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Adult Attachment and Intimate Partner Violence (IPV) Among Women in Same and Opposite-Sex Relationships

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Abstract: Intimate partner violence (IPV) is a significant public health concern, yet research examining its perpetration and victimisation among women across different sexual orientations and relationship contexts remains limited. This study examined differences in IPV perpetration and victimisation according to sexual orientation and relationship type, while accounting for adult attachment anxiety and avoidance. A quantitative, cross-sectional study was conducted with 115 women aged 18–25 years. Participants completed self-report measures of adult attachment and IPV. Two one-way multivariate analyses of covariance (MANCOVAs) were conducted to examine the effects of sexual orientation and relationship type on IPV outcomes, controlling for attachment dimensions. Neither sexual orientation nor relationship type had a statistically significant multivariate effect on IPV perpetration and victimisation. Attachment avoidance was a significant covariate in both analyses, whereas attachment anxiety was not. Exploratory analyses further identified a moderate positive association between IPV perpetration and victimisation, and attachment avoidance was positively associated with both outcomes. Participants reported higher mean perpetration than victimisation scores. These findings highlight the relevance of attachment avoidance and the overlap between IPV perpetration and victimisation among women. Further research using larger, more diverse and dyadic samples is needed to examine these relationships across different relationship contexts.

Keywords: attachment styles, adult attachment, IPV among women, IPV and sexual orientation.

INTRODUCTION

Intimate Partner Violence (IPV) is a global phenomenon that cuts across cultural, religious and socioeconomic boundaries (Cañete et al., 2024; Kar et al., 2023; Magoro-kosho & Mberira, 2020), posing serious risks to individuals' physical, psychological, and sexual health. It is widely recognised as a major public health concern (Cañete et al., 2024; Capinha et al., 2024; Gibby & Whiting, 2022; Kar et al., 2023). The World Health Organisation (WHO, 2022) defines IPV as '' a behaviour within an intimate relationship that causes physical, sexual, and psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours,'' perpetrated by a current or former partner. Globally, approximately 26% of women report having experienced physical and/or sexual violence by a male partner (World Health Organisation, 2022).

Despite increasing global attention, IPV research has historically focused on heterosexual, Western samples, often overlooking LGBTQ+ individuals and the bidirectional nature of violence within intimate relationships (Capinha et al., 2024). Concurrently, romantic relationships can constitute contexts of heightened risk for physical aggression (McKeown, 2014).

Various theoretical frameworks have been used to explain IPV; however, attachment theory has gained prominence due to its integrative account of relational, emotional, and behavioural processes that shape interpersonal conflict (Gibby & Whiting, 2022; Segundo et al., 2022; Stefania et al., 2023). Originally developed by Bowlby, attachment theory proposes that early relational experiences contribute to internal working models that guide expectations of self and others in close relationships. In adulthood, these models influence how individuals regulate emotions, seek proximity, and respond to perceived threats to relational security, particularly within romantic relationships (Gibby & Whiting, 2022; Stefania et al., 2023).

Contemporary research predominantly conceptualises adult attachment along two continuous dimensions: attachment anxiety and attachment avoidance. Attachment anxiety reflects fears of abandonment and heightened dependency on romantic partners, whereas attachment avoidance reflects discomfort with intimacy, emotional distancing, and distrust of others (Godbout et al., 2017; McKeown, 2014; Ponti & Tani, 2019; Stefania et al., 2023). These dimensions are especially relevant to IPV research, as they capture maladaptive strategies for managing relational insecurity, which may manifest as controlling, aggressive, or avoidant behaviours within intimate relationships (Bonache et al., 2016; Stefania et al., 2023). In accordance with this context, individuals high in attachment anxiety may engage in aggressive or controlling behaviours to prevent abandonment, whereas those high in attachment avoidance may use aggression or withdrawal to maintain emotional distance; a distinction often described as ‘’hot’’ versus ‘’cold’’ anger (Gibby & Whiting, 2022; Stefania et al., 2023).

Empirical research among women consistently links attachment insecurity, especially anxious attachment, to IPV perpetration across physical, psychological, and sexual forms (Gibby & Whiting, 2022; McKeown, 2014). Anxiously attached women may perceive partners as emotionally unavailable and may respond with anger or coercive behaviours aimed at preserving relational closeness (Godbout et al., 2017; Ponti & Tani, 2019; Trombetta et al., 2024). Evidence regarding avoidant attachment is more mixed: while some studies associate avoidance with aggression and control, others report weak or nonsignificant links with IPV perpetration, suggesting a less direct role compared to attachment anxiety (Godbout et al., 2017).

Attachment insecurity has also been implicated in IPV victimisation, with anxiously attached individuals more likely to remain in abusive relationships due to fear of abandonment, and avoidantly attached individuals less likely to confront abuse due to conflict aggression (Gibby & Whiting, 2022). Recent research among women highlights substantial overlap between perpetration and victimisation, supporting a bidirectional and relational understanding of violence (Clemens et al., 2023). However, limited research has examined how attachment avoidance and bidirectional IPV operate among women across different sexual orientations, representing a key gap addressed by the present study.

Research consistently indicates elevated risks of IPV among sexual minority women compared to heterosexual women, with bisexual women reporting the highest lifetime prevalence of IPV (Kar et al., 2023; Reyes et al., 2023). Despite similar or higher prevalence rates relative to heterosexual couples, IPV within LGBTQ+ relationships remains underrepresented in empirical research (Cañete et al., 2024; Reyes et al., 2023).

A distinguishing feature of IPV in same-sex relationships is its bidirectional nature, whereby individuals may simultaneously occupy roles as both victims and perpetrators (Silveira & de Morais, 2025). This pattern challenges traditional gendered frameworks and supports relational models that emphasise mutual dynamics of conflict and aggression.

Moreover, the elevated risk of IPV among sexual minority women has been linked to minority stress, a framework describing chronic stressors arising from societal stigma, discrimination, and internalised negativity towards one's sexual identity (Do et al., 2022; Patel et al., 2025; Reyes et al., 2023; Silveira & de Morais, 2025; Trombetta et al., 2024). In studies, internalised stigma has been identified as a significant predictor of IPV perpetration in same-sex relationships (Do et al., 2022; Reyes et al., 2023). Bisexual individuals may be especially vulnerable due to reduced access to protective community resources, placing them at a heightened risk of violence (Swiatlo et al., 2020).

Although attachment theory has been used to examine relationship functioning among sexual minority women, few studies have explored how attachment anxiety and avoidance relate specifically to IPV perpetration and victimisation across different sexual orientations (Wright, 2020). Consequently, the extent to which attachment insecurity contributes to IPV among women in same-sex and opposite-sex relationships remains unclear. The present study addresses this gap by examining attachment dimensions as predictors of both IPV victimisation and perpetration among women across diverse relationship contexts.

Despite the growing interest, significant gaps remain in IPV research within LGBTQ+ communities. Most IPV research has focused on women in heterosexual relationships, largely influenced by traditional gendered or feminist frameworks that conceptualise men as perpetrators and women as victims (Bonache et al., 2016; Silveira & de Morais, 2025). As a result, women's roles as perpetrators remain underexplored. Moreover, existing studies often lack methodological consistency in their examination of IPV among LGBTQ+ populations (Trombetta et al., 2024). For example, research frequently fails to distinguish between sexual identity and sexual behaviour, potentially misrepresenting participant samples. In addition, many studies combine women and men in analyses, obscuring gender-specific patterns in IPV experiences (Porsch et al., 2022).

There is also a lack of empirical research examining LGBTQ+ women specifically as perpetrators of IPV (Cañete et al., 2024; Cannon & Buttell, 2015), as most studies prioritise prevalence estimates and barriers to reporting rather than relational and psychological risk factors (Whitehead et al., 2021). Furthermore, although IPV has been examined extensively in adolescent samples, fewer studies have focused on young adult individuals, despite adulthood being a developmental period characterised by long-term romantic relationships and sustained relational dynamics that may heighten IPV risk (Edwards et al., 2014; Klainin-Yobas et al., 2021). Addressing IPV among adults is therefore critical for understanding how attachment processes and relationship contexts interact over time to shape both victimisation and perpetration.

The present study addresses these gaps by examining IPV among adult women as both victims and perpetrators, while accounting for sexual orientation, relationship type, and adult attachment dimensions. Moreover, it aims to contribute to a more inclusive and psychologically grounded understanding of IPV among adult women. By integrating attachment theory with relationship context and sexual orientation, this research seeks to

inform future studies and support the development of prevention and intervention strategies that are responsive to the complex intersections shaping women's experiences of IPV. Based on the literature reviewed, the following hypotheses were developed:

- Hypothesis 1. Women in same-sex relationships will report higher levels of both IPV perpetration and victimisation compared to women in heterosexual relationships, controlling for attachment.
- Hypothesis 2. Bisexual women will report higher levels of IPV victimisation compared to heterosexual and homosexual women, controlling for attachment.
- Hypothesis 3. There will be a statistically significant interaction effect between relationship type and sexual orientation on both IPV perpetration and victimisation, controlling for attachment.

MATERIALS AND METHODS

Design

This study employed a quantitative, cross-sectional group comparison design, which utilized self-report scales to collect data through Qualtrics. Sexual orientation (three levels: heterosexual, homosexual, and bisexual) and relationship type (two levels: same- and opposite-sex relationships) were treated as independent variables. The dependent variables were IPV perpetration and IPV victimisation. Attachment anxiety and attachment avoidance were included as continuous covariates in the analysis. The design allowed for the examination of both main and interaction effects between the independent variables while accounting for individual differences in attachment.

Participants

The final sample consisted of 115 women aged between 18 and 25 years (M=23.30, SD=1.64). Participants were recruited through three primary sources: (a) the SONA research participation system at the University of Roehampton, (b) social media platforms (e.g., Instagram and Facebook), and (c) SurveyCircle. Participants recruited through SONA received 0.5 course credits for their participation.

Eligibility criteria required participants to (a) be aged between 18 and 25 years, (b) identify as a woman, and (c) currently be in a romantic relationship or have been in a romantic relationship within the past 12 months. Individuals who indicated that participation may be distressing due to the topic of IPV were advised not to take part. A total of 183 individuals initiated the survey. However, 68 participants were removed due to systematically missing data. The final analytic sample included 115 participants. Descriptive statistics and cross-tabulation analysis for the participants' characteristics are presented in Table 1. The presented discrepancies were retained in the analyses to preserve variability in relationship experiences. Participants identifying as "other" (n=5) sexual orientations were excluded from the main analyses due to insufficient group size.

Table 1: Descriptive Statistics by Sexual Orientation, Relationship Type and Relationship Status

Variable	*n*	%
Sexual Orientation		
Heterosexual	78	67.8
Bisexual	26	22.6
Homosexual	11	9.6
Relationship Type		
Opposite-sex	95	82.6
Same-sex	20	17.4
Relationship Status		
Currently in a relationship	95	82.6
Currently single, but were in a relationship during the past year	20	17.4
Sexual orientation × relationship type		
Heterosexual		
Opposite-sex relationship	74	94.9
Same-sex relationship	4	5.1
Bisexual		
Opposite-sex relationship	18	69.2
Same-sex relationship	8	30.8
Homosexual		
Opposite-sex relationship	3	72.7
Same-sex relationship	8	27.3

Ethnicity was recoded into a binary variable (White/European vs. minority group), with the majority identifying as White/European (*n* = 78, 68.4%) and the remainder classified as belonging to minority ethnic groups (*n* = 36, 31.6%). One participant did not provide ethnicity information and was recorded as missing. This case was retained in the hypothesis testing analyses, as ethnicity was not included as a covariate.

Materials & Measures

- *Demographic Information:* Participants completed a brief demographic questionnaire assessing age, ethnicity, relationship status, sexual orientation, and relationship type. Sex orientation was assessed using a single self-report item (''What is your sexual preference?''), with response options including heterosexual, bisexual, homosexual, and other. Relationship type was assessed by asking participants whether their current or most recent relationship was with someone of the same or opposite sex. These variables were used as independent variables in the main analyses.
- *Experiences in Close Relationships-Revised (ECR—R)* (Fraley et al., 2000)*:* This questionnaire measured adult attachment style, focusing on two key dimensions: attachment anxiety and avoidance. The ECR-R consists of 36 items, each rated on a 7-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree). Relevant items were reverse-coded (Fraley et al., 2000) prior to analysis, and scores for each subscale were calculated as the mean of the corresponding items, with higher scores indicating greater attachment insecurity. The ECR-R has demonstrated excellent

psychometric properties in previous research (*α*= .87-.94) (Fraley et al., 2000; Godbout et al., 2017; Magorokosho & Mberira, 2020). In the present study, internal consistency was excellent, with Cronbach's *α*=.931 for attachment anxiety and *α*=. 932 for attachment avoidance.

- *Conflict Tactics Scale-Revised (CTS2)* (Straus et al., 1996)*:* IPV was assessed using the Conflict Tactics Scale Revised (CTS2; Straus et al., 1996), a widely used measure of conflict and aggression in intimate relationships. The CTS2 includes items assessing multiple forms of IPV (e.g., psychological aggression, physical assault, and sexual coercion), with each item presented for both perpetration and victimisation. Responses were recorded on an 8-point frequency scale (Capinha et al., 2024; Straus et al., 1996). For the purposes of the present study, items were aggregated to create two composite scores: IPV perpetration and IPV victimisation. Scores were calculated as the mean of the respective items, allowing for the inclusion of participants with minimal missing data and ensuring comparability across individuals. The CTS2 has demonstrated strong reliability in prior research (*α*=.75-.95) (Sleath et al., 2018; Straus et al., 1996). In the current study, internal consistency was high, with Cronbach's *α*=.845 for IPV perpetration and *α*=.947 for IPV victimisation.

Procedure

Ethical approval of the study was obtained from the University of Roehampton Research Ethics Committee (Reference Number: 24/25-000003). All procedures adhered to the British Psychological Society Code of Ethics and Conduct (British Psychological Society, 2021). Data were collected through an online survey hosted on Qualtrics. Upon accessing the survey link, participants were presented with an information sheet outlining the purpose of the study, procedures, potential risks, confidentiality, and their right to withdraw at any time without penalty. Informed consent was obtained prior to participation, and participation was voluntary. Given the sensitive nature of intimate partner violence, trigger warnings were included prior to relevant sections of the survey

Participants first completed demographic questions, including sexual orientation and relationship type. The main questionnaire assessing attachment and IPV were then presented in randomised order to minimise order effects. Given the sensitive nature of the study, a trigger warning was included prior to the IPV measure, and participants were reminded that they could skip questions or withdraw at any time. Upon completion, participants were provided with a debriefing statement outlining the aims of the study and the use of their data. Contact information for the research team and relevant support services were also provided. All data were collected anonymously and stored securely in accordance with GDPR and institutional data protection guidelines. Access to the data was restricted to the research team.

RESULTS

Preliminary Analyses

Prior to the main analysis, data were screened for missing values and potential confounding variables. A small number of missing values were identified across the attachment and IPV

measures; however, these did not reflect any systematic missing issues (≤ 8 cases per measure) and were replaced with mean score for each time. Exploratory analysis was performed to evaluate the impact of demographics on the IPV variables. The normality of age, IPV perpetration, and IPV victimisation was assessed using the Shapiro–Wilk test, which indicated significant deviations from normality for age, W (115) = .875, p < .001, IPV perpetration, W (115) = .876, p < .001, and IPV victimisation, W (115) = .667, p < .001. Given these deviations, Spearman's rank-order correlations were conducted as a sensitivity analysis. Spearman's correlations showed no significant association between age and IPV victimisation (ρ = .115, p = .222) or IPV perpetration (ρ = .078, p = .409). These consistent findings suggest that age was not significantly associated with either IPV outcome in the present sample. Also, participants reported moderate levels of IPV victimisation (M = 3.01, SD = 0.86) and IPV perpetration (M = 3.55, SD = 0.62). Attachment anxiety (M = 2.65, SD = 1.34) and attachment avoidance (M = 1.85, SD = 1.10) were within expected ranges.

Exploratory analyses were also conducted to examine the potential influence of ethnicity. When comparing the White/European and minority-ethnicity groups, Levene's tests indicated that the assumption of homogeneity of variances was met for both IPV victimisation, F = 1.255, p = .265, and IPV perpetration, F = 0.408, p = .524. However, Shapiro–Wilk tests indicated significant departures from normality for both IPV perpetration and IPV victimisation in the White/European group (n = 78; perpetration: W = .860, p < .001; victimisation: W = .726, p < .001) and the minority-ethnicity group (n = 36; perpetration: W = .875, p < .001; victimisation: W = .579, p < .001). Thus, the normality assumption was not fully satisfied for either outcome in either ethnic group. Mann–Whitney U tests were conducted as sensitivity analyses, as can be seen in Table 3. For IPV victimisation, the minority-ethnicity group had a higher mean rank than the White/European group, and the difference was statistically significant. For IPV perpetration, the minority-ethnicity group also had a higher mean rank than the White/European group, but the difference was not statistically significant. The results regarding ethnicity were interpreted cautiously, and ethnicity was not included as a covariate in the primary analyses.

Table 3: Mann-Whitney U Comparing Ethnicity with IPV Outcomes

Variables	Group	*n*	*M* (*SD*)	*U*	*z*	*p*
IPV Victimisation	White/European	78	2.92 (0.73)	1047.50	−2.175	.030
	Minority group	36	3.20 (1.07)			
IPV Perpetration	White/European	78	3.49 (0.58)	1109.50	−1.796	.073
	Minority group	36	3.65 (0.68)			

Moreover, exploratory analysis was conducted to examine the potential influence of relationship status. For comparisons by relationship status, Levene's tests indicated that the assumption of homogeneity of variances was met for IPV victimisation, F = 2.284, p = .134, and IPV perpetration, F = 0.054, p = .816. Shapiro–Wilk tests indicated significant departures from normality for IPV perpetration among participants currently in a relationship (W = .867, p < .001) and those who were single but had been in a relationship during the past year (W = .863, p = .009). Significant departures from normality were also observed for IPV victimisation among participants currently in a relationship (W = .646, p < .001) and those who were single but had been in a relationship during the past year (W =

.715, $p < .001$). Given the departures from normality, Mann–Whitney U tests were conducted as sensitivity analyses to examine differences in IPV victimisation and perpetration by relationship status, as can be seen in Table 4. For IPV victimisation, the difference between participants currently in a relationship and those who were single but had been in a relationship during the past year was not statistically significant. For IPV perpetration, the latter group had a higher mean rank than participants currently in a relationship, and the difference was statistically significant. Relationship status was considered as a categorical factor in the multivariate analyses because current relationship circumstances may be relevant to the context in which IPV victimisation and perpetration are reported.

Table 4: Mann–Whitney U Comparing Relationship Status to IPV outcomes

Variables	Group	*n*	*M* (*SD*)	*U*	*z*	*p*
IPV Victimisation	Currently in a relationship	95	2.96 (0.81)	784.00	−1.226	.220
	Single, relationship during past year	20	3.24(1.07)			
IPV Perpetration	Currently in a relationship	95	3.51 (0.61)	679.00	−2.000	.045
	Single, relationship during past year	20	3.70 (0.62)			

Hypothesis Testing

Although a two-way MANCOVA was planned to test the hypotheses, exploration of the crosstabulations of sexual orientation and type of relationship indicated that some cells included less than 5 counts (Heterosexuals in same-sex relationships $n = 4$; Homosexuals in opposite-sex relationships $n = 3$). As such, two one-way MANCOVA MANCOVAs were performed to test Hypotheses 1 and 2. Due to the small cell count, Hypothesis 3 could not be tested. Since the Pearson correlation analysis (Table 5) indicated that the dependent variables significantly intercorrelated and the covariates significantly correlated with the dependent variables, the MANCOVAs were deemed suitable.

Table 5: Pearson Correlations

Variable	Attachment Anxiety	Attachment Avoidance	IPV Victimisation
Attachment Avoidance	.604**	—	
IPV Victimisation	.287*	.358**	—
IPV Perpetration	.357**	.409**	.528**

Note: *$p < .01$: ** $p < .001$

A one-way MANCOVA was performed to test the main effect of sexual orientation on the IPV variables, while controlling for the attachment variables (see Table 5 for summary of measures of central tendency). Shapiro-Wilk analysis indicated that the assumption of normality was met for homosexual orientation on IPV victimisation ($W(11) = .963$, $p = .805$) and IPV perpetration ($W(11) = .866$, $p = .069$). However, it was violated for heterosexual orientation on IPV victimisation ($W(78) = .618$, $p < .001$) and IPV perpetration ($W(78) = .898$, $p < .001$), as well as bisexual orientation on IPV victimisation ($W(26) = .687$, $p < .001$) and IPV perpetration ($W(26) = .767$, $p < .001$). Visual inspection of the scatterplots with separate regression lines was conducted to assess the homogeneity of regression slopes across sexual-orientation groups. For IPV victimisation, the plots showed positive relationships with

attachment anxiety and attachment avoidance among heterosexual and bisexual women, whereas the regression lines for homosexual women were relatively flat. For IPV perpetration, the regression lines showed positive relationships with attachment avoidance across the three groups, although the strength of these relationships appeared to vary. Overall, the plots suggested differences in the slopes of the regression lines across sexual-orientation groups, particularly for attachment avoidance. Furthermore, the Box's test indicated a violation of the homogeneity of covariance matrices assumption, Box's M = 15.414, $F(6, 6722.016) = 2.411$, $p = .024$. In light of the violations of assumptions, Pillai's Trace was selected as the multivariate test statistic due to its robustness to violations of assumptions. The MANCOVA indicated that only attachment avoidance was a significant covariate (F (2, 19) = 5.292, p =.006, Partial Eta squared = .089). There was no significant main effect of sexual orientation (F (4, 220) = .878, p =.478, Partial Eta squared = .016) or attachment anxiety covariate effect (F (2, 19) = 1.088, p =.340, Partial Eta squared = .020).

A second one-way MANCOVA was performed to test the effect of relationship type on the IPV variables, while controlling for attachment variables (see Table 65 for summary of measures of central tendency). Shapiro-Wilk analysis indicated that the assumption of normality was violated across opposite-sex (IPV victimisation $W(95) = .645$, $p < .001$; IPV perpetration ($W(95) = .909$, $p < .001$) and same sex (IPV victimisation ($W(20) = .729$, $p < .001$; IPV perpetration ($W(20) = .769$, $p < .001$) relationships. Visual inspection of the scatterplots with separate regression lines was conducted to assess the homogeneity of regression slopes across relationship types. For IPV victimisation, the regression lines showed positive relationships with both attachment anxiety and attachment avoidance in opposite-sex and same-sex relationships, although the slopes appeared somewhat different between the two groups. A similar pattern was observed for IPV perpetration, with positive relationships between attachment anxiety and perpetration in both relationship groups. The relationship between attachment avoidance and perpetration also appeared positive in both groups, with a slightly steeper slope among participants in same-sex relationships. Overall, the regression lines appeared relatively similar across relationship types, although some differences in their steepness were visible. However, Box's test indicated that the homogeneity of covariance matrices assumption was met Box's M = 7.939, $F(6, 15375.576) = 2.542$, $p = .054$). In light of the violations of assumptions, Pillai's Trace was selected as the multivariate test statistic due to its robustness to violations of normality. The MANCOVA indicated that relationship type did not have a significant main effect (F (2, 110) = 1.173, p =.313, Partial Eta squared = .021). Furthermore, there was a significant effect of the attachment avoidance covariate (F (2, 110) = 4.768, p =.010, Partial Eta squared = .080), but not the attachment anxiety covariate (F (2, 110) = 1.342, p =.265, Partial Eta squared = .024).

Table 6: Descriptive Statistics for IPV Perpetration and Victimisation by Sexual Orientation and Relationship Type

			IPV Victimisation		**IPV Perpetration**	
IV		*N*	*M*	*SD*	*M*	*SD*
Orientation						
	Bisexual	26	3.254	.997	3.684	.692
	Heterosexual	78	2.947	.839	3.484	.598
	Homosexual	11	2.897	.544	3.660	.535
Relationship type						

	Opposite Sex	95	2.960	.803	3.500	.568
	Same Sex	20	3.260	1.073	3.784	.781

Exploratory Analysis

As evident in Table 5, there was a significant, moderate positive correlation between IPV perpetration and IPV victimisation, suggesting that individuals who reported higher levels of perpetrating intimate partner violence also tended to report higher levels of victimisation. Attachment avoidance was positively associated with both IPV victimisation and IPV perpetration. Concurrently, attachment anxiety was positively correlated with IPV victimisation and IPV perpetration. Finally, attachment anxiety and attachment avoidance were strongly correlated. To further explore these findings, a series of exploratory analyses was conducted to further investigate the relationships among attachment styles and intimate partner violence (IPV) outcomes. These analyses were undertaken to provide a more nuanced understanding of the data and to explore potential associations that may not have been fully captured by the initial multivariate approach.

Moreover, A multiple linear regression analysis was conducted to examine whether attachment anxiety and attachment avoidance predicted IPV victimisation (see Table 7). The overall model was statistically significant, explaining 13.6% of the variance in IPV victimisation. Attachment avoidance emerged as a significant positive predictor of IPV victimisation, indicating that higher levels of attachment avoidance were associated with higher levels of victimisation. However, attachment anxiety was not a significant predictor.

Table 7: Multiple Regression Predicting IPV Victimisation

Predictor	B	SE	ß	t	p
Constant	2.401	0.174	—	13.819	< .001
Attachment Anxiety	0.071	0.071	.111	1.006	.317
Attachment Avoidance	0.228	0.086	.291	2.643	.009

Note: R^2 = .136, Adjusted R^2 = .121, $F(2, 112) = 8.817$, $p < .001$.

A second multiple linear regression analysis was also conducted to examine whether attachment anxiety and attachment avoidance predicted IPV perpetration (see Table 8). The overall model was statistically significant, explaining 18.6% of the variance in IPV perpetration. Attachment avoidance was a significant positive predictor of IPV perpetration, indicating that higher levels of attachment avoidance were associated with higher levels of perpetration. However, attachment anxiety was not a significant predictor.

Table 8: Multiple Regression Predicting IPV Perpetration

Predictor	B	SE	ß	t	p
Constant	3.017	0.121	—	24.924	< .001
Attachment Anxiety	0.080	0.049	.173	1.620	.108
Attachment Avoidance	0.171	0.060	.304	2.845	.005

Note: R^2 = .186, Adjusted R^2 = .172, $F(2, 112) = 12.816$, $p < .001$.

To further examine the difference between IPV victimisation and perpetration, a Wilcoxon signed-rank test was conducted. The normality assumption for the paired difference scores was assessed using the Shapiro–Wilk test, which indicated a significant deviation from normality (W = .658, p < .001). Therefore, the non-parametric Wilcoxon signed-rank test was used. Results indicated a statistically significant difference between IPV perpetration and victimisation scores (Z = −7.973, p < .001). Specifically, 105 participants reported higher IPV perpetration than victimisation scores, whereas 10 reported higher victimisation than perpetration scores; no ties were observed. Additionally, IPV perpetration and victimisation were moderately positively correlated (r = .528, p < .001), suggesting that participants who reported higher perpetration scores also tended to report higher victimisation scores. Finally, two exploratory hierarchical regression analyses were conducted to examine whether IPV perpetration accounted for additional variance in IPV victimisation, and vice versa, beyond attachment styles. When IPV perpetration was added to the model predicting victimisation (see Table 9), the explained variance increased from 13.6% to 30.4%. IPV perpetration was a significant positive predictor, whereas attachment avoidance was no longer statistically significant.

Table 9: Hierarchical Regression Predicting IPV Victimisation

Predictor	*B*	*SE*	*Β*	*t*	*p*
Step 1					
Attachment Anxiety	0.071	0.071	.111	1.006	.317
Attachment Avoidance	0.228	0.086	.291	2.643	.009
Step 2					
Attachment Anxiety	0.021	0.065	.032	0.320	.750
Attachment Avoidance	0.120	0.080	.153	1.488	.140
IPV Perpetration	0.632	0.122	.454	5.170	< .001

Note. Step 1: R^2 = .136, adjusted R^2 = .121, $F(2, 112) = 8.817$, p < .001. Step 2: R^2 = .304, adjusted R^2 = .285, $F(3, 111) = 16.136$, p < .001

Similarly, when IPV victimisation was added to the model predicting perpetration (see Table 10), explained variance increased from 18.6% to 34.4%. IPV victimisation was a significant positive predictor, whereas attachment avoidance was no longer statistically significant. These findings indicate substantial overlap between IPV victimisation and perpetration scores after accounting for attachment dimensions.

Table 10: Hierarchical Regression Predicting IPV Perpetration

Predictor	*B*	*SE*	*Β*	*t*	*p*
Step 1					
Attachment Anxiety	0.080	0.049	.173	1.620	.108
Attachment Avoidance	0.171	0.060	.304	2.845	.005
Step 2					
Attachment Anxiety	0.058	0.045	.126	1.299	.197
Attachment Avoidance	0.101	0.056	.180	1.809	.073
IPV Victimisation	0.307	0.059	.428	5.170	< .001

Note. Step 1: R^2 = .186, adjusted R^2 = .172, $F(2, 112) = 12.816$, $p < .001$. Step 2: R^2 = .344, adjusted R^2 = .326, $F(3, 111) = 19.414$, $p < .001$

DISCUSSION

Understanding the factors that contribute to women's experiences of intimate partner violence (IPV) remains critical, given its high prevalence and significant consequences for physical and psychological well-being. The present study examined the influence of sexual orientation and relationship type on IPV perpetration and victimisation among women, while controlling for attachment anxiety and avoidance.

Contrary to the proposed hypotheses, the multivariate analyses revealed no significant effects of sexual orientation, relationship type, or their interaction on IPV outcomes. These findings suggest that, when attachment-related processes are considered, group-level differences based on sexual orientation or relationship type may not independently explain variability in IPV within this sample.

Despite the absence of significant group differences, the findings consistently supported the bidirectional nature of IPV. A moderate positive correlation between IPV perpetration and victimisation indicated that individuals who reported higher levels of perpetration also tended to report higher levels of victimisation. Furthermore, participants reported significantly higher levels of IPV perpetration compared to victimisation, with a large effect size. Together, these findings highlight that IPV is not solely a unidirectional phenomenon but often involves overlapping roles of perpetrator and victim.

Building on the bidirectional nature of IPV observed in this study, an important finding was that participants reported significantly higher levels of IPV perpetration than victimisation. This suggests that, within this sample, women were more likely to report engaging in violent behaviours than experiencing them. While this does not imply that women are the primary drivers of IPV more broadly, it challenges traditional gendered narratives that position women solely as victims and men as perpetrators (Ahmed et al., 2024; Machado et al., 2024). Instead, these findings support a growing body of literature emphasising that women can also play an active role in the dynamics of IPV, particularly in contexts characterised by mutual or situational violence (Clemens et al., 2023; Espinoza & Warner, 2016; Scarduzio et al., 2017).

Additionally, the exploratory regression analyses identified attachment avoidance as a significant predictor of both IPV perpetration and victimisation. However, attachment anxiety did not significantly predict either outcome. This suggests that avoidant attachment processes may play a more central role in IPV dynamics within this sample. Individuals high in attachment avoidance may be more likely to engage in maladaptive interpersonal strategies, such as emotional withdrawal or defensive behaviours, which could contribute to both the perpetration of and vulnerability to IPV (Spencer et al., 2021; Stefania et al., 2023; Velotti et al., 2022). These findings extend prior literature by highlighting the importance of individual-level psychological processes over group-level demographic characteristics in understanding IPV.

The additional exploratory hierarchical regression analyses further highlighted the association between IPV victimisation and perpetration. When IPV perpetration was added to the model predicting victimisation, the explained variance increased from 13.6% to 30.4%.

Similarly, adding IPV victimisation to the model predicting perpetration increased the explained variance from 18.6% to 34.4%. In both models, the corresponding IPV outcome was a significant positive predictor, whereas attachment avoidance was no longer statistically significant after accounting for the other IPV outcome. These findings suggest that victimisation and perpetration share substantial variance beyond that explained by attachment anxiety and avoidance. They also indicate that the association between attachment avoidance and each IPV outcome may partly overlap with the association between victimisation and perpetration. However, given the cross-sectional design, these analyses cannot establish causal or temporal relationships between the outcomes. Further qualitative research exploring the relationship between women's perception of victimisation and perpetration, and directionality of that relationship could shed further light on these findings.

Although no significant group differences were observed, descriptive patterns suggested that bisexual women and individuals in same-sex relationships tended to report numerically higher IPV scores in some cases. However, these patterns were inconsistent and should be interpreted with caution due to small and uneven subgroup sizes. Nonetheless, these trends are broadly consistent with existing literature indicating elevated IPV risk among bisexual women, potentially linked to minority stress and compounded marginalisation across both heterosexual and sexual minority contexts (Bermea et al., 2018; Corey et al., 2023).

Several limitations should be acknowledged. First, the use of self-report measures may have introduced social desirability bias, particularly given the sensitive nature of IPV. Second, data were collected from only one partner, limiting the ability to capture the dyadic and interactive nature of IPV. Third, the sample consisted exclusively of women, which limits the generalisability of the findings to other gender groups. Additionally, uneven subgroup sizes, particularly across sexual orientation and relationship type, reduced statistical power and may have obscured subtle effects.

Measurement decisions also warrant consideration. IPV was assessed using aggregated perpetration and victimisation scores rather than distinct subtypes, which may have obscured more nuanced patterns. Furthermore, the cross-sectional design precludes causal interpretations, and future research should employ longitudinal or dyadic approaches to better understand the directionality of these relationships.

In conclusion, while the hypothesised group differences were not supported, the findings highlight the importance of considering IPV as a bidirectional and relational phenomenon. The results emphasise the role of attachment avoidance as a key psychological factor associated with both perpetration and victimisation, suggesting that individual-level processes may be more informative than categorical group differences. Future research should incorporate larger and more diverse samples, dyadic data, and contextual variables to better capture the complexity of IPV experiences across different populations.

REFERENCES

Ahmed, S., Helmus, L. M., & Lysova, A. (2024). Public perception of bidirectional intimate partner violence. *Journal of Criminal Justice*, *90*, 102149. https://doi.org/10.1016/j.jcrimjus.2023.102149

Bermea, A. M., van Eeden-Moorefield, B., & Khaw, L. (2018). A systematic review of research on intimate partner violence among bisexual women. *Journal of Bisexuality*, *18(4)*, 399-424. https://doi.org/10.1080/15299716.2018.1482485

Bonache, H., Gonzalez-Mendez, R., & Krahé, B. (2016). Adult attachment styles, destructive conflict resolution, and the experience of intimate partner violence. *Journal of Interpersonal Violence*, *34(2)*, 287-309. https://doi.org/10.1177/0886260516640776

British Psychological Society. (2021). Code of ethics and conduct. https://explore.bps.org.uk/content/report-guideline/bpsrep.2021.inf94

Cañete, M., Reis, E., & Moleiro, C. (2024). The roles of culture, gender norms, and sexual orientation in intimate partner violence: Psychosocial variables associated with IPV in a Portuguese sample. *Couple and Family Psychology: Research and Practice*, *13(1)*, 67. https://doi.org/10.1037/cfp0000227

Cannon, C., & Buttell, F. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse*, *6 (1)*, 65–77. http://dx.doi.org/10.1891/1946-6560.6.1.65

Capinha, M., Rijo, D., Pereira, M., & Matos, M. (2024). The prevalence, directionality, and dyadic perpetration types of intimate partner violence in a community sample in Portugal: A gender-inclusive inquiry. *European journal on criminal policy and research*, *30(4)*, 503-520. https://doi.org/10.1007/s10610-022-09514-w

Clemens, V., Fegert, J. M., Kavemann, B., Meysen, T., Ziegenhain, U., Brähler, E., & Jud, A. (2023). Epidemiology of intimate partner violence perpetration and victimisation in a representative sample. *Epidemiology and Psychiatric Sciences*, *32*, e25.https://doi.org/10.1017/S2045796023000069

Corey, J., Duggan, M., & Travers, A. (2023). Risk and protective factors for intimate partner violence against bisexual victims: A systematic scoping review. *Trauma, Violence, & Abuse*, *24(4)*, 2130-2142. DOI: 10.1177/15248380221084749

Do, Q. A., Knopp, K., & Scott, S. B. (2022). Intimate partner violence in female same-gender couples: An investigation of actor–partner correlates within the past year. *Psychological Trauma: Theory, Research, Practice, and Policy*, *14(5)*, 759. https://doi.org/10.1037/tra0001041

Edwards, K. M., Mattingly, M. J., Dixon, K. J., & Banyard, V. L. (2014). Community matters: Intimate partner violence among rural young adults. *American Journal of Community Psychology*, *53*, 198-207. DOI 10.1007/s10464-014- 9633-7

Espinoza, R. C., & Warner, D. (2016). Where do we go from here?: Examining intimate partner violence by bringing male victims, female perpetrators, and psychological sciences into the fold. *Journal of Family Violence*, *31(8)*, 959- 966. DOI 10.1007/s10896-016-9881-4

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, *78(2)*, 350. https://doi.org/10.1037/0022- 3514.78.2.350

Gibby, J. G., & Whiting, J. B. (2022). Insecurity, control, and abuse: What attachment theory can teach us about treating intimate partner violence. *Contemporary Family Therapy*, 1-13. https://doi.org/10.1007/s10591-021-09623-4

Godbout, N., Daspe, M. È., Lussier, Y., Sabourin, S., Dutton, D., & Hébert, M. (2017). Early exposure to violence, relationship violence, and relationship satisfaction in adolescents and emerging adults: The role of romantic attachment. *Psychological trauma: Theory, research, practice, and policy*, *9(2)*, 127. https://doi.org/10.1037/tra0000136

Kar, A., Das, N., Broadway-Horner, M., & Kumar, P. (2023). Intimate partner violence in same-sex relationships: are we aware of the implications?. *Journal of Psychosexual Health*, *5(1)*, 13-19. https://doi.org/10.1177/26318318221134268

Klainin-Yobas, P., Vongsirimas, N., Ramirez, D. Q., Sarmiento, J., & Fernandez, Z. (2021). Evaluating the relationships among stress, resilience and psychological well-being among young adults: a structural equation modelling approach. *BMC Nursing*, *20*, 1-10. https://doi.org/10.1186/s12912-021-00645- 9

Magorokosho, N. K., & Mberira, M. (2020). Attachment styles as predictors of intimate partner violence: A retrospective study with a student population. *Journal of Psychology in Africa*, *30(3)*, 192-196. https://doi.org/10.1080/14330237.2020.1767929

McKeown, A. (2014). Attachment, personality and female perpetrators of intimate partner violence. *The Journal of Forensic Psychiatry & Psychology*, *25(5)*, 556-573. https://doi.org/10.1080/14789949.2014.943792

Patel, A., Soylemez, K. K., Rachitskiy, M., & Lusher, J. (2025). A qualitative exploration of men's perceptions towards male victims of female-perpetrated intimate partner violence. *World Journal of Advanced Research and Reviews*, *26*(02), 1467-1477. https://doi.org/10.30574/wjarr.2025.26.2.1764

Ponti, L., & Tani, F. (2019). Attachment bonds as risk factors of intimate partner violence. *Journal of Child and Family Studies*, *28*, 1425-1432. https://doi.org/10.1007/s10826-019-01361-4

Porsch, L. M., Xu, M., Veldhuis, C. B., Bochicchio, L. A., Zollweg, S. S., & Hughes, T. L. (2022). Intimate partner violence among sexual minority women: A scoping review. *Trauma, Violence, & Abuse*, *24(5)*, 3014-3036. https://doi.org/10.1177/15248380221122815

Reyes, M. E. S., Camille M. Alday, A., Jay J. Aurellano, A., Raven R. Escala, S., Ermelo V. Hernandez, P., Esrom P. Matienzo, J., ... & Zsila, Á. (2023). Minority stressors and attitudes toward intimate partner violence among lesbian and gay individuals. *Sexuality & Culture*, *27(3)*, 930-950. https://doi.org/10.1007/s12119-022-10046-y

Scarduzio, J. A., Carlyle, K. E., Harris, K. L., & Savage, M. W. (2017). "Maybe she was provoked" exploring gender stereotypes about male and female perpetrators of intimate partner violence. *Violence Against Women*, *23(1)*, 89- 113. DOI: 10.1177/1077801216636240

Segundo, J., Cantos, A. L., Ontiveros, G., & O'Leary, K. D. (2022). Risk factors of female-perpetrated intimate partner violence among hispanic young adults: Attachment style, emotional dysregulation, and negative childhood experiences. *International Journal of Environmental Research and Public Health*, *19(21)*, 13850. https://doi.org/10.3390/ ijerph192113850

Silveira, A. P., & de Morais, N. A. (2025). Factors Associated with Intimate Partner Violence Among LGBTQ+ Individuals: a Scoping Review. *Trends in Psychology*, 1-22. https://doi.org/10.1007/s43076-024-00431-x

Sleath, E., Walker, K., & Tramontano, C. (2018). Factor structure and validation of the controlling behaviors scale–revised and revised conflict tactics scale. *Journal of Family Issues*, *39(7)*, 1880-1903. DOI: 10.1177/0192513X17729721

Spencer, C. M., Keilholtz, B. M., & Stith, S. M. (2021). The association between attachment styles and physical intimate partner violence perpetration and victimization: A meta-analysis. *Family Process*, *60(1)*, 270-284. doi: 10.1111/famp.12545

Straus, M. A., Hamby, S. L., Boney-McCoy, S. U. E., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2) development and preliminary psychometric data. *Journal of Family Issues*, *17(3)*, 283-316. https://doi.org/10.1177/019251396017003001

Stefania, C., Rogier, G., Beomonte Zobel, S., & Velotti, P. (2023). The relation of anxiety and avoidance dimensions of attachment to intimate partner violence: A meta-analysis about victims. *Trauma, Violence, & Abuse*, *24(2)*, 1047-1062. https://doi.org/10.1177/15248380211050595

Swiatlo, A. D., Kahn, N. F., & Halpern, C. T. (2020). Intimate partner violence perpetration and victimization among young adult sexual minorities. *Perspectives on Sexual and Reproductive Health*, *52(2)*, 97-105. https://doi.org/10.1363/psrh.12138

Trombetta, T., Paradiso, M. N., Venturini, L., Rizzo, M., Santoniccolo, F., & Rollè, L. (2024). The role of adult attachment and minority stress in isolating behaviors perpetration among lesbian and gay people in Italy. *Current Psychology*, *43(18)*, 16604-16612. https://doi.org/10.1007/s12144-024-05622-4

Velotti, P., Rogier, G., Beomonte Zobel, S., Chirumbolo, A., & Zavattini, G. C. (2022). The relation of anxiety and avoidance dimensions of attachment to intimate partner violence: A meta-analysis about perpetrators. *Trauma, Violence, & Abuse*, *23(1)*, 196-212. DOI: 10.1177/1524838020933864

Whitehead, J., Dawson, M., & Hotton, T. (2021). Same-sex intimate partner violence in Canada: Prevalence, characteristics, and types of incidents reported to police services. *Journal of Interpersonal Violence*, *36(23-24)*, 10959-10988. https://doi.org/10.1177/0886260519897342

World Health Organization (WHO) (2022). Intimate Partner Violence. 1979 studies. available at: https://apps.who.int/violence-info/intimate-partner-violence/

Wright, A. L. (2020). Attachment identity as a predictor of relationship functioning among heterosexual and sexual-minority women. *Journal of GLBT Family Studies*, *16(4)*, 434-451. https://doi.org/10.1080/1550428X.2019.1633452