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Adult Attachment Stability–Instability Before and After Marriage Between Intimate Partner Violence (IPV) and Non-IPV Women Separated from Partners During Military Duty in Indonesia

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The quality of attachment between intimate partners is important for women to maintain healthy relationships. Yet, the quality of attachment style and relationship can be marred and disrupted in women exposed to trauma due to intimate partner violence (IPV). Research suggests that the impact of trauma on women can be transmitted over generations due to the inability to regulate emotions, specifically in dealing with their children. The aim of this study was to explore the disruption of adult attachment patterns by comparing a group of women in Indonesia who have been affected by IPV, and a group of women who have not been affected by IPV but who have been separated from their partner during military duty. A cross-sectional study comparing two groups: women exposed to IPV ($n = 35$) and women not exposed to IPV ($n = 35$) was carried out. The adult attachment scale before and after marriage was obtained using *Experiences in Close Relationships-Revised* scales. The results revealed a significant shift of attachment style on the Avoidant dimension of the non-IPV group separated by partner military duty and a slight change on the overall attachment of the IPV group, but relative stability on the Anxiety dimensions. The study interpreted the findings as being more supportive of the *prototype perspective* rather than the *revisionist perspective*. Family therapists may reduce the attachment Avoidant dimension as a therapeutic goal of intervention to change the insecure to a more secure working model.

Keywords: attachment stability, intimate partner violence (IPV), military separation, working models, couples therapy

Key Points

- 1 The quality of attachment between intimate partners is vital to maintaining healthy relationships.
- 2 The impact of trauma on women can be transmitted over generations.
- 3 Avoidant dimension can be influenced by traumatic experiences, such as intimate partner violence (IPV) or separation during military duty.
- 4 The findings are more supportive of a prototype perspective rather than a revisionist perspective.
- 5 Family therapists may reduce the attachment Avoidant dimension as a therapeutic goal of intervention to change the insecure to a more secure working model.

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Trauma due to intimate partner violence (IPV) occurs in almost all societies regardless of culture, social class, or religion. Some scholars consider it a global public health problem and a violation of human rights (Harvey, Garcia-Moreno, & Butchart, 2007). A report by the Indonesian National Commission on Violence Against Women (2017) noted 259,150 (or .10% of the Indonesian population) cases of violence against women in Indonesia in 2016. Seventy-five percent of reported cases submitted by respondents to the survey were considered to be affected by IPV. Garcia-Moreno et al. (2005) noted that the World Health Organization (WHO) reported a much higher prevalence for neighbouring countries (13% in Japan, 23% in urban Thailand, and 40% in urban Bangladesh). Clearly the total IPV prevalence in Indonesia is underreported.

Researchers found that exposure to IPV has been correlated with women's physical and psychological well-being (Campbell, 2002; Woods & Wineman, 2004). A UN multi-country study on men and violence in Asia and the Pacific found a pathway between childhood trauma, IPV, and harsh parenting (Fulu et al. 2017). IPV is a global socio-psychological and clinical problem that affects families, communities, and cultures across generations. The aim of this study is to understand the impact of trauma on the stability and instability of adult attachment in two groups of high-risk women: IPV and non-IPV women separated from their partners during military duty in Indonesia. ²⁴

Since 1960, attachment theory (Bowlby, 1969, 1973, 1980) has become a leading theory for understanding the developmental pathways of human attachment, separation, and loss. Ainsworth operationalised the theory through the Strange Situation to test the infant's reactions to stressors, separation, and reunion when the mother left the infant alone with a stranger in a strange situation (Ainsworth & Wittig, 1969). Using the Strange Situation test Ainsworth, Blehar, Waters, and Wall (1978) found three patterns of attachment in children: Secure, Insecure avoidant, and Insecure anxious/ambivalent. They observed that the attachment working model becomes activated as the child experiences threats of losing the caregiver and/or is confronted with a strange situation.

The present study argues that separation from a partner during military duty is analogous to the threats of losing the caregiver in Bowlby's attachment perspective (Caffery et al. 1994). Whereas, living with IPV is analogous to the threats of confronting a strange situation. IPV is an unpredictable episodic experience (Bogat et al. 2003; Fleury, Sullivan, Bybee, & Davidson, 1998). Unlike the Strange Situation in both cases, the participants are adults, the timing is lengthy, the context and threat are unpredictable and episodic, and may be very stressful and dangerous. Thus, both conditions may activate the individual attachment system across the life of the relationships. As Kobak, Cassidy, and Ziv (2004) found, trauma related to parental physical and/or sexual abuse has negative consequences for attachment.

Attachment patterns, IPV, and partner separation

Hazan and Shaver (1987) found a replication of Ainsworth's three patterns of attachment in adult romantic relationships. Secure patterns show trust and positive emotion in relation to a partner. Anxious patterns indicate obsession, jealousy, and an emotional roller coaster. Avoidant patterns reflect difficulties with closeness, trust, and intimacy with a romantic partner. Bartholomew and Horowitz (1991) extended the three attachment styles and proposed a four-prototype model of attachment styles in

adulthood. They suggested two underlying dichotomised dimensions of self and others that create a circumplex model of attachment.

Using the Relationship Style Questionnaire or RSQ (Griffin & Bartholomew, 1994), Dutton, Starzomski, Saunders, and Bartholomew (1994) found a correlation between anxious (fearful) attachment among court-mandated male perpetrators and their intimate partners' reports of physical and psychological abuse. Insecure attachment also highly correlated with Borderline Personality Disorder (BPD) and both predicted IPV. Agrawal, Gunderson, Holmes, and Lyons-Ruth (2004) reviewed 13 studies and found that in each study BPD was strongly correlated with insecure attachment, namely unresolved, fearful, and preoccupied types. In this dysfunctional personal relationship, individuals are not only longing for intimacy, but are also concerned with dependency and rejection. They argued that insecure attachment might represent phenotypic markers for vulnerability to BPD.

Dutton (2007) argued that the fearful attachment style was also correlated to a cluster of psychological characteristics that he eventually called the 'abusive personality.' This personality correlated with BPD, poor impulse control (Dutton & Starzomski, 1993), excessive jealousy (Dutton, van Ginkel, & Landolt, 1996), chronic anger (Dutton, 2008; Dutton & Starzomski, 1993), and a tendency to externalise blame (Dutton, 1994). Based on a comprehensive literature review on IPV, Cameransi (2016) detected a consistent association between insecure attachment styles and IPV that may be mediated by the cluster B personality disorder of DSM-5 (American Psychiatric Association, 2013), specifically BPD and antisocial personality disorders (APD). 2

The self-reports of abusive men showed a number of developmental factors to be correlated with childhood abuse (Dutton, 2000), parental shaming, parental rejection, and traumatic insecure childhood attachment (Dutton, 1994; Dutton & Holtzworth-Munroe, 1997; Dutton, Starzomski, & Ryan, 1996; Dutton, van Ginkel, & Starzomski, 1995). Statistically, the abusive personality is highly correlated with paternal rejection, followed by physical abuse, then by paternal lack of warmth. Thus, attachment has a significant role for understanding this issue. 2

Dutton (2007) argued that the causative factors for IPV may strongly link to a broad spectrum of attachment insecurities such as preoccupied and fearful attachment styles, ineffective control of emotion and impulsivity, and borderline personality structure. This insecure attachment developmentally was correlated with the inability to recall good enough parental support in times of need. Bowlby (1969/1982) argued that anger and protest follows unmet attachment needs. He called this 'anger of fear' (p. 287). This aggressive controlling behaviour is adaptive in preventing separation and confronting the fear of losing a significant attachment.

Fraley (2002) identified two different models regarding the stability and instability of attachment patterns: the *prototype* and the *revisionist*. The prototype theorists argued that early attachment experiences are retained over time and have a strong predictive factor in attachment behaviour across the life course. However, revisionist theorists (e.g., Kagan, 1996; Lewis, 1997, 1999) believe that a childhood working model is adaptive and may no longer reflect early attachment patterns. Fraley (2002) argued that patterns of stability are best accounted for by the prototype perspectives and that attachment security is moderately stable across the first 19 years of life.

The growing research interest in attachment theory has demonstrated its richness, empirical fruitfulness, and predictive power. Nevertheless, no study has examined the

alteration of attachment patterns due to unpredictable life stressors such as IPV and non-IPV partners separated during military duty in an Indonesian community.

In the present study, we gathered survey responses from a sample of women separated from partners because of military duty, therefore indicating they were relatively free from IPV. We predicted that the overall response of separation of the non-IPV women would follow the *prototype* attachment with their mothers. On the contrary, IPV women would experience conditions and threats that were unpredictable, episodic, and that could be very stressful and dangerous. As a result of adaptation to living with IPV, we predicted that the trauma and stressor will alter the attachment patterns or follow the *revisionist model*.

Method

The study was a cross-sectional controlled study comparing two groups of Indonesian women who had been exposed to IPV and a group of mothers who had not been affected by IPV but who had been separated from a partner during military duty. Purposive samplings were used in both groups. Access to an IPV shelter was obtained from the Indonesian National Commission on Violence Against Women. Access to the non-IPV control group was obtained through the local army chief. Individual consent to ensure the safety, confidentiality, and right to stop at any time was obtained to protect and respect persons at all stages of the research process. The purpose of the study was to examine the effect of IPV on the adult attachment styles of the battered women who were affected by IPV before and after their marriage.

Participants

The experimental group. The IPV study sample included 35 mothers between the ages of 25–40 years old ($M = 29.91$, $SD = 3.25$) with years of marriage between 1 and 15 years ($M = 4.53$, $SD = 3.15$). The participants were recruited through the human rights shelter for abused women in Indonesia. Thirty-one women were mothers with one or two children, one had three children, and three had no children ($M = 1.2$, $SD = .63$). IPV was identified using a questionnaire to identify forms of violence that they had experienced: physical, psychological, sexual, partner physical, and psychological negligence for 24–144 weeks ($M = 49.37$, $SD = 29.07$).

The control group. The non-IPV study sample included 35 mothers between the ages of 27 and 39 years ($M = 33.69$, $SD = 3.18$) with years of marriage between 2 and 21 years ($M = 10.11$, $SD = 4.53$). Twenty-three women were mothers with one or two children, 10 mothers had more than two children, and two had no children ($M = 2.02$, $SD = .89$). Using the questionnaire, the non-IPV women reported that their partner often worked for the military from 1 week to 60 weeks ($M = 28.06$, $SD = 22.62$). This is an ideal control condition to create a situation where the relationship must be renegotiated after a certain period of separation due to the partner's military duty but without experiencing IPV.

Instruments

Sociodemographic and IPV–Non IPV characteristics. The IPV women completed a questionnaire on the history, reason of abuse, and form of abuse that affected them. The characteristics of the abuse sample are described in Table 1. The reasons for abuse are presented in Table 2.

TABLE 1

Descriptive data form of violence according to IPV women (n = 35)

Variables	Forms of IPV	
	n = 35	%
Physical	7	20
Psychological	2	5.7
Sexual	3	8.6
Physical and psychological	6	17.1
Physical and sexual	3	8.6
Psychological and sexual	4	11.4
Physical and partner negligence	1	2.9
Psychological and partner negligence	6	17.1
Sexual and partner negligence	2	5.7
Physical, psychological, and partner negligence	1	2.9

TABLE 2

Subjective reason of abuse by IPV women (n = 35)

Variables	Reasons for IPV	
	n = 35	%
Economy	9	25.7
Marital affair	9	25.7
Children/Parenting	2	5.7
In-law/Parent	2	5.7
Job	4	11.4
Sex	1	2.9
Other reasons	8	22.9

1 *Experiences in close relationships*: - Revised measure of adult attachment (ECR-R; Fraley, Waller, & Brennan, 2000). The IPV and non-IPV women completed the ECR-R Scale, a 36-item self-report measure of their experiences in close relationships. The scales contain two 18-item subscales that tap into two factors (Anxiety and Avoidance) underlying adult attachment structure. On a 7-point scale (1 = disagree strongly, 7 = agree strongly) each participant rated their typical feelings in romantic relationships. The Anxiety subscale measured fears of abandonment and rejection (e.g., 'I'm afraid that I will lose my partner's love'). The Avoidance subscale taps into discomfort with closeness and intimate self-disclosure (e.g., 'I prefer not to show a partner how I feel deep down'). Secure attachment was indicated by the low scores on both dimensions. High scores in one or both dimensions indicated insecure attachment. High scores on the Anxiety and/or Avoidant dimension indicated different cognitive attachment strategies in the attempt to cope with insecurity.

³⁵ Brennan, Clark, and Shaver (1998) developed the original scale and ¹ reported high internal consistency, Cronbach's $\alpha = .91$ and $.94$, on the Anxiety and Avoidance scales, respectively. In the present study, the validity test scores for IPV women before marriage (29 valid items) and after marriage (31 valid items) were between $.35$ – $.85$, with Cronbach's α scores between $.74$ and $.90$. The validity test scores for non-IPV mothers before marriage (30 valid items) were between $.31$ – $.80$ and after marriage (32 valid items) they were between $.33$ – $.80$. For both scales Cronbach's α scores were between $.79$ – $.89$.

Statistical analysis

Demographic data analysis used descriptive analysis presented by mean and standard deviations. Pearson correlation was used to test the correlation between the attachment dimension of the participants before and after marriage to both the control (non-IPV group) and experimental (IPV-group) group. The transmission of attachment style with the mother of origin to partner before and after marriage was tested using a paired sample *T* test. To analyse the degree and shift of attachment from the attachment to mother of origin to partner before and after marriage among the IPV group we used McNemar chi-squared tests. All tests used SPSS version 24 with the significant standard of $<.05$.

Results

The women in the two sample groups have similar ages and number of children: around 30 years old with 1 to 2 children. However, the non-IPV group ($M = 10.11$, $SD = 4.53$) had been married longer than the IPV group ($M = 4.53$, $SD = 3.15$). The stressor condition of the women in both groups varied: the IPV group were affected by domestic violence ($M = 49.37$, $SD = 29.07$ in week) while the non-IPV group were affected by prolonged partner separation during military duty ($M = 28.06$, $SD = 22.62$ in week). The demographic data indicated that both groups would experience stressors that may trigger their attachment security (Bowlby, 1969/1982).

For IPV women, Pearson correlation results (see Table 3) showed there was no significant correlation on Avoidant dimension ($r = -.072$, $\rho = .341$) before marriage vs after marriage. On the Anxiety dimension the correlation was direct and moderately strong ($r = .538$, $\rho = .000$). We predicted the attachment on both dimensions would shift from positive correlation to negative correlation. Thus, the alteration of the Avoidant dimension moved slightly toward the *revisionist model*, but the Anxiety dimension scores were not significantly different over time. Among the non-IPV women, the Pearson correlation confirmed the hypotheses that there is a strong direct correlation in both Avoidant ($r = .493$, $\rho = .001$) and Anxiety ($r = .743$, $\rho = .000$) dimensions. Relatively, the attachment scores were not significantly different over time for the non-IPV women.

Confirming the *prototype model*, the results indicated that attachment styles of mothers were significant predictors. Only the Avoidant dimension in the IPV group was slightly changed. Thus, women who are exposed to violence in marriage are characterised more by a slight alteration in their attachment on the Avoidant dimension, which deals with discomfort with closeness and negative models of others.

TABLE 3

Correlation between attachment dimensions before and after marriage

Variables	Attachment dimension to their mother vs partner	
	<i>r</i>	<i>p</i>
IPV women		
Avoidant attachment	-.072	.341
Anxiety attachment	.538**	.000
Non-IPV women		
Avoidant attachment	.493**	.001
Anxiety attachment	.743**	.000

Note. * $< .05$, ** $< .01$ Pearson.**TABLE 4**

Change dimensions of attachment before and after marriage

Variables	Attachment to their mother vs to partner			
	Mean	SD	<i>t</i>	<i>p</i>
IPV women				
Attachment				
Avoidance mother	2.876	.410	.318	.752
Avoidance partner	2.841	.487		
Anxiety mother	2.443	.417	.712	.481
Anxiety partner	2.388	.525		
Non-IPV women				
Attachment				
Avoidance mother	1.856	.356	2.713**	.010
Avoidance partner	1.686	.381		
Anxiety mother	1.872	.424	-1.778	.084
Anxiety partner	1.965	.442		

Note. * $< .05$, ** $< .01$, paired-sample *t* test, *df* = 34.

Paired-samples *t* tests are presented in Table 4. For the IPV women, the average Avoidant score slightly decreased from 2.876 (SD = .410) before marriage to 2.841 (SD = .487) after marriage. The difference between the two means is not statistically significant at the .05 level ($t = .318$, $df = 34$). On the Anxiety dimension, the average scores slightly decreased from 2.443 (SD = .417) before marriage to 2.388 (SD = .526) after marriage. The difference between the two means is also not statistically significant at the .05 level ($t = .712$, $df = 34$).

Statistically, in the overall sample population of IPV women, attachment in both dimensions was not significantly changed by the IPV. Even though there was a slight alteration on the Pearson correlation of the Avoidant dimension before marriage compared to

after marriage, the overall results do not confirm the hypotheses. In other words, the IPV sample population tends to follow the *prototype model* in dealing with IPV.

For non-IPV women, the mean Avoidant dimension score decreased from 1.856 (SD = .356) before marriage to 1.686 (SD = .381) after marriage. The difference between the two means is statistically significant at the .05 level ($t = 2.713, df = 34$). They reported being more comfortable with closeness and the positive models of others after marriage. On the Anxiety dimension, the mean increased from 1.872 (SD = .424) to 1.965 (SD = .442) but statistically this is not significant. Thus, partner separation did not significantly alter the Anxiety dimension but changed the way they related with their partner to more secure on the Avoidant dimension.

Overall the findings are consistent with both the *prototype* and *revisionist perspectives* that working schemas fluctuate and change contingent upon the situational stressors, especially on the Avoidant dimension, but early attachment with the mother is relatively stable over time (Fraley, 2002; Sroufe, Egeland, & Kreutzer, 1990).

As presented in Table 5, the McNemar chi-square goodness-of-fit test for the two groups show significant differences in favour of the IPV women. The difference is statistically significant at the .05 level. Thus, there was a significant alteration on the attachment patterns among the women who were affected by IPV.

Discussion

This research examined adult attachment stability–instability between IPV and non-IPV mothers in Indonesia. We predicted the overall response of stressors of the non-IPV women to follow the *prototype perspective* while the IPV group were predicted to follow the *revisionist model*. Despite the small sample, the findings are more supportive of the *prototype perspective* (Fraley, 2002; Sroufe, Egeland, & Kreutzer (1990). The results also provide some support for the child attachment theory that indicates how stressors are correlated with stability and change of attachment (Bowlby, 1969/1982). In these samples, the working models fluctuate and change, especially on the Avoidant dimension, but early attachment with the mother is retained and continues to have a strong predictive power in attachment behaviour.

The results of this study suggest that adult attachment is relatively resistant to change, especially on the Anxiety dimension, even in a stressful-provoking situation where all of the women were facing threats that were unpredictable, episodic, and at

TABLE 5
Changing patterns of attachment before and after marriage

Variables	Attachment to their mother vs to partner	
	N	ρ
IPV women Attachment	35	.039*
Non-IPV women Attachment	35	.625

Note. * $< .05$, ** $< .01$, McNemar.
Patterns : 1 = Secure, 2 = Insecure.

times very stressful and dangerous. These notions confirm previous researchers (Collins, 1996; Simpson, Rholes, & Nelligan, 1992) who argued that adults were likely to respond to stressful and ambiguous events consistent with their existing attachment styles. However, the study also found the Avoidant dimension is relatively permeable to change, which supports the *revisionist perspective*.

We note that this is the first study to explore how IPV and non-IPV influences attachment patterns due to unpredictable psychological challenges in an Indonesian community. It also contributes to attachment theory through cross-sectional findings among IPV and non-IPV-impacted women. Furthermore, the study provides some support for existing adult attachment theories (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). While the findings are from Indonesia, they may be applicable to other cultures.

Implications for family therapy

In the US, IPV group prevention and intervention advocates have suggested limiting conjoint intervention for men who perpetrate violence against women and suggest men-only group therapy (Armenti & Babcock, 2016; Maiuro & Eberle, 2008). They prefer the Duluth model which conceptualises IPV as one form of power abuse where men maintain their privilege over women (Pence & Paymar, 1993). The therapeutic goal is to dismantle violence by replacing authoritarian with egalitarian relationships. In the Indonesian context this approach may be counterproductive due to the existing cultural worldview.

To improve the Duluth approach, psychologists in the US tend to use cognitive behavioural therapy (CBT). They argue that violence is a learned behaviour and can be unlearned through learning nonviolent behaviours. Both approaches are typically delivered in male-only group or individual therapy. However, findings on existing IPV intervention programs are not statistically effective even though in some studies the groups in the Duluth model had better outcomes than CBT men-only groups (Babcock, Green, & Robie, 2004; Dobash, Cavanagh, & Lewis, 1996; Eckhardt et al., 2013; Feder & Wilson, 2005).

Lam, Fals-Stewart, & Kelley (2009) found that couple therapy is effective for treating dysfunctional relations. Recently some researchers have suggested couple therapy (Karakurt et al., 2016) and conjoint communication and relationship skills training groups as a viable alternative to the Duluth model and CBT men-only groups for IPV couples who experience ‘situational violence’ rather than ‘characterological violence’ (Armenti & Babcock, 2016). Compared to ‘characterological violence’ (Bradley, Friend, & Gottman, 2011; Johnson & Ferraro, 2000), ‘situational violence’ is not involved in the escalating cycle of violence and is not motivated by using violence to dominate and control one’s partner. Situational violence can occur as a result of using violence as a problem-solving strategy to deal with situational stressors within a relationship (Kelly & Johnson, 2008). For couples that experience situational violence, the violence may stop when partners enter new relationships with less volatile partners (Capaldi, Shortt, & Crosby, 2003). Therefore they need different interventions to deal with different mechanisms of change.

This study found that the Anxiety dimension is relatively impermeable to change while the Other dimension is relatively permeable to change. These findings may highlight the mechanism of the characterological violence that Bowlby (1969/1982, 1973, 1980) identified as ‘anger of fear,’ and Dutton (2007) observed as an ‘abusive

personality,' which is strongly associated with high Anxiety dimension styles (fearful and preoccupied attachment styles). Recently, Cameranesi (2016) detected the association of the insecure attachment styles and IPV that may be mediated by cluster B personality disorders of DSM-5 (American Psychiatric Association, 2013), specifically BPD and APD.

Attachment theory is fundamentally a systemic model in which early experiences with care givers are internalised as cognitive schemas. Developmentally, these experiences shape and guide subsequent behaviours and social relations and operate on a systemic level (individual, family, socio-cultural, and intergenerational). Attachment theory gives a framework and explains psychological functioning and a self-generated mechanism of human relations. Like attachment, violence may function on a systemic level and have self-perpetuating mechanisms. However, researchers still show inconclusive findings for using couple therapy to treat characterological violence. In the light of these findings, future studies may uncover the causative factors for characterological violence residing in the Anxiety dimension.

Just as in the US, Indonesian therapists are relative newcomers in dealing with this type of violence to perpetuate paternalistic structures. However, attachment theorists have found that secure attachments are associated with positive functioning in human relationships such as greater satisfaction in romantic relationships (Collins & Read, 1990), better communication and problem-solving skills (Cohn et al., 1992; Kobak & Hazan, 1991), and being more adaptable to seek and give social support in times of need (Feeney, 1996; Simpson et al., 1992). On the contrary, insecure attachment has been associated with dysfunctional relationships both in pre- and post-marital relationships (Davila & Bradbury, 2001; Kirkpatrick & Davis, 1994).

This study implies that early attachment with the mother is relatively resistant to change. At the same time it proposes that therapeutic pathways involving the Avoidant dimension of adult attachment might be open to change within a therapeutic relationship. Couple and family therapists may induce change by decreasing the client's negative view toward others (the Avoidant dimension) rather than focusing exclusively on altering the Anxiety dimension. They could teach couples to respond sensitively and appropriately to the insecure attachment working model and help insecure individuals learn to seek support in more adaptive ways. Over time, the therapeutic secure relational system will modify and replace the couple insecure working model.

Furthermore, this study emphasises the need for wellbeing for married women in Indonesia. Exploring this research question in countries like Australia and New Zealand might shed new light on IPV and non-IPV mothers. Also, it is pivotal to expand this research in Indonesia and other Asian—pacific countries, where a woman's role is not given equal position. We suggest that a similar concept can be applicable for men who have undergone family violence and further empirical investigation is needed to understand this concept.

Conclusion

Overall, the present study found that attachment style, especially the Avoidant dimension can be influenced by traumatic experiences, such as intimate partner violence (IPV) or separation during military duty. This cross-sectional study also revealed that early attachment styles are retained and continue to have a strong predictive power for attachment behaviour. In cases of situational IPV, family therapists may use

attachment theory as a therapeutic framework to facilitate change by reducing the Avoidant dimension to foster more secure and positive relationships with others. We hope that this study will encourage researchers to address more accurately the mechanism of IPV and fill the existing gap between research and prevention/intervention programs.

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