



Facilitated by Mirna Tarabay
Domestic Violence and Attachment

Key themes

- Attachment takes place throughout the life cycle
- The early years as this is formative in developing the attachment pattern
- We can all become 'earned secure'
- A respectful, reliable and consistent adult goes a long way with toward healing

Attachment

- Survival
- Key developmental event
- Representational model of their parent as safe and available.
- Template for relationships
- Key in developing trust and core beliefs
- Neural development and social interaction are linked inextricably. The environment is not the physical but the social
- Inform the capacity to process information throughout life. I can rely on my thoughts and emotions. (Van der Kolk)

So what does this mean?

- Babies use their parent as a source of safety. When the infant has experiences of that parent as safe, reliable and predictable that infant develops an implicit record of that parent as reliable and safe. This enables the child to develop attachment security.
- The infant uses the parent as a source of comfort and is able to engage in life and activity (growth) knowing that he / she can rely on the attachment figure.
- The child also develops a coherent sense of self and all the core beliefs that go with this.

- Domestic Violence poses a significant threat to this critical developmentally appropriate expectation that 'my parent is my protector, my safe haven'



My attachment needs

A predictable
environment

Somebody to stay close
physically and
psychologically

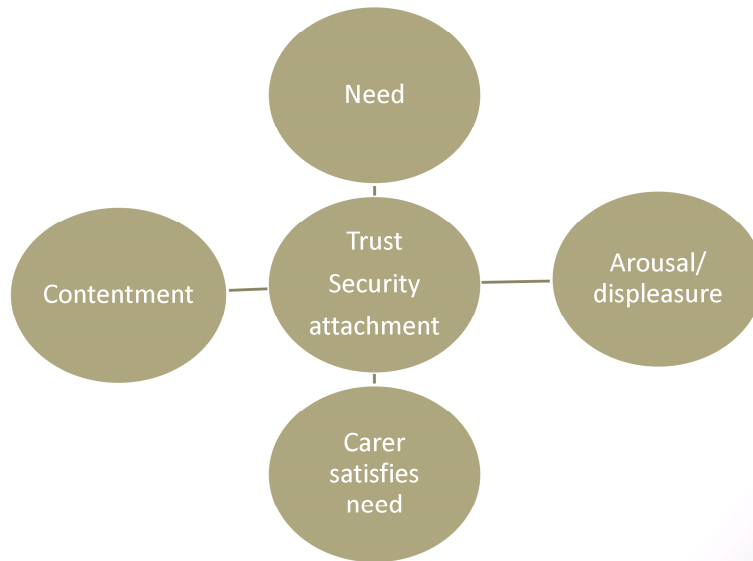
Consistency



Help with my
feelings

A reliable adult
who keeps my
needs in mind

Arousal Relaxation cycle



Secure attachment

I feel understood
I am confident
I can make things happen
I can deal with difficulty alone
or I can call on someone to help
I am capable of describing my emotions
I can communicate how I feel
I can find effective ways to deal with my feelings
I trust my thoughts and my feelings
I am lovable and worthy



Internal Working Model

- An infant gradually develops a mental model/ representation based on the experiences of being cared for by the caregiver.
- This acts as a template for other relationships.
- As the child forms a clear mental representation of her caregiver in relationship, she gradually has less need for concrete reassurance.
- In an ideal care giving environment, the Internal Working Model facilitates independence.
- Bowlby suggested that even youngsters can use these representations to predict future and that the child relies on these to make decisions.

Normal middle class families

62% secure

15% avoidant

9% ambivalent

15% disorganised

Clinical samples

46% secure

13% avoidant

5% ambivalent

Meta analysis Van Ijzendoorn et al 1999

Avoidant attachment

- Child's experience-caregivers are consistently unavailable to meet the child's emotional needs.
- Child holds back from expressing needs to caregivers. Child becomes very self reliant. "No body has been available to meet my needs so I need to fend for myself".

Ambivalent attachment

- Child's experience – caregivers are inconsistent in their capacity to meet the needs of the child.
- Child feels- abandoned, rejected and unable to be soothed by caregiver. Clings to caregiver and exaggerates distress in order to take advantage of the small amounts of responsiveness that they get.

Disorganised

- Child's experience- caregivers are frightening and / or frightened when interacting with me.
- Child is unable to manage their fear, pain, loneliness alone and child needs caregiver.
- Child is in a position where he/ she needs to connect with the caregiver but the caregiver is the source of pain/ fear.
- Child develops ways to cope such as dissociating in order to be able to survive.

Disorganised- Fearful

As they grow up these children

- Exhibit difficulty with affect regulation, frustration tolerance and impulse control
- Lack a sense of basic trust
- Have an IWM where they experience themselves as defective, unloved, and unlovable
- If left untreated can lead to mental health issues in later life such as borderline PD, anxiety, depression.

• Source: Arthur Becker-Weidman, Chapter 1 in Creating Capacity for Attachment

Domestic Violence and Trauma



Trauma

- Trauma as threat to life or perceived threat to life. (Lieberman)
- If we view this through an attachment lens, a threat to mum's life is a threat to my own survival
- If mum is frightened, this is very frightening for my survival and my mental well being.
- Unresolved trauma and grief in the parent may result in disorganised attachment in the child. In a context of domestic violence it could be the trauma and loss of self-worth experienced by the mother that leads to disorganised attachment

The risks.

- “The earliest and possibly most damaging psychological trauma is the loss of a secure base”
Van der Kolk (1987) in Lieberman and Van Horn 2005
- Forty years of Bowlby’s work shows recurring themes of emotional problems and deviations from developmental norms in children who were deprived of maternal care.

Domestic Violence

- Conditions leading to secure attachment are compromised
- Parents become source of fear rather than support
- Parents state of mind and mental health affected



The environment

- In domestic violence the mother becomes source of comfort and fear
- Babies are afraid of and for their mothers
- Baby is confused and cannot develop a coherent or consistent strategy for obtaining help and comfort from its mother.

The environment

- In domestic violence , the child witnesses their parents in victim and aggressor role.
- Child is unable to rely on either of them , yet is in a position where he/ she needs the parent
- Leads to disorganised attachment
- Parent becomes a traumatic reminder (usually in their affect) which causes hyper vigilance in child (Lieberman 2004)



Children learn to regulate their behaviour by anticipating their caregiver's response to them (called IWM or internal representation)

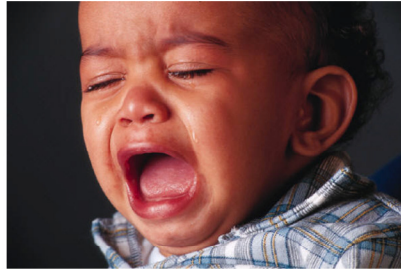
The child is able to internalise the cognitive and affective characteristics of their primary relationships

- If I have secure attachment I will call on my parent to help when I am distressed
- If my parent is supportive but helpless, I will often mimic my parent, I too am helpless and disorganised.
- If it is too overwhelming or my caregivers are causing the distress I am unable to deal with my arousal. I cannot process the distress, I cannot regulate my feelings and if it does not get any better I will dissociate, which means my thoughts, feelings and experiences will not be linked at all (Van der Kolk)



- If my caregiver is emotionally absent, violent, intrusive, I will not be able to rely on others to help me, but on my own I cannot manage what I am feeling. I end up with excessive anxiety, anger and longing to be taken care of.
- I am so spaced out and eventually I will have no idea what I feel or think.

- (Van der Kolk)



- If I have no sense of control or stability, I become helpless. I will go straight into fight/ flight/ freeze without the chance to make sense of or learn from the experience.
- Any time I am reminded of the incident (feelings, sensations, images, sounds) I will behave as if the catastrophe is happening right now. I will behave in certain ways to try and minimise what I perceive as a threat .
- People will label me as defiant, rebellious, anti social and unmotivated. (Van der Kolk)



Parental Capacity

- Our sense of self develops in context with relationship with primary care givers
- An attuned caregiver allows development of healthy sense of self
- DV affects the parent's capacity to be attuned
- DV affects the support, resources, finances which determine the availability of the parent
- DV results in many other levels of child abuse
- DV is known to directly compromise the mental health of the mother
- Mother's sense of self and confidence is affected

- Mum's sense of helplessness can lead to her to dissociate and act as if there is nothing wrong which results in a disconnection from the infant's experience.



Maternal Alienation

A specific form of domestic violence, known as 'Maternal Alienation', where an abusive partner purposely and systematically alienates children from their mothers, has been identified

Morris 1999; Bancroft & Silverman 2001). Fiona Buchanan (2008) page 6

Maternal alienation

- “Your mother doesn’t love you”
- “Your mother is crazy”
- “Your mother is lazy”
- “Your mother is loathsome”
- “Your mother is a bad mother”
- “Your mother is to blame for everything”

Women helping Mothers helping Children | Working with Women in their Role as Mothers

Research findings

‘Among biologically intact mother and infant dyads, the strongest predictor of secure or insecure infant attachment found thus far is the caregiver’s state of mind’ Van Ijzendoorn (1995, p. 390); in Huth-Bocks *et al.* 2004

A study from the (US) describes pregnant women who were subjected to domestic violence as having: ‘more negative representations of their infants and of themselves as parents and more likely to be insecurely attached than women in nonviolent relationships’ (Huth-Bocks *et al.* 2004, p. 79).

The study

- 206 pregnant women were involved in a longitudinal study
- Women were 18 to 40 years old, in a romantic relationship for at least 6 weeks during the pregnancy and in their last trimester during the interview
- 91 women (44%) reported experiencing DV during current pregnancy
- 115 (56%) reported no DV during current pregnancy
- Generally the women who reported DV were younger, less educated and more likely to be single.
- Little difference in ethnicity
- All participants were interviewed for 3 hours and paid 50 dollars
- Women were placed in the DV group if they reported at least one incident of violence (defined as threats of moderate or serious violence, mild to serious violence or sexual violence during the current pregnancy)

Results

- Women in the DV group had more negative , insecure representations of their child.
- Characterised by more anger and anxiety, more depressive affect, less acceptance of the child, less flexibility or openness to change, less caregiving sensitivity, greater perceived infant difficulty, less feelings of self efficacy as a parent
- Not all DV participants were this way but majority were.
- This will impact how they parent.

What does this mean for attachment?

- Women who have experienced dv in their pregnancy may struggle to tolerate or relate to their infant in a sensitive and accepting manner (p92)
- In more severe cases the mothers project their own experiences onto their children. They may perceive their child either as a helpless victim like themselves (needing the child to identify with her pain) or as aggressive and violent like their father, which would cause mums to perceive natural age appropriate behaviour as aggressive (Lieberman and van horn 1998)
- This tends to predict how the infant then develops representations of mother and self

What does this mean for attachment?

Maternal representations – infant perceives caregiver as unreliable as a source of safety and protection.

I cannot trust

Others are unavailable and dangerous

Conflicting feelings such as longing for and fear of the abusive caregiver

Child may eventually identify with and enact role of victim or abuser.



- To understand how to intervene with children we need to look at ways in which secure attachments develop between caregiver and infant.
- We cannot recreate this situation. It is important to remember however that the basic needs of the baby are still unmet in the child who is not securely attached.



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So if we go back to how attachments develop then we can say that children need
 Continuity- the caregiver needs to be predictably available
 Stability- in the environment. The child needs sufficient time in a familiar, secure environment for the relationship to develop
 Mutuality- interaction between child and caregiver which allows for responsiveness to each other to occur.

Children need close caregiving relationships but they are the things that children with attachment difficulties avoid. They need assistance to relinquish control and relate with others.

Practice implications for working with mums

Knowledgeable about the impact of relationships on infants' attachment patterns

Aware of the de-skilling that can affect women, as mothers, in domestic violence situations, and know that attachment may have been adversely affected

Very clear that the violence perpetrated against her and difficulties with attachment are not the fault of the woman

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