

## Attachment Styles, Marital Conflicts, Coping Strategies, and Sexual Satisfaction in spouse abused and non- abused women

### Abstract

**Introduction:** Intimate partner violence refers to any behaviour within an intimate relationship that causes emotional, physical and sexual problems to victims. Coping strategy as significant factors in mental health is defined as behavioral and psychological attempts to control stress and confront stressful situations.

**Aims:** This study aimed to compare spouse abused and non- abused women in attachment styles, marital conflicts, coping strategies and sexual satisfaction.

**Method:** This is a comparative study. Statistical population of study consisted of all women who had referred to healthcare centers in Alborz province during February-May 2017. All of women filled spouse abuse questionnaire and 300 c spouse abused women compared with 300 non- abused women. Both groups were similar in terms of age, education level, number of children, and living place using convenience sampling method. Sample members filled out Sanaee's Marital Conflict Questionnaire, Endler and Parker (1990) Coping Strategies Inventory, Hudson et al. (1981) Sexual Satisfaction Scale, and Collins and Reid (1990) Attachment Scale. Data analyzed by t test, Pearson correlation coefficient, MANCOVA and Levin test through SPSS-21 Software.

**Results:** Results showed that spouse women had more marital conflicts, insecure attachment, dysfunctional coping strategies and less sexual satisfaction than non-abused women (0/000).

**Conclusion:** There were insecure attachment style, more marital conflicts, and dysfunctional coping strategies, less sexual satisfaction in spouse abused women.

**Keywords:** Marital Conflicts, Coping Strategies, Alborz province, Pearson correlation

## Introduction

Intimate partner violence refers to any behaviour within an intimate relationship that causes emotional, physical and sexual problems to victims. It includes acts of physical aggression (slapping, kicking, biting, shoving, hitting, restraining, throwing objects) or threats thereof; psychological abuse (intimidation, constant belittling, controlling or domineering; stalking; passive/covert abuse otherwise known as neglect; and economic deprivation, aggressive sexual intercourse (1). This health problem is prevalent in the world (2). According to the study conducted in London, one woman out of each five women (3) and 29% of referring women to healthcare centres in Canada and one fifth of referring women to psychiatric emergency are victims of domestic violence (4). In Iran, Several studies showed a rate of spouse violence against women 58% in Sari city (5) and to 82% in general population in Tehran (6).

Intimate partner violence has many negative health problems (Bruises, broken bones, head injuries and internal bleeding are some of the acute effects of spouse abuse that require medical attention and hospitalization (7). Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome and psychological problems special risk of suicidality(8) . The most commonly referenced psychological effect of spouse abuse is Post-Traumatic Stress Disorder (9). Different psychological consequences may be found in the victims of violence, including depression, Somatization, substance abuse, feelings of inadequacy, and low self-esteem along with mood and anxiety disorders, eating disorders, self-defeating behaviour, and suicide attempt (10, 11).

Some variables in abused women are significant. Attachment styles are one of them.

Attachment originally proposed by John Bowlby (1969) and *defined as the emotional relationship between two persons in which, persons protect their intimacy to continue their relationship*. These attachment styles continue into adulthood, affecting the nature of adult relationships. The construct of attachment style, typically characterized as secure or insecure, has been applied to spouse abuse victims, with two insecure attachment styles. Insecure attachments included anxious, detached. Avoidant and preoccupied. (12) .According to various studies, there is a relation between different attachment styles and quality of intimate relationships (13). and spouse abused women have more insecure attachment styles (14, 15).

Also, a study of battered women who had recently left abusive relationships found that 35% had fearful attachment styles and 53% had preoccupied styles (16).

Marital conflict is prevalent in abused women and it is considered as a risk factor for abuse in relationship and divorce (17). Conflicts between couples are due to economic, emotional, sexual and family issues

Coping strategy as significant factors in mental health is defined as behavioural and psychological attempts to control stress and confront stressful situations. Therefore, they are helpful in the prevention, diagnosis, and moderation of the stressors (18). Coping strategies could be emotional (aggression about self and others and avoidance) or cognitive (problem-solving). Avoidance including self-blame and rumination and aggression are related to higher levels of distress in abused women (19).

Satisfaction of sexual needs is one of basic need in marriage and dissatisfaction of sexual desires leads to marital conflicts (20). Abused women have lower sexual satiation in a sexual relationship (21). This study aimed to compare spouse abused and non- abused women in attachment styles, marital conflicts, coping strategies and sexual satisfaction.

## **Methods**

This was a cross-sectional and comparative study conducted in 2017. In this research, 300 spouses abused women were compared with 300 non- spouse abused women in terms of some variables such as attachment style, coping strategies, marital conflicts, and sexual satisfaction. Both groups were similar in terms of age, education level, number of children, and living place using convenience sampling method. All of the women referring to healthcare centres in Alborz Province (Savolbolagh City) first filled out the Ghahari's spouse abuse questionnaire then filled out marital conflict, attachment style, coping strategies, and sexual satisfaction questionnaires. Incomplete questionnaires were removed from research. Data were analyzed by Multiple Analysis of Co-Variance (MANCOVA).

## **Instruments**

In addition to demographic questionnaire, the other instruments were as follows:  
Ghahari's spouse abuse Questionnaire: This questionnaire consisted of 44 items; of that, 20 items evaluate emotional misbehavior, 10 items physical misbehavior, and 14

items sexual misbehave. For the validity of this questionnaire , Results showed an acceptable Cronbach's alpha coefficient of 0.92 and 0.98 (22)

**Marital Conflict Questionnaire:** This inventory consisted of 42 items using to evaluate marital conflict based on experience (23). This questionnaire evaluates 7 aspects of marital conflicts including reduced collaboration, reduced sexual relationship, increased emotional reaction, increased demand for children support, increase personal relationship with relatives, reduced family relationships with spouse's relatives and friends, and separated financial affairs between spouses. Each item is scored as 5-point Likert Scale from 1 to 5 in which, higher scores show higher conflict and lower score shows a better relationship. Afkhami, Bahrami and Fatehizadeh. Reliability of this questionnaire is 0.94 for a 30-member group using Cronbach's alpha coefficient; this coefficient also was calculated for 7 subscales as follows: reduced collaboration 0.70, reduced sexual relationship 0.72, increased emotional reaction 0.73, increased demand for children support 0.81, increase personal relationship with relatives 0.75, reduced family relationships with spouse's relatives and friends 0.69, and separated financial affairs between spouses 0.68 (24).

**Coping Responses Inventory (CRI):** short form of inventory of coping with stressful situations was designed based on the main version of questionnaire by Calsbeek et al (25). Coping with stressful situations inventory consists of 48 items while its short-form consists of 21 items. Coping with stressful situations inventory is a self-report instrument in which, respondents select each of presented strategies at a 5-point Likert Scale form 1 (never) to 5 [strongly high ]. Results of confirmatory factor analysis of Calsbeek et al.(2005) indicated 3-factor structure of stressful situations inventory short-form and its validity. Poorshahbaz obtained validity and reliability of this questionnaire to 0.78 and 0.74, respectively using Ballad method and Spearman-Brown formula (26, 27).

**Read and Collins Adult Attachment Scale (RAAS):** This scale was developed by Collins and Read (28) consisting 18 items scoring at 5-point Likert Scale from 1 (it is not matched with my characteristics) to 5 (it is matched with my characteristics). Of 18 sentences, 6 sentences evaluate safe attachment style, 6 sentences evaluate avoidance attachment style, and 6 sentences evaluate anxious attachment style (29). Items 1, 5, 6, 12, and 14 were scored reverse; Cronbach's alpha coefficients of safe, avoidance and anxious attachment styles reported to 0.81, 0.78, and 0.85,

respectively and reliability of retest obtained to 0.95 .Rajabi obtained Cronbach's alpha coefficient of anxious and avoidance attachment styles to 0.70, and 0.52, respectively and reported their simultaneous validity coefficient (divergent) with Seampson's safe attachment scale to (P<0.061) -0.20 and (P< 0.104)-0.51, respectively (30).

**Sexual Satisfaction Inventory (SSI):** This inventory was developed by Hadson et al. (1981) to evaluate level of couples' satisfaction; this tool consists of 25 items and responses are scored at 5-point scale from 1 to 5 (1-always, 2- most of the time, 3- sometimes, 4- rarely, 5- never). Minimum and maximum scores are 25 and 125. Items 1, 2, 3, 9, 10, 12, 13, 16, 17, 19, 21, 22, and 23 are scored reversely; Higher score indicates marital satisfaction. Reliability Cronbach's alpha coefficient and retest value (after one week) obtained to 0.91 and 0.93, respectively. This scale has a good validity to distinguish couples with and without sexual problems and its content validity obtained to 0.71 using subscale of Enrich's sexual satisfaction scale Cronbach's alpha coefficient of this scale obtained to 0.94 in Iran (31-32).

Independent t-test and Pearson correlation coefficient were employed for data analysis. All statistical analyses were done through SPSS-21 Software.

## Results

Overall 300 spouse abused women were compared to 300 non spouses abused women in terms of some variables including marital conflicts, coping strategies, sexual satisfaction, and attachment style. Their age average was at 33.76, and an average number of their children was 2.45, they had diploma degree averagely.

**Table 1. Comparison between two groups considering marital conflicts based on independent t test**

Variable	Group	Mean	SD	df	t	Sig
marital	victim of violence	143.610	28.484	598	2/41	0/000
conflicts	normal group	108.620	32.432			

According to Table 1, mean scores of marital conflict scale obtained to 143.6610 and 108.620 for spouse abused and non- abused women, respectively and standard deviation for them obtained to 28.484 and 32.432. There is a significant difference between marital conflict scales of two groups. The obtained t form this comparison was equal to 2.41 and was statistically significant.

**Table 2. Comparison between two groups considering coping strategies based on independent t test**

Variable	Group	Mean	SD	df	t	Sig
Coping strategies	victim of violence	750.42	9.078	598	3.292	0/000
	normal group	45.550	9.007			

According to Table 2, the difference between coping strategies scales of spouse abused and none abused women. Mean scores of coping strategies scale obtained to 42.75 and 45.55 for abused and non- abused women respectively .The standard deviation for them obtained to 9.078 and 9.007. The obtained t form this comparison was equal to 3.923 and was statistically significant; therefore, there was a significant difference between coping strategies scales of two groups and abused women had more dysfunctional coping strategies.

**Table 3. Comparison between two groups considering attachment style based on independent t test**

Variable	Group	Mean	SD	df	t	Sig
attachment style	victim of violence	60,560	12.159	598	5.32	0/000
	normal group	56.210	10.907			

According to Table 3, the difference between obtained attachment style scales of two groups. Mean scores of attachment style scale to 60.560 and 12.159 for abused women and non- abused women, and the standard deviation for them obtained to 56.210 and 10.907. The obtained t was equal to 5.32 and was statistically significant; therefore spouse abused women of had more insecure attachment style from non-spouse abused women.

**Table 4. Comparison between two groups considering sexual satisfaction based on independent t test**

Variable	Group	Mean	SD	df	t	Sig
attachment style	victim of violence	83.270	15.857	598	4.31	0/000
	normal group	96.120	15.680			

According to Table 4, mean scores of sexual satisfaction scale obtained to 83.270 and 15.857 for abused and non- abused women, respectively and standard deviation for them obtained to 96.120 and 15.680. The obtained t was equal to 4.31 and was statistically significant; therefore, there was a significant difference between sexual

satisfaction scales of spouse abused and non- abused women .abused women had low sexual satisfaction.

**Table 5. Levin test for homogeneity of variances**

Variable	F	df1	df2	Sig.
Marital conflicts	2.697	1	198	.102
Coping strategies	0.081	1	198	.776
Sexual satisfaction	0.017	1	198	.897
Attachment	0.236	1	198	.628

According to the results of Table 5, the significance level of all variables is above 0.05 and since Levin test is insignificant for all variables, null hypothesis about homogenous variances is confirmed. Hence, homogeneity of error of variances has been considered for all variables.

**Table 6. Pearson correlation coefficient test**

Variable	1	2	3	4
1-Marital conflicts	1			
2-Coping strategies	.311**	1		
3-Sexual satisfaction	-.740**	-.231**	1	
4-Attachment	.598**	.284**	-.437**	1

According to Table 6, there is a negative significant correlation between marital conflicts and sexual satisfaction ( $r=-0.74$ ,  $n=200$ ,  $P<0.005$ ) and this is a considerable correlation; there is also an acceptable correlation between other variables (average correlation) ( $r=0.7$ ).

**Table 7. The significance of multivariable variance [marital conflicts, coping strategies, sexual satisfaction, and attachment] in two groups**

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
group	Pillai's Trace	.269	17.963a	4.000	195.000	.000	.269
	Wilks' Lambda	.731	17.963a	4.000	195.000	.000	.269
	Hotelling's Trace	.368	17.963a	4.000	195.000	.000	.269
	Roy's Largest Root	.368	17.963a	4.000	195.000	.000	.269

According to Table 7, Partial Eta Squared values were above 0.14 and there is a high efficiency; therefore, it can be stated that there is a significant difference between variances of variables related to two groups of spouse abused and non- abused women.

**Table 8. Effect between independent variables [marital conflicts, coping strategies, sexual satisfaction, and attachment ]in two groups (MANCOVA)**

Variables	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Marital conflicts	61215.005	1	61215.005	65.709	.000	.249
Coping strategies	392.000	1	392.000	4.794	.030	.024
Sexual satisfaction	8256.125	1	8256.125	33.201	.000	.144
Attachment	946.125	1	946.125	7.091	.008	.035

According to results of MANCOVA, there was a significant difference between two groups of women considering marital conflicts ( $F(1,198)=65/809$ ,  $p < 0/005$ , partial eta = 0/249 ], coping strategies ( $F(1,198)=4/794$ ,  $p < 0/005$ , partial eta = 0/24), sexual satisfaction ( $F(1,198)=33/201$ ,  $p < 0/005$ , partial eta=0/144], and attachment ( $F(1,198)=7/091$ ,  $p < 0/005$ , partial eta = 0/035) (Table 8).

## Discussion

The results of the current study showed that soused and non-abused women are different in depended variables. Spouse abused women have insecure attachment style with anxious and preoccupation type and insecure attachment could cause that they experience spouse abuse and stay in violence cycle. This finding is in line with several studies ( Aubrey (14) O’Hearn and Davis [15], Bond and Bond [33], Dumas et al., (2008) and another study that showed the role of insecure attachment styles in marital problems and abusive behaviours (34-36).

It could be explained about this finding that individuals with insecure attachment styles suffer from doubt, conflict, and avoid from marital conflict resolution; moreover, anxiety, insecurity, and avoidance style prevents them from problem-solving so that they would be vulnerable to violence cycle in family (37-39).

Also, women with anxious attachment style preoccupied with worry about the loss in future and so they are dependent on their husband's .They are demanding and want to be loved by the husband. Also conflict between demands of woman such as clinging, control and checking husband could vulnerable man for using violence



against demanding behaviors in women (40) therefore, all of the mentioned options may lead to conflict.

Another results of the current study showed that spouse abused women had more marital conflicts compared to non-abused women. This finding is in line with the results of some studies in Iran (41,42) and another country (43). It could be explained that unsolved and chronic marital conflict may cause aggressive behaviours in an intimate relationship.

In case of coping strategies, The results of this current study showed that spouse abused women have dysfunctional coping strategies (emotional coping) and this may vulnerable them to violence. This finding is in line with studies of Ghahari et al(2018), Othman and Adenan (2011), Taghizade et al (2015), Claerhout et al (1982), Margaret et al (1987),and Tufighi et al (1999) in Iran and the another countries (42-47) about this topic. They showed that spouse abused women have emotional coping strategies and use avoidance and rumination styles. It could vulnerable them to abuse (41-46). Also, another study about this topic by Halford (37) showed that spouse abused women have emotional coping and have not problem-solving skill, as a reason for continuation in a violent relationship in spouse abused women (47). This finding is a line with the results of our study too.

It could be explained about this finding that women with insecure attachment could not resolve marital conflict effectively and unresolved marital conflict could prone them to use dysfunctional coping strategies in a marital relationship (40).

Another finding of current studies was a significant difference between two groups of women in terms of sexual satisfaction and spouse abuse women had lower sexual satisfaction. This finding is a line with the results of some studies in Iran (38,39,40,42,) and the another country (48,49). They showed there is a mutual relationship between spouse abuse and sexual dissatisfaction and battered women could not have satisfied sexual relationship.

## **Conclusion**

Spouse-abused women had insecure attachment styles compared with non-abused women so such issue may make them anxious in close relationships so they are maybe always preoccupied about abandonment and remain in abuse relationships. Marital conflicts are seen more in abused women compared to non-abused women and since these women have inefficient copying strategies, this leads to unsolved

marital **problems and conflicts making this situation chronic.** Chronic conflicts not only facilitate violence in marital relationship but also affect sexual relationships leading to dissatisfaction so that sexual dissatisfaction increases conflict; therefore, abused women will remain in the violence cycle. The significant outcome of this study for mental health officials is that they teach life skills within preventive programs to strengthen coping strategies and ability of women to solve the conflict, make beneficial negotiation, increase sexual satisfaction, and reduce negative effects of insecure attachment style.

### Limitations

The most important limitation of this study was consideration of one gender (female); This could be a problem for generalizing of these results to men.

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