certain how much children are impacted – likely exponentially higher than any official counts would indicate. A study conducted by the National Survey of Children's Exposure to Violence interviewed over 4,500 children between the ages of 10 to 17. Of that sample group, 25.6% had reported seeing at least one form of intimate partner violence in their

lifetime (Hamby, Finkelhor, Turner, & Ormrod, 2011). According to the United Nations International Children's Emergency Fund, an estimated 275 million children around the world witness violence in the household. Not only are these children subject to the terrifying world of violence in their houses, the risk for being victimized themselves is staggering. Compared to children in non-violent households, children of houses with domestic violence are fifteen times more likely to be physically and/or sexually assaulted. Additionally, of the substantiated cases of abuse under the age of 18, domestic violence is occurring in 40% of the households (UNICEF, 2006).

Exposure to violence and/or victimization at such a young age correlates with physical, emotional, and social development issues throughout the rest of life. Development of cognitive, physical, and emotional functioning can be severely impaired by the stress that these children experience. For small children under school age, behavioral changes that are displayed include "irritability, sleep problems, emotional distress, fear of being alone, immature behaviour, and problems with toilet training and language development" (UNICEF, 2006, p. 7). Later in life, children exposed to violence struggle with school work and the ability to focus. Psychologically, these children report issues such as anxiety, suicidal ideation, difficulty understanding right from wrong, and lack of empathy. Additionally, the children often socially isolate and struggle with interpersonal relationships and social anxiety. Behavioral problems have been displayed including a tendency to wet the bed and exhibit aggressive behavior. Once reaching adolescence, there is an increased risk for substance abuse, teenage pregnancy, and criminal behavior (UNICEF, 2006). It is evident that exposure to violence in the home follows an individual throughout life.

Risk factors for intimate partner violence as an adult include the majority of the aforementioned psychological, emotional, social, and behavioral factors, according to the Center for Disease Control and Prevention (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). There is further risk to children who are victims of any form of maltreatment, including exposure to domestic. UNICEF (2006) reports that this (being exposed to intimate partner violence) is the most significant predictor of becoming victimized or the victimizer and further divulges “[s]tudies from various countries support the findings that rates of abuse are higher among women whose husbands were abused as children or who saw their mothers being abused” (UNICEF, 2006, p. 7).

Witnessing domestic violence or being a target of family violence teaches children that an effective way to handle dispute and control others is through violence. According to Barrios, et al. (2015), women that experienced any form of abuse during childhood are over twice as likely to be a victim of intimate partner violence. Those who were subject to both physical and sexual victimization as a child have a 7.14 fold risk of lifetime sexual and physical abuse and 3.33 fold probability of that abuse occurring within the past 12 months. It is evident that childhood abuse can increase the likelihood of intimate partner violence later in life.

Substance Abuse

The role of substance abuse in intimate partner violence is displayed at different stages and by both parties involved. As explained by UNICEF (2006), children who are exposed to violence are at an increased risk for substance abuse. Consequently, the Center for Disease Control and Prevention (Black, et al., 2011) lists substance abuse as both an individual risk factor as well as a community risk factor for being victimized by a partner. Not only is substance abuse an antecedent to intimate partner violence, but it also often ensues the violence later in life. One

of the numerous health consequences survivors of intimate partner violence endure is substance abuse (Black, et al., 2000). It has been found that victims of intimate partner violence are 70% more likely to excessively use alcohol (Soper, 2014). Additionally, a study conducted for the U.S. Department of Justice by Downs (2001) interviewed 225 women who were receiving services for alcohol and/or drug abuse or dependence. Of those women, over 67% had reported at least one incident of violence by a partner within the last six months. As for psychological abuse, 93% of the women at the substance abuse treatment center have experienced at least once episode within the last six months (Downs, 2001). Schumacher and Holt (2012) have theorized that the increased risk of smoking and binge drinking is a mechanism for coping with, or a placating strategy during, violence relationships. Another concept to explain the high rates of substance use in abusive relationships speculates that coerced substance use is a commonly employed method of control used against victims (Warshaw et al., 2014).

In terms of perpetrators, research has shown that substance use often precedes episodes of violence (Cohen, Field, Campbell, & Hien, 2013). In their study, Oths and Robertson (2007) reviewed call transcripts made to a crisis line for a domestic violence shelter and found that 90% of the callers had reported substance abuse by the perpetrator. Callers also claimed that the abusive behavior coincided with alcohol consumption. Similarly, a strong, positive correlational relationship was indicated; when the perpetrator's substance abuse increased, the likelihood of a violent outburst increased. Victimization is eleven times more likely to occur as a result of heavy alcohol and/or drug use (Soper, 2014). To be sure, substance use and abuse is often interwoven throughout the dynamics of intimate partner violence.

Cycle of Abuse

A theory dating back to the late 1970's suggests that relationships with intimate partner violence cycle through three phases (Walker, 1979). According to Schragger (2012), although abuse can start at the beginning of the relationship, in most cases, the violence will not occur early on. The cycle does not begin during the first incident of violence but rather during the period leading to the event, or the tension-building phase. During this phase, the perpetrator will be quick to temper with unpredictable behavior. Several studies quote victims feeling as if they are "walking on eggshells" (Schragger, 2012). In order to prevent an outburst, the victims tend to attempt to appease the perpetrator; however, minor physical violence, emotional abuse, and threats will increase in frequency and intensity. Following the escalation, an explosion occurs between the partners, and a major abusive incident transpires. This phase may appear differently in each situation, but it may be one of the following events, severe physical assaults, sexual violence, intense emotional abuse, and much more. The victim may try to leave the relationship to ensure safety; however, these attempts are not always successful (Schragger, 2012).

The next phase, termed the honeymoon phase, may occur after the violent episode. This might be marked by apologies and promises to never hurt the victim again. The perpetrator will smother the victim with affection and attention, with gift giving and romantic gestures. At this time, the victim may begin to trust the perpetrator again. However, this phase does not mark the end of abuse and is temporary. The honeymoon phase will end and enter the beginning phase. These three phases can extend over weeks or even years (Schragger, 2012). It is theorized that as the cycle continues to repeat, the phases will decrease in time and increase in frequency. This is based on the study that developed this theory, which involved interviews with women experiencing abuse; they reported that severity of abuse escalated as time went on (Walker, 1979).

Difficulty Leaving

Despite the violence against them, victims of intimate partner violence have trouble leaving the relationship for numerous reasons. Some of those reasons include “fear of retaliation, lack of alternative means of economic support, concern for their children, lack of support from family and friends, stigma or fear of losing custody of children associated with divorce, and love and the hope that the partner will change” (Garcia-Moreno, Guedes, & Knerr, 2012, p. 3).

Additionally, another study found that all of the participants had returned to their abusers due to one or more of the following reasons “having no money; being threatened, stalked, sabotaged, or harassed by their abusers; being encouraged by their families to reconcile; feeling guilty; being lonely; and still loving their partners” (Moe, 2007, p. 7).

It is also thought that a reason for maintaining the relationship is the victim’s perception that the benefits of it outweigh the costs of leaving. On average, a victim will leave five times before completely ending contact with an abuser (Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Typically, the decision to sever ties occurs when one or more of the following factors become evident to the victim: the severity of the violence has increased, the hope that the abuser will change is lost, and/or the violence is affecting the children (Garcia-Moreno, Guedes, & Knerr, 2012). According to Moe (2009), women are more likely to allow the abusive behavior to happen until there is a belief that the children may be harmed. Leaving an abusive relationship is not as easy as society likes to believe; it involves much more than just not returning to one’s house.

METHODS

Design & Sampling

The design for this study was secondary data analysis. The data came from transcripts of interviews conducted by Dr. Angela Moe in 2000 for her doctoral dissertation (Moe Wan, 2001). This qualitative study involved 44 in-depth, semi-structured, life history interviews with women who had been in violent intimate relationships. In the original study, participants were recruited equally from a detention center and a domestic violence shelter, as the objective of the research was to compare life histories of criminality within the context of intimate partner victimization. The only inclusionary criteria were that the participants were adult women who identified as victims of intimate partner violence, currently or formerly. My secondary analysis comes from eight of the women Dr. Moe interviewed from the shelter setting. Dr. Moe randomly selected these transcripts. They were reanalyzed through a behavioristic framework.

Participants

The ages of the participants ranged from 20 to 41 years. Of the eight participants, three women identified as African American, four women identified as Caucasian, and the race of the last woman was mixed, both black and white. Educationally, two had not finished high school, three achieved a General Education Diploma or a high school diploma, and three completed some college. The place of origins varied among the women, and included New York, West Virginia, Utah, California, Nebraska, and Michigan. Only two of the women hailed from the same state, Arizona. Additionally, seven of the eight participants were mothers.

Procedure

For this study, the interview transcripts were reviewed and analyzed from a behavioristic perspective. Patterns that were found in multiple participants were noted; each pattern was categorized as stimuli or behaviors. Once separated, behaviors were analyzed for behavioral contingencies that would maintain the response by establishing the antecedent and consequence.

After identifying the behavioral contingency, responses were analyzed for motivating operations, discriminative stimuli, and behavioral learning procedures. Finally, the behavior analytic principles were used to explain patterns of victims of intimate partner design.

RESULTS

Though the women in this study came from different backgrounds and had different stories to tell, several common themes arose while the women disclosed their experiences with abuse. The commonalities were then analyzed from a behavioral perspective in order to better understand the processes occurring in behavior of victims of intimate partner violence. Through no fault of their own, these women have experienced and survived horror. The actions taken were necessary for survival.

Childhood Abuse

Each of the eight women in this study reported witnessing or being the target of abuse as a child. The prevalence of this theme demonstrates the extent to which children are affected by exposure to domestic violence. According to the United Nations International Children's Emergency Funds (2006), children who witness intimate partner violence will learn how violence can be used to gain control. As children, learning is most often done using imitation, the process by which an imitator's behavior resembles the behavior of a model and is controlled by the consequences of a model's behavior (Malott & Shane, 2014). The model will most likely be of the same gender as well as the individual who the imitator relates to most (Bandura, Ross, & Ross, 1961). In most cases, girls will model their mothers' behaviors, while boys' behavior will be influenced by fathers or father-like figures. Therefore, the child will imitate the behavior of the most similar parental figure in order to produce similar reinforcers. If positive reinforcement is maintaining aggression, the likely reinforcer for the aggressive behavior is compliance of the

victim. Negative reinforcement of aggression will remove an aversive stimulus; however, there are countless numbers of aversive stimuli. For the women who were raised in households that violence was common in, their mother's behavior and role in the violence, aggressor, counter-control, or victim, will likely match the role of the daughter.

In households where the mother is the aggressor, the daughter will most likely attempt to behave similarly when she is faced with abusive control. This is clearly demonstrated in the case of Peaches. She recounted the abuse her mother inflicted on her for years.

My mother used to have this like, she called it a ritual... She used to have this little thing where I used to have like sex with everyone in my family since I was the youngest... I was the baby out of 13 kids. She made me have sex with everybody.

Her mother's abusive behavior was clearly sadistic. While the reinforcer of the mother's abusive behavior is not directly said, it is highly plausible that approval, attention, and compliance were reinforcing. As a child, Peaches saw the consequences that followed her mother's behavior and likely modeled the abuse in order to receive similar reinforcers. Through her imitation, Peaches assumed the role of aggressor.

While Peaches does not explicitly claim to be an aggressor, she does admit to also partaking in abusive behavior, stating "[a]nd I did things to him, too, you know. I stabbed him a couple of times. It wasn't the ideal marriage..." When Peaches was prompted, she claimed just as she would say he was the instigator, he would say she was the aggressor in most cases. In this relationship, there are concurrent contingencies, three negative reinforcement (two escape and one avoidance) and one positive reinforcement. The first escape contingency for Peaches' aggression is the removal of the aversive stimuli (yelling and pain from fighting), which was contingent on her aggressive behavior. The removal of those stimuli is also reinforcing for Peaches leaving the house.

Another negative reinforcement contingency occurs after she leaves the house. Peaches disclosed that she would go smoke after a violent episode. For the avoidance contingency, her drug use caused numbness which resulted in less pain when her husband became violent. Using cocaine avoided any pain that might have occurred. As for the positive reinforcement, leaving was reinforced by the opportunity to smoke. When Peaches would leave following the abuse, she would be reinforced by drug use. While the original acts of aggression were most likely acts of imitation of her mother's behavior from her childhood, at some point, the reinforcement shifted to more accurately fit the needs of Peaches.

Lizzy is another participant who imitated the behavior her mother displayed in abuse. Their behavior in response to abuse is to use countercontrol actions. Lizzy explained that as a child, her father used to excessively drink alcohol and hit her mother. Her mother used to fight back to stop the abuse.

When I was real little my dad used to drink and he used to hit my mom and the last time they got into a big fight, my dad hit my mom and um, the last time they got into a big fight, my dad went to hit my mom and my mom pushed him over the coffee table and he was yelling at everybody and he was really drunk and that was the last time he ever drank and that was when [I] was thirteen and he hasn't drank since then and he's gotten a lot better.

Lizzy's accounts of her own abuse seem to parallel those of her parents.

...he got up and he picked me up and I ran around the corner and he was chasing me and I took a picture off the wall and I hit him over the head with it. And then he threw me in the glass...

In both situations, the female does not resort to aggressive behavior until evoked. This use of countercontrol is an example of negative reinforcement. Countercontrol is a method used by an individual in response to aversive control; the individual will react in one of two ways, counterattack (violent) or escape (non-violent) (Delprato, 2002). For both Lizzy and her mother,

the counterattack in response to an abusive episode is reinforced by the removal or reduction in intensity of the aversive stimuli of significant others' yelling and pain from being hit.

Another reaction to abuse that imitated the mother's reaction was Cynthia. Both she and her mother were compliant to the abuse for over a decade. In both of their cases, the abuse began early and stretched throughout the relationship. When questioned about the intimate partner violence in her relationship, Cynthia detailed extensive abuse and cited her mother as reasoning for staying.

I've known him all my life. We were best friends. It started out just little stuff here and there, calling me names or being verbally abusive. From there it just got worse. It didn't take even a year before he hit me. And then I just didn't leave because I thought I was supposed to make this work. My mom spent fifteen years with my dad.

In this situation, staying with the perpetrator was most likely socially reinforced. It is possible that Cynthia had been told that it is more acceptable to mend relationships rather than leave.

Escalation of Abuse

Many of the women, seven of the eight, had reported that the relationship originally began with no abuse. During the beginning of relationships, the visual stimulus of the significant other is paired with the physiological reactions of attraction. Through repeated pairing of the significant other with unconditioned stimuli, the physiological reaction that is elicited by their presence is considered to be the emotional response of love. Additionally, the significant other is paired with operant responses. Most commonly, behavior that results in attention from the significant other will be reinforcing for the individual that is doing the behavior. Cynthia met her perpetrator as an infant; her mother told her that he changed her diapers growing up. However, his attitude towards her changed once an intimate relationship started.

We've been friends for a long time and then we moved into an apartment together because I couldn't do it by myself and we had our own separate rooms and everything. I don't know what happened from there. We just ended up being together. That was a heck

of a long-term relationship...Yeah, cause then I wasn't his friend anymore I was just his b**ch. [laughing] I don't know what changed. But when we were friends we hung out all the time and he bought me stuff...after that I don't know what changed, it just wasn't cool anymore.

Cynthia developed emotional responses in response to the presence of her ex-husband.

Concurrently, his presence was paired with the reinforcers such as attention and tangible gifts.

Once the abuse begins, the emotional response and reinforcing attention stimuli that are paired with the significant other do not just stop. In most cases, the positive reinforcement will increase in frequency and intensity for some time. Often, after an abusive episode, the aggressor will apologize and enter what is referred to as the “honeymoon phase.” This stage describes the period of time in which the abuser will give the victim extra attention and affection and may even buy gifts. Most likely, a promise to change will be made (Focht, J. 2017). The cycle of domestic violence is very clearly illustrated in Angel’s account.

[He] promised me he would do better this time, but he slipped right back into the same old habits...so I made the mistake of calling him and letting him know I was out here. He came out here and started doing the same thing, and it got worse out here. Um, he almost pushed me through a window once, and then there was another incident where he took a [redacted] and hit me in the middle of the head. He was really using drugs really bad then...

The cycle then moves into the tension building phase. During this phase, antecedents to abuse begin to appear or reappear (Focht, 2017). In Angel’s relationships, the warning stimulus for an abusive episode was marked by drug use. Following that, there is an abusive incident. This specific example is a case of severe physical abuse; fortunately, Angel survived.

The reason that most do not leave after the first episode of abuse is due to the schedule that the reinforcement is being delivered. Intermittent reinforcement is the schedule that occurs in most relationships. During this schedule of reinforcement, the behavior does not produce a reinforcer every time, but the reinforcer will eventually still be presented. Intermittent

reinforcement creates behavior that is resistant to change due to the anticipation and expectation that the reinforcement will eventually occur (Malott & Shane, 2014). This is true for the victims' relationships to the abusers as well. Samantha claimed:

Yeah, I got pregnant with [son] right after I met him. I left for four months when [her son] was about three months old. And I came back and he was wonderful and I got pregnant again and it happened three times since I've been pregnant.

Often, reinforcement is still occurring even once the abuse begins, similar to Samantha's case. Since certain behaviors have resulted in reinforcers, the victims will still continue to behave in that way out of hope that it will be reinforced. The victim will still respond in ways that have been previously reinforced by his or her partner.

Difficulty Leaving

Seven of the eight women reported having difficulty leaving their abusers, despite the pain being inflicted upon them. The reasons all differed per situation; however, the reinforcement for staying in the situation was greater than any punishment contingency that would occur from leaving. In one way or another, complying with the violent behavior produces sensory stimuli, attention, escape from aversive stimuli, or access to tangible stimuli. One key contingency keeping the women in the abuse is positive reinforcement. Often, restricting access to personal items and financial resources is a method that abusers will use to control the victims as well as keeping them in the situation. Samantha, a young woman with a little boy and a baby on the way, expressed the difficulties of leaving all of her items in the possession of her abuser.

...we shared a vehicle and I took that. He wants it back. He's got everything I own, including my computer which is my job and he won't give it back to me... he was my main source of income.

In this case, Samatha's ex-boyfriend was manipulating her to return to the relationship by not giving her personal items back, such as the laptop, which was the one she had used for work.

Once these victims leave, it is likely that they will need to leave several of their possessions behind. Sometimes, staying is easier than losing everything you own.

Another contingency maintaining the relationships is avoidance of an aversive stimulus, which is the “response-contingent prevention of an aversive stimulus resulting in an increased frequency of that response” (Malott & Shane, 2014, p. 437). Melissa demonstrates this when she states “And he knew I didn't have any family so he figured he could talk to me anyway...So....I still had this in my head....’I can't make it.’ And I could have, all I had to do was use a little bit of resources that they have out here and I would've been all right.” To her, being on her own without the financial help or support from family was more aversive than the abuse that she was enduring. Therefore, she continued to comply with the aggression against her in order to prevent that from happening. Similarly, Cynthia describes the comfort and freedom she had felt when with her molester.

His [father's] best friend sexually abused me from the time I was three till I was fourteen and he raped me. That's a place that I was allowed to go, to his best friend's house. And his wife, Mary Anne...Bernie and Mary Anne...he would molest me while his wife was in the bed next to him... I was allowed to go over there and I could go outside there and they had all of these fruit trees and pomegranate trees and all these things out in the yard and so when I went over there I could run and hide and play in the trees. In my mind, it was like a fairytale land. I could pretend I was somewhere else and Prince Charming came and rescued me. That was the only way I had to escape... I could be in this world all by myself.

She explained there was a battle between which abuse was worse, either being locked in the house where she was being physically battered or with the man who had been molesting her but allowed her freedom to go outside. While Cynthia was not able to escape the entirety of the abuse she experienced, being with her sexual abuser meant she was not forced to be inside and prevented that aversive condition.

Normally, the women leave when the aversive stimuli of being without the abuser is no longer more aversive than the abuse itself. In Markeelie's story, when asked what made her leave, she claimed:

[The abuse] had gotten to a point where he would start raping me and hitting me in the stomach and I had to make a choice to get us out of the situation...What made me up and leave is because I had went to the doctor and I had found out that my placenta was covering up my cervix which means my doctor told me 'no sex'. And after I told him this, he still raped me, you know.

All of these methods are employed by the abuser to keep the victim in the situation. Once the victims believe that nothing can be worse than the abuse, they will likely feel as if leaving is possible.

Children as a Motivation

Of the women in this study, seven were mothers, and each explained how their children were a motivation for them to act a certain way. For some, the children were the reason for staying with the abuser, while for others it was the motivation to leave, to keep fighting, or to stop using drugs. From a behavioristic perspective, motivation, or motivating operations, are defined as a condition that increases the effectiveness of the response product (Michael, 1982).

It was evident that the mothers in this study loved their children and were often willing to try to protect them at any cost. One of the mothers discussed how her child helped her with sobriety. Cynthia said: "At one point my mom called CPS and she had my little girl for a while, but I got her back. I quit doing drugs and got her right back." In this case, the deprivation of her daughter's presence was the motivating operation. The antecedent was the absence of her daughter. Her behavior of becoming clean from drug use was reinforced by her daughter's presence. However, it is possible that if Cynthia had not lost custody of her daughter and been deprived of her presence, then she may have not stopped using drugs.

Several of the other participants claimed that their children's well-being was the reason for their actions. One mother chose to stay due to her perception that the children would have a better quality of life with both parents, despite the violence. Melissa detailed her thought process by saying:

So it became physical a few times, he tried to choke me a couple times and push me or he's hit me in the head before or grabbed my hand and dislocated one of my fingers, that was probably the worst thing. And um, it was happening once or twice a month that we would really be totally nasty to each other. Then I was like, okay, I'm trying to be nice but it's not working. It's not working but we're trying to hold on because of the kids a lot of the times...

For Melissa, the children benefited from the relationship between her and her ex-husband, which was her motivating operation. Her behavior of enduring the abuse was reinforced by the children's safety and well-being.

On the other hand, another mother in this study left the relationship and sought shelter services due to the effect the violence was having on her son.

Actually, he had gotten to a point where he was just terrified. He got to a point where he wouldn't eat when his father was around, he wouldn't sleep while his father was around and he wouldn't even play or watch t.v. He would just sit there like a mummy and won't do anything...just...that's how terrified he was of his father. And that's a lot for a two year old. I mean, he wasn't even two when he came...he was one. He just turned two."

In Markeelie's situation, her son was experiencing intense emotional stress. The stimulus preceding Markeelie's behavior of leaving the relationship with her son's father. The motivating operation would be his well-being which increased the reinforcer value of the boy's safety and well-being.

Unfortunately, there are cases when mothers need to resort to aggression to protect and ensure their children's safety. This is illustrated in Tazia's story. Tazia, a mother whose pseudonym was also her daughter's name, tells of what motivated her to behave aggressively by saying:

In December...in January my daughter was really sick and I took her to the hospital and admitted her and she was really dehydrated and things like that, and after two weeks the doctor found that my daughter had fractured ribs. So they placed her in CPS custody until they found out if it was a medical thing called metabolic lung disease or if it was physically done to her. So after they took her in January, in March me and [her abuser] had our own apartment. We had finally moved out of his parents' house and everything because that was way too stressful. When they took Tazia I was blaming him and his family and I was like 'Your mom is going to go to jail. Whoever did this to my baby is going to jail.'

For Tazia, not knowing what had happened to her daughter acted as an antecedent for the mother to behave aggressively. The motivating operation, deprivation of her daughter's safety, increased the reinforcing value of finding answers and evoked any behavior, including the aggressive behavior, that would lead to answers.

For these mothers, their children were important in their lives, and they would stop at nothing to keep their children safe, including enduring withdrawal symptoms, excessive violent outbursts, leaving behind their lives, and ensuring that their children would never be hurt again.

DISCUSSION

Findings

The findings from this study are consistent with previous literature and the patterns that have been found in victims of intimate partner violence. Specifically in this study, the patterns that were present in nearly each, if not all, of the women include a history of exposure to violence and abuse in childhood, escalation of abuse, difficulty leaving, and children as a motivation. The behaviors that were analyzed were present in over 85% of the women in this study. Again, the analysis of the behavior is not meant to blame the victims for the circumstances that they were in, but rather to understand how to better respond to the victims in the future.

As children, 100% of the women were either exposed to violence in their houses or victimized in one or more forms of abuse. Three of the eight women, 37.5% of the participants, had reported being exposed to abuse but not being victimized themselves. The other five women, 62.5%, disclosed stories of victimization in their childhood. The severity varied; however, all types and degrees of abuse affect individuals. This study theorized that through imitation, the women learned abusive and compliant behavior in intimate relationships as children. The consequences that the parental figures in their lives have influenced them to behave similarly as an adult. The finding that these women experienced intimate partner violence as well as exposure to abuse in childhood is consistent with several studies (Barrios, et al., 2015; Black et al., 2011; Hamby, Finkelhor, Turner, & Ormrod, 2011; UNICEF, 2006). Just as those studies have, the results from this study point to a strong, positive correlation between childhood abuse and intimate partner violence victimization. However, this study does have a significantly higher percentage of participants that have been exposed to violence in the house than the results of Barrios, et al. (2015) and Hamby, et al. (2011).

Another thematic behavior apparent in this study is the escalation of abuse that the women experienced; 87.5% reported that either abuse was not present or was minor at the beginning of the relationship, but as time passed, it increased in severity and form. The studies conducted by Schragger (2012) and Walker (1979) are consistent with the results of this finding. From a behavioristic view, significant others are paired with emotional responses, such as the physiological effects that individuals experience as a result of stimuli that are related to important figures in their lives (Malott & Shane, 2014). Coincidentally, significant others tend to also be mediators of reinforcement, which in turn creates the desire to be around them more often (Malott & Shane, 2014). Once the abuse begins, a cycle of violence starts. Following

violent outbursts, it is likely that the perpetrator will increase the frequency in which they are delivering reinforcements to their victims as a method to reconcile the abuse (Shrager, 2012).

This creates the intermittent reinforcement schedule, which according to Malott and Shane (2014), when reinforcers are delivered intermittently, the behaviors are more resistant to change. For victims of abuse, there are no specific behaviors that result in abusive stimuli, making it that much more difficult for the victim to understand which behaviors to avoid. However, the possibility of reinforcement will likely generate a continuance of the behavior.

The third behavioral pattern that arose amongst the participants was the difficulty that the women had leaving the abusive relationship. Seven of the eight women, or 87.5%, had reported conflicts. As for the other participant, it is not specifically mentioned whether or not she found ending the relationship troublesome. In this study, the reinforcement and punishment contingencies are cited as a potential reason that victims struggle with the separation despite the violence. As previously mentioned, significant others often are paired with certain reinforcers (Malott & Shane, 2014). However, in relationships where intimate partner violence is occurring, punishment contingencies are also in place. The victims will compare the value of the reinforcer to that of the aversive stimulus and respond according to which will benefit the individual more (Malott & Shane, 2014). The women in this study do not appear to differ from participants of similar studies (Garcia-Moreno, Guedes, & Knerr, 2012; Moe, 2007; & Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Similarly, there are reports of leaving the abuser multiple times. Several of the participants claimed that they had stayed due to the fact that the benefits of staying in the relationship outweighed the perceived conditions that would be in place without the relationship.

However, when describing their motivations to leave, a fourth theme surfaced. All of the participants who were mothers indicated that their children played a role in leaving the abuse. Seven of the eight women were mothers, and of those seven, 100% reported their children motivating them. This study theorizes that the children's well-being, presence, and safety are all motivating operations. According to Michael (1982), motivating operations influence the frequency of a behavior due to a change in the impact the consequence will have. In regards to this study, these mothers' behaviors were influenced by their children. While the actions taken varied, the motivation stayed the same. The finding that children motivate their mothers in intimate partner violence aligns with studies from Garcia-Moreno, Guedes, and Knerr (2012) and Moe (2009).

Theoretical Implications

In the field of behavioral analysis, not much research has been conducted into breaking down and explaining the patterns that have been consistently found in studies focused on intimate partner violence. By doing so, researchers can begin to look further into what is occurring to these victims and try to implement behavioral contingencies into victim advocacy services. While victim services agencies and advocates are trying and succeeding in some cases, the fact of the matter is that over 50% of women will return to living with their abuser after a stay in a domestic violence shelter (Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). The implementation of contingencies to attempt to reinforce avoidance of the abuse is critical to protect the victims from falling into the behavioral traps set by the abusers.

Practical Implications

The findings of this study can be beneficial for those who work directly with victims of abuse, specifically first responders, legal representatives, social workers, victim advocates, and

counselors. This study explains what is occurring in the household where violence is occurring, and while all can agree that it is critical to assist the children in these households, not much is done other than cognitive therapy. Therapy can most definitely be beneficial to these children, but not much will change unless they are shown how to imitate the behaviors in healthy relationships. Prevention of the cyclical pattern of abuse will only be possible if the next generation understands the reinforcers that are involved in being in a healthy relationship. While there are steps that can be taken to improve the quality of life for an individual that has been abused, the staggering number of households with intimate partner violence will only be reduced by starting with the children.

Limitations

Limitations surrounding this study include the time lapse between the data collection and this analysis. The interviews were conducted two decades ago. Undoubtedly, the world has seen many changes since the turn of the millenium. Of those changes, ones that may have influenced societal norms are technological advances, gay marriage, and the *#MeToo* movement. These changes have shaped a new way to victimize and be victimized.

With the rise of smartphones, social media has become a powerful mode of communication. Now, communication happens through phone calls, text messages, video chat, Facebook, Twitter, Instagram, Snapchat, and endless more. As the population became more dependent on smartphones, memorizing contact information of family and friends has been replaced by a quick search or even just speaking to the voice assistant in the phone. Gone is the time of flipping through phone books to find the contact information for a business; Google searches are one of the quickest ways to find contact information, the address, hours, services, and reviews. While the simplicity that comes with having all of the information needed at the tip

of one's finger does not seem threatening, for a victim who needs to leave everything behind, this could mean no ability to communicate or access to vital information. Not to mention, every use of the phone can be recorded and later viewed in the history, which gives a perpetrator information to nearly everything the victim has been doing. Another hidden danger that social media poses for victims of abuse is that global positioning systems have been implemented into multiple of these applications. Any attempts to escape could be impaired by the ability that "friends" or "followers" have to locate the victim in seconds. This feature was meant to allow individuals to share their locations to ensure safety and keep others informed, but in reality, it also gives perpetrators access to the victims' whereabouts.

Along with the endangerment that results from knowledge or lack thereof, social media has given rise to a new way of victimization, cyberbullying. The U.S. Department of Health and Human Services defines cyberbullying as sharing personal or private information on the internet and/or mobile applications via electronic devices in which others have the ability to view or participate in the degradation of individual(s) (U.S. Department of Health and Human Services, 2019). It is known that perpetrators of intimate partner violence attempt to control, intimidate, and manipulate not only the victim but those around them. Social media gives them the perfect platform to exploit their victims publicly while controlling the image the public sees of the couple. As the generations that partake most in social media use begin to enter relationships, abusers will most likely use social media as an outlet to attack their victims.

Another major shift in society that has occurred after these interviews were conducted is the legalization of gay marriage. Up and coming research will likely reflect both a negative and positive outcome. It is likely that the generations that will be raised with the premise of "love is love" will be more accepting of different sexual orientations. It is possible that statistics

regarding gay hate crimes will begin to lessen within the next few generations. However, on the dark side of this victory, reports of intimate partner violence in the LGBTQ+ community will begin to rise. A common myth heard is that intimate partner violence solely occurs in heterosexual relationships, which is far from the truth (Rollè, Giardina, Caldarera, Gerino, & Brustia, 2018). This increase can have multiple causes. One being that now that same-sex marriage is legal, victims will no longer fear legal repercussions for making a report to the police. A second being that services for intimate partner violence have started to extend their services to the LGBTQ+ community. Being accepted in the community regardless of sexuality will create more trust and comfort to be able to disclose the embarrassment many victims feel as a result of intimate partner violence.

The *#MeToo* Movement created a community that strives to advocate for sexual violence survivors by sexual violence survivors and serves as a reminder that these victims are not alone though the perpetrator tries to convince them otherwise. Its beginnings originate in the dark disclosure of the chronic sexual abuse that was Heaven's life. As she told her story, her camp counselor, Tarana Burke, struggled to listen and encouraged Heaven to seek advice from another counselor. While Tarana's difficulty listening may be written off as not being able to swallow the cruel details, her struggle was with her own story that mirrored what she was hearing. She was not able to tell Heaven that she was not suffering alone, that she, too, had also been victimized, thus becoming the "me too" movement (Burke, n.d.). Though the movement has been around since 2006, it was not until October of 2017 that the movement exploded. Actress, Alyssa Milano, appealed for her followers to respond with "#MeToo" if he or she had ever been subject to unwanted or non-consensual sexual contact. The goal was to develop a better understanding of how many have suffered from sexual abuse. Within one week, the phrase "MeToo" was posted

nearly 1.6 million times. These tweets ranged to include only those two words to detailed experiences that victims had faced (Modrek & Chakalov, 2019). This revolution has sparked conversations across the world about the prevalence of sexual violence. Many of these conversations appear to have shifted from victim-blaming to victim empowering. In response, several bills regarding sexual victimization have been proposed. This movement may change the response to victims in the coming years.

While the coming generations of victims have obstacles to face, the generations now are fighting for a different life for the future. Society has changed in response to advancements and movements; therefore, it is possible that the transcripts are no longer generalizable to this generation of victims.

Additionally, this study only reviewed behavior from the perspective of the victims. In doing this, the goal was to not belittle or victim-blame, but rather to understand what is occurring to give the public a different perspective of the reasons individuals will stay with the abusers for so long. While this study can attempt to explain some victims' behavior, the behavior of the abusers could not be analyzed without understanding the other side of the story, which to more fully understand the essence of intimate partner crime will need to be done. According to Feminist Standpoint Theory, research on power relations should begin by analyzing the effects of the relationship on the marginalized party (Bowell, n.d.). It is important to begin with the affected party in order to establish a less distorted view of the experience before continuing on. For this study in particular, the analysis of behavior should attempt to explain all behavior before analyzing that of the perpetrator.

Another factor that limited this study was the need to change my initial research question and study design. Originally, the goal of my thesis was to compare the patterns displayed by

women in domestic violence shelters now, compared to the women from the 2000 study.

Original plans for this thesis included conducting interviews with women currently residing at the shelter at the YWCA in Kalamazoo, as a result of intimate partner violence, and comparing those data to the transcripts of Dr. Angela Moe's interviews. However, changes needed to be made in response to the outbreak of COVID-19 and the orders that followed. In March 2020, a highly contagious form of coronavirus disease spread and forced lockdowns across the globe. Executive orders put in place to help slow the spread of the disease required all in-person activity that does not sustain or protect life to be suspended. As a result, plans for primary data collection and comparisons were cancelled.

Future Research

A recommendation for future research is to conduct the study mentioned above. It is important to see in what ways, if any, victims of intimate partner violence have adapted differently over the past 20 years. Identifying which patterns of victimization have survived the generational gap might give more insight into the underlying consequences. With all the changes in society, it is likely there have been changes in methods of victimization as well as the effects of victimization. Specifically, researchers should look into the impact of technology, legalization, and the *#MeToo* movement. Technology has allowed for a whole new way to victimize as well as seek help. The rise of cyberbullying could have detrimental effects on victims. For example, attempts to control and manipulate the situation could be broadcasted to the majority of the world's population in seconds now. More than likely, if looked into, it will be found that many perpetrators of intimate partner violence publicly attempt to humiliate their victims on social media.

As for gay marriage, those in same-sex relationships have less backlash to face than ever before. Statistics do not accurately affect the violence that occurs in these relationships in part due to fear of retaliation. With the legalization, it is likely that more reports of intimate partner violence will be made now that there is less threat of persecution. Additionally, younger generations are becoming increasingly aware of the large population of victims of abuse. The *#MeToo* Movement sparked a revolution, and hopefully its effects will go beyond sexual abuse. One other suggestion for future research is to determine whether COVID-19 had any effect on the number of domestic violence reports. Several media sources have claimed that there has been a spike in domestic dispute reports since the issue of the stay at home orders. However, there have not been any official reports of this.

Conclusion

Aspects of intimate partner violence can be explained by the consequences that follow behavior. It is likely that the behavioral patterns that these victims have all displayed - including childhood abuse, escalation of abuse, difficulty leaving the relationship, and children as a motivation - have been evoked by previous reinforcement or punishment. With such high levels of participants disclosing similar behavior, it is plausible that the behaviors are being controlled by similar reinforcers or aversive stimuli. Although, to understand, the consequences will need to be analyzed individually as each victim will most likely not be influenced by the same type, frequency, or value of reinforcers. The decision to stay or leave is not easy. However, when looking into the stimuli that result from that action, the behavior becomes easier to explain. With further research into this topic, it is likely that the public will stray away from victim-blaming as an attempt to justify intimate partner violence.

APPENDICES

Behavioral Pattern	n	N	%
Childhood Abuse	8	8	100
Exposure	3	8	
Victimization	5	8	
Escalation of Abuse	7	8	87.5
Difficulty Leaving	7	8	87.5
Children as Motivation	7	8	87.5

Table 1 - displays the percentage of participants that reported the similarity

References

- Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *The Journal of Abnormal and Social Psychology*, *63*(3), 575–582.
<https://doi.org/10.1037/h0045925>
- Barrios, Y. V., Gelaye, B., Zhong, Q., Nicolaidis, C., Rondon, M.B., Garcia, P.J., Mascaro Sanchez, P.A., Sanchez, S. E., & Williams, M. A. (2015). Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. *PLoS ONE* *10*(1): e0116609.
doi:10.1371/journal.pone.0116609
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Washington, DC: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf
- Bowell, T. (n.d.) *Feminist Standpoint Theory*. Waikato, New Zealand: Internet Encyclopedia of Philosophy. <https://www.iep.utm.edu/fem-stan/>
- Burke, T. (n.d.) *The Inception*. New York: me too. <https://metoomvmt.org/the-inception/>

Cohen, L. R., Field, C., Campbell, A. N. C., & Hien, D. A. (2013). Intimate partner violence

outcomes in women with PTSD and substance use: A secondary analysis of NIDA

Clinical Trials Network “Women and Trauma” Multi-site Study. *Addictive Behaviors*,

38(7), 2325–32. doi:10.1016/j.addbeh.2013.03.006.

Delprato, D. (2002). Countercontrol in behavior analysis. *The Behavior Analyst*, 25(2), 191-200.

Downs, W. R. (2001). *Alcohol problems and violence against women: Report of summary*

findings (Doc. No. 188267). Washington, DC: U.S. Department of Justice.

<https://www.ncjrs.gov/pdffiles1/nij/grants/188267.pdf>

Schrager, S. (2012). The Cycle of Violence. In Fife, R. & Schrager, S. (Eds.), *Family Violence:*

What Health Care Providers Need to Know (pp. 23 - 26). Jones & Bartlett Publishers.

Focht, J. (2017). *The Cycle of Domestic Violence*. Washington, DC: National Center for Health

Research. <http://www.center4research.org/cycle-domestic-violence/>

Garcia-Moreno, C., Guedes, A., & Knerr, W. (2012). Understand and Addressing Violence

Against Women: Intimate Partner Violence. *WHO RHR* 12(36). Geneva, Switzerland:

World Health Organization.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). *Children’s Exposure to Intimate*

Partner Violence and Other Family Violence. Washington, DC: U.S. Department of

Justice. <https://www.ncjrs.gov/pdffiles1/ojdp/232272.pdf>

Malott, R. W. & Shane, J. T. (2014). *Principles of Behavior (Seventh Edition)*. Milton Park:

Taylor & Francis.

Michael, J. (1982). Distinguishing between discriminative and motivational functions of stimuli.

Journal of the Experimental Analysis of Behavior, 37, 149-155.

<http://dx.doi.org/10.1901/jeab.1982.37-149>

- Modrek, S., & Chakalov, B. (2019). The #MeToo Movement in the United States: Text Analysis of Early Twitter Conversations. *Journal of medical Internet research*, 21(9), e13837. <https://doi.org/10.2196/13837>
- Moe, A. (2009). Battered Women, Children, and the End of Abusive Relationships. *Affilia*, 24(3), 244-256.
- Moe, A. M. (2007). Silenced Voices and Structured Survival: Battered Women's Help Seeking. *Violence Against Women* 13(7), 676–699. <https://doi.org/10.1177/1077801207302041>
- Moe Wan, A. M. (2001). Strategies of survival: Studying the link between women's victimization and offending. (Unpublished doctoral dissertation). Arizona State University, Tempe, AZ.
- Oths, K. S. & Robertson, T. (2007). Give Me Shelter: Temporal Patterns of Women Fleeing Domestic Abuse. *Human Organization* 66(3). APAPsycInfo.
- Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. *Frontiers in psychology*, 9, 1506. <https://doi.org/10.3389/fpsyg.2018.01506>
- Schumacher, J. A. & Holt, D. J. (2012). *Domestic violence shelter residents' substance abuse treatment needs and options*. *Aggression and Violent Behavior*, 17, 188-197.
- Soper, R. (2014). *Intimate Partner Violence and Co-Occurring Substance Abuse/Addiction*. Rockville: American Society of Addiction Medicine. <https://www.asam.org/Quality-Science/publications/magazine/read/article/2014/10/06/intimate-partner-violence-and-co-occurring-substance-abuse-addiction>
- Truman, J. L. & Morgan, R. E. (2014). *Non-fatal Domestic Violence, 2003-2012*. Washington, DC: Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/ndv0312.pdf>

United Nations International Children’s Emergency Fund (2006). *Behind Closed Doors: The Impact of Domestic Violence on Children*. New York: UNICEF.

<https://www.unicef.org/media/files/BehindClosedDoors.pdf>

U.S. Department of Health and Human Services. (2019). *What is Cyberbullying*. Washington, DC: U.S. Department of Health and Human Services.

<https://www.stopbullying.gov/cyberbullying/what-is-it>

Walker, L. E. (1979). *The battered woman*. New York: Harper & Row.

Warshaw, C., Lyon, E., Bland, P., Phillips, H., & Hooper, M. (2014). Mental Health and Substance Use Coercion Surveys Report from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline (pp. 1–26).

Yamawaki, N., Ochoa-Shipp, M., Pulsipher, C., Harlos, A., & Swindler, S. (2012). Perceptions of Domestic Violence: The Effects of Domestic Violence Myths, Victim’s Relationship With Her Abuser, and the Decision to Return to Her Abuser. *Journal of Interpersonal Violence*. 27(16) 3195–3212. DOI: 10.1177/08862605