



Research article

The relationship between childhood adversity, attachment, and internalizing behaviors in a diversion program for child-to-mother violence



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ABSTRACT

Very little research has been conducted on the role of childhood adversity in child-to-parent violence. Childhood adversity places youth at risk for internalizing behaviors (i.e. anxiety and depression) and externalizing behaviors (i.e. aggression). The purpose of this study was to explore the relationships between childhood adversity, child–mother attachment, and internalizing behaviors among a sample of 80 youth who have been arrested for domestic battery against a mother. This study reported high prevalence rates of childhood adversity (mean score of 10 out of 17 events). Multiple regression analysis indicated that insecure attachment predicted depression among females ($F(6, 73) = 4.87, p < 0.001$), and previous experience with child maltreatment and/or witness to parental violence predicted anxiety among females ($F(6, 73) = 3.08, p < 0.01$). This study is the first study to explore childhood adversity among a sample of perpetrators of child-to-mother violence and notably adds to our understanding of the multiple pathways connecting childhood adversity, child–mother attachment, and depression and anxiety among a difficult to treat youth population.

1. Introduction

Family violence has a deep and lasting effect on families, physically, emotionally, and spiritually. Many forces interact to produce violence between family members and much research has been dedicated to understanding how children are impacted by violence in the home, yet youth arrested for domestic battery are an understudied portion of that group. Child-to-parent violence (CPV) is one group of youth who find themselves in a juvenile justice setting after an arrest for domestic battery and is defined as any harmful act by an adolescent against a parent (Coogan, 2011; Cottrell, 2003). Estimates of CPV range from 5% to 22% (Kennedy, Edmonds, Dann, & Burnett, 2010; Margolin & Baucom, 2014; Walsh & Krienert, 2007), where mothers are overwhelmingly the targets of violence (Condry & Miles, 2014; Ibabe, Jaureguizar, & Bentler, 2013; Nowakowski & Mattern, 2014; Ulman & Straus, 2003).

Some researchers have indicated that untreated childhood adversity is the driving force behind a youth's violent behavior. Ford, Chapman, Connor, and Cruise (2012) found that aggressive acts differ in their function among youth who have experienced childhood adversity i.e., aggression is more likely to be a reactive attempt to cope or protect self or others than a proactive attempt to exert power and control. Research has suggested that perpetrators of CPV are victims, who have experienced multiple incidents of interpersonal childhood adversity (Nowakowski-Sims, in press), mostly child abuse (Calvete, Gámez-Guadix, & Orue, 2014; Ibabe & Jaureguizar, 2010; Pratchett & Yehuda, 2011; Ulman & Straus, 2003) and witness to parental violence (Boxer,

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Gullan, & Mahoney, 2009; Contreras & del Carmen Cano, 2016; McCloskey & Lichter, 2003). The impact of violence can be viewed within a traumatization framework, in that different types of family violence victimization, including child maltreatment and witness to parental violence, can cause disruptions in attachment. Such disruptions lead to both externalizing behaviors, such as aggression and delinquency and internalizing behaviors, such as depression and anxiety. Multiple studies have documented the additive effect of adverse childhood experiences leading to more symptoms later in life (Dube, Felitti, Dong, Giles, & Anda, 2003; McElroy & Hevey, 2014). Research has supported the connection between childhood adversity and depression (Allwood, Bell, & Horan, 2011; Chapman et al., 2004; McCloskey & Lichter, 2003), childhood adversity and anxiety (Tatar, Cauffman, Kimonis, & Skeem, 2012), childhood adversity and aggression (Ford et al., 2012; Solomon & Heide, 2005) and childhood adversity and juvenile delinquency (Abram et al., 2004). While the link between childhood adversity and its outcomes is well established, no studies have assessed adversity types and related symptoms or how attachment contributes to such symptoms among adolescent offenders of CPV. Understanding the connections can inform intervention efforts that can be tailored to the individualized needs of families who are impacted by child-to-parent violence.

1.1. *Childhood adversity and attachment*

Secure attachment to a parental figure is critical to safeguarding healthy outcomes for youth. In contrast, insecure attachments are the result of inconsistent, emotionally neglectful and/or abusive caregiving that have long term negative consequences. Survivors of child maltreatment are often anxious, fearful and generally dismissive of others, characteristic of an insecure attachment (Unger & De Luca, 2014). Research has established the relationship between childhood adversity and disruptions in attachment and examined their impact on adolescent internalizing behaviors, such as depression and anxiety. Maladaptive attachment styles have been linked to adolescent depression (Fowler, Allen, Oldham, & Fruch, 2013; Sund & Wichstrøm, 2002), adolescent anxiety (Knoverek, Briggs, Underwood, & Hartman, 2013; Wöller, Leichenring, Leweke, & Kruse, 2012), and engagement in risky behaviors (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010).

Attachment disruptions impact the parent–child relationship by causing the child to lose trust in the attachment figure; in fact, in many cases the attachment figure is the source of the child's fear and distress (Dubois-Comtois, Cyr, Pascuzzo, Lessard, & Poulin, 2013). Children who have experienced adversity come to view adults as potential sources of threat rather than comfort and support. Loss of trust in parental figure likely evokes feelings of hostility and opposition towards parents, interfering with the ability to regulate emotions, thus eliciting reactive aggression. Youth who have experienced child maltreatment are specifically at risk for developing aggression that is reactive rather than proactive (Crapanzano, Frick, & Terranova, 2010; Ford, Elhai, Connor, & Frueh, 2010). These traumatic-attachment experiences lead children to develop a negative working model of the world, adults, relationships, and themselves (Becker-Weidman, 2006).

1.2. *Betrayal trauma theory*

Psychological outcomes vary as a function of the relationship between the victim and the perpetrator. When the perpetrator is someone the victim cares for or is dependent on for survival, the trauma is considered to be high in betrayal. Betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being (Freyd, 2008). Examples of this include childhood physical, emotional, or sexual abuse. Betrayal Trauma theory (Freyd, 2008) suggests that when people are violated by a depended other, the systematic suppression or minimization of traumatic experiences often has negative interpersonal and psychological consequences such as anxiety, depression, and posttraumatic stress (Freyd, Klest, & Allard, 2005; Leahy, Pretty, & Tenenbaum, 2004; Sachs-Ericsson, Verona, Joiner, & Preacher, 2006). Trauma survivors may also separate themselves from their feelings or internalize mistreatment to cope with betrayal and invalidating environments (Briere, 1992; Freyd, 1996). These maladaptive coping styles lead to emotion regulation difficulties. Poor or inconsistent interactions with parental figures are associated with adolescent deficits in executive function and a decreased ability to self-regulate (Anda et al., 2007). The inability to regulate emotions often leads to aggressive behavior among adolescents and this has been found among adolescents with insecure attachment styles (Lecompte & Moss, 2014; Obsuth, Hennighausen, Brumariu, & Lyons-Ruth, 2014).

1.3. *Childhood adversity and child-to-parent violence*

Children who encounter family violence are victims, and are at risk for perpetuating the cycle of violence through CPV. Many of the correlates of CPV are adverse childhood events (child maltreatment, witness to family violence, parental incarceration) or the outcomes of such adversity when left untreated (aggression, substance use, depression, and/or anxiety). Children with a history of maltreatment exhibit higher levels of aggression towards parents (Calvete et al., 2014; Ibabe & Jaureguizar, 2010; Pratchett & Yehuda, 2011; Ullman & Straus, 2003). Other studies have confirmed that witnessing inter-parental violence in the home poses a risk for youth to aggress toward their parents (Boxer et al., 2009; Contreras & del Carmen Cano, 2016; McCloskey & Lichter, 2003). Childhood adversity includes experiencing a chaotic household where parents are unable to model healthy emotional development. When a parent or caregiver used drugs or alcohol, the likelihood of parent–child conflict increased (Pelletier & Coutu, 1992; Way & Urbaniak, 2008) and parental incarceration has also demonstrated an association with CPV (Geller, Garfinkel, Cooper, & Mincy, 2009).

An alternative hypothesis for explaining CPV is that untreated childhood adversity is the driving force behind a youth's violent behavior within the family, at least when the traditional definition of trauma is expanded to include adverse childhood experiences.

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