
viewpoint and theory

Attachment Security Priming and Domestic Violence: Augmenting Biopsychosocial Treatment of Perpetrators

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In spite of an inhospitable policy and funding environment for domestic violence perpetrator treatment, efforts in theory development and practice innovation have persisted. Among them are efforts to understand and treat domestic violence using attachment theory. General principles of attachment theory, as well as concepts more directly connected to violence between intimates and other family members, suggest approaches to working with perpetrators that show promise for emotional growth and behavioral change. One such approach is attachment security priming involving the clinical or experimental activation or evocation of secure attachment style through the use of various prompts or stimuli. Evidence supporting positive results from attachment security priming with potential for addressing domestic violence includes: diminished fear reactions, improved creative problem-solving, reduced psychological pain, persistence in managing uncomfortable feelings, more positive relationship expectations, less attachment anxiety, and modulation of threat-related amygdala reactivity.

KEYWORDS: attachment; domestic violence; therapy; criminal justice policy; theory development

INTRODUCTION

The constraints placed on the treatment of domestic violence perpetrators by current ideological and policy frameworks have been detailed at length (Corvo, Dutton, & Chen, 2008; Dutton & Corvo, 2006). These constraints are promulgated directly through governmental “certifying agencies” via program approval mechanisms or indirectly through widespread rhetorical assertions or devices (e.g., “Power and Control Wheel”). In addition, numerous studies of standard model “Duluth-type” interventions with perpetrators of domestic violence have found little or no positive effect on violent behavior (Dutton & Corvo, 2006). The typical program for these offenders is same-sex, group psychoeducational, sometimes blended with elements of cognitive behavioral treatment, of variable duration, with content emphasizing “accountability” and feminist gender relations (Corvo et al., 2008; Edleson, 1996; Eisikovits & Edleson, 1989; Feder & Wilson, 2005). These programs are not only limited by what they mandate but also by what they forbid. In most states, anything that departs from standard Duluth protocols (e.g., couples counseling, links to addiction) is strongly discouraged or outright forbidden in working with domestic violence perpetrators. Behind these practice prohibitions lie prohibitions of theory, simply put, prohibitions of how one should think about causation or risk for domestic violence. Some of these theories forbidden by state certifying agencies include: family systems theory, any theories attributing violence to family of origin influences, any links to psychopathology, or “causality in the past” (Healy, Smith, & O’Sullivan, 1998). In short, any theoretical perspective that identifies risk factors or causes that might contravene or undermine the explanatory hegemony of single-cause patriarchy.

In spite of a less than hospitable policy and funding environment, efforts in theory development and practice innovation have persisted. Given the particular constellations of risk for domestic violence perpetration, attachment theory has shown great promise as a source for explanatory theory and, potentially, more effective interventions. There is indeed a good measure of empirical support for the role of attachment problems in the perpetration of domestic violence. Corvo (2006) found in a sample of domestic violence perpetrators that early life separation and loss events were more strongly associated with severity of domestic violence perpetration than were exposure to either parental spousal violence or child abuse. In their meta-analysis, Ogilvie, Newman, Todd, and Peck (2014) found a pattern of insecure attachment being associated with domestic violence perpetration. In their comprehensive review, Dutton and White (2012) concluded, “it appears that broad spectrum attachment disorders play a major role in the constellation of psychological predictors of IPV, and that attachment theory provides a coherent explanation for the organization of diverse attachment spectrum disorders and for the development of IPV” (p. 479).

What are the elements of attachment theory that are relevant to understanding domestic violence and what potential does attachment theory have to improve treatment outcomes? The relationship between attachment problems and domestic violence can be more specific than the relationship between those problems and violence

or criminality in general. The effects of problematic attachment can contribute to risk for violence or criminality in general via deficits in empathy, self-regulation, or other mechanisms of prosocial behavior. In addition to those risks associated with violence in general, domestic violence, by definition, occurring in those primary relationships where attachment processes are most salient, includes risks (e.g., insecure attachment, jealousy, distancing) associated with violence specific to intimate relationships. Further, specific behaviors, like stalking, primarily associated with some forms of domestic or intimate partner violence are often directly linked to attachment problems (MacKenzie, Mullen, Ogloff, McEwan, & James, 2008). Since attachment problems are associated with domestic violence, how can they be addressed or included in interventions with perpetrators? Sonkin and Dutton (2003) outlined an attachment-informed psychotherapy approach to working with perpetrators, including a review of “secure base priming.” However, given the current policy/practice environment, attachment-informed elements in treatment are rare in comparison to standard model Duluth interventions.

Following a review of attachment theory, including known links to domestic violence, will be a discussion of recent literature on attachment security priming and implications for domestic violence treatment.

ATTACHMENT THEORY: A BRIEF REVIEW OF THE LITERATURE

Bowlby discusses his development of attachment theory in the trilogy (Bowlby, 1969, 1980, 1973). As defined by Bowlby, 1969 (p. 194), attachment is a “lasting psychological connectedness between human beings.” In its inception, the framework of attachment theory empirically addressed the same phenomena that fell under the more psychoanalytically-attuned constructs “dependency,” “object relations,” and “separation/individuation.” That is, those phenomena that correspond to the emergence of a distinct competent self through bonding and other primary relational processes. Attachment theory recognizes psychological connectedness as the bonds that are formed in primary relationships, specifically between a child and a caregiver. Caregiving relationships have a lasting influence on a one’s cognitive processes and behavior throughout the lifespan, specifically in forming primary or intimate relational bonds.

Attachment behavior is demonstrated by showing preference when seeking out or showing a desire to remain within proximity of a particular caregiver in childhood and partner in adolescence and adulthood. Examples of such behaviors in childhood are clinging and following the caregiver, or responding by smiling in the presence or crying in the absence of the caregiver (Ainsworth & Bell, 1970). Bowlby (1969, 1980, 1973) theorized that the act of being partial to a certain caregiver is not unique to human beings, but is also similar to imprinting in other nonhuman mammals, thus advancing ethological evidence that attachment behavior is a product of evolution and can be claimed as an instinctual process used to protect offspring, particularly in the early years of development.

A child who is presented with a protective and responsive caregiver is most often on a trajectory to healthy development and interpersonal relationships in adulthood. Bowlby (1969, 1973, 1980) asserts that attachment is a homeostatic system, or that attachment behavior is a reactive adjustment to success or failure in reaching goals (proximity to, and responsiveness of, the caregiver). That being said, a child experiencing responsive and predictable parenting is more secure, while unreliable and unpredictable parenting styles can set a child on trajectory toward insecurity and maladaptation. An internalization of the caregiver's attachment behavior is represented in the individual's level of self-competency. Self-competency is threatened when attachment behavior is unresponsive or erratic, or when there is a substantial separation from the caregiver. The attachment bond, once established, is relatively enduring as are the attachment styles that emerge from those formative experiences. Real or imagined threats to the bond arouse anxiety and anger. The loss of the attachment bond gives rise to anger, sorrow, and grief.

Ainsworth introduced her own theoretical framework of attachment where she outlines how these threats to the caregiving bond relate to behavior and attachment styles. Through her research with the strange situation test, she studied attachment behavior in infants who were left in a "strange" room by their caregiver (Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters, & Wall, 1978). From her findings, she coined three differentiated attachment styles. She termed the first style secure attachment and identified two types of insecure attachment, avoidant and ambivalent (Ainsworth & Bell, 1970). An individual who is considered to have secure attachment is said to have been consistently exposed to one or more caregivers who are warm, present, and responsive to a child's needs. Children with insecure avoidant attachment styles are most likely faced with a type of abandonment from their caregiver occurring when the children needed support, for example, a caregiver who does not attempt to hold and soothe the crying infant. Ambivalent attachment occurs when a caregiver is unreliable and inconsistent in their responsiveness to the child. In this case, the child may appear highly dependent of his or her caregiver, but then exhibit rejecting behaviors when engaging with the caregiver.

The emotional development of the individual through the life course and his or her ability to successfully establish relational bonds is powerfully impacted by the context of their attachment experiences in early development. Established secure and insecure attachment styles are not only present in the child-caregiver relationship, but continue into primary relationships formed throughout development. An individual, then, who is raised by an absent or inconsistent caregiver is more likely to have problematic patterns of behavior in intimate adult relationships. These include being oversensitive and anxious when separated from a partner; feeling jealous or insecure in the relationship; and misunderstanding appropriate levels of both giving and receiving care. The emotional consequences of disordered patterns of attachment in the family of origin, then, create a deficit in the individual's ability to respond to, or to even understand, the expectations and tasks required in their contemporary intimate relationships.

Not only does attachment theory provide a fertile and intuitively convincing framework for generating ideas about human behavior and relationships, it also provides a powerful framework for empirical study. Cassidy, Jones, and Shaver (2013) put it succinctly, “Attachment theory has been generating creative and impactful research for almost half a century” (p. 1415).

ATTACHMENT THEORY AND DOMESTIC VIOLENCE

There is a rich but limited literature linking attachment theory to domestic violence perpetration. A recent PsycINFO search yielded fewer than 25 relevant journal articles (“attachment theory” × either “domestic violence” or “intimate partner violence” screened for perpetration). Curiously, there were more relevant doctoral dissertations than journal articles, suggesting a redirection of scholarly interest post-doc, perhaps as a result of new scholars becoming aware of the paucity of research funding. In any case, findings overall suggest that insecure attachment styles are widely present in individuals who perpetrate (or for that matter, experience) intimate partner violence (Ogilvie et al., 2014).

Bowlby (1984) outlined an interpretive protocol of family violence derived from attachment theory, which moves toward a conceptualization of child abuse and spousal violence as an expression of similar processes. The basic points of his outline are as follows. The relationships where family violence are commonly found (e.g., parent-to-child and spouse-to-spouse) are also the central relationships in attachment theory. Those relationships are concerned with reproduction and survival of offspring, and therefore are powerfully influenced by evolutionary and genetic forces. Bowlby proposes that anger is functional when it reinforces or re-establishes attachment. Family violence then is a distorted and exaggerated version of behavior that has been evolutionarily adaptive (e.g., to discourage a child from dangerous behavior, to deter a philandering partner). The roots of distortion and exaggeration of this behavior begin when the child’s attachment (careseeking) behavior is responded to with neglect, rejection, or anger. The disordered attachment patterns which results (anxious attachment, overdependency, anger) can continue to the next generation. Violence between spouses is seen to arise from similar disordered patterns of attachment—violence used to prevent abandonment or to coerce caregiving behavior.

There is a further conflation of attachment disruptions with family of origin violence: the exposure to violent aggression in childhood is also predictive of low levels of attachment security in adulthood, with an increased likelihood of exhibiting aggressive behaviors toward intimate partners (Hare, Miga, & Allen, 2009). A child of parents in a domestically violent relationship will be faced with unpredictable and chaotic violence in the home that influences the caregivers’ consistency of responsiveness to the child’s physical and emotional needs (Levendosky, Bogat, & Huth-Bocks, 2011). When an abused caregiver is faced with a distressed or anxious child, they may be unable to respond appropriately. This impairs the caregiving–careseeking bond leading to disorganized levels of dependency and ultimately insecure styles of

attachment in the child that may continue into adulthood. The child's direct observation of interparental violence can also create a paradoxical attachment dilemma where the child simultaneously experiences one attachment figure as a threat to another. Dysfunctional attachment styles appear to be related to increased levels of hostility and interpersonal problems in adult relationships (Lawson & Malnar, 2011) and predictors of both the perpetration and victimization of partner violence (Bélanger, Mathieu, Dugal, & Courchesne, 2015).

The experience of fear and anxiety arising from uncertainty about the dependability of a partner can express itself as anger that can escalate to violent behavior. The pairing of different attachment styles is also associated with an increased risk for intimate partner violence. Men with high avoidant attachment styles in relationships with women who have high anxious attachment are more likely to engage in violent behavior than are other permutations (Doumas, Pearson, Elgin, & McKinley, 2008).

There has been a discussion in the domestic violence literature of how personality traits and pathological disorders are related to attachment and aggressive behavior. Personality features including separation anxiety, trust deficits, and diminished self-esteem were found to be an explanation of how poor attachment increases risk for partner violence (Buck, Leenaars, Emmelkamp, & van Marle, 2012). These features match characteristics of borderline personality disorder, a disorder that has been specifically linked to anxious attachment styles in adults who exhibit both physical and psychological violence (Mauricio, Tein, & Lopez, 2007). On the other hand, antisocial personality disorder is shown to mediate avoidant attachment in adults who also demonstrate this violent behavior. Some findings suggest that the appearance of both borderline personality and antisocial personality is a stronger indication of hostility in the intimate partner relationship (Lawson & Brossart, 2013). Confounding simplistic interpretations of influence, antisocial personality disorder has been found to be predictive of intimate partner violence in adults with either secure or insecure attachment styles (Buck, Leenaars, Emmelkamp, & van Marle, 2014). Comparable research has identified personality features of women who have perpetrated domestic violence and also report low attachment security (Goldenson, Geffner, Foster, & Clipson, 2007). These women perpetrators tested higher on measurements of antisocial personality and also present characteristics representative of narcissistic and histrionic personalities. The complexity of the interaction between attachment styles, pathological personality characteristics, and domestic violence is receiving continued attention, as is the relationship between attachment behavior and aggression alone.

ROLE OF ATTACHMENT THEORY IN DOMESTIC VIOLENCE INTERVENTION

Attachment Security Priming

Given the restrictions placed by governmental and quasi-governmental certifying agencies on what is permissible in domestic violence interventions, there are

relatively few openly attachment-based programs. Publicly funded (those programs receiving state and federal pass-through funding) programs are the most bound by restrictions on methods and are the least likely to explicitly employ techniques derived from attachment theory.

Sonkin and Dutton (2003) describe an attachment-based approach to working with domestic violence perpetrators and both continue to advocate for including attachment theory in work with domestic violence perpetrators (e.g., Sonkin, n.d.). Healy, Smith, and O'Sullivan (1998) reported outcome data on an attachment-based intervention (Stosny's Compassion Workshop) that used randomized assignment and comparison to several Duluth-style programs. The Compassion Workshop produced substantially greater and longer-lasting reductions in both physical violence and verbal abuse.

In spite of regulatory prohibitions via "batterer" intervention standards promulgated by state-certifying agencies (for a more thorough description see Battery Intervention Services Coalition of Michigan, n.d.), attachment theory remains a powerful source of ideas and approaches to working with domestic violence perpetrators. The degree to which, and the manner by which, attachment theory is used is unknown—whether it serves merely as a sensitizing view mitigating against the accusatory and confrontational aspects of the Duluth model or in a fuller, more integrated psychotherapy. Hints about how widespread the use of attachment theory may be in working with domestic violence (at least among private practitioners) can be found in the *Psychology Today* compendium of therapists where in New York City alone, of the more than 800 therapists listing "domestic violence" as an issue they work with, about 130 also list "attachment-based" as a treatment orientation. How or with what types of clients specifically (victims, perpetrators, children) these therapists work is unknown.

Attachment security priming (similar terms: "secure base priming," "security priming") involves the clinical or experimental activation or evocation of secure attachment style through the use of various prompts or stimuli. For example, Carnelley and Rowe (2007) describe two methods of priming: (a) participants identified and then wrote about persons with whom they felt secure; (b) through guided recall, participants wrote about situations where loved ones came to their aid. Norman, Lawrence, Iles, Benattayallah, and Karl (2015) showed study participants a series of photographs of persons showing affection or caregiving behaviors.

What occurs as a result of attachment security priming? A variety of studies have found that priming attachment security provides generally positive impacts on: anxiety-based eating (Wilkinson, Rowe, & Heath, 2013); fear reactions in children (Stupica, 2013); creative problem-solving (Mikulincer, Shaver, & Rom, 2011); and psychological pain (Cassidy, Shaver, Mikulincer, & Lavy, 2009). The impact of attachment security priming may not be straightforward, however, with variations occurring as a result of the interaction with individual attachment styles.

Attachment security priming can also produce effects that may be more directly applicable to working with domestic violence perpetrators. Rowe, Shepstone,

Carnelley, Cavanagh, and Millings (2016) found that attachment security primes, as well as self-compassion primes, resulted in participants' (18–35 years old, both college and nonstudent) increased willingness to continue mindfulness training, with concomitant persistence in managing potentially uncomfortable feelings. Carnelley and Rowe (2007) found that attachment security priming produced more positive relationship expectations, more positive views of the self, and less attachment anxiety in a sample of college students. In a study of dating couples, Mikulincer, Shaver, Bar-On, and Sahdra (2014) found that security priming facilitated romantic partners' abilities to respond positively to each other, even overriding the effects of psychological depletion. A neuroimaging study by Norman et al. (2015) found that attachment security priming could modulate threat-related amygdala reactivity, establishing a neuropsychological basis for attachment-related improvement in social threat overreaction.

CONCLUSION

What we see across these studies is a priming-induced improvement in affect tolerance which enables persons to better cope with, or adjust to, complex or stressful demands. There are several aspects with particular relevance for working with domestic violence perpetrators. Given the high levels of program attrition in domestic violence treatment, the Rowe et al. (2016) finding of priming-induced greater willingness to continue in mindfulness training suggests a mechanism for improving ongoing perpetrator participation. The studies which demonstrated positive effects on relationship functioning point directly to the core of much of what misfires in intimate relationships where domestic violence is present. Considering the extent to which insecurity, attachment anxiety, negative expectations, and a self-absorbed sense of grievance can be attenuated by attachment security priming, it is expected that better treatment outcomes are possible.

The question remains, how can even a reasonably simple-to-administer intervention that holds promise for solid, positive impacts on domestic violence perpetrators be implemented within a larger policy–practice milieu hostile to non-doctrinaire approaches? As with much in this field, the answer may await much-needed and long-delayed changes in those policies and practices.

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