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The Associations Between Prior Abuse Experiences and Causal Attributions for Intimate Partner Violence Among Service-Attending Husbands in Jordan

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Abstract
Intimate partner violence (IPV) is a significant public health issue in Jordan, yet research on perpetrator cognition remains limited. While prior abuse is a known risk factor, its association with how perpetrators explain their own violence specifically through causal attributions is underexplored in this context. This study aimed to examine the associations between prior abuse experiences and causal attributions among service-attending husbands in Jordan who have perpetrated IPV. A descriptive correlational design was employed with a convenience sample of 120 husbands recruited from rehabilitation and judicial services. Participants completed the Abuse Experiences Inventory (AEI) and the Causal Attribution Inventory (CAI), with data analyzed using Pearson correlations. Results indicated moderate levels across all attribution dimensions (internal, external, stable, unstable). Domestic abuse was the most reported prior experience. Weak but statistically significant positive correlations were found between all abuse domains and attribution dimensions ($r = .186–.206$, $p < .05$), with the strongest link between domestic abuse and external attributions. These findings suggest a modest association between abuse history and attribution styles, highlighting the potential value of addressing cognitive factors in perpetrator interventions without diminishing personal accountability. The study contributes to a nuanced understanding of IPV perpetrators in Jordan and underscores the need for longitudinal research to clarify these relationships.

INTRODUCTION

Intimate partner violence (IPV) represents a significant global public health and human rights violation, disproportionately affecting women and rooted in structural gender inequalities and power imbalances (World Health Organization, 2023; Heise & Kotsadam, 2015). In Jordan, recent national reports indicate a concerning prevalence of IPV, with a substantial proportion of cases involving violence against wives across physical, psychological, sexual, and economic domains (Family Protection Foundation, 2023; Al-Badayneh, 2012). Research focused on perpetrators is essential to disrupt cycles of violence, yet it must be conducted within an ethical framework that unequivocally assigns responsibility for violence to the perpetrator, while acknowledging the complex lived experiences of men in these contexts (Richardson & Kloess, 2022).

Causal attribution, the process by which individuals explain the causes of events and behaviors is a key cognitive factor in understanding perpetrator psychology (Weiner, 2019). Attributions can be categorized along dimensions such as internal (attributing cause to self)

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versus external (attributing cause to situation or others) and stable (permanent causes) versus unstable (temporary causes). In the context of IPV, perpetrators often employ attributions that externalize blame on victims or circumstances, minimize the severity of their actions, or deny responsibility altogether, thereby hindering accountability and perpetuating violent behavior (Henning & Holdford, 2006; Ptacek, 1988).

A history of childhood or prior abuse is a recognized risk factor associated with an increased likelihood of perpetrating violence later in life, as posited by social learning and cycle-of-violence theories (Bandura, 1978; Widom, 1989; Infurna et al., 2016; Piquero et al., 2021). However, it is critical to emphasize that most individuals who experience abuse do not become perpetrators, and this association is not deterministic (Kaufman & Zigler, 1987). The pathway from victimization to perpetration is complex and mediated by numerous factors, including resilience, social support, socioeconomic context, and access to intervention (Al-Ghamdi & Khalifa, 2021; Stith et al., 2000). Research must therefore carefully frame any associations to avoid neutralizing perpetrator accountability or suggesting causal justification.

This study aims to examine the associations between prior abuse experiences and patterns of causal attribution among a specific subgroup: husbands who have perpetrated IPV and are currently attending support or rehabilitation services in Jordan. It does not seek to establish causality or suggest justification. By exploring these links within a service-attending population, the research seeks to contribute to a more nuanced understanding of perpetrator cognitions, which can inform the development of more targeted and effective intervention programs that promote accountability and behavioral change (Murphy & Eckhardt, 2005). Specifically, the study explores the levels of causal attributions reported by these husbands, the levels of prior abuse experiences across their lifespan, and whether a statistically significant association exists between prior abuse experiences and causal attribution patterns within this sample.

METHODS

Design

A descriptive correlational design was employed (Creswell & Creswell, 2018). This design is appropriate for examining relationships between variables within a specific population without manipulating conditions or inferring causality, aligning with the study's exploratory aims regarding associations (Polit & Beck, 2021).

Participants

The target population was defined as husbands who had engaged in IPV against their wives and were attending services in Jordan. These services included state-sponsored rehabilitation centers, non-governmental women's rights associations, family protection units within security centers, and Sharia courts. A convenience sampling method was used to recruit participants due to the sensitive nature of the population and access constraints (Etikan et al., 2016). The final sample consisted of 120 husbands. A post-hoc power analysis using G*Power (Faul et al., 2007) indicated that with N=120 and α=.05, the study had approximately 80% power to detect a correlation of $r \geq .25$, which is considered a small-to-medium effect size (Cohen, 1992). Inclusion criteria were: (a) self-identification as having committed an act of IPV, (b) current attendance at one of the services, (c) age between 20 and 50 years, and (d) provision of informed consent. The sample is not representative of all IPV perpetrators in Jordan but reflects the characteristics of those engaged with service systems, which is valuable for understanding this clinical subgroup.

Instruments

Causal Attribution Inventory (CAI)**:** This study adapted the multidimensional attribution scale originally developed by Weiner, Perry, and Magnusson (1988). The 24-item inventory measures four attribution dimensions: Internal, External, Stable, and Unstable. Each dimension is assessed by 6 items. For this study, a rigorous translation and back-translation procedure was followed to ensure linguistic and conceptual equivalence (Brislin, 1986). Items were then reviewed for cultural appropriateness by a panel of 10 experts in psychology and social work (content validity agreement = 80%). Participants responded using a dichotomous agree/disagree format. This response format was selected to reduce cognitive load, enhance clarity for participants in a service-setting context, and align with the original adaptation's structure used in prior regional studies (e.g., Haj-Yahia, 2003). While this format offers practical advantages, we acknowledge its limitation in capturing finer gradations in attributional thinking, which may attenuate observed correlations and increase measurement error (as noted in the limitations section). Scoring ranged from 6 to 12 per dimension. The internal consistency (Cronbach's alpha) for the subscales in this sample ranged from .62 to .65, which is acceptable for exploratory research but indicates modest reliability (Nunnally & Bernstein, 1994). Test-retest reliability over a two-week period ranged from .70 to .75 (n=30).

Abuse Experiences Inventory (AEI): This inventory was developed by researchers to assess exposure to abuse across the lifespan. It was constructed based on DSM-5 criteria for trauma and stressors and informed by relevant regional studies (e.g., Haj-Yahia, 2000; Haj-Yahia & Abdo-Kaloti, 2008). The AEI contains 30 items across three domains: Domestic Abuse (by family members), Peer-Related Abuse, and Societal Abuse. Expert review confirmed content validity (80% agreement). The scale demonstrated good internal consistency in this sample, with Cronbach's alpha coefficients ranging from .82 to .91 across subscales, exceeding the conventional threshold of .70 (Tabachnick & Fidell, 2019). Test-retest reliability ranged from .85 to .92.

Procedure

Ethical approval was obtained from the relevant institutional review board (Jadara University). Service providers assisted in identifying potential participants. All participants were provided with a detailed information sheet emphasizing the study's focus on understanding behavior without offering excuses, and written informed consent was obtained. Questionnaires were administered individually in private rooms at the service centers by trained research assistants. Participation was voluntary and anonymous.

Data Analysis

Data were analyzed using SPSS Version 26. Descriptive statistics (means, standard deviations, frequencies) were calculated for all variables. Pearson's product-moment correlation coefficients were computed to examine the linear relationships between the AEI domain scores and the CAI dimension scores, as appropriate for continuous data (Cohen et al., 2018). The alpha level was set at .05 for determining statistical significance.

RESULTS

Sample Characteristics

The sample (N = 120) had a mean age of 35.2 years (SD = 8.1). Educational attainment varied: 40% had a high school diploma or less, 35% held a bachelor's degree, and 25% had postgraduate education. The average marriage duration was 9.8 years (SD = 4.2).

Levels of Causal Attributions

As shown in Table 1, mean scores for the four attribution dimensions ranged from 8.8 to 9.2 (on a scale of 6-12), with standard deviations between 1.4 and 1.6. These scores fall within the "moderate" range based on the predefined categorization (Low: ≤8, Moderate: >8 & <10, High: ≥10). This categorization was established as a priori by dividing the total possible score range (6-12) into three approximately equal intervals to facilitate descriptive interpretation.

Table 1. Descriptive Statistics for Causal Attribution Dimensions

Dimension	Mean	SD	Interpreted Level
Internal	9.2	1.5	Moderate
External	8.8	1.6	Moderate
Stable	9.0	1.4	Moderate
Unstable	9.1	1.5	Moderate

Levels of Prior Abuse Experiences

Participants reported varied levels of prior abuse (see Table 2). The highest mean score was for Domestic Abuse, followed by Peer-Related and Societal Abuse.

Table 2. Descriptive Statistics for Abuse Experience Domains

Domain	Mean	SD
Domestic	7.5	2.0
Peer-Related	5.2	1.8
Societal	4.8	1.7

Correlations Between Abuse Experiences and Causal Attributions

Pearson correlation analyses revealed weak positive correlations between all domains of abuse experiences and all dimensions of causal attribution. All correlations were statistically significant at $p < .05$, with coefficients ranging from .186 to .206 (see Table 3). The strongest correlation observed was between Domestic Abuse and External Attribution ($r = .206$, $p < .01$).

Table 3. Correlations (Pearson's *r) Between Abuse Experiences and Causal Attributions

Abuse Domain	Internal	External	Stable	Unstable
Domestic	.196*	.206**	.186*	.192*
Peer-Related	.190*	.198*	.188*	.194*
Societal	.187*	.195*	.189*	.191*

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

DISCUSSION

This study investigated the associations between prior abuse experiences and causal attributions among a sample of service-attending husbands who have perpetrated IPV in Jordan. The findings indicate moderate levels of engagement in various attribution styles and confirm a pattern of weak but statistically significant positive correlations between a history of abuse and the tendency to attribute causes for events potentially including their own violence to both internal and external, stable and unstable factors.

The moderate levels of attribution across all dimensions may suggest that perpetrators in this service-attending context do not appear to strongly endorse any single explanatory style but could potentially use different attributions flexibly. This appears to align with cognitive theories which propose that individuals may shift explanations depending on context, often in ways that protect self-esteem or reduce perceived responsibility (Weiner, 2019).It also resonates with findings in the IPV perpetrator literature, which notes the complexity and often

contradictory nature of offenders' cognitions (Babcock et al., 2016; Henning & Holdford, 2006). The weak correlations, though significant, underscore that a history of abuse is only one of many factors that may be associated with attributional patterns, and other unmeasured variables likely play a more substantial role. Other unmeasured variables such as personality traits (e.g., narcissism, impulsivity), current stress levels, adherence to traditional gender norms, social norms condoning violence, or the specific context of the violent incident could potentially play substantial and possibly more significant roles (Al-Ghamdi & Khalifa, 2021; Dutton, 1995; Stith et al., 2004).

The strongest correlation was between domestic abuse experiences and external attributions. This tentative link could tentatively suggest that individuals who experienced abuse within the family context might be more prone to attribute causes of their own actions to external circumstances or others' behaviors, potentially reflecting learned patterns of blame displacement. However, given the small effect size, this possibility warrants further investigation in longitudinal studies to clarify any potential mechanisms. This interpretation remains speculative and warrants further investigation. However, the very small effect size ($r^2 \approx .042$) means that prior domestic abuse explains only about 4% of the variance in external attribution scores, leaving 96% explained by other factors, highlighting the limited explanatory power of this single variable.

Implications

The results suggest the potential value of integrating modules on cognitive restructuring into perpetrator intervention programs, such as those based on Cognitive-Behavioral Therapy (CBT) or the Duluth Model, though this would benefit from further empirical testing in future research (Pence & Paymar, 1993; Murphy & Eckhardt, 2005). Facilitators can help participants identify and challenge externalizing, minimizing, or victim-blaming attributions, replacing them with narratives that emphasize personal agency and accountability. Psychoeducation about the possible impact of past trauma could be delivered carefully to foster insight without providing a ready-made excuse for violence, though the current findings do not directly test this approach, always maintaining a clear focus on present responsibility (Gondolf, 2012).

Limitations and Future Directions

Several limitations must be acknowledged. First, the cross-sectional design prohibits any inference of causality or directionality. Second, the convenience sample from service settings limits generalizability to non-service-attending or community-based perpetrators. Third, the dichotomous (agree/disagree) response format of the CAI, while chosen for practicality, limits response variability and likely reduces the sensitivity of the measure. This, combined with the scale's modest reliability estimates, may have attenuated the strength of the observed correlations and increased measurement error (DeVellis, 2017). Fourth, self-report data are susceptible to social desirability bias, particularly on sensitive topics like violence and blame (Chan, 2009).

Future research should employ longitudinal designs to explore temporal relationships between abuse history, attribution development, and violent behavior. Incorporating mixed methods, including qualitative interviews, could provide deeper insight into the meaning and function of specific attributions for perpetrators. Studies should also include comparison groups (e.g., non-violent men with abuse histories) to identify protective factors that differentiate those who perpetrate violence from those who do not (Kaufman & Zigler, 1987). Finally, using multi-item scales with Likert-type response options would enhance measurement precision.

CONCLUSION

This study found modest associations between prior abuse experiences and causal attributions among a sample of service-attending IPV perpetrators in Jordan. While a history of maltreatment may be one factor potentially linked to how perpetrators explain events, including their own violence, the associations are weak and should not be construed as explanatory or justificatory. These preliminary findings highlight the need for more robust longitudinal research. The findings reinforce the potential importance of designing perpetrator interventions that directly address cognitive patterns like attribution, always within a framework that upholds and promotes full personal accountability for violent behavior. Further longitudinal and qualitative research is needed to unravel the complex interplay between past trauma, present cognition, and violent behavior.

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AUTHOR CONTRIBUTION STATEMENT

SM conceptualization, methodology, investigation, data curation, formal analysis, writing, original draft. MA supervision, validation, resources, writing, review and manuscript editing. Both authors read and approved the final manuscript.

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