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Intimate partner violence: An application of attachment theory

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ABSTRACT

Attachment theory has gained increased prominence over the past several decades in the fields of psychiatry, psychology, and social work. Attachment theory, however, has not been systematically applied to intimate partner violence (IPV), a phenomenon that disproportionately affects women in poverty. This article provides an overview of IPV as a social problem, reviews existing literature related to the application of attachment theory to IPV, discusses the theory's strengths and limitations in understanding and resolving IPV, and considers areas for future knowledge development.

KEYWORDS

Attachment theory; domestic violence; intimate partner violence; women in poverty

Intimate partner violence (IPV) is a grave social problem that in the United States affects more than one quarter of women and an estimated five million women each year. IPV results in the death of 1,500 women per year and leads to millions of women entering emergency rooms for medical care. Every day, more than three women on average are murdered by an intimate partner in the United States. In addition, domestic violence is responsible for more injuries to women than car accidents, muggings, and rape (Bent-Goodley, 2011; Hattery, 2009; Staggs & Riger, 2005).

According to the National Violence against Women (NVAW) Survey Research Report, a study based on a nationally representative sample of 8,000 women, 7.8% of surveyed women reported being raped by a current or former intimate partner. The same survey found that 22.1% of women reported being physically assaulted by a current or former intimate partner at some point in their lives. The survey found that 4.8% of women reported being a victim of stalking by a current or former intimate partner, defined as repeated harassment and threats that invoke an intense degree of fear (Matthews, 2004).

IPV can be defined as violence committed by someone with whom one has had or has an intimate relationship. IPV typically occurs as a pattern of coercive behaviors in which the abuser maintains power and control through physical abuse, psychological abuse, sexual aggression, social isolation, threats, and other tactics (McColgan, Dempsey, Davis, & Giardino, 2010). This type of violence occurs in heterosexual and same-sex relationships. Although women can be perpetrators of violence and men can be victims, in the vast majority of cases perpetrators are male and victims are female. A report from the U.S. Department of Justice found that from 1994 to 2010, approximately 80% of IPV victims were female (U.S. Department of Justice, 2012).

For the purposes of this article, it is assumed that the victims of IPV are women and that their abusers are men, since this encompasses most scenarios, while recognizing that this is not the case universally. The terms IPV, domestic violence, and abuse refer to physical or sexual violence or threats of physical or sexual violence towards women by a spouse or intimate partner. It is important to keep in mind that IPV is typically accompanied by many other behaviors meant to control and intimidate including verbal abuse, stalking, and denial of access to financial resources (Davis, 1999; Matthews, 2004; Raphael, 1999).

This article provides a review of literature on IPV followed by an application of attachment theory to this social problem. The first section discusses IPV in depth with a specific focus on women in poverty. The second section applies attachment theory to IPV by reviewing existing literature both to explain the problem and inform processes of normative and guided change. Finally, the strengths and weaknesses of the theory are discussed as well as areas for future knowledge development.

Intimate partner violence

Nature of IPV

IPV is typically chronic in nature, according to the NVAW Survey Research Report. Slightly over half (51.2%) of women raped by an intimate partner and about two thirds (65.5%) of women physically assaulted by an intimate partner reported being victimized numerous times by the same person. Of these, rape victims reported the violence occurred over an average of 3.8 years, and physical assault victims reported the assaults occurred over an average span of 4.5 years (Matthews, 2004; McColgan et al., 2010).

Although both men and women can be victims of violence, women are much more likely than men to suffer physical injury and are two to three times more likely to report feeling in danger of physical harm during violent conflicts with partners. The disproportionate effects on women increase as the seriousness of violence increases. Women are two to three times as likely as men to report that an intimate partner pushed, shoved, or threw something that could harm them, but they are seven to 14 times as likely to report being beaten, choked, or threatened with a gun or knife (Golding, 1999; Matthews, 2004; Resko, 2010).

Risk factors for IPV have been identified, but it is important to keep in mind that these factors do not establish a causal relationship. Research indicates that women who were abused as children are more likely to become victims of IPV as adults. In addition, couples who are cohabiting but not married exhibit higher risk. Couples with status disparities in education are more likely to have violence than couples whose status levels are more similar (Matthews, 2004). Additionally, women who abuse alcohol or drugs are at increased risk of being victimized (McColgan et al., 2010).

Demographics of IPV

From 1994 to 2010, women aged 18–24 and 25–34 experienced the highest rates of IPV compared to other age groups (U.S. Department of Justice, 2012). Research elsewhere indicates that women between the ages of 18–28 and pregnant women are more likely to be victims of IPV (McColgan et al., 2010).

In terms of household composition, a report from the U.S. Department of Justice found that women in households comprising one woman and children experienced IPV 10 times more often than women who were married and six times more often than women without children (U.S. Department of Justice, 2012). In terms of geographical location, another report found that women living in urban, suburban, and rural locations experienced similar levels of IPV (Zawitz, 1994).

Although IPV transcends racial and cultural boundaries, minority women report higher rates of IPV than their White counterparts. African American women, Hispanic women, and American Indian/Alaskan Native women have been shown to be most at risk (McColgan et al., 2010). American Indian/Alaskan Native women report especially high rates, while Asian/Pacific Islander women report significantly lower rates of violence compared to their counterparts, which may reflect differences in willingness to report influenced by cultural factors (Matthews, 2004). African American women are more likely than their counterparts to experience violence that is lethal or near lethal (Hattery, 2009).

Women in poverty

IPV occurs across all social classes; however, the modern-day feminist movement's emphasis on the universality of IPV has in some ways masked the fact that IPV and poverty co-occur at high rates. For many women, IPV blocks them from being able to escape poverty and keeps them mired in a toxic dynamic of dependence on their abusers.

Research indicates that poverty is a strong, consistent correlate of IPV (Bassuk, Dawson, & Huntington, 2006; Cunradi, Caetano, & Schafer, 2002; Matthews, 2004; Resko, 2010). In a sample of 19,000 women from eight states, those with incomes below \$25,000 were almost twice as likely to experience violence from their partners compared to those with incomes above \$25,000 (Vest, Catlin, Chen, & Brownson, 2002). Zawitz (1994), in a report summarizing the U.S. Department of Justice IPV statistics, reported that women with family incomes below \$10,000 experienced the highest rates of violence while women with family incomes over \$30,000 experienced the lowest rates. Bachman and Saltzman (1995) found that women with family incomes below \$10,000 experienced IPV at a rate more than four times greater than women with family incomes of \$50,000 or more.

Effects of IPV

IPV harms women, especially women in poverty, on multiple levels. IPV can have significant economic effects, physical health effects, and psychological and emotional effects; it can lead to social isolation and even result in job loss and homelessness.

Economic effects

Research suggests that IPV makes it more difficult to escape poverty by contributing to employment instability among victims. One longitudinal study found that current IPV predicted future employment instability (Staggs, Long, Mason, Krishnan, & Riger, 2007). Another study of extremely poor women found that those who experienced IPV in a 12-month period were only one third as likely in the following year to maintain work for at least 30 hours per week over 6 months, compared to those who did not experience IPV (Browne, Salomon, & Bassuk, 1999).

Economic abuse is one tool used by abusers to maintain power and control in an intimate relationship. Economic abuse creates economic dependence on the abuser, making it more difficult for the woman to leave the relationship. Preventing a woman from working and demanding that she hand over her earnings to a partner are examples of this type of abuse. Qualitative research reveals that abusive men may directly interfere with their partners' ability to work by inflicting an injury before a job interview, refusing to provide transportation or provide child care, and other methods of sabotage (Browne et al., 1999; Davis, 1999; Goodman, Fels Smyth, Borges, & Singer, 2009; Hattery, 2009; Raphael, 1999; Staggs & Riger, 2005; U.S. General Accountability Office, 1998).

Physical injuries and health problems

Domestic violence can have long-term negative effects on health that endure even after abuse has ended. Abused women frequently report migraines and headaches, chronic back or neck pain, gastrointestinal problems, gynecological problems, and various other health conditions (Campbell, 2002; Resko, 2010). Large-scale research conducted in hospital emergency rooms indicated that 11–30% of women with physical injuries had been abused by their partners. A woman interviewed by Brandwein and Filiano (2000) reported that after an episode of violence she would have black eyes, feel like her arms were broken, couldn't walk, and had bruises that kept her from being able to work. Another woman described migraine headaches from being punched and choked that remained five years after the abuse had ended.

Psychological and emotional effects

IPV inflicts psychological and emotional damage on victims, the effects of which can be long-lasting, especially if left untreated. Research indicates much higher rates of mental health problems in abused women compared to nonabused women (Browne et al., 1999; Golding, 1999; Resko, 2010; Tolman & Rosen, 2001).

In a meta-analysis of studies on women who have a history of domestic violence, 47.6% had depression, compared to 10.2–21.3% in the general population. Some women have chronic depression that is exacerbated by violence, while for others initial episodes of depression are triggered by violence. In the same meta-analysis, 63.8% of women had posttraumatic stress disorder (PTSD), compared to lifetime estimates of 1–12% in the general population (Campbell, 2002; Golding, 1999). Tolman and Rosen (2001) found, in a random sample of women on welfare in urban Michigan, that recent IPV victims had significantly higher rates of depression, generalized anxiety disorder, PTSD, drug dependence, and alcohol dependence than women who had never experienced such violence.

Social isolation

IPV survivors have significantly fewer social support networks on which to rely. Sometimes abusers intentionally cut off a woman's social connections as part of maintaining power and control; sometimes the friends and family members of an abused woman lack understanding and sympathy or are overwhelmed by the abuse. Social isolation accompanying abuse further exacerbates psychological damage and strips a woman of supports needed to sustain a life apart from her abuser (Goodman et al., 2009).

Homelessness and job loss

In some cases, IPV may directly lead to homelessness and housing instability (Goodman et al., 2009; Tolman & Rosen, 2001). Research indicates that 22–57% of homeless women identify partner violence as a direct cause of homelessness (Goodman et al., 2009). In addition, abused women leaving a violent relationship are often forced to flee and relocate so their abusers who are stalking them cannot track them down. This may mean leaving a job if they have one, since a woman's place of work is sometimes the only place an abuser knows he can find her (Brandwein & Filiano, 2000; Davis, 1999).

Application of attachment theory

Overview of attachment theory

Attachment theory was developed by British psychoanalyst John Bowlby, with contributions by his colleague Mary Ainsworth. Bowlby viewed human beings as relationally oriented with a biologically based need to attach that is most obvious in infancy but lasts throughout a person's life. According to Bowlby, how early attachment relationships are formed and internalized affects a person's development and relationships throughout life (Bowlby, 1988; Wallin, 2007).

Bowlby developed the construct of the *internal working model*, which refers to the mental representations of primary caregivers that a child has internalized from relational experiences; they encompass the degree to which a child expects sensitive, attuned responsiveness from caregivers. These expectations are carried into future relationships and explain how early attachment relationships affect future relationship functioning (Applegate & Shapiro, 2005; Wallin, 2007).

Mary Ainsworth developed the classification of *attachment styles* into three distinct categories: secure, anxious resistant, and anxious avoidant (also referred to as secure, anxious, and avoidant, respectively). Anxious and avoidant styles are both indicative of insecure attachment to the primary caregiver (Bowlby, 1988; Wallin, 2007).

According to Ainsworth, a securely attached person is confident that the primary caregiver will be available and responsive and feels courageous in exploring the world. This person uses the primary

caregiver (usually the mother but not always) as a “secure base,” exploring away from the attachment figure but seeking proximity when alarmed, tired, or anxious. Secure attachment is supported by the mother’s availability and sensitivity to her child’s signals. An anxiously attached individual is uncertain if the parent will be available or responsive when needed, inclined to exhibit separation anxiety and clinging behavior, and hesitant to explore the world. This style is typically developed in response to the mother’s inconsistent availability and responsiveness. An individual with an avoidant attachment style does not expect that the parent will respond and attempts to live life without the emotional support of others. This style is promoted by the mother rejecting the child when the child attempts to reach out for comfort and protection (Bowlby, 1988).

Nearly 20 years after Ainsworth’s original classification, Mary Main and her colleagues discovered a fourth type of attachment style referred to as the disorganized style. This style does not fit clearly into the anxious or avoidant categories and is marked by disorientation such as being dazed, immobile, or starting and stopping (Bowlby, 1988; Wallin, 2007). These behaviors seem to be related to unpredictable behavior on the part of the caregiver who may have unresolved losses or unresolved attachment-related traumas (Mikulincer & Shaver, 2007).

During the 1980s, Main and her colleagues expanded the concept of attachment style into adulthood through the development of the Adult Attachment Interview (AAI). Based on answers to open-ended questions, respondents were classified into three categories that paralleled Ainsworth’s classification system for infants: secure, dismissing, and preoccupied. Main’s dismissing category parallels avoidant attachment, while the preoccupied category parallels anxious attachment (Mikulincer & Shaver, 2007).

Attachment and adult romantic relationships

Research indicates continuity in attachment styles from childhood to adulthood, although these styles can change through new relationships and experiences (Feeney, 1999; Wallin, 2007). The major attachment styles in infant research have been shown to exist in romantic love (Mikulincer & Shaver, 2007).

Hazan and Zeifman (1999) believe that in romantic relationships, partners assume the status of primary attachment figures. They note that both infant and adult attachment involve intimate physical contact and similar reactions of grief to separation and loss. In addition, they highlight studies showing that infant-caregiver and adult romantic attachments have a similar and unique power to affect physical and psychological health.

Research indicates that attachment style is linked to relationship quality, and those who are securely attached and whose partners are securely attached report higher relationship functioning. Several studies show that secure couples are more likely to have better communication and conflict-resolution skills in addition to higher satisfaction. Secure attachment also buffers against relationship deterioration during stressful times (Feeney, 1999; Kobak & Hazan, 1991; Mikulincer & Shaver, 2007).

Johnson (2008) states that attachment needs and desires in the couple relationship are healthy, but it is how needs are played out in a context of perceived insecurity that creates conflict. Security in adult attachment helps people regulate emotions, process information effectively, and communicate clearly; those who are securely attached can openly acknowledge distress and turn to others for support in a way that elicits responsiveness. Aggressive responses have been linked to intense attachment anxiety, in which partners attempt to regulate insecurity through control and abuse (Johnson, 2008).

Attachment and IPV

Research on adult attachment and IPV has shown that attachment anxiety is linked to IPV (Allison, Bartholomew, Mayseless, & Dutton, 2008; Henderson, Bartholomew, Trinke, & Kwong, 2005).

Researchers have interpreted violence by perpetrators as a dysfunctional means of maintaining proximity to an attachment figure when attachment needs have been frustrated. Although victims have not been given as much attention, research indicates that victims of IPV also exhibit high levels of attachment anxiety, which may make it more difficult to leave an abusive relationship (Allison et al., 2008; Finkel & Slotter, 2007; Henderson et al., 2005).

Dutton and Painter (1993) found that the intermittency of good and bad treatment by an abuser increases the intensity of a woman's attachment in a phenomenon known as traumatic bonding. This is similar to an infant who becomes even clingier when faced with parental rejection to maintain proximity. Similarly, the violence of the abusive man is viewed as paralleling the protest behavior of an infant separated from his or her primary attachment figure in an attempt to bring the attachment figure back. Attachment anxiety therefore plays a role in both perpetration and receipt of partner violence.

Henderson et al. (2005) found that a preoccupied attachment style was predictive of perpetrating and being victimized by IPV. This finding held true for both physical and psychological abuse and was unrelated to gender. They posit that preoccupied individuals have both a need for closeness and a fear of abandonment, contributing to demanding and aggressive behavior when needs are not met. Victims who have preoccupied attachment are also more likely to stay in an abusive relationship, creating a mutually reinforcing dynamic.

Holtzworth-Munroe, Stuart, and Hutchinson (1997) found that violent husbands, compared to nonviolent husbands, were more likely to have insecure attachment styles, report abandonment anxiety, and be jealous and untrusting of their wives. Buck, Leenaars, Emmelkamp, and van Marle (2012) found that the relationship between insecure attachment and IPV could be explained by the perpetrator's separation anxiety and partner distrust. In a study of court-mandated batterers, Buttell, Muldoon, and Carney (2005) found that batterers displayed high levels of insecure attachment and were overly dependent on their intimate partners compared to nonviolent men. Mauricio and Gormley (2001), in a study of participants in a batterer intervention program, found that insecurely attached men who exhibit high levels of need for dominance in their relationship reported the highest levels of IPV.

Pietromonaco and Feldman Barrett (1997) found that preoccupied individuals are more likely to gain psychological benefit from high levels of conflict compared to others; preoccupied individuals are more likely in high conflict situations to interpret a partner's negative responses as evidence that he is engaged in the relationship. These persons are more likely to break up and reunite with the same partner and stay in an abusive relationship. Bookwala and Zdaniuk (1998) found among a sample of college students that preoccupied individuals were significantly more likely to be engaged in reciprocally aggressive relationships.

Allison et al. (2008) found, consistent with previous studies on couples, that violence was often an effort to maintain a desired level of proximity to a partner who was perceived as disengaging from the relationship. Conversely they found that violence could be used to push away a partner as a means of escape when a perpetrator felt he was being approached too closely. Through in-depth qualitative research, Allison et al. showed that preoccupied individuals were more likely to use violence as a way to achieve proximity, while dismissing individuals were more likely to use violence as a way to create distance when attempts to distance themselves from conflict were resisted. These authors emphasized the importance of examining the couple dyad as a system in order to understand how both partners' attachment orientations shape relational dynamics.

Other research is consistent with the findings of Allison et al. (2008), showing that the attachment configurations most likely to result in violence are the coupling of two preoccupied individuals or a preoccupied individual with a dismissing individual. The coupling of two preoccupied individuals leads to destructive patterns such as "mutual attack and retreat" and "pursuing-pursuing" in which both partners feel rejected and try to control the other; these patterns are linked to violence. The coupling of a preoccupied person with a dismissive person leads to destructive demand-withdraw patterns and is also linked to relational violence (Mikulincer & Shaver, 2007).

Normative and guided change

Literature shows that attachment security enhances relationships, while attachment insecurity contributes to IPV. If IPV stems from an attempt to meet thwarted attachment needs, establishing attachment security in the relational system ought to eliminate or reduce IPV. Couples experiencing IPV, however, are typically deeply entrenched in dysfunctional patterns of relating that are difficult to resolve without intervention.

It is conceivable from an attachment theory lens that normative change could occur if individuals, particularly perpetrators, are able to naturally resolve their attachment insecurity through outside relationships. A secure, supportive relationship with a mentor figure, for example, could shift a perpetrator's internal working models such that his attachment insecurity is no longer as easily triggered by his romantic partner. Likewise, a victim who is able to develop secure, supportive relationships with mentors or friends may be less likely to remain in an abusive relationship, because her attachment needs are being met in other ways.

It is unlikely that couples deeply mired in destructive dynamics will naturally become aware of how their attachment needs are influencing their relationship without external influence, especially since such motivations typically operate at an unconscious level. Guided clinical intervention, however, can benefit both perpetrator and victim by healing past attachment-related wounds and offering skills so that attachment-related needs can be met without violence. From an attachment theory lens, the clinician is meant to provide a secure attachment relationship for the client, which has the potential to alter a client's internal working models such that an insecure attachment style can shift toward an earned secure attachment style. Clinicians can also support clients in increasing self-awareness and developing skills, such as self-soothing and grounding techniques, so that when attachment insecurities are triggered, they are less likely to react automatically and more likely to respond consciously and constructively.

Clinical practitioners agree that couples therapy is contra-indicated for domestic violence cases in which a clear perpetrator and victim can be identified. Some researchers support the use of attachment-focused couples therapy in cases where violence is reciprocal and initiated by both partners; however, even these researchers agree that couples therapy is ineffective and may even be harmful when there is a dominant partner exerting power and control. When violence occurs in an overall context of power and control, conjoint attachment-focused therapy can be viewed as providing excuses for the abuser and may even increase risk. In such cases, the perpetrator needs to receive individual treatment specifically targeting the abusive behavior before couples therapy can be considered (Schneider & Brimhall, 2014).

Attachment theory, however, can inform individual treatment for both perpetrator and victim. Specifically, treatment for batterers ought to address how thwarted attachment needs may be contributing to violent behavior. Processing and working through early attachment-related traumas through developing a coherent narrative and establishing a secure relationship with a clinician, along with gaining tools for healthier communicating and interacting in relationships, can be beneficial in altering the internal working models of perpetrators and helping them to fulfill attachment-related needs without violence. Individual treatment for victims can increase understanding of how attachment-related dynamics have affected their relationship and provide guidance for meeting attachment needs in ways that do not compromise their dignity and well-being.

Strengths and weaknesses

A major strength of attachment theory is its universal applicability across socioeconomic status and culture, which makes it relevant for marginalized populations. Attachment theory also places high value on interdependence, which is important since IPV can be seen in part as an attempt to meet relational needs through dysfunctional means.

A major weakness of attachment theory, however, is that it focuses exclusively on factors internal to the individual and relational system of the couple, while ignoring external factors. Therefore change is directed towards the individual person, while the larger social environment is neglected. This is especially problematic given the social and economic factors influencing IPV.

It is important to keep in mind that attempting to escape a violent relationship can have major economic ramifications for the abused woman, including loss of employment, housing, health care, or financial support from her partner's income. Especially for poor women, staying in a violent relationship may realistically be the better option, given the possible threat of violence if they leave and risks to their children, housing, and financial situation (Hattery, 2009; Matthews, 2004; Resko, 2010). Women in such circumstances must have options for employment, child care, housing, and other needs in order to rebuild their lives. An attachment-theory perspective alone fails to address these basic needs of women affected by IPV, especially women in poverty, for whom economic and material supports are essential.

An attachment-theory perspective treats IPV the same whether it occurs in high or low socioeconomic classes. While certain attachment-related dynamics are universal, the theory does not adequately address the social factors that make IPV more likely to occur among women in poverty, including the effects of financial stress on relationships and economic dependence on an abuser. The theory does not provide an adequate framework for larger-scale social change in addressing IPV; this includes policy changes to support women in poverty experiencing IPV, strengthening law enforcement related to IPV, and promoting cultural change in attitudes that contribute to acceptance and perpetuation of IPV.

Finally, attachment theory alone does not address the deeper characterological problems that are often at the root of IPV in which a clear perpetrator and victim can be identified. Abusive men typically have distorted thinking patterns that belie a deep sense of entitlement; they are resistant to treatment in part because their methods of maintaining power and control have been effective (Bancroft, 2002). Attachment theory alone does not provide guidance for changing deeper characterological defects and ingrained thinking patterns that contribute to IPV.

Discussion of future knowledge development

Attachment theory provides a crucial lens through which to view IPV and is applicable to women in poverty; however, it fails to address the particular challenges of this population whose risk factors for IPV are different from individuals in higher socioeconomic classes. Although relational dynamics at a microlevel have similarities across social classes, the effects of macrolevel forces are vastly different. Therefore, future research applying attachment theory to IPV should consider how factors related to poverty differentially affect the relationship dynamic.

In addition, current research on attachment theory and relationship violence does not differentially examine its applicability across types of violence. Characterological violence, which is the focus of this article, occurs within a clear context of power and control, while situational violence is reciprocal and initiated by both partners (Friend, Bradley, Thatcher, & Gottman, 2011; Johnson & Ferraro, 2000). Attachment-related treatment that focuses on thwarted attachment needs may be more relevant for situational violence, since it does not address characterological issues of the abuser and behaviors such as economic and psychological abuse that typically accompany IPV when there is a clear dominant partner (Schneider & Brimhall, 2014). Future research ought to explore in greater depth how attachment theory may be applied differently across varying types of relational violence.

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