



Battering typologies, attachment insecurity, and personality disorders: A comprehensive literature review



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ABSTRACT

Woman battering is a serious social problem that occurs across all racial, ethnic, and socioeconomic boundaries, and that affects not only the physical, mental, and emotional health of victims but also that of perpetrators. This article is a comprehensive literature review on battering typologies that explores also the mediating role that antisocial and borderline personality traits may play in explaining the relationship observed in a number of studies between insecure attachment styles and battering perpetration. Since the groundbreaking work that Holtzworth-Munroe and Stuart conducted in 1994, research on battering typologies has consistently shown that male batterers do not represent a homogeneous group of persons. Specifically, different studies have classified batterers in two or three subtypes that differ in terms of severity of intimate partner violence perpetrated, generality of the violence, psychopathology of Axis I and Axis II, drug and alcohol use, and attachment styles. Recent studies have also detected a consistent association between insecure attachment styles and battering that may be mediated by dysfunctional personality traits, specifically borderline and antisocial personality disorders. Implications for clinical practice, limitations of existing research, and suggestions for future research are discussed.

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Contents

1. Introduction	30
2. Search strategy	31
3. Theoretical perspectives	31
3.1. Psychological theories	31
4. Psychopathology and battering	31
4.1. Personality disorders	32
5. Batterer typologies	33
5.1. Batterer typologies identified from 1994 to the present	33
6. Attachment theory	36
6.1. Infant–caregiver attachment	37
6.2. Adult romantic attachment and personality disorders	37
6.3. Attachment insecurity, personality disorders, and battering	38
7. Attachment insecurity and battering: the potential mediating role of personality disorders	40
8. Discussion	41
9. Implications for prevention and treatment	41
10. Strengths and limitations	42
11. Agenda for future research	42
References	43

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1. Introduction

Family violence is the most prevalent form of violence in the United States (Owen, Thompson, Shaffer, Jackson, & Kaslow, 2009). One type of family violence is Intimate Partner Violence (IPV), which can be defined as a pattern of violent and coercive behaviors that involve physical, sexual, psychological, and/or emotional harm perpetrated by one dating, cohabitant, or married partner against the other, either in an existing or past relationship (Family Violence Prevention Found, 2008; Saltzman, Fanslow, McMahon, & Shelley, 2002). IPV is a widespread problem and every year over 20% of women worldwide experience at least one act of physical or sexual assault from a male partner (Tjaden & Thoennes, 2000), with even more women victimized by psychological aggression (Ro & Lawrence, 2007). While the majority of IPV is mutually perpetrated and experienced as low-level violence, similar to situational couple violence (Johnson, 1995, 2006), a portion of IPV is predominantly perpetrated by men and involves severe levels of violence, similar to intimate terrorism (Johnson, 1995, 2006) or, in other words, *battering*.

Woman battering is the most severe type of IPV. Prior research with battered women suggests that battering is a chronic, continuous phenomenon that is empirically and conceptually distinct from episodic discrete acts of physical assault (Ferraro & Johnson, 1983). The term battering is conventionally used to refer to severe male partner violence, although there is disagreement regarding exactly what defines a batterer (Holtzworth-Munroe & Meehan, 2004). In fact, while some researchers describe battering exclusively as the presence of severe and/or frequent violence, others insist that battering involves also wife injury or fear of the husband, or that the violence must function to control and dominate the victim. In the present paper I adopt a comprehensive framework referring to battering as the use of patterned physical and/or sexual violence combined with psychological, emotional, and/or economical abuse from a male partner toward his female partner in the context of a current or former heterosexual intimate relationship (Smith, Thornton, DeVellis, Earp, & Coker, 2002). According to this formalization, battering consists of a variety of abusive tactics executed by intimate partners including physical and/or sexual assault; threat, intimidation, and humiliation; isolation and restriction of resource access; threat to the safety of children and other family members or close friends; control of activities and time spent outside the home; and use of any weapons to force unwanted activities.

Woman battering is a serious social problem that occurs across all racial, ethnic, and socioeconomic boundaries, and that affects not only the physical, mental, and emotional health of victims but also that of perpetrators (Family Violence Prevention, 2008). Due to the severity and chronicity of the violence that characterizes battering and because of the associated intense fear generated in victims, it is very likely that this phenomenon is highly unreported in the general population, make it a challenge for researchers to gather reliable statistics about its prevalence and incidence. Nevertheless, a few studies reported recent estimates showing that every nine seconds, somewhere in the United States, a woman is battered by someone she knows (Roberts & Roberts, 2005) and approximately 30% of all female homicides in a given year occur as a consequence of battering (Koziol-McLain et al., 2006; Shackelford & Mouzos, 2005). According to a recent estimation, every year as many as 8.7 million women are abused by their partners (roughly 20% worldwide) and approximately 2 million of them needed emergency medical attention as a result of battering (Roberts & Roberts, 2005; Smith et al., 2002). In addition, close to 500 chronically battered women have killed their partners each year in the attempt to cope with the explicit terroristic death threats, because of post-traumatic stress disorder (PTSD) symptoms, or while in a condition of psychosis induced by alcohol or drug used with the purpose of self-medicating themselves (Richardson, 2003; Roberts & Roberts, 2005).

The aftermaths of battering often have a physically and psychologically destructive impact upon the battered woman. Research indicates that intimate partner abuse can serve as a catalyst for both direct and

indirect physical health problems and that these victimization experiences are often associated with an increase in mental health symptomatology (Archer, 2000; Breiding, Black, & Ryan, 2008; Coker et al., 2002; Follingstad, 2009; Robertiello, 2006; Roberts & Kim, 2006; Shorey, Febres, Brasfield, & Stuart, 2012; Sillito, 2012; Smith et al., 2002). In addition to the health risks associated with injuries such as, head and neck injuries, and miscarriage, battering is associated with higher rates of self-reported overall poor health and development of chronic diseases such as, diabetes, arthritis, asthma, and heart diseases. Furthermore, the impact of the battered woman syndrome results in subsequent higher risks of depression, anxiety, PTSD symptoms, alcohol and drug abuse, suicide attempts, and feelings of fear.

Even though numerous theories have been developed and employed to account for the occurrence and maintenance of woman battering such as feminist theories, social learning theory, sociological theories, and psychological theories, no one has been able to completely elucidate the mechanisms involved in the phenomenon and to explain the complex interaction of several risk and protective factors correlated with battering perpetration and victimization (Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001). Moreover, because numerous empirical studies, literature reviews, and meta-analyses of standard model interventions with perpetrators of IPV have found little or no effects on decreasing violent behavior (Dutton & Corvo, 2006), there is a clear need for studies laying the basis for evidence-based practice with battering perpetrators (Corvo, Dutton, & Chen, 2008).

Previous studies adopting a psychological perspective have shown that male batterers are not a homogeneous group of persons and have identified several subtypes among batterers that differ regarding severity of marital violence, generality of the violence (toward the partner only or toward others as well), psychopathology of Axis I and Axis II (i.e., clinical syndromes and personality disorders), drug and alcohol use, and attachment styles (e.g. Dutton & Golant, 1995; Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994; Holtzworth-Munroe, Stuart, & Hutchinson, 1997; Tweed & Dutton, 1998). Therefore, it is highly probable that one standard intervention for battering does not fit the needs of all the perpetrators and consequently that it shows a different degree of effectiveness according to the specific personality characteristics of the beneficiaries. Further research on batterer characteristics can help improve current interventions and develop if necessary different intervention programs for subgroups of batterers with specific personality traits (Buck, Leenaars, Emmelkamp, & van Marle, 2012).

In light of the aforementioned findings of previous research, and considering the existing gap between research and treatment programs, the purpose of the present paper is to provide a comprehensive literature review on battering typologies presenting also the most recent findings on the association found between attachment insecurity and battering perpetration and the mediating role that personality disorder traits may play in explaining this association. Initially I will review the research on batterer typologies focusing specifically on the differences found in personality characteristics and attachment styles of different batterer types. My hope is that a deeper knowledge of psychological, emotional, and behavioral tendencies specific to different personality organizations and attachment styles will be valuable in the development of future tailored intervention programs that will be more adequate and effective (Buck et al., 2012; Mauricio & Gormley, 2001). Since the vast majority of studies conducted on battering consider exclusively male batterers, I decided to focus the present literature review on battering perpetrated by men. Despite that, it is necessary to highlight that more and more studies over the past 30 years have reported a high prevalence of IPV perpetrated by female partners, with part of this abuse representing high levels of violence and falling under the category of battering (e.g. Ansara & Hindin, 2009; Capaldi & Owen, 2001; Langhinrichsen-Rohling, Selwyn, & Rohling, 2012; Straus, 2011). Therefore, for a prevention and intervention perspective it is also crucial to start studying also this new phenomenon that has heretofore been neglected by family violence scholars.

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