

## Tri-County Batterer Intervention Provider Network Meeting Minutes April 9, 2019

Present: Chris Huffine (Allies), Christina McGovney (Raphael House), Philip Broyles (Teras), Laura Vejar (Multnomah County Probation and Parole—DV unit), Katherine Stansbury (Eastside Concern), Regina Holmes (ARMS), Matt Johnston (Domestic Violence Safe Dialogue), Jessica Harvey (Allies in Change), Krystal Duff (Bridges 2 Safety), Marci Nelson (Washington County Community Corrections), Tammie Jones (Multnomah County DV Court)

Minutes by Jessica Harvey, edited by Chris Huffine

### Presentation: Attachment Disorders in DV

Krystal Duff shared information on attachment disorders, including briefly summarizing several different articles about attachment issues and DV. This topic was also covered by a presenter at the July 15, 2008 Tri-County BIP Network meeting. Please refer to those minutes (a copy of which you are also welcome to request from Chris for additional information).

### **From Wikipedia:**

People can be classified into 4 different attachment categories:

-1. Secure. They tend to have positive views of themselves and others. They are comfortable with both intimacy and independence. They tend to feel more empowered and competent. They express support and respect for others.

This corresponds to Secure attachment in infants. When an infant relies on its caregivers to attend to its needs. When the caregiver is present it will explore freely and is willing to engage with strangers. It becomes upset when the caregiver leaves and is happy when the caregiver returns. Typically securely attached infants are reflective of a parent who is consistently responsive to its needs.

-2. Anxious-preoccupied. These people seek high levels of intimacy, approval, and responsiveness from partners and tend to become overly dependent on them. They tend to be less trusting and have less positive views of themselves and others. They may be more emotionally reactive and impulsive. They struggle with separation anxiety.

This corresponds to Anxious-Ambivalent attachment in infants, which is also misnamed as resistant. When an infant feels separation anxiety and is not reassured when the caregiver returns. They explore little and are anxious of strangers even when a caregiver is present. They become highly distressed when the caregiver departs and generally ambivalent when the caregiver returns. It may become angry or helpless towards the caregiver. This is typically due to unpredictable caregiving.

-3. Dismissive-avoidant. They desire a high level of independence and avoid attachment with others in general. They see themselves as self-sufficient, self-reliant, and not needing the support of others. They tend to suppress their feelings and deal with conflict by becoming distant. They tend to distrust others while having high self-opinions. They tend to be achievers.

This corresponds to Anxious-Avoidant attachment in infants. When an infant avoids or ignores their caregivers. It does little exploration.

-4. Fearful-avoidant. They have mixed feelings about close relationships, both wanting closeness but also feeling uncomfortable with it. They tend to be mistrustful of their partners. They tend to seek less intimacy and be less emotionally expressive.

This corresponds to Disorganized attachment in infants. When there is a lack of attachment behavior. This category has greater debate about whether it is distinct from the others. Typically primary caregivers had experienced major losses or trauma resulting in severe depression which affected their parenting.

**Summary of article: Domestic Violence and Attachment: Clinical Applications to Treatment with Perpetrators by Daniel Sonkin, PhD in Family Therapy Magazine (2007)**

Types of attachments for infants:

- Secure – Infants are distressed when separated from their caregiver, but easily soothed when reunited with them.
- Avoidant – Infants are not distressed at separation or reunion.
- Resistant/ambivalent – Infants are extremely distressed when separated from their caregivers, and difficult to soothe when reunited with them.
- Disorganized – Infants are ambivalent when reunited and both approach and avoid contact. Many in this category were abused by caregivers in research studies.

Male DV perpetrators display insecure attachment types at a higher frequency than in a nonclinical population. It would be helpful to adapt current DV treatment programs to have varying interventions based on a person's attachment type. Targeting the unhealthy methods of affect regulation in the different types of insecure attachments, is an important part of implementing effective interventions. Therapists can demonstrate with the clients what a secure attachment looks like. Therapeutic alliance has been shown to be one of the most important elements of treatment. Interventions need to focus on skills related to effectively communicating feelings and needs with others, as well as self-soothing.

Types of insecure attachments for adults:

- Dismissing – These DV perpetrators are detached from their own feelings and that of their partner. Therapists may have trouble feeling empathy for these clients.
- Preoccupied – These DV perpetrators have anxiety in relationships and retain relationships through negative affect. Therapists may feel overwhelmed by the level of emotional material.
- Disorganized or Unresolved – These DV perpetrators have elements of dismissing and preoccupied attachment types and display characteristics of Borderline Personality Disorder.

### **Summary of article: Kids Who Kill: Attachment Disorder and Violence by Terry Levy (2018)**

Children with a history of severe attachment disorder often develop aggressive and controlling behaviors. Children with secure attachments have better outcomes in nearly all areas of life, including interpersonal relationships and impulse control. The most common cause of attachment disorders are abuse, neglect, multiple out-of-home placements, and other long-term separations from the primary attachment figures. Attachment disorders involve problems with emotional regulation and behavioral concerns which contribute to violence towards self and others.

Risk factors for violent behavior in children and adolescents:

- Violence in environment
- Habits learned in childhood
- Negative family influence
- Violence in the media
- Access to firearms
- Alcohol and drug use
- Genetics

Solutions to the problem:

- Attachment-focused assessment and diagnosis
- Specialized training and education for caregivers
- Treatment for children and caregivers to facilitate secure attachment
- Early intervention and prevention for high-risk families

### **Summary of a research paper by Krystal Duff: Attachment Disorder and Domestic Violence**

Attachment disorder is defined as a psychiatric illness that develops in childhood when there are issues with the relationship between child and guardian. The first 3 years of a child's life are the most important for developing attachments. Issues in early relationships can persist into adulthood. Dysfunctional relationships can lead to attachment disorders and antisocial personality disorder. Children displayed higher levels of disorganized attachment to their mother

the higher the level of violence perpetrated on her. Substance abuse issues and personality disorders have a higher frequency in DV perpetrators than in the general population.

**Group Discussion:**

Attachment disorders include Reactive Attachment Disorder (characterized by a failure to attach and the development of unhealthy coping skills) and Disinhibited Social Engagement Disorder (characterized by a lack of fear in stranger relationships). Secure attachments are created when a baby gets what they need when they cry and when they have a healthy mirroring relationship with their caregivers (Edward Tronick's Still Face Experiments). Not all DV perpetrators have an attachment disorder.

Perpetrators with secure attachments are more likely to fall into the family-only violence category. In adulthood, people can display various types of attachments, both secure and insecure, throughout one relationship. Attachment issues can aggravate DV but it does not cause DV. Partners will not always be able to correctly mirror the group member, which can trigger abuse. The men need to be able to accept and cope with that (talked about in *When Good Men Behave Badly* by David Wexler). Stalking can also be an issue for people with attachment disorders. Jealousy can be seen as a sign of love.

It is important for the group facilitators to be consistent and demonstrate what a secure attachment involves. Changes within the group or program may need to be addressed and processed in the group.

Perpetrators do well if they begin in a group and then go to individual therapy for more unique issues. Encourage clients to seek individual therapy for issues by making it a part of accountability to their partner. An emphasis on ACEs and relationship focused therapy for complex trauma and attachment issues are helpful in an individual setting.

When partners begin to feel that they have influence in the relationship, then the group member is showing change. Many partners will continue to be involved with the group members and want them to be able to come home.