

**USING ATTACHMENT THEORY TO UNDERSTAND INTERGENERATIONAL
TRANSMISSION OF INTIMATE PARTNER VIOLENCE AND IMPLICATIONS FOR
USE IN TREATMENT AND POLICY REFORM**

by

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University of Pittsburgh, 2012

Background: Intimate partner violence is experienced by at least 1.3 million women each year, who make up 85 percent of victims. One in every four women will experience intimate partner violence in her lifetime. Many programs are available that offer limited services to victims and perpetrators alike. These programs have been proven to be ineffective and are deficient in evidence-based practice and outcome evaluation, yet they continue to be funded each year.

Objective: To identify current evidence-based practice and outcome evaluation research on intimate partner violence as a result of attachment style and the use of attachment theory in therapeutic treatment programming and policy-making. **Methods:** A literature search was

conducted to identify articles that have described intimate partner violence, how intergenerational transmission works and the theories behind it, and how attachment theory lends itself to the understanding of intergenerational transmission and perpetuation of intimate partner

violence. **Results:** An association was found between the intergenerational transmission of intimate partner violence and individual or partner attachment styles. Witnessing intimate partner violence in combination with the influence of insecure parental attachment bonds creates an individual who often develops anxious adult romantic attachment patterns leading to a greater propensity to enter into a violent intimate relationship. **Conclusions:** This problem is of great

public health significance due to the amount of women affected each year by intimate partner violence in the United States. There is a great need for implementation of attachment theory in

treatment provisions for victims and perpetrators of IPV. Current treatments are not effective and policies surrounding IPV lack effective restorative and rehabilitative therapies, while relying too heavily on retributive justice. More multifaceted treatment is needed that can be tailored to a specific couple's needs. In addition, policies are essential to guide these treatment recommendations and decrease IPV in the United States.

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PREFACE

⁵ *Trust in the LORD with all thine heart; and lean not unto thine own understanding.*

⁶ *In all thy ways acknowledge Him, and He shall direct thy paths.*

-Proverbs 3:5-6 (KJV)

First, I give all honor to God for His divine favor throughout these last few years. I have truly been blessed beyond compare and am thankful He has directed my paths.

I am eternally grateful to my mother, Lois, for her unwavering support of my studies and always telling me to be true to myself. Thank you mom for raising me on your own and teaching me how to be a strong woman, while reminding me to always follow my heart.

Thank you to my family for their continual support, love, and prayers. I dedicate this to Gig, Pop, and Anne Marie, for their endless adoration and wise direction; they each helped to make me who I am today.

I would like to extend a special thank you to those at Center for Victims, formerly Womansplace. I am forever thankful for the training and direction I have received from all staff, and I hope to be fighting this battle with all of you until it ends.

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1.0 INTRODUCTION

Attachments develop from the earliest stages of life and guide human understanding of self and others. As an infant, the attachment developed with a parent is crucial for how future attachments occur within intimate relationships. Early attachments can be secure or insecure in nature and can stem from a host of influences including witnessing of parental violence. Witnessing such violence leads to insecurities in attachment that influence relationships entered into later in life. Relationships run a much higher risk of becoming violent when partners enter in with already developed insecure attachment patterns. As their relationship becomes more violent, their children are likely to witness parental violence and continue the intergenerational transmission of violence.

Intimate partner violence (IPV) is defined by the Centers for Disease Control and Prevention (CDC) as perpetrated or threatened physical, sexual, psychological, emotional, financial, or stalking violence, which includes willful intimidation perpetrated by a current or former intimate partner against another, through bonds of marriage, dating, or co-parenting (CDC, 2010). IPV affects both women and men in both heterosexual and same-sex relationships. IPV also affects people of all ages, races, ethnicities, socio-economic statuses, and religious backgrounds; however, research shows that 85 percent of victims of IPV are women (Rennison, 2003). Statistics show that one in four women will experience IPV in her lifetime. Each year in the United States, 1.3 million women are physically assaulted by their intimate partners, whereas

7.8 million women are raped by intimate partners at some point in their lives (CDC, 2010). The focus in this paper is on heterosexual partnerships with male batterers and female victims, which allows for a streamlined strategy to present information. IPV is a major public health problem in the United States that can range from a single abusive incident to an ongoing pattern of battering behavior (CDC, 2010).

Substantial morbidity and mortality occur among all victims, but women are more likely than men to be injured or killed in an act of IPV (Rennison, 2003). Approximately one in three women murdered in the United States is killed by an intimate partner (Rennison, 2003). This epidemic affects all members of a community regardless of socio-economic status, race, nationality, educational background, religion, or age. The consequences of IPV are well recognized, but many incidents go undocumented or are underreported. Due to underreporting, statistics may potentially be underestimated in size and number. Underreporting is often caused by the victim's fear of her perpetrator; the victim's desire to protect her perpetrator; the victim's fear of social stigmatization, and the sensitive nature of the situation (National Coalition Against Domestic Violence, 2011). Underestimation also results from only one in every 100 incidents of IPV being reported to the police or other authorities (Rennison, 2003). If the victim survives, a host of other negative complications can arise for a battered woman and her children, which include bruising, scarring, agitation, burns, bites, and extreme anxiety and fear due to verbal and psychological abuse.

It is important for public health professionals to be aware of how intimate partner violence affects mortality, morbidity, and the overall quality of victims' lives. By understanding the health and social implications of insecure attachment patterns, public health professionals, therapists, and even policy makers may be better able to develop and implement programs to

help women who are victims of abuse, as well as to prevent intergenerational transmission of abuse. The purpose of this paper is to explore the association of attachment style to IPV and its intergenerational transmission as well as determine implications for attachment theory in therapy and treatment of couples engaging in IPV.

Initially, risk factors and consequences associated with IPV are discussed, which is followed by a review of literature that describes the relationship of IPV and attachment theory. Attachment theory is then examined as it applies to relationships throughout the life course, parent-infant relations to adult romantic partnerships. IPV and attachment theory are tied together and used as a predictor for intergenerational transmission of violence. Six studies that analyze the relationship of attachment theory to IPV are reviewed and treatment recommendations are made that include attachment principles in group or couples' settings. Finally, suggestions for future research and clinically practiced treatment procedures are provided for consideration.

2.0 BACKGROUND

It is important to understand the complexities of infant and adult attachment styles and the intergenerational transmission of IPV before examining their relationship. Literature is reviewed in this section to provide statistics about risk factors for and consequences of IPV, as well as identify the relationship IPV has to developed attachment patterns from infancy through adulthood. Research that has studied these issues is reviewed for causal links between attachment theory and intergenerational transmission of IPV and implications of attachment theory for treatment.

2.1 INTIMATE PARTNER VIOLENCE

Intimate partner violence is a subsection of domestic violence; however, domestic violence expands beyond IPV to include family violence, which is not included in this analysis. IPV may be physical, emotional, psychological, financial, or sexual. Physical violence includes using one's body to purposely cause harm or injury to, in this case a romantic partner. Examples of physical violence include punching, slapping, hitting, biting, scratching, choking, shoving, and using a weapon. Emotional and psychological violence involve the use of verbal threats, harassing, stalking, and manipulating behaviors. Financial abuse includes stealing money, controlling another's finances, requiring payment of money, ruining credit, and not paying bills

or purposely having utilities shut off. Sexual violence includes forcing another into sexual acts, withholding sex, engaging in rough or harmful sex, and having sex with a minor or someone who is unable to make decisions for himself/herself. All of these types of violence fit into the category of IPV and include a victim and a batterer who perpetrates the abuse. While anyone in a romantic relationship can be unknowingly susceptible to IPV, certain risk factors put some at a greater risk for being victimized by a partner.

2.2 RISK FACTORS FOR IPV VICTIMIZATION

2.2.1 Demographic factors

Research shows that 85 percent of victims of non-lethal IPV are women (Rennison, 2003), and female victims comprise 72 percent of intimate partner murders (Rennison & Welchans, 2000). Lifetime prevalence rates are also disproportionate, with 25 percent of women reporting having experienced IPV in their lifetime as opposed to 8 percent of men (Tjaden & Thoennes, 2000). These numbers clearly show that women are at a higher risk for experiencing IPV victimization as compared to men. The highest rates of IPV female victimization are found among African American women followed by American Indian/Alaska Natives. Asian/Pacific Islanders ranked the lowest in IPV rates, indicating that race does play a factor in determining risk factors for victimization (Tjaden & Thoennes, 2000). In addition to race, studies have found age to be a risk factor for IPV; women aged 16 to 24 are at a greater risk for being victimized in a relationship than those in other age groups (Greenfeld et al., 1998).

One study has correlated low socio-economic status with high rates of IPV due to a lack of options. Lloyd (1997) revealed that victims of IPV experience more unemployment, have held a larger number of jobs, and are more likely to receive public assistance compared to the general population. This combination of violence and poverty makes it difficult for female victims to achieve self-sufficiency. Low income populations are much more vulnerable to IPV victimization than the general public as reliance is developed on welfare and other assistance programs for financial and safety resources (Logan et al., 2006).

In addition to being vulnerable to violence, these women also may become vulnerable to substance abuse (Logan et al., 2006). Studies have shown that women who use and abuse substances are more likely to be in an abusive relationship or have an abusive history. These women often self-medicate to cope with the stress and anxiety associated with abusive partnerships. In addition to being a consequence of IPV victimization, substance abuse can also be a risk factor for victimization. Logan et al. (2006) identify three ways substance abuse increases women's risk of victimization, which include increased contact with potential perpetrators, increased vulnerability from being under the influence of substances, and decreased ability to assess dangerous situations and environments.

2.2.2 Socio-cultural factors

Socio-cultural factors also can contribute to risk of victimization through living situations, economic conditions, traditional family roles, and childhood experiences. Socio-cultural factors are intertwined with many other issues, leading women to be more susceptible to risk for victimization. Women who live in low-income neighborhoods are at a higher risk for

victimization (Logan et al., 2006). Less educated women have higher rates of IPV than do more educated women, and couples that together have disparities in income and educational status are at a greater risk than couples who do not face such a disparity (Bachman & Salzman, 1995). People in urban settings experience the highest rates of IPV; however, people in rural settings are at greatest risk for underreporting of IPV (Greenfeld et al., 1998). Under-reporting is often due to multiple forms of isolation, such as physical, institutional, and socio-cultural (Websdale, 1995a). Causes of isolation can range from the absence of or inadequacy of transportation services to difficulties accessing supportive services to privacy issues (Websdale, 1995a).

Websdale reached three conclusions when studying rural populations regarding IPV prevalence (Websdale, 1995a). The physical milieu of the rural setting provides victimizing situations that would be more visible and less effective for batterers' intent in an urban setting. Communication problems such as decreased phone access and lack of quick police response make reaching out more problematic for victims (Websdale & Johnson, 1998; Websdale, 1995a). Second, in rural areas, towns are often small and many people know each other and their business. If the police are called and they have a personal relationship with the abuser, they are often reluctant to punish the abuser. While many may know the business of others, some rural women may feel as if family matters are private and only religious values should guide the sanctity of marriage (Kuczynski, 1981; Whipple, 1987; Navin, Stockum, & Campbell-Ruggaard, 1993; Websdale & Johnson, 1998). The final conclusion Websdale (1995a) reached was that isolation caused women to be less likely to access services due to geographical mobility restrictions, child care, lack of phone service, and no local shelters.

Strong adherence to traditional family roles also makes requesting services difficult for female victims who believe they are supposed to "make it work" (Kuczynski, 1981; Whipple,

1987; Navin, Stockum, & Campbell-Ruggaard, 1993; Websdale & Johnson, 1998). These societal and cultural norms for accepting violence often prevent women from reporting violence or seeking services (Logan et al., 2006). In addition to current socio-cultural factors, past socio-cultural factors also contribute to increased risk of IPV victimization. Individuals that have been exposed to IPV in the home as a child or have experienced child abuse themselves are at the greatest risk for becoming an IPV victim in adulthood (Tjaden & Thoennes, 2000).

2.2.3 Internal contextual factors

In addition to socio-cultural and environmental factors, a number of internal factors increase risk for IPV victimization. Logan et al. (2006) described these internal contextual factors as a representation of the psychological lens through which individuals perceive themselves and the world around them. The introspective process is not always apparent to others and stimulates different behaviors and emotions for different situations. Internal factors are interwoven with other factors and are often caused by or are in response to other factors that the individual has experienced. The individual's previous experience leads to her future appraisal of stress or threats and the coping mechanisms with which she responds.

Scherer (2001) shows the distinction between internal and external standards which guide an individual's perception. Internal standards are defined as self-ideals and personal moral code which guide decisions based on what the individual feels is morally right or just, according to her personal goals. External standards are defined as shared values and group/cultural norms which guide social consequences for conforming or violating behavior. These standards guide one's appraisal of a situation, which is defined as an interpretation or perception of an event that brings

forth emotional responses essential for adaptation and overall wellbeing (Lazarus & Folkman, 1984; Smith & Kirby, 2001; Logan et al., 2006). These reflection processes determine which reactions are harmful or beneficial to the situation. The situation may prove to be harmful but if the individual perceives it as normal or beneficial, then her reaction will be different because of her perception. A continued string of harmful events can eventually lead to perception of these events as normal if the individual begins to believe these actions or behaviors are acceptable behavior.

In a relationship, a woman's personal goals also come into play, which may include continuing intimacy, maintaining financial support, and having a father/father-figure for her children. If these goals are of primary concern for a woman, she is more likely to minimize the violence and interpret negative behaviors as acceptable (Cross, Morris, & Gore, 2002). The combination of appraisal and personal goals of a woman leads to differing responses to situations of violence. Logan et al. (2006) identify how a woman responds to IPV through three internal contextual factors, which include who is to blame, what outcome is anticipated, and self-efficacy level. Studies have found that women who place blame on themselves for the violence in their relationship are less likely to leave the relationship (Katz, Arias, Beach, Brody, & Roman, 1995; Barnett, Martinez, & Keyson, 1996) or less likely to take action to stop the violence due to decreased self-confidence (Nurius, Norris, Young, Graham, & Gaylord, 2000).

2.2.4 Witnessing parental violence as a child

Research has identified the multitude of internal and external risk factors for being involved in an IPV situation. Witnessing IPV as a child is the greatest risk factor for entering into an IPV

relationship as an adult; this is referred to as the intergenerational transmission of intimate partner violence. In the United States it is estimated that between 3.3 and 10 million children witness IPV between their parents every year (American Psychological Association, 1996; Straus & Gelles, 1990). Ehrensaft et al. (2003) found that children who witnessed parental IPV were three times more likely to experience intimate partner violence in their adult lives, either as a victim or perpetrator, than children who did not witness parental violence.

Many adults who witnessed violence in the home as children often have difficulties dealing with conflicts in future relationships, causing aggressive or passive self-blame reactions (VonSteen, 1997). These adults may utilize anger to regulate the distance between themselves and their intimate partners or simply lower their overall responsiveness altogether. Others experience post-traumatic stress symptoms such as hyper-vigilance, exaggerated responses, dissociation, and flashbacks (VonSteen, 1997). Certain other psychological reactions to traumas experienced by children persist into adulthood as well, such as depression and low self-esteem, especially in females (Silvern et al., 1995).

2.3 CONSEQUENCES OF IPV

2.3.1 Physical and mental health consequences

The physical and mental health ramifications of IPV perpetration are substantial in both quantity and cost. According to the National Crime Victimization Survey (NCVS), in 2010, 3.3 million women suffered violent victimizations committed by their current or former intimate partners

(Truman, 2011). That same year, IPV comprised 22% of violent crime against women (Truman, 2011). Female victims of IPV report much higher rates of mental health issues such as suicide ideation or attempts, depression, and anxiety, than the general population (Campbell, 2002). Drug and alcohol problems have also been reported with episodes of IPV abuse (Campbell, 2002).

According to the National Violence Against Women Survey (NVAWS), every year at least 1.5 million women are raped and/or physically assaulted by an intimate partner (Tjaden & Thoennes, 2000). Consequences can include skin bruising, broken bones, infections, concussions, and changes in menstruation patterns (Tjaden & Thoennes, 2000). In addition, chronic conditions can develop, such as memory loss and migraine headaches (Tjaden & Thoennes, 2000). Coker et al. (2002) found that female victims of all types of IPV are more likely to report poor physical and mental health. Resnick et al. (1997) discovered that many symptoms reported by abused women were similar to those associated with anxiety and depression, further indicating a relationship between mental health outcomes and IPV. Coker et al. (2002) also found that physical IPV victimization was associated with increased risk of current poor health, depressive symptoms, substance use, and developing a chronic disease, chronic mental illness, or injury.

2.3.2 Economic consequences

While physical and mental health repercussions are typically the consequences first thought of in IPV situations, financial costs are often not thought of at all or not thought of as being significant. According to the National Center for Injury Prevention and Control (NCIP) (2003),

the cost of intimate partner violence annually exceeds \$5.8 billion, including \$4.1 billion in direct health care expenses. Economic costs are great at the micro, mezzo, and macro levels. In the United States each year, IPV accounts for 15 percent of total crime costs, which is equivalent to \$67.5 billion every year.

At the micro level, victims experience medical expenses, cash and property losses, and lost pay totaling around \$150 million each year (Greenfeld et al., 1998). The mezzo level costs are felt by corporations and businesses that are confronted with lower productivity, higher absenteeism and tardiness, and higher health care costs (Bell, Moe, & Schweinle, 2002). One study found those health care costs to be \$1,775 higher annually for IPV victims (Wisner et al., 1999). Nearly 20 percent of the female workforce will experience IPV in its lifetime, which causes increased and unnecessary costs to corporations, totaling \$13 billion annually (Bureau of National Affairs, 1990). The macro level economy is connected to IPV through the tangible costs of lost wages to the cost of housing women and children in shelters to time and tax-funded law enforcement, legal counsel, courts, and incarceration (Hattery, 2009). The CDC estimated costs to the health care system to be nearly \$4 billion annually (Hattery, 2009).

2.4 THEORETICAL FRAMEWORKS

Many have tried to explain the intergenerational transmission of IPV phenomenon through a theoretical framework. These theories include social learning theory, dose hypothesis/cumulative risk model, and attachment theory. Social learning theory explains intergenerational transmission of violence through showing that people learn how to get what they want through observation of

family members' violent behavior (Eron, 1997). Through observation of repeated violence, children begin to view violence as acceptable and appropriate in intimate relationships (Kalmuss, 1984). After prolonged exposure to this style of conflict resolution, children never learn alternatives to problem solving and continue to solve problems violently throughout life (Eron, 1997). Not only does the parent's behavior serve as a model for aggression, but if the child views the abuse as justified, he/she will be more likely to adopt the behavior (Herzberger, 1983). Social learning theory has been the primary theory to explain the intergenerational transmission of intimate partner violence in previous research.

The cumulative risk model aims to identify the risk factors associated with a particular outcome or socio-cultural factors that negatively influence a particular outcome (Sameroff, Seifer, Baldwin, & Baldwin, 1993). The cumulative risk model is less of a theoretical base and more of an hypothesis, which posits that the greater the frequency and severity of abuse a child experiences and/or observes, the higher the child's risk is in adulthood of transmitting abuse to one's partner. This approach takes into account contextual factors that accumulate and whose additive effect is detrimental to the outcome. These risks can include family size, minority status, low education levels, poor home environment, and low socio-economic status among others (Dickstein et al., 1998). This model acts as a support to many of the other theories, including social learning theory and attachment theory.

Attachment theory provides an ethnological, biological, and psychoanalytic framework for revealing how human infant attachment to their caregivers correlates to attachment styles in relationships as an adult. The theory proposes that non-existent or under-developed bonds between an infant and a parent provide attachment patterns for future relationships through adolescence into adulthood. These attachment patterns or styles are likely to be similar between

generations due to transmission from parent to child. Differing attachment styles within a romantic partnership can lead to either a successful secure relationship or an insecure relationship that is more susceptible to IPV.

Because not every child who witnesses IPV perpetrates or experiences IPV in adulthood, using a single theory alone to explain intergenerational transmission may be too over-simplistic (Hines & Saudino, 2002). Attachment theory has rarely been used to look into adult romantic attachment issues that bring about intimate partner violence. The association that does exist is linked to a conceptual connection of attachment theory and risk factors of IPV. The aim of the present literature review is to examine the intergenerational transmission of intimate partner violence through the lens of attachment theory and make recommendations for treatment programs that include female victims.

2.5 ATTACHMENT THEORY

Attachment theory was developed by John Bowlby as an attempt to link human social and psychological behavior. Bowlby developed a model that includes self, important others, and their shared relationships. Bowlby (1979) posited an important part of healthy development was having a close and caring relationship with parents and other caregivers. Proximity to attachment figures helps infants to have increased chances of protection and survival from an evolutionary standpoint. In addition to the biological necessity of attachment, it is also satisfying for both the parents and the infant (Bretherton, 1992). As the bonds strengthen between infant and parents, the infant begins to grow an inner representation of the parent, which develops “internal working

models” of self, others, and self-other relationships (Bowlby, 1973). The higher parental sensitivity and responsiveness are to the infant’s needs, the more secure and healthy the attachment that develops. Infants begin to feel they are deserving of their parents’ care-giving and that they have a secure base on which to rely in the future.

Parental insensitivity and unresponsiveness contribute to insecure attachment by the infant, leading the infant to internalize these experiences and find the world to be unsafe and rejecting, which makes forming relationships difficult and dangerous. Ainsworth (1978) developed a method for assessing infant attachment known as the “strange situation.” This experiment first separated infants from their parent, then exposed them to the presence of a stranger, and finally reunited them with their parent. The infant expressed proximity seeking behavior, a displayed desire or lack of desire for closeness, and the responses and behaviors were classified into patterns. Two dimensions were used to determine the infant’s attachment behavior classifications, anxiety and avoidance. The degree of anxiety experienced from abandonment and the avoidance of closeness to the stranger contributed to the classification.

Based on observed patterns, Ainsworth divided infants into three categories: secure; two types of insecure, avoidant and anxious-ambivalent; and unclassifiable. Secure infants, who are low in avoidance and anxiety, showed signs of missing their parents upon leaving the room, greeted parents upon return, and used their parent as a secure base for exploring the room. Avoidant infants, who are high in avoidance and low in anxiety, explored the room without using their parents, showed little distress upon the parent leaving, and chose to play with toys over greeting their parents upon return. Anxious-ambivalent infants, who are low in avoidance and high in anxiety, did not explore the room, were distressed when their parents left the room, and were unable to be soothed upon their parents’ return to the room. The unclassifiable type could

not be placed in any of these categories until 1990, when Main and Solomon named the third type of insecurely attached infants as disorganized/disoriented. These infants, found to be high in avoidance and high in anxiety, behaved with no intentional attachment strategy or intention, and it was hypothesized that these infants experienced the most interpersonal problems, such as childhood trauma, with their attachment figures.

This traditional approach to attachment theory analyzes the parent's responsiveness in determining the child's attachment, but others have also looked into the infant's role in the attachment relationship. A meta-analysis by Goldsmith and Alansky (1987) reviewed infant temperament as a predictor of insecure parent-infant attachment bonds. The strength of this association was low, and while infant temperament may play a role, parental behaviors have a stronger impact on parent-infant attachment.

2.5.1 Childhood attachment

Children with securely developed attachment bonds report fewer symptoms of depression and anxiety than insecure children (Muris, Mayer, & Meesters, 2000). Children with securely developed attachments exhibit more adaptive qualities such as higher empathy, self-efficacy, and ego resiliency (Arend, Gove, & Sroufe, 1979). Insecurely attached children demonstrate more immaturity than their peers, are more aggressive, and maintain a more negative affect (Pierrehumbert et al., 2000). Securely attached children not only demonstrate more positive affect, but present the fewest psychological problems later in childhood and even adulthood. An experience of low anxiety by children leads to a greater feeling of protection and satisfaction

within the child's life. This feeling of protection and satisfaction (or lack thereof) is also found in adult romantic relationships.

It is clear that secure parent-child attachment relationships lead to healthier infant development whereas insecure parent-infant attachments are associated with increased negative psychological impairments. This insecure parent-infant relationship has been found to impact the quality of the later parent-child relationship along with the entrance of the child into all other intimate relationships. Sociability with unfamiliar people, positive representations of self, others, and relationships, and personality/behavior problems all stem from early developed attachment patterns (Thompson, 1999).

2.5.2 Adult attachment

Bowlby's (1979) research showed the need for attachment from the "cradle to the grave." Three research efforts investigated adult attachment patterns. The first emerged in 1985 when Mary Main and colleagues were interested in how childhood attachment experiences affect current parental behaviors. The Adult Attachment Interview (AAI) was developed to assess adult attachment patterns through prior familial experiences, which led to identifying three attachment patterns: secure, preoccupied, and dismissing (Main et al., 1985). The second research effort emerged in 1987 through a separate line of work conducted by Hazan and Shaver. Hazan and Shaver studied adult attachment patterns by looking closely at romantic love. Self-perceptions of the actions and responsiveness of adult romantic partners to their mates were assessed to identify three adult attachment patterns, which include secure, ambivalent, and avoidant (Hazan & Shaver, 1987). The third and final model of adult attachment was developed

by Bartholomew and Horowitz in 1991, which examined adults' representation of self and others. Four categories of adult attachment were identified, which included secure, preoccupied, fearful, and dismissing (Bartholomew & Horowitz, 1991).

As more research was conducted on adult attachment, two domains of study materialized independently. The first dealt with adults' overall attachment "state of mind" regarding their experiences with their parents in childhood through a standardized interview measure. The second dealt with adults' attachment patterns in romantic or intimate relationships through a self-reporting measure.

The domain of adult state of mind attachment developed alongside the parent-infant attachment field as the next step in attachment research through the work of Main and colleagues. As researchers were studying parent-infant attachment style, they noticed that an infant's behaviors towards the parent were correlated with the attachment style and state of mind of the parent, which were identified through parents disclosing their own attachment incidents as a child (Hesse, 1999). Later, Riggs et al. (2007) further defined these internal working models to show how parents' early attachment experiences might predict their care-giving behaviors later in life.

The Adult Attachment Interview (AAI) was conducted by George and colleagues (1985) to evaluate the adult attachment state of mind. The interview determines the meaning adults assign to childhood attachment experiences by asking interviewees to recall childhood memories while maintaining conversation. They are then scored on coherency, consistency, and collaboration of the discourse and classified into one of four categories: secure/autonomous, dismissing, preoccupied, or unresolved/disorganized (Hesse, 1996). The categories correspond to the infant categories noted above and often adults and infants of the same family fall into similar

categories. An adult with a secure state of mind is likely to have an infant with secure attachment, whereas an adult with a preoccupied state of mind is likely to have an infant with anxious-ambivalent attachment. Hesse (1996) added a fifth category for adult attachment termed “cannot classify” for those who had a combination of incompatible discourse patterns.

The second domain of adult attachment research looks into adult romantic attachment patterns through research conducted by both Hazan and Shaver, and Bartholomew and Horowitz. The research endeavors of both groups are examined, but Bartholomew and Horowitz’s four-category model is the primary reference for examining attachment patterns due to the applicability to romantic attachment and the link to witnessing violence as a child. This aligns with Bowlby’s (1979) original work that the human need for proximity and intimacy continues past childhood into adulthood. Just as infants struggle with dissociation and rejection from their caregivers, so do adults suffer from separation from their intimate partners (Feeney, 1999). Adult intimate partnerships and romantic attachments differ from infant attachments in reciprocity of care-giving and sexual intimacy.

Not all researchers agree that intimate relationships are relationships based in attachment, but evidence does support the idea that these relationships can take on increased attachment functions as individuals proceed from adolescence to adulthood and stressors or negative life circumstances occur (Hazan & Zeifman, 1994). Adult state of mind attachment is measured with the AAI whereas adult romantic attachment has been measured by Hazan and Shaver through labeling self-reported attitudes. This process led to the creation of a new four-category model by Bartholomew (1990) for adult romantic attachment built on Bowlby’s concepts. Using the dimensions of dependence and avoidance, Bartholomew developed positive and negative models of self and positive and negative models of others. The four classifications are: (1) secure, which

is a positive model of self and others with low dependence and avoidance; (2) preoccupied, which is a negative model of self, a positive model of others, and high dependence with low avoidance; (3) dismissing, which is a positive model of self, a negative model of others, and low dependence with high avoidance; and (4) fearful, which is a negative model of self and others with high dependence and avoidance (see Table 1).

Table 1. Bartholomew’s Four-Category Model

| | | Model of Self | | |
|------------------------|-----------------|----------------------------------|-----------------------------------|----------------------------------|
| | | POSITIVE | NEGATIVE | |
| Model of Others | POSITIVE | Secure | Preoccupied | <i>Comfort with intimacy</i> |
| | NEGATIVE | Dismissing | Fearful | <i>Low comfort with intimacy</i> |
| | | <i>Low interpersonal anxiety</i> | <i>High interpersonal anxiety</i> | |

Source: Bartholomew, 1990

Bartholomew’s (1990) classifications align with those of Hazan and Shaver with the addition of the dismissing, a second category of avoidant attachment. This dismissing category includes those who refuse the need for romantic attachment and intimacy due to positive self-models (Feeney, 1999). Brennan and colleagues expanded Hazan and Shaver’s work to examine the underlying factors of romantic attachment, which are attachment avoidance and attachment anxiety (Brennan, Clark, & Shaver, 1998). Attachment avoidance is one’s comfort level with closeness and proximity to others, and attachment anxiety is one’s fear of abandonment (Feeney, 1999). Researchers have examined the psychopathology of adult romantic attachment and found an association between internalizing disorders and preoccupied and fearful attachment styles,

which are both high in attachment anxiety levels (Allen, Coyne, & Huntoon, 1998). Attachment styles high in avoidance have been associated with externalizing disorders, such as substance abuse (Anderson & Alexander, 1996).

According to Shaver and Fraley (2000), infant attachment experiences can be linked to adult romantic attachment experiences through longitudinal analysis. Adults with secure romantic attachment styles were more likely to remember a childhood full of affection, care, and positive attachment with their parents (Hazan & Shaver, 1987). Much of Hazan and Shaver's (1987) research has examined how childhood attachment may lead to adult romantic attachment later in life. Some researchers caution against making this directly developed link and instead propose a complex system involving a developmental pathway from parent-infant attachment, through adolescent dating bonds, to adult romantic attachment bonds (Marvin & Britner, 1999). While there is more than one model of developmental attachment relations, both domains aim to link attachment bonds from the earliest moments in life to attachment bonds in later romantic adult relationships. It is important then to examine the correlation between attachment patterns and violence.

2.6 ADULT ATTACHMENT AND IPV

Insecure adult romantic attachment has been linked to both IPV perpetration (Bookwala & Zdaniuk, 1998) and IPV victimization (Bookwala, 2002). Doumas and colleagues (2008) revealed that preoccupied/anxious attachment was a significant predictor of intimate partner violence perpetration and victimization for both genders. Due to the lack of information that

specifically relates attachment styles and IPV victimization, literature relating attachment styles and IPV perpetration is also used to provide a more informed analysis of the connection of attachment styles and intimate partner violence. It is important to note that linking literature on victimization and perpetration should in no way imply fault of the victim; rather, it suggests there may be similar pathways that link attachment style to IPV roles.

While there is little information linking attachment styles and IPV victimization, there is certainly not an absence of it. The few studies that do connect victimization and attachment cautiously posit that the link is similar to the perpetrator-attachment connection. Henderson, Bartholomew, and Dutton (1997) used a sample of 63 IPV victims, 88 percent of whom were characterized by a fearful or preoccupied/anxious attachment style. Henderson and his colleagues also found that anxious attachment style is associated with shorter relationship length, more frequent separations, continued emotional involvement with partners post-separation, and more frequent sexual relations with the partner post-separation.

These discoveries may also suggest that in addition to anxious attachment being a risk factor for victimization, it is also an obstacle to fully and successfully leaving a violent intimate relationship (Henderson, Bartholomew, & Dutton, 1997). Alexander (1993) also suggested a link between women experiencing fearful attachment patterns and falling into victimization. Some studies have examined the adult attachment style of the victim in relation to the perpetrator's attachment style (Pietromonaco, Greenwood, & Feldman-Barrett, 2004). Roberts and Noller (1998) noted anxious attachment of perpetrators in association with perpetration of violence when victimized partners had avoidant attachment styles. Collins and Read (1990) found an association between conflicts with partners, as reported by men, with their partner's attachment style. These men reported more conflict when their partner had an anxious or preoccupied

attachment style. Kirkpatrick and Davis (1994) later made the same discovery for women who reported more conflict when in relationships with anxiously attached partners.

While IPV rates are higher for males and females with insecure attachment styles, Doumas and colleagues showed that the pairing of avoidant and anxious partners are also associated with intimate partner violence in both men and women. This “mispairing” of an avoidant male with an anxious or preoccupied female is a very high risk factor for IPV perpetration and victimization (Doumas et al., 2008). Reciprocal violence, a type of defensive violence that is demonstrated by victims in response to previous violence from perpetrators, is seen in many cases. When controlling for female reciprocal violence, anxious female attachment style is a significant predictor for male violence. When controlling for male reciprocal violence, however, anxious female attachment was not found to be a significant predictor of female violence (Doumas et al., 2008). It has been posited that this lack of significance means that male perpetrated violence may mediate the link between anxious female attachment and female perpetrated violence. Therefore, female attachment anxiety is predictive of female violence only when male perpetrated violence has occurred first (Doumas et al., 2008). This study not only links individual attachment styles with IPV perpetration and victimization, it also links the attachment patterns of members of a couple to IPV occurrence. Pistole (1994) sought to examine if IPV had a link to each partner’s need for closeness/intimacy and independence/distance within a relationship. The studies of Doumas et al. (2008) and Pistole (1994) suggest that the combination of some attachment styles may lead to IPV experiences.

Previously noted was the direct association of IPV to attachment in childhood and adulthood; however, IPV has also been found to indirectly affect both parent-infant and parent-child attachment through parental distress and grief caused by violent relations with a partner.

Distress impairs the parent's ability to effectively provide sensitive and attentive care to his/her child. In one study, it was found that children born to female victims of IPV experience disorganized attachments and maternal hostility (Zeanah et al., 1999). Another study found male perpetrators to be petulant and uninvolved in their parenting, leading to child behavior problems (Holden & Ritchie, 1991). These male perpetrators of IPV displayed higher levels of preoccupied, dismissing, and fearful attachment styles when compared with non-violent males (Babcock, Johnson, Gottman, & Yerington, 2000).

Children who witness IPV are often frightened, which can also lead to the development of disorganized attachment styles through illogical and simultaneous feelings of fear and reassurance (Main & Hesse, 1990). Just as children who witness IPV in the home are likely to enter into an IPV relationship as an adult, children who experience certain attachment patterns with their parents or caregivers are likely to repeat them in adulthood. Fonagy et al. (1996) discovered a strong correlation between children's attachment patterns, the working models of their caregivers, and the parent's ability to both reflect on the current mental state of the child and control the expectations of the relationship. This intergenerational transmission of attachment style has implications for the intergenerational transmission of intimate partner violence as well. Bowlby (1988) determines that impoverished early relationships are harmful to parental behavior and have subsequent effects on the next generation. For example, mothers with poor parental relations in their own childhood are more likely to negatively impact the bonds with her child, causing harmful ramifications to the child's development (DeLozier, 1982).

3.0 METHODS

This paper is based on a literature review. The purpose of the literature search was to identify articles that describe intimate partner violence, how intergenerational transmission works and the theories behind it, and how attachment theory lends itself to the understanding of both the intergenerational transmission and the perpetuation of intimate partner violence.

3.1 INCLUSION CRITERIA

Research on intimate partner violence is a relatively young field, as the very first studies were published only about four decades ago and included information on family and domestic violence, instead of only intimate partner violence. Bowlby's attachment theory had its start in the late 1950s, and it was not until 1980 that adult attachment theory was considered. Due to the infancy of the field and small body of literature on the topic, specifying a date of publication for the literature was difficult and unreasonable. Studies did, however, have to specifically mention intimate partner violence, intergenerational transmission of violence, attachment theory, and/ or some combination of those terms to be included.

Due to the limited number of studies focusing specifically on victimization, research including information on perpetration was also included in the review. An electronic search of

academic databases revealed studies published in academic journals; only studies published in English language were chosen. While IPV affects both heterosexual and same sex relationships, and males and females can be either the victim or perpetrator, articles that focused only on heterosexual relationships with female victims and male perpetrators were included.

After identifying the articles, the studies were described and evaluated in terms of their population focus, their link between intimate partner violence to early learned attachment styles, and their conceptual and practical analysis of attachment theory's relation to adult intimate relationships. The articles were classified into specific focus areas and strengths in explanation in four categories: (1) intimate partner violence, (2) intergenerational transmission of intimate partner violence and associated theories, (3) attachment theory, and (4) the fusion and inter-relatedness of foci one through three.

3.2 EXCLUSION CRITERIA

Articles that focused on domestic violence or family violence were excluded, as there was little evidence to determine if the focus was on intimate relationships of marriage, dating, cohabitation, and co-parenting or if it had information for affinally or sanguineally based familial relationships and associated violence. Studies focusing only on the United States were chosen for purposes of limitation, as inclusion of global populations would vastly expand the focus area, which would be too great for coverage in this review. Articles that required a fee for review were excluded. Research that did not focus on heterosexual relations or included information on female perpetrators and male victims were excluded. Certain studies that focused

on personality disorders and other mental disorders in connection to attachment theory were excluded from review for the sake of eliminating any additional variables. Other research focused on parenting interventions rather than intimate partner violence intervention, and those articles were excluded from review.

3.3 ARTICLE RETRIEVAL

Three databases were used to locate relevant articles: PubMed, Sage Publications, and Ovid. PubMed, typically viewed as a resource for biomedical literature, has an abundance of literature and research trials that focus on therapeutic uses of attachment theory and the effect of IPV victimization on female health. Sage Publications, a large database of social sciences and humanities articles, was the main source for article retrieval and returned a multitude of articles focusing on intergenerational transmission of intimate partner violence and application of adult romantic attachment styles to involvement in IPV relationships. Finally, Ovid was used to retrieve articles relating to human development and health.

To begin the retrieval process, a search of the phrases “intimate partner violence” AND “attachment theory” was conducted in Sage, which returned 50 articles, six of which were relevant for inclusion. The second Sage search used the phrases “adult attachment” AND “aggressive behavior,” which returned 109 results of which 12 were relevant for inclusion, but only six returned articles with new results. The same two searches were conducted in PubMed and returned 464 total results, the majority of which had been found through the Sage search, but three new articles were found. An additional search was conducted through PubMed for “adult

attachment” AND “intimate partner violence,” which returned 170 results, all of which had been found previously or were not eligible for inclusion. The same three search phrases were searched in the Ovid database, which returned a total of 124 results, of which all had previously been identified as relevant for inclusion. Overall, 15 articles were identified through a search of the literature; however, three of the articles were removed from the review due to not viewing intimate partner violence completely through the lens of attachment theory. Three were removed due to a focus on female perpetrated violence and another three were removed due to focusing only on perpetration of violence with no consideration of victimization issues. A total of six articles were found to be completely relevant for inclusion.

4.0 FINDINGS

A review of the literature shows that links exist between the intergenerational transmission of intimate partner violence and individual or partner attachment styles. Witnessing intimate partner violence in combination with the influence of insecure parental attachment bonds leads to individuals who often develop anxious adult romantic attachment patterns. Individuals experiencing anxious attachment patterns have a greater propensity to enter into a violent intimate relationship. Research shows how this concept transmits to life situations although it is sparse. Six research studies that examine the relationship between attachment styles and intimate partner violence and use Bartholomew's (1990) four-category model are reviewed to determine future treatment recommendations.

4.1 STUDIES USING ATTACHMENT THEORY

4.1.1 Study 1: Pearson (2006)

In Pearson (2006), adult attachment style is examined as a risk factor for intimate partner violence. In this study, 35 heterosexual couples that had been together for at least six months

were recruited to attend a one-hour session during which they completed a questionnaire. The females ranged in age from 18 to 67, and the males ranged in age from 18 to 69 years of age. The majority of female and male participants were Caucasian, and salaries ranged from \$0 to \$100,000 per year. Participants separately completed a self-administered packet of questions regarding background information, attachment style, relationship variables, and intimate partner violence with their current intimate partner (Pearson, 2006).

Responses were coded into categories of attachment anxiety and attachment avoidance through summation of the scores on the Relationship Questionnaire (RQ), and physical violence was measured through the Conflict Tactics Scale (Straus, 1979). After conducting two hierarchical regression analyses to determine the relationship of female and male attachment styles to male-perpetrated violence, female attachment anxiety, female attachment avoidance, male attachment anxiety, and male attachment avoidance were simultaneously entered. The results indicated female attachment anxiety to be a significant predictor of male-perpetrated violence (Pearson, 2006). This finding suggests that females with a fear of abandonment and rejection may be at risk for becoming a victim of IPV (Pearson, 2006).

4.1.2 Study 2: Henderson, Bartholomew, and Dutton (1997)

Henderson and colleagues (1997) initially recruited 75 women and after adjusting for no prior history of violence, the total number was narrowed down to 59 participants. These women participated in a 60 to 90 minute interview, all of which were conducted over a six month timeframe. The average age of these female participants was 31.4 years, and the average time spent in an abusive relationship was 11.5 years. The interviews contained information about the

female's relationship history, the current abusive relationship, the type and duration of abuse, and the power dynamic between the couple (Henderson, Bartholomew, and Dutton, 1997). Participants were rated according to the degree to which they fit into each attachment prototype, and the highest of the attachment ratings was taken as their primary attachment style. The interviews were coded, and the Conflict Tactics Scale (Straus, 1979) was used to determine potential conflict behaviors. The findings were then divided into three categories: reasoning, verbal aggression, and violence (Henderson, Bartholomew, and Dutton, 1997). For the purpose of this study, only the violence category results were considered, and a score of infliction of abuse and reception of abuse was calculated.

The Psychological Maltreatment of Women Inventory (Tolman, 1989) was used to determine non-physical abuse. Scores were then rated from 1= never to 5= very frequent, and divided into two sub-categories: dominance/isolation and emotional/verbal abuse (Henderson, Bartholomew, and Dutton, 1997). The Continuing Emotional Involvement Scale (Dutton & Painter, 1993) was used to examine the bereavement aspect of separation, idealized partner obsession and the continuing emotional involvement, and correlated into a numerical score (Henderson, Bartholomew, and Dutton, 1997). The amount of contact with the abusive partner was also analyzed and divided into reasons, such as custody, social reasons, or planned meetings for pleasure, to determine separation resolution feelings (Henderson, Bartholomew, and Dutton, 1997).

Bartholomew's attachment coding system was used to provide continuous ratings and calculate correlations to the four attachment categories. Continuous ratings allowed for the examination of a mostly insecure sample for which 21 women were rated as predominantly fearful (35%), 31 as preoccupied (53%), four as secure (7%), and three as dismissing (5%)

(Henderson, Bartholomew, and Dutton, 1997). Attachment patterns with a negative self-model were found in 88% of participants. Preoccupation was related to shorter relationship length ($r = -.45, p < .001$) and more frequent separations from the current relationship ($r = .30, p < .01$). Fearfulness was related to longer relationship length ($r = .24, p < .05$) and greater physical abuse ($r = .23, p < .05$) (Henderson, Bartholomew, and Dutton, 1997).

Henderson and colleagues (1997) hypothesized that preoccupation would be associated with greater emotional involvement and more partner contact, whereas fearfulness would be negatively associated with these variables. Preoccupation was related to greater emotional and physical involvement with abusive partners, while fearfulness was related to less overall involvement. Preoccupation was also negatively associated with wanting emotional distance from partners ($r = -.42, p < .001$) and positively associated with a desire for reunification of the relationship ($r = .37, p < .01$) (Henderson, Bartholomew, and Dutton, 1997). Negative self-model attachment patterns, such as fearful and preoccupied, were over-represented in this study. Preoccupied individuals are more likely to want to talk about their problems whereas fearful individuals often do not want to discuss problems (Henderson, Bartholomew, and Dutton, 1997). Evidence related preoccupied attachment to maintaining relationships in order to make changes in that relationship (Henderson, Bartholomew, and Dutton, 1997). This study found that the more positive the self-model, the less likelihood of entering an abusive relationship and the greater likelihood of leaving the relationship at the first incidence of abuse (Henderson, Bartholomew, and Dutton, 1997).

4.1.3 Study 3: Dumas, Pearson, Elgin, and McKinley (2008)

Dumas et al. (2008) wanted to examine establishing or maintaining security within an intimate relationship through the lens of attachment theory. A sample of 70 heterosexual couples who were together for at least six months separately completed questionnaires (Dumas et al., 2008). Males and females were predominantly Caucasian; males ranged from 16 to 69 years of age, while females ranged from 17 to 67 years of age. Annual salaries ranged from \$0 to \$100,000 for both males and females. The Relationship Questionnaire (Bartholomew & Horowitz, 1991) was used to examine adult attachment, and continuous responses were coded into attachment anxiety and attachment avoidance (Dumas et al., 2008). The Conflict Tactics Scale (Straus, 1979) was also used to determine physical violence. Both of these measures have a self-reporting feature for rating behavior on a numerical scale. Hierarchical regression analyses were used to determine the relationship between partner's attachment style and male/female physical aggression (Dumas et al., 2008).

Due to its significant correlation with violence, length of relationship was controlled for, and both self-reported and partner-reported attachment patterns were analyzed. It was found that female attachment anxiety and the relationship pattern of male attachment avoidance and female attachment anxiety were both strong predictors for male perpetrated violence (Dumas et al., 2008). Female attachment anxiety was a predictor for female violence ($\beta = .24, p < .05$) until controlling for male violence ($\beta = -.05, ns$), which indicates that male violence mediates the correlation of female attachment anxiety and female violence (Dumas et al., 2008). This suggests that female attachment anxiety is correlated with male perpetrated violence, and the

female violence is in response to perpetrated male violence, which is why the initial correlation was made before controlling for male violence.

The examination of attachment style and intimate partner violence indicated that female attachment anxiety was indeed related to male and female violence but that the “mispairing” of males with high attachment avoidance and females with high attachment anxiety led to violence (Doumas et al., 2008). These findings also support that intimate partner violence is related to attachment related struggles of proximity issues (Doumas et al., 2008; Pistole, 1994). A couple’s differences in closeness/reassurance and distance/emotional separateness may result in violent behavior (Doumas et al., 2008).

4.1.4 Study 4: Bond and Bond (2004)

Bond and Bond (2004) examined whether individual attachment style and a couple’s combination of attachment patterns predict violence. A group of English-speaking heterosexual couples was recruited for assessment of attachment styles. A non-probability sampling method was used in the collection of subjects. Data were collected for 18 months to allow for recruitment of 86 individuals and 43 couples in permanent relationships. The sample of females ranged in age from 29 to 50 years, and males ranged in age from 30 to 53 years. The income of 61% was above CAN\$50,000, and 10% had incomes below the poverty line (CAN\$10,000 to CAN\$29,999) (Bond & Bond, 2004).

Four steps were used for data collection, which started with a questionnaire package of self-report instruments. The Marital Satisfaction Inventory Revised (MSI-R) (Snyder, 1997) was used as a multi-dimensional measure for identifying the nature and extent of marital distress

(Bond & Bond, 2004). The MSI-R also determined the couple's functioning across 10 subscales of marital adjustment. The high psychometric properties led to consistent and stable analyses. The Aggression subscale of the MSI-R was used as a screening tool for violence occurrence and type (Bond & Bond, 2004). The Partner Abuse Scale- Physical (Hudson, 1997) and the Physical Abuse of Partner Scale were used to measure abuse (Bond & Bond, 2004). The Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991) generated scores for the four attachment styles, whereas the Experiences in Close Relationships Scale (Brennan et al., 1998) was used to measure adult romantic attachment through categorization and self-report measures (Bond & Bond, 2004). A three-stage process determined the presence or absence of violence within a couple's relationship.

The Aggression subscale of the MSI-R was used in stage one to identify those who reported experiencing physical violence from their partner (Bond & Bond, 2004). The self-report of those who were grouped in the victim category were cross-validated in a second screening (Bond & Bond, 2004). The third and final stage provided clinical validation and identified 23 participants who reported physical violence, of which 14 were partners (Bond & Bond, 2004). The Experiences in Close Relationships Scale was used to place participants into one of four categories. The four categories were reduced to three categories for the purpose of the study (secure, anxious, and dismissing) because of the low count of fearful and preoccupied groups. This led to the formation of the anxious attachment style group (Bond & Bond, 2004).

In the sample, 22 were classified as secure, 31 were anxious, and 29 were placed in the dismissing category (Bond & Bond, 2004). Anxious attachment style was found in 56.1% of females and 19.5% of males (Bond & Bond, 2004). About 49% of the males were dismissing in attachment style, whereas 22% of the females showed dismissing patterns (Bond & Bond, 2004).

Only 3.6% of the victim group was determined to have secure attachment and 23% of the non-victim group (Bond & Bond, 2004). Results found that most female victims were anxious in attachment and most males dismissing in attachment style (Bond & Bond, 2004).

For females, anxious attachment ($r = .42$; $p < .01$), lack of problem solving communication ($r = .38$; $p < .01$), and duration of marriage ($r = .44$; $p < .01$) were all significantly correlated with IPV victimization and therefore served as predictors for relationship violence (odds ratio = 11.84; $p = .03$) (Bond & Bond, 2004). For males, dismissing attachment style ($r = .38$; $p < .05$) and duration of marriage ($r = .41$; $p < .01$) were correlated with IPV victimization (Bond & Bond, 2004). Anxious attachment style was significantly negatively correlated ($r = -.32$; $p < .05$) with being a male victim of violence (Bond & Bond, 2004). The results of this study determined that couples with female-anxious and male-dismissing styles are approximately nine times more likely to be in an IPV relationship than couples who do not have this attachment style combination (Bond & Bond, 2004).

4.1.5 Study 5: Bookwala and Zdaniuk (1998)

Bookwala and Zdaniuk (1998) aimed to relate the developments in attachment theory research to the study of adult relationships to explore the occurrence of violence in romantic partnerships. The sample included 85 undergraduate students, of which 26 were male and 59 were female, from a large university in western Pennsylvania to participate in a ‘Study of Dating Relationships.’ The majority of participants were between the ages of 18 and 20 with the most being Caucasian. Over three-quarters of the participants reported currently dating someone, and 50% had been dating their partner for 12 months or less (Bookwala & Zdaniuk, 1998).

Inclusion criteria for the study were reporting on a current or previous heterosexual relationship with a non-aggressive relationship, where neither party was violent, or a reciprocally aggressive relationship, where both parties had sustained and inflicted aggression (Bookwala & Zdaniuk, 1998). Those who reported unilateral aggression were involved in the data collection but not used in the study because the data did not differ significantly from the reciprocally aggressive group (Bookwala & Zdaniuk, 1998). The unilateral aggression group also lacked homogeneity, making analysis difficult (Bookwala & Zdaniuk, 1998). Data were collected from groups that ranged in size from five to 20 members, and students were instructed to complete the survey questionnaire anonymously, focusing on their current or most recent relationship (Bookwala & Zdaniuk, 1998).

Measures assessed aggression, attachment styles, interpersonal problems, relationship satisfaction, and background information (Bookwala & Zdaniuk, 1998). The Conflict Tactics Scale (Straus, 1979) was used in a modified form to measure experience with dating aggression (Bookwala & Zdaniuk, 1998). The Relationship Questionnaire (Bartholomew & Horowitz, 1991) was used as a self-report measure for determining the four categories of attachment style (Bookwala & Zdaniuk, 1998). Individuals were expected to produce some combination of the prototypical descriptions so each category was coded as a continuum (Bookwala & Zdaniuk, 1998). Following the Relationship Questionnaire, participants were given the 127-item Inventory of Interpersonal Problems (Horowitz et al., 1988) to assess interpersonal issues and distress in daily life (Bookwala & Zdaniuk, 1998). Satisfaction in relationships was measured by Simpson's (1987) evaluation on diverse attributes of dating partners, and the duration of the relationship was measured with a single point assessment (Bookwala & Zdaniuk, 1998).

Correlations were figured for study variables, which indicated that individuals in reciprocally aggressive relationships were more likely to have preoccupied and fearful attachment styles, more interpersonal problems, and were involved in longer lasting relationships (Bookwala & Zdaniuk, 1998). *F*-tests revealed that aggressive partners rated themselves more preoccupied ($F_{1,79} = 7.48, p < .01$) and fearful ($F_{1,79} = 4.18, p < .05$) than those in non-aggressive relationships (Bookwala & Zdaniuk, 1998). After controlling for interpersonal problems, a significant correlation was found for type of relationship and attachment styles ($F_{4,70} = 3.26, p < .05$) that found individuals in reciprocally aggressive relationships to exhibit a preoccupied attachment style more often than those in non-aggressive relationships ($F_{1,73} = 5.26, p < .05$) (Bookwala & Zdaniuk, 1998).

4.1.6 Study 6: Allison, Bartholomew, Maysless, and Dutton (2008)

Allison et al. (2008) examined attachment dynamics of heterosexual couples experiencing male-perpetrated and female-victimized partner violence. This study explored Bowlby's (1984) possibility that violence can be a means by which individuals in relationships try to compel their partner to remain near and accessible (Allison et al., 2008). Avoidant individuals may more strongly desire control in romantic relationships to protect their autonomy without activating their attachment mechanisms (Allison et al., 2008; Mikulincer, 1998). Allison et al. (2008) explored the idea that partners act abusively to maintain and regulate distance when there is an incompatibility of ideas about closeness in the relationship. The sample was composed of 23 heterosexual couples experiencing male to female violence (Allison et al., 2008). The age range

of men was 25 to 61 years and in females 23 to 59 years, with the relationship duration ranging from one to 40 years (Allison et al., 2008).

Male partner violence was examined through the History of Attachments (HAI), which combines the Family Attachment Interview (Bartholomew & Horowitz, 1991), looking at adult interpretations of childhood attachments, and the Peer Attachment Interview (Bartholomew & Horowitz, 1991), which looks into friendships and romantic relationships. After completion of the interviews, attachment coding and qualitative analyses were conducted. Each interview was analyzed by two coders, who placed gathered information into the four attachment style categories or prototypes defined by Bartholomew (1990). A nine point scale was used to determine how each individual's style corresponded to each style prototype (Allison et al., 2008). Alpha coefficients were used to assess coding agreement for female and male participants. An alpha coefficient is used as an internal consistency estimate of reliability. The inter-correlations increase as the alpha coefficient rises. A generally accepted system to follow for internal consistency determination is as follows: $\alpha \geq 0.9$ is excellent, $0.9 > \alpha \geq 0.8$ is good, $0.8 > \alpha \geq 0.7$ is acceptable, $0.7 > \alpha \geq 0.6$ is questionable, $0.6 > \alpha \geq 0.5$ is poor, and $0.5 > \alpha$ is unacceptable. This is a generalized system that should always be used with caution and in consideration of any and all test items that can inflate the value. In a sample such as this where attachment style is gathered through self-report, the alpha co-efficiency test provides validation of those results through a scale of excellent to unacceptable. In the following table, the alpha coefficients reinforce the mean value for females and males in each attachment style category.

Table 2. Female and Male Reported Attachment Styles

| FEMALE | Secure | Fearful | Preoccupied | Dismissing |
|---------------------------|---|--|---|---|
| Alpha Coefficients | 0.60 (Questionable) | 0.88 (Good) | 0.83 (Good) | 0.62 (Questionable) |
| Mean | 2.93 (<i>SD</i> = 0.95, range = 1.50-5.00) | 3.65 (<i>SD</i> = 1.70, range = 1.50- 7.00) | 4.78 (<i>SD</i> = 1.56, range = 1.50-7.00) | 1.96 (<i>SD</i> = 0.89, range = 1.00-4.00) |

| MALE | Secure | Fearful | Preoccupied | Dismissing |
|---------------------------|---|---|---|---|
| Alpha Coefficients | 0.71 (Acceptable) | 0.83 (Good) | 0.87 (Good) | 0.81 (Good) |
| Mean | 2.30 (<i>SD</i> = 0.79, range = 1.00-3.50) | 3.52 (<i>SD</i> = 1.55, range = 1.50-6.50) | 4.70 (<i>SD</i> = 1.62, range = 2.00-7.00) | 3.59 (<i>SD</i> = 1.60, range = 1.00-6.50) |

Source: Allison et al., 2008

A thematic analysis identified patterns by which to understand the role of each partner's attachment style when exposed to conflict in relationships (Allison et al., 2008). Because a large number of participants demonstrated complex and combined attachment patterns, profiles were assigned and associated with the predominant attachment profile (Allison et al., 2008). Twelve of the 15 females in this sample had predominantly preoccupied profiles, and six had predominantly fearful profiles. For the combination profiles, the majority of women who fell into this category had fearful/preoccupied profiles. For the male profiles, out of 15 males, nine had predominantly preoccupied profiles, two had predominantly fearful profiles, and four had predominantly dismissing profiles (Allison et al., 2008).

Two themes were consistent with attachment style and IPV, which are the strategy of pursuit and the strategy of distancing (Allison et al., 2008). The strategy of pursuit defines behaviors that lead to greater emotional and physical closeness to partners, which supports the idea that partner abuse is associated with the desire to increase propinquity to a partner (Allison

et al., 2008). The strategy of distancing included behaviors that decrease emotional and physical closeness to a partner. The study also determined that violence in relationships occurred when preoccupied women were partnered with avoidant men (Allison et al., 2008). Twelve of the 23 women had preoccupied profiles, and all but four had some level of preoccupation, meaning all of the sampled women rated high in attachment anxiety (Allison et al., 2008).

5.0 DISCUSSION

In considering the information presented in the six studies linking attachment style to intimate partner violence, a clear relationship has been established. Because an association has been found between adult romantic attachment and intimate partner violence, treatment measures need to incorporate attachment theory in any host of settings. While some researchers argue couples' therapy is not effective for IPV treatment, others maintain it is the best way to address the "mispairing" of attachment styles. Certain studies have found both methods to be successful so it seems that every treated couple would need to be assessed first through individual sessions. One system would truly not be enough as human behavior and situational differences create diverse outcomes for every couple. A complex multi-modal system of treatment and therapy would be most effective for victims and batterers alike, along with policy changes that support these measures.

Pearson (2006) determined a link between female and male attachment styles and male perpetrated violence with female attachment anxiety showing as a specific predictor for male perpetrated violence. Henderson et al. (1997) determined the more positive the self-model, the less likely one is to enter or stay in an abusive relationship. Their study showed high levels of preoccupation and fearfulness, both categories of attachment anxiety, within the female population. Preoccupation and fearfulness are not only signs of anxious attachment; they are also

demonstrated in those with a negative self-model. This study also proved IPV to be associated with a negative self-model. Doulmas et al. (2008) first revealed female attachment anxiety as a predictor for male perpetrated violence and then went on to show that a “mispairing” of female attachment anxiety and male attachment avoidance was a strong predictor of intimate partner violence. Bond and Bond (2004) also found that pairing of anxious attachment in females and dismissing attachment in males was associated to IPV. Dismissing attachment is a subcategory of attachment avoidance, which, in males, has not been found to pair well with females of an opposite attachment categorization. Bond and Bond (2004) found that couples with this combination of attachment styles were nine times more likely to be in an IPV situation than couples who do not demonstrate such an attachment combination. Bookwala and Zdaniuk (1998) studied reciprocally aggressive relationships and found high rates of preoccupied and fearful attachment styles to be associated with aggression by both partners. These preoccupied and fearful attachment styles are subcategories of anxious attachment, which has been found in the other studies to be associated with intimate partner violence in relationships. Allison et al. (2008) examined male perpetrated and female victimized relationship violence and determined that preoccupied females and avoidant males, when in the same relationship, were more likely to experience intimate partner violence.

Each of the six studies reviewed determined that female attachment anxiety was associated with female victimization in an IPV situation. Many of these studies also linked male attachment avoidance to IPV when ‘mispaired’ with female attachment anxiety. This research shows how attachment styles develop within an individual from infancy to adulthood and help to frame the behavior of those individuals within a romantic relationship setting. While there are many causes for attachment patterns to develop in adults, it has been posited that children who

witness intimate partner violence are more likely to experience negative self-models, insecure attachment styles, and enter into intimate partner violence situations. Therefore, the cycle is likely to continue to the next generation if couples' treatment is not given prior to a child being born or early enough in the infant's life that attachment patterns can be adjusted. If treatment is done later in the child's life, it is important to include the child in treatment through the use of individual counseling and play therapy in an effort to reform developing attachment patterns.

5.1 TREATMENT

Attachment theory provides a useful model for understanding the co-occurrence of violence and intimacy in a relationship while analyzing the bonds of human interaction. Interactions between child and parent help to develop models of self through degrees of emotional dependence on others. This emotional dependence on others assists in providing assurance of self-validation and self-worth. These interactions, from an early age, shape expectations for adult relationships with friends and partners. They also explain the reactions of individuals to separation from important attachment figures in their lives. The results of the reviewed studies and additional background information suggest that adult attachment theory offers a useful and theoretical perspective for understanding intimate partner violence.

Results from each study show the relationship of female preoccupation or more generally female attachment anxiety to male perpetrated violence. Further research information includes the "mispairing" (Doumas et al., 2008) of intimate partner attachment styles. Males with high attachment avoidance and females with high attachment anxiety led to a gender-specific pattern

related to intimate partner violence. Males with high attachment avoidance and females with high attachment anxiety have different needs for closeness and distance along with differences in perceptions of emotional distances (Dutton, 1988). This discrepancy may result in hostile communication, denial of or inability to provide for needs, and eventually angry behavior and even violence (Bond & Bond, 2004). Couples with this relationship pattern are nearly nine times more likely to experience partner violence than couples who do not have such an attachment combination (Bond & Bond, 2004).

In a relationship, anger can function as a tool to preserve the integrity of the relationship and overall homeostasis, which can be conceptualized as attempting to protect the viability of the relationship through the restoration of intimacy and security (Bond & Bond, 2004; Bowlby, 1988). Consistent with the prototype, the preoccupied individual has a greater propensity to want to discuss her problems and remain in close proximity to her partner both physically and emotionally, while her low self-esteem manifests as seeking approval of others and reassurance from attachment figures (Allison et al., 2008). Henderson et al. (1997) found that the more positive the self-model, the smaller the likelihood of involvement with abusive partners and the greater the likelihood of leaving abusive relationships with the first action of abuse.

Doumas et al. (2008) claims that the assessment of attachment variables may help to identify those victims and “mispaired” couples who are currently experiencing or may be at risk for IPV in the future. Addressing emotional and physical proximity and how insecurities can lead to misperceptions of certain behaviors can help to reestablish comfortable levels of closeness or distance (Doumas et al., 2008). While addressing these issues will certainly be useful, Bookwala and Zdaniuk (1998) argue that future research should focus on the aggression triggers for each attachment style. Assessment of attachment patterns in individuals and couples may also be

problematic, according to Brennan et al. (1988), due to the number of self-reported responses that are analyzed from questionnaires. While methodology may come into question, it is still clear that many researchers support the relationship of early parent-infant attachment to the intergenerational transmission of IPV.

As IPV rates continue to grow, it is important that clinical applications and treatment initiatives remain rooted in research data to maintain evidence-based therapeutic management. Allison et al. (2008) suggest the use of a dyadic approach to IPV treatment as long as neither party is at risk for serious injury. Johnson (1995) holds that couples experiencing mild to moderate abuse (not consumed by fear) may be appropriate for couples' therapy as partner violence has often been found to be reciprocal in nature. Babcock et al. (2004) suggested integrative behavioral couples' therapy whereas Stith et al. (2004) advocated for a multi-couple group therapy approach to IPV. Allison and colleagues (2008) add that if neither group nor couples' therapy is chosen then therapists and counselors should at least follow an approach that addresses both partners in the couple with a program such as that provided by Hamel (2005), which details a non-gendered and intimacy based approach to IPV treatment.

Couples' therapy has been looked down upon in the field of social work after the publication of "The Case Against Couple Counseling in Domestic Abuse" in the 1994 issue of *Social Work*. This article concluded that arresting batterers was the most effective treatment intervention for IPV (Hamel, 2008; Golden & Frank, 1994), which is now completely discredited. The therapeutic technique of incarceration left many therapists reluctant to provide treatments to those in IPV situations (Hamel, 2008) and impacted state policy on therapeutic interventions. Couples' counseling is permissible as a U.S. court-mandated option in only 15

states, permitted to be an adjunct treatment in 11 states, and allowed to be provided to batterer's post-group treatment in another 15 states (Hamel, 2008).

Early on, Deschner (1984) promoted a phased approach of couples' therapy in which partners would engage in same-sex groups before participating in a multi-couple group setting (Hamel, 2008). Neidig and Friedman (1984) suggested in the same year using a skills-building approach through a multi-couple format (Hamel, 2008). Deschner, Neidig, and Friedman all used theories of family therapy to examine systemic factors of IPV and its intergenerational transmission by maintaining a rigid perpetrator-victim division (Hamel, 2008). Hamel maintains that children who have witnessed IPV are at higher risk for experiencing emotional disturbance and dissociated attachment patterns, leading them into intimate partner abuse situations. Hamel concludes that clinicians should have a systemic perspective and practice flexible, multimodal, and comprehensive phased treatment approaches that address abuse first followed by further explorations of childhood attachment traumas (Hamel, 2008).

Individual therapy is most appropriate for clients suffering from severe psychopathology issues, where violence focus is more important than social skills acquisition (Hamel, 2008). Group therapy is a better mode of treatment for those perpetrators who are no longer with their partners and/or still remain violent in behavior with need for social skill development (Hamel, 2008). Using couple or family therapy modalities, clinicians can treat the couple as a dyad (Coleman, 2007), in a group (Geffner & Mantoosh, 2000), or conduct treatment with select family members (Downey, 1997) if so desired (Hamel, 2008).

Couples' counseling for low to moderate level IPV has been found to be more effective for batterers who have a substance abuse problem than standard batterer intervention programs due to the inclusion of the partner and/or family component of rehabilitation (Hamel, 2008;

Brannen & Rubin, 1996). Couples' counseling in a group format has been found to be more effective in reducing IPV recidivism and significantly more effective in changing behaviors and attitudes supportive of violence than a conjoint effort (Stith et al., 2004). No treatment program in practice has successfully reduced rates of intergenerational transmission of IPV in the U.S. Programs have fundamentally failed in this effort due to adherence to ideology and lack of evidence-based systematic programming.

5.2 POLICY

In the United States, policies that address intimate partner violence federally fall under the title of domestic violence policy. Domestic violence policy covers both intimate partner violence and family violence through blood or marriage. In 1994, the U.S. Congress enacted legislation called the Violence Against Women Act (VAWA), which recognized that "violence against women is a crime with far-reaching, harmful consequences for families, children and society" (Reno, 1997). VAWA created federal domestic violence crimes to be prosecuted by the Department of Justice, which include interstate actions. The Gun Control Act was also amended to include domestic violence-related crimes.

There is limited capacity of the federal government in most IPV and domestic violence crimes, which fall under the jurisdiction of the state government. In most states' crimes code, there is no specific provision for intimate partner violence or domestic violence. In the state of Pennsylvania, along with many other states, domestic violence and IPV is not differentiated from crimes of simple assault, aggravated assault, harassment, or terroristic threats. Instead, there are

merely additional considerations when the call is made regarding a domestic violence situation. In Pennsylvania, when police respond to domestic violence or IPV calls they are required to make an arrest. It is the decision of the prosecutor whether or not to prosecute with some influence from the victim on the circumstances surrounding the incident. IPV and domestic violence policies are not separate and specific at the state level, which is where most cases are held, unless state lines are crossed.

The criminalization of domestic violence and IPV has been used as a social control mechanism through harsher punishments for batterers and reprisal for offenders. The National Institute of Justice (2009) has reported that domestic violence calls are the single largest category of calls made to police nationally, which has caused the recommendation of arrest quotas based on national norms (Corvo & Johnson, 2012). Some states have combined minor offenses, such as summaries and misdemeanors, with more severe charges, such as felonies, under their domestic violence statutes (Corvo & Johnson, 2012; Clark, 2010). Combining these crime classifications has created a system of punishment which provides similar treatment mandates and court-ordered sentencing for very different levels of crime. As far back as 1995, Fagan noted little conclusive evidence of “deterrent or protective affects of legal sanctions or treatment interventions for domestic violence” (pg. 25), and further warned of maintaining such a policy (Corvo & Johnson, 2012). Dutton (2007) found the same evidence over a decade later.

The widespread use of the Duluth model in treatment includes predictive rubrics, such as “the cycle of violence” and “power and control wheel,” which have been proven to be ineffective in violence reduction (Corvo & Johnson, 2012; Corvo & Johnson, 2003). Corvo and Johnson (2012) suggest going beyond current policy explanations of behavior in domestic violence situations, as they are limited to power and control motives through dimensions of patriarchy.

Instead, Corvo and Johnson believe that domestic violence policies should be formed and informed using the contexts of attachment theory. They believe policies should be aimed at successfully establishing relational bonds, which provides a restorative and rehabilitative form of justice.

Greene and Cohen (2004) provide two theories of punishment, which include consequentialism and retributivism. Consequentialism provides justification for punishment through the social benefit of deterring future crime. Retributivism provides justification for punishment because deserving perpetrators should receive punishment in proportion to his/her offense. Corvo and Johnson (2012) justify the use of rehabilitative measures in punishment, which is a principle of the consequentialist view. With the dramatic increase in incarcerations, it is clear that society has shifted from a restorative system of justice in the 1950s to a retributive system of justice in the present day. Phelps (2011) has referred to this time as the punitive era focused on “law and order.”

American society has labeled perpetrators as criminals and victims as both helpless and in need of vengeance. Little importance has been put on effective rehabilitation or useful treatment. Ignoring the role of attachment and its effect on the intimate partnership allows for retributive policies to continue and socio-political implications require the victim to leave the relationship, the perpetrator to be punished, and the relationship to end. Despite the ineffectiveness of such policies, they continue to be funded due to a sort of gender revenge, which is in place to right historical wrongs against women caused by men (Corvo and Johnson, 2012). Corvo and Johnson (2012) cite underlying political anxieties for the continuance of these types of policies, not evidence-based practice or outcome evaluation.

A policy framework remains that is not based on evidence and prides itself on retributive punishments used for social control. Instead, a range of severity and complexity should be upheld to determine motivation and intention of behavior. Currently, interventions do not include a full range of supports and treatments that consider behavioral health and risk factors. Some specialty resources are available to couples with stable incomes, but those without such financial resources are limited to public services, which include shelters and batterer intervention programs. It is not that shelters are not beneficial, but they should be combined with a host of other available treatments and resources to address emotional attachment issues. Ignoring attachment and giving domestic violence a political and criminal construct, positive effects are non-existent and recidivism is not declining. The use of the Duluth model through the guise of feminist ideology together with retributive punishment has created a policy that the U.S. Department of Justice's 2006 Biennial report to Congress deemed to have no empirical evidence to reduce violence through the use of funded programs. Communities would do much better with healing and rehabilitative techniques of treatment that consider the attachment styles of both victim and perpetrator.

5.3 FUTURE RESEARCH

It is clear that there is much need for revision of both treatment and policy within the field of intimate partner violence. Future research and work should focus on certain areas that leave questions and concerns. More studies are needed to show the effectiveness of treatment interventions in breaking the intergenerational cycle of intimate partner violence. Risk factors for and consequences of IPV perpetration have been determined, but less focus has been placed on

the prevention and treatment of IPV. Prevention is a very difficult step to take in the elimination of IPV, but it was certainly advocated by Bowlby and alluded to in his work. Treatment has garnered more attention but few detailed descriptions exist on how that should exactly be provided and to whom.

It is true that witnessing IPV as a child is the greatest risk factor for experiencing an IPV relationship as an adult; however, there are many children who witness or are exposed to IPV and do not enter into an abusive romantic relationship later in life. Research has been conducted on the resilience of children who have been exposed to IPV. This research showed 37 percent of children who witnessed or experienced violence in the home fared as well or better than children who did not (Kitzmann et al., 2003). Resilience is the ability to demonstrate positive adaptation when exposed to significant adversity (Luthar, Cicchetti, & Becker, 2000), and in children it is the ability to function successfully in a high-risk setting or after exposure to great suffering (Masten, 2001). Hughes and colleagues (2001) have defined adaptational success as the mastery of significant developmental goals such as emotion regulation and pro-social skill development. More research needs to be conducted on why certain children show such high levels of resiliency and why others do not. This research could help guide the prevention and intervention mechanisms of eliminating the intergenerational transmission of IPV.

In addition to future resiliency studies, research should also be conducted on how children respond to IPV. Children often have ideas on what they see and how to respond to it. Children who have witnessed or have been exposed to IPV should be consulted on ideas they have for how to remedy the situation in their home. Children often see situations differently than adults and can provide thoughtful insight into their experiences and how their home life could be improved. In addition to discussing such issues with children, time in shelters should be utilized

to reach the children in a safe environment where they can feel comfortable sharing information. The time victims spend in shelters should also be utilized so that staff counselors can help to recommend proper treatment and therapy measures for different types of abuse.

Many women experience a combination of types of abuse; however, some women experience a continual cycle of only a single type of abuse. Future work should look into the possibility of different types of treatment for different types of abuse. Treatment measures should align on a continuum where multiple options are available, for which some victims will require different and varied treatment and therapy. Further work should be done in other countries as well to determine if IPV interventions or prevention programs have been successfully implemented or have shown a positive result in declining IPV rates internationally. In addition to expanding work internationally, further research and work needs to be conducted on gender differences that include female perpetrated violence on males and same-sex intimate partner violence. These issues may bring many additional cultural elements of IPV to consider along with gendered solutions. With many areas of IPV still under-researched and numerous questions circling regarding both prevention and treatment, it is important for future work to include all of these topics and for those with interest in the field to continue to advocate for the elimination of IPV.

6.0 CONCLUSION

Intimate partner violence (IPV) is perpetrated or threatened physical, sexual, psychological, emotional, financial, or stalking violence, which includes willful intimidation perpetrated by a current or former intimate partner against another. IPV also affects people of all ages, races, ethnicities, socio-economic statuses, sexual orientations, and religious backgrounds; however, research shows that 85 percent of victims of IPV are women. Because statistics show that one in four women will experience IPV in her lifetime and 1.3 million women are physically assaulted by their intimate partners each year, treatment and policy should better address the intergenerational transmission of IPV and aim to substantially reduce the number of victims.

Not only is the problem vast and continuing to grow, the policies and treatments that surround IPV are dated and inefficient. Systems that incorporate the Duluth model and feminist theory include batterer intervention programs and therapy for victims, but few programs focus on some of the most fundamental reasons why people enter into violent intimate relationships. Linkages have been found between parent-infant attachment patterns and adult romantic attachment styles later in life. There are two attachment styles, secure and insecure. Those with secure attachment styles are unlikely to enter into an IPV situation and most likely to have a healthy relationship. Those in the insecure category are comprised of three types, which include preoccupied, dismissing, and fearful styles. Attachment styles in men and women can be secure

or insecure, but women with insecure attachment patterns are more likely to exhibit preoccupied attachment styles, whereas men with insecure attachment patterns are more likely to exhibit dismissing attachment styles. A couple with such an attachment combination is said to be “mispaired” and suffers the highest risk of having a violent relationship. Six studies were presented that show the correlation between attachment styles developed in infancy, attachment styles demonstrated in adult romantic partnerships, and the likelihood of the intergenerational transmission of such attachment styles and violence.

Because attachment patterns show such a strong association to male-perpetrated and reciprocally violent intimate relationships, treatment involving informative and gender inclusive information is necessary for reaching both male perpetrators and female victims. Attachment theory provides a basis of understanding for how parent-infant relationships go on to affect individuals into adulthood. The implications for treatment include the use of this theory to better educate couples on their individual attachment style and how it aligns with their partner’s attachment style.

An attachment theory based treatment program should follow a phased approach with a specific effort to make both victims and perpetrators aware of their own attachment styles and how it affects their personal relationships. This should begin with individual counseling that resolves any underlying issues that the individual may have. Following these individual sessions, same-sex groups should be conducted to allow for gendered issues of romantic partnerships to be discussed that are mutually shared by many women and men across the country. After some time in these same-sex groups, a multi-couple setting should be utilized by couples experiencing intimate partner violence, only if it is safe to do so and levels of violence have been low to moderate. In not all circumstances is this recommended; however, if possible, this could provide

a means to understanding a partner's attachment issues and how to jointly overcome any "mispairings." This treatment structure should be used on a continuum that allows for change and flexibility depending on the needs of both the individuals and the couples. Multimodal, systemic, gender-inclusive programs with a focus on IPV attachment styles will help to shift the dominant paradigm to support the evidence-supported findings of the attachment-based intergenerational transmission of intimate partner violence while beginning to provide necessary and effective treatment measures.

Once individuals can begin to understand their own attachment style, can they go on to understand the attachment style of their intimate partner in a couple setting. When the couple can open up about their issues of anxiety and avoidance, it has been proven that multi-couple group therapy is quite effective in lowering IPV rates. This phased approach to treatment takes time and dedication from therapists and couples alike. To reduce or eliminate the intergenerational transmission of violence, children who have been witnesses to parental violence in the home would also benefit from phased treatment that begins on an individual level and gradually joins the parents to complete family treatment. Many additional factors need to be considered such as co-occurrence of violent behaviors with addiction or psychological issues. The treatment of these individuals needs to be flexible and multi-modal in order to allow for simultaneous rehabilitation and recovery to occur. In addition, supportive policy measures to supplement these treatment programs are necessary to help reduce the retributive means, when necessary, and focus on the restorative principles.

This literature review has several limitations. Only three databases were searched due to the limited timeframe for the study and the practicality of one researcher obtaining the information. Only English-language articles were found in the searched databases and only

articles published within a certain time frame were able to be accessed. Further, only one reviewer was involved in the selection, classification, and analysis of the interventions chosen. Many critical interventions were found on batterers, with limited focus on victims. Without the help of conducting a critical intervention study in this review, the assessor was reliant on previously conducted literature, which limits the scope of possible inclusions of interventions and feasibility through this analysis.

The different terminology in many of the reviewed interventions and literature made it difficult to distinguish between domestic violence and IPV in certain works. For those in which this clarification was not clear, only specific mentions of IPV were used in analysis. A critical limitation of the interventions was the lack of reporting of or use of culturally sensitive components for the implementation of the intervention. Finally, no interventions targeted the couple as a dyad, as policy and tradition have defined IPV treatment and therapy as only effective in an individual setting. IPV treatment and therapy have also failed to use the aspects of attachment styles within intervention, and therefore few if any analyses could be assessed for such efficacy and efficiency in actual practice.

Further research is needed on this co-occurrence of behaviors, as group treatment has been found effective for those experiencing each issue individually but not in a co-occurring fashion. Now that the linkage has been successfully identified, researchers and professionals must sufficiently research clinical application of both individual and couples' therapy treatments focusing on attachment issues to reduce transmission of intimate partner violence. This application of attachment-centered treatment and implementation of broad policies with alternative rehabilitative options are crucial for effectively addressing the intergenerational transmission of IPV. Without the expansion of past models of treatment and inclusion of new models of treatment, IPV will continue to plague men and women both within the United States

and all across the globe. Immediate action involving treatment of victims and perpetrators alike, along with reformation of each state's crimes code, will allow for healthier relationships and a more productive society in which the intergenerational transmission of intimate partner violence will be eliminated.

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