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## Adult attachment styles relative to childhood exposure to domestic violence : gender differences

Khadija A. Poitras-Rhea  
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Khadija Poitras-Rhea  
Adult Attachment Styles  
Relative to Childhood  
Exposure to Domestic  
Violence: Gender Differences

ABSTRACT

The purpose of this study is to answer the overarching research question: What are the attachment styles of adults who witnessed domestic violence in childhood. A secondary area of interest was to determine gender differences in the attachment styles of adults who did witness domestic violence during childhood.

The participants were asked to respond to an anonymous survey that contained demographic questions and thirty six items from the Adult Attachment Web Questionnaire in order to determine their adult attachment style. The participants were placed in subgroups based on whether or not they had witnessed domestic violence and results were further examined in relation to gender, age and race subgroups.

The major findings showed that there was not a significant difference in the attachment styles of adults who witnessed domestic violence in comparison to adults who did not. The study did show a significant difference in the mean scores on the anxiety scale based on gender.

ADULT ATTACHMENT STYLES RELATIVE TO CHILDHOOD EXPOSURE TO  
DOMESTIC VIOLENCE: GENDER DIFFERENCES

A project based upon an independent investigation submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2012

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## **CHAPTER I**

### **Introduction**

Attachment in children serves four essential functions: it provides a sense of security, regulates affect and arousal, promotes the expression of feelings and communication and it serves as a base for exploration (Davies, 2004). As children develop into adults their working model of attachment may persist throughout life and have an impact on relationships, parenting and behavior (Bolby, 1988). Bolby went on to suggest that children's early ties with their primary caregivers would become the basis of their adult attachment to their significant other. The purpose of this study is to determine the attachment style of adults who as children witnessed domestic violence and assess whether or not there is a difference in attachment style based on gender. Because of the significant impact that attachment style has on the way that adults relate to each other it is important that clinicians take into consideration early childhood experiences as they relate to attachment. The findings of this study will be helpful in expanding the knowledge base for service professionals who work with this population. It may also be helpful to clinicians in developing specific

interventions if it is determined that there are gender differences in the attachment styles of adults who were exposed to domestic violence as children.

For the purposes of this study, "domestic violence" is defined as behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay or lesbian; living together; separated or dating. Examples of abuse include name-calling or putdowns, keeping a partner from contacting family or friends, withholding money, stopping a partner from getting or keeping a job, actual or threatened physical harm, sexual assault, stalking and intimidation. Participants in this study will have "witnessed" (been present during, have personal knowledge of or have observed) domestic violence.

After reviewing the literature in this area it seems unclear as to whether there might be differences based on gender. Bowlby noted in 1988 that relational trauma interferes with integrated attachment by the activation of dissociative defenses that serve to protect against overwhelming and depersonalizing experiences. However it is unclear as to whether these defenses manifest similarly in men and women. Among young children, the trauma of exposure to domestic abuse is likely to disrupt the development of basic competencies, threatening the child's ability to process and regulate emotions effectively and



increasing internalizing and externalizing behaviors (DeJonghe, Bogat, Levendosky, von Eye & Davidson, 2005).

Factors associated with the capacity to develop healthy relationships despite early negative experiences include accepting the reality of negative early experiences, valuing attachment relationships despite past unsatisfactory relationships and incorporating the reality of those past experiences into an internal working model of attachment and self (Main, Kaplan & Cassidy, 1985). Are these factors impacted by gender?

There is significant theoretical evidence that suggests that differences in the ways that individuals process childhood experiences may be related to later psychosocial behavior (Van den Bosse & McGinn 2009). There seems to be a need for more research in the area of gender based differences in attachment style across a variety of different ages, cultures and populations.

## **CHAPTER II**

### **Literature Review**

In this chapter, the researcher will review literature about key content areas of the clinical concept and theory of "attachment" (the connection between infant/caregiver and subsequent behavior and interaction styles). Reviewing the clinical concepts of how people learn to and succeed in connecting /relating in a healthy manner is central to the human experience. Further, literature will be reviewed about developmental issues and disruptions that may lead to attachment issues in adulthood. Of particular focus for this review will be how witnessing domestic violence during childhood may effect healthy attachments in adults. Thus, this review will consider literature in this area in order to understand the effect that witnessing systemic domestic violence may or may not have on adult attachment styles. In addition the researcher will examine the impact, if any that gender has on the attachment styles of adults who have witnessed domestic violence.

### **Etiology**

John Bowlby's work on attachment theory began around 1944 through his observations of children. He discovered that major disruptions in the caregiver/child relationship were precursors to later psychopathology. Based on his observations, Bowlby

believed that not only was the caregiver/child relationship important for later functioning but also the relationship was of critical immediate importance. Prior to Bowlby's development of attachment theory, the widely accepted theory of the time was based on secondary drive. The prevailing theory was Freud's psychoanalytic theory. Freud's (1917) premise was that the emotional bond between infant and caregiver was a secondary drive based on the gratification of oral needs. The infant's relationship with the mother emerged because the mother fed the child. There had been research on this phenomenon within the animal kingdom and Lorenz (1935) found that in certain species the young could become attached to adults who did not feed them. "Systematic observations of human infants were made, and it became evident that babies became attached to people who did not feed them." (Ainsworth, 1969) Bowlby built upon the secondary-drive theory by asserting that the strong tie between caregiver and child results from a biologically based desire for proximity that arose during natural selection. (Bowlby, 1969) Bowlby thought that the infant/caregiver relationship was built not only on feeding of the child but also on the basis of protection, familiarity and interaction. He was also one of the first to state that human beings enter the world pre-disposed to participate in social interaction. Much later, this assertion was

in fact researched within the field of developmental psychology and found to be true (Meltoff, 1995).

Bowlby first introduced attachment theory in a paper titled, "The Nature of the Child's Tie to His Mother". He later elaborated on his ideas in "Attachment and Loss". The fundamental aspect of his theory was its focus on the biological bases of attachment behavior. Bowlby proposed that as humans were evolving "genetic selection favored attachment behaviors because they increased the likelihood of child-mother proximity, which in turn increased the likelihood of protection and provided survival advantage" (Bowlby, 1969). Many beneficial outcomes result from the child's proximity to the parent. These include feeding, familiarity with the surrounding environment, and social interaction all of which are important and promote an increased likelihood of survival. Based on this biological function of attachment children are more likely to seek their parents in times of distress. "Within this framework, attachment is considered a normal, healthy characteristic of humans throughout the lifespan". (Bowlby, 1969) Given the biological forces driving the human attachment system it is assumed that almost all human beings will become attached. Attachment may be secure or insecure. Secure attachment implies that the attachment figure is viewed as accessible and responsive when needed. Anxious attachment implies

the responsiveness of the caregiver is not assumed so the child must find ways to circumvent the perceived unresponsiveness of the caregiver. (Ainsworth et al. 1978). The caregiver's response is critical in determining the security of attachment.

Bowlby organized attachment behaviors into an "attachment behavior system". This refers to the organization of attachment behaviors within the individual in response to internal and external cues. Bowlby identified two factors that contribute to the activation of a child's attachment system. One relates to the conditions of the child (ie: pain, fatigue or hunger). The other relates to conditions of the environment (perceived threat or danger). Location and behavior of the caregiver are important. Interactions between these causal factors can be complex and may impact the attachment behavior in varying ways.

Bowlby proposed that emotions are strongly associated with attachment.

Many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, the threat of loss arouses anxiety and actual loss gives rise to sorrow; whilst each of these situations is

likely to arouse anger. The unchallenged maintenance of a bond is experienced as a sense of joy. (Bowlby, 1980)

An infant may be predisposed to experience positive emotions in relation to an attachment and sadness with its loss. The organization of the attachment behavioral system also includes cognitive components such as the mental representations of the attachment figure, the self and the environment based on the child's experiences. The child's inner working model allows them to anticipate the future and make decisions about which attachment behavior may be most effective in certain situations.

Mary Ainsworth (Ainsworth et al. 1978) helped to further refine the attachment concept through her work with infants in the Strange Situation. The Strange Situation is a 20 minute laboratory test where the child is exposed to two separations (maximum of three minutes each). The infant is observed during the separation and the reunion response is analyzed and categorized into attachment styles. Ainsworth recognized that physical separation did not provoke the infant's response. It was in fact the infant's evaluation of the caregiver's departure in the context of the expected behavior that caused distress.

Interdisciplinary developmental and neurobiological research over the last decade has expanded Bowlby's core ideas into a more complex and clinically relevant model. In 1994 Schore presented

data to propose that attachment communications are critical to the development of structural right brain neurobiological systems in processing of emotions, modulation of stress, self regulation and the "functional origins of the bodily-based implicit self".

### **Normative Development of Attachment**

Bowlby proposed that there are four phases in the development of the attachment behavioral system. If we understand the normative course of this development we may be in a better position to understand the impact of disruption. The first phase is *Orientation and Signals without Discrimination of Figure*. Soon after birth babies respond to stimuli in a way that increases the chance of continued contact with another human. The baby's motor systems become adept at eliciting interest and care giving from other humans. During the first phase, baby and caregiver engage in much interaction, many of which are goal-corrected.

The second phase is *Orientation and Signals Directed toward One or More Discriminated Figures*. During this phase, simple behavior systems develop into more complex ones. The infant begins to control these behaviors (for example, the infant may now reach for a desired object). At this phase, the infant begins to differentiate the most familiar caregiver from others in terms of directing his or her attachment behavior.

The third phase is *Maintenance of Proximity to a Discriminated Figure by Locomotion and Signals*. Sometime between 6 and 9 months of age the infant is thought to strengthen attachment to the caregiver(s). Because of the onset of locomotion during this phase, the infant is able to now control its proximity to the attachment figure. Mary Ainsworth (1967) noted additional attachment behaviors based on this newly acquired motor skill. These behaviors include: differential responses to caregiver (upon reunion or when distressed), differential following of the caregiver, use of the caregiver as a secure base for exploration and flight to the caregiver as a haven of safety when alarmed.

The fourth phase is *Implications of the Partnership for the Organization of Attachment Behavior during the Preschool Years*. This phase takes into account two important organizational changes. The first is related to the child's ability to inhibit attachment behavior and to consider the caregiver's plans in the child's own plan for proximity. The second is based on the child's ability to "simultaneously operate internally on goals and plans of self and other, to understand objectively the causal relations between the caregiver's goals/plans and behavior, and to engage in goal corrected negotiations with the caregiver



regarding a shared plan for proximity- the goal corrected partnership."

### **Disruptions in Attachment Relationships**

In 1951 Bowlby investigated the importance of the mother-child relationship by integrating research findings from a report published by the World Health Organization on the effects of institutionalization on young children. Across a variety of studies from different countries, he found a similar pattern. Children who had been seriously deprived of maternal care developed into individuals who lacked feeling, had superficial relationships and exhibited hostile or anti-social tendencies. Burlingham and Anna Freud (1944) noted similar patterns during their study in a residential nursery for children whose parents were unable to care for them as a result of World War II.

During childhood many individuals encounter difficulty in their relationships with their caregivers that may shake their confidence in the availability of these attachment figures. Such difficulties may include: marital conflict, divorce, parental dysfunction, parent-child conflict, parental psychopathology and illness. These become threats to the attachment relationship only if the child perceives them as jeopardizing the caregiver's availability. Threats to the availability of an attachment figure may produce emotional responses such as fear, anger or sadness.

Dramatic evidence that emotions of fear, anger and sadness persist as responses to disruptions in attachment relationships is shown in Weiss's (1975) study of adults who were dissolving their marriages. Weiss studies adults who had separated from their partners, gathered descriptive information about attachment processes and noted striking parallels to the phases of separation identified by Bowlby in young children. By considering situations that threaten the availability of attachment figures, Weiss demonstrated how availability of attachment figures remains a critical aspect of security and happiness through out life.

When normal emotions of sadness, anger or fear are distorted by the child and ignored or misunderstood by the parent they are likely to be expressed in more problematic forms. Attachment related feelings of sadness may become depressive symptoms, attachment related fears may manifest as anxiety disorders or dissociative symptoms and anger may be expressed as aggressive or antisocial behavior.

### **Exposure to Domestic Violence**

Children who are exposed to domestic violence are faced with more than the threat to the attachment figures availability. They must also manage the complexity of the realizing that their attachment figures are potential sources of danger. Main and Hess

(1990) noted that when placed in a situation that normally elicits attachment behavior, infants who have been unpredictably frightened by their caregiver are conflicted. Many display insecure attachment strategies like freezing, fear and disorientation. These reactions were categorized by Main and Solomon (1986) as a "disorganized/disoriented (D)" attachment style. This disorganized attachment style has been linked to a variety of adjustment difficulties and to psychopathology (Cassidy & Shaver, 1999). Symptomatic expressions of aggression, anxiety or sadness are most evident when normal coping strategies break down.

Bowlby noted in 1988 that relational trauma interferes with integrated attachment by the activation of dissociative defenses that serve to protect against overwhelming and depersonalizing experiences. As noted by DeJonghe et al. 2005, among young children, the trauma of exposure to domestic violence is likely to disrupt the child's development of basic competencies, threatening the child's ability to process and regulate emotions effectively and increasing internalizing and externalizing behaviors. Young children who have been exposed to domestic violence may experience more distress in response to interadult conflict than their non-exposed peers. Eth & Pynoos (1985) wrote that "children who witness extreme acts of violence represent a

population at significant risk of developing anxiety, depressive, phobic, conduct and post traumatic stress disorders and are in need of both clinical and research attention." There has been significant research on the ill effects that direct victims of violence may experience and the link between physical and sexual victimization to Post-traumatic Stress Disorder. In recent years there has been further research linking the witnessing of violence to pathogenic disorders.

Recent population surveys have drawn attention to the prevalence of domestic violence in our society. Spousal and child abuse account not only for a large amount of direct victims but an even larger number of child witnesses. The child witness is helpless to the imposed sight and sounds surrounding the violence. The child is unprotected from the full emotional impact of the violence. Much is known about the impact that domestic violence has on it's victims but there is more work to be done in the area of exposure to domestic violence and the psychopathology of child witnesses.

### **Attachment in Adults**

In 1987 Hazen and Shaver applied the earlier works of Bowlby and Ainsworth to attachment theory in adults. Hazen and Shaver noted that interactions between adult romantic partners shared similarities to interactions between children and caregiver.

Similarities included the desire for proximity to ones romantic partner, anxiety experienced when a partner is away and the comfort one receives when their partner returns. Based on these similarities, Hazen and Shaver asserted that the core principals of attachment theory apply to both kinds of relationships. They built on the concept that people are biologically driven to form attachments to others and added that adults base this process on earlier experiences. Individuals form different types of attachments based on their expectations that they have about the relationship. The individual's expectations and beliefs constitute inner "working models" that are used to guide relationship behaviors. (Fraley & Shaver, 2000)

Adults have four attachment styles: secure, anxious/preoccupied, dismissive avoidant and fearful avoidant. They correspond with the secure, anxious/ambivalent, avoidant and disorganized attachment styles in children. Securely attached people tend to have positive views of themselves, their partners and their relationships. Securely attached people feel comfortable with intimacy and independence. People who are anxious or preoccupied with attachment may seek high levels of intimacy, approval and responsiveness from their partner. They sometimes value intimacy so much that they become overly dependent on their partners. People with anxious or preoccupied

attachments may doubt their worth as a partner and place blame on themselves for their partner's lack of response. People with a dismissive style of avoidant attachment tend to desire a higher level of independence. This can sometimes present in a way that appears to avoid attachment altogether. They may deny needing close relationships because they perceive close attachment as vulnerability. People with a fearful style of attachment to others may experience uncertainty about close relationships. They may desire closeness but be uncomfortable with emotional closeness. This is often compounded by negative views about themselves and their partners. People with a fearful style of attachment commonly view themselves as unworthy of responsiveness from their partners and they are untrusting of their partner's intentions.

## **Gender**

Bowlby's (1988) work on attachment did not include gender differences, suggesting that both males and females have equal likelihood of developing secure and insecure working models, various emotional problems, and the abilities to resolve them. Recent research, however, has examined whether men and women differ in their experience of emotion, that is, in frequency, intensity, and complexity, and in their communication of emotion, that is, in their ability to express emotion and

recognize emotion in others. Women have been found to experience emotions with a greater frequency, a greater intensity, and a greater complexity (Searle, 1994). This review of gender and emotion studies, concluded that intensity, rather than frequency, is the emotional attribute that most distinguishes men and women: Women experience emotions more intensely than men. This alludes to the fact that attachment styles may be different because of the impact that attachment has on a person's ability to regulate affect and emotion.

Young children who have been exposed to domestic violence experience more distress than their non-exposed peers. However, these children's outcomes vary widely and many children have adequate behavioral and emotional functioning despite witnessing domestic violence. Research has shown resilience rates of 31%-65% (Grych et al., 2000). The scope of these studies was limited as many familial characteristics that have been identified as protective factors were not assessed. Also, the study was cross-sectional and focused on school aged children but did not look at outcomes of adults. The findings did not classify outcomes according to gender.

In 2006 Matsuoka et al. studied the attachment style and early experiences of young adults (ages 18-23). They did look at gender as well as a multitude of early life experiences both

positive and negative. The study demonstrated that women have a more secure attachment style than men. The study did not include domestic violence as an early life experience. Matsouka notes in the discussion that further study is needed on a more widely aged population in order to determine if women do in fact have a statistically higher rate of secure attachment than men. David Schmitt noted small gender differences in the dismissive attachment style. Research showed that this may be due to women being more similar to men in short-term mating tendencies and expressing higher levels of associated dismissive romantic attachment in such cultures (Schmitt et al, 2003).



## Chapter III

### Method

The purpose of this study is to answer the overarching research question: What are the attachment styles of adults who witnessed domestic violence in childhood and is there a difference in those attachment styles based on gender? This study utilized a quantitative, survey method in order to further explore this topic and to confirm or disconfirm the idea that there may be differences in the attachment style of adults who have witnessed domestic violence. The study further explores these differences in attachment based on gender. Because it is rooted in numbers and statistics, quantitative research has the ability to effectively translate data into easily quantifiable charts and graphs. The survey method was selected based on the need to gather specific information from as many people as possible. Survey research allows for conclusions to be made about the general population based on data from a smaller section of the population. (Anastas, 1999) Weaknesses of this design include the fact that the researcher could not guarantee an accurate cross-section of society and that may impact the generalizability of this study. Each participant has uncontrollable variables based on life experiences that may impact the findings. There was limited opportunity for

participants to elaborate on experiences in comparison to a qualitative study. (Rubin & Babbie, 2011)

### **Sample**

The study utilized a non-probability convenience sampling technique because of the relatively low cost of recruiting available participants. This study sought to obtain a diverse sample that accurately reflected the larger population. Participants in this study were at least 21 years of age, English-speaking and were longer being living with the family of origin. This study was open to everyone who met the above criteria. Subgroups were created based on the data so that comparisons could be made based on exposure to domestic violence.

Participants may have witnessed domestic abuse in the home but will not have been abused themselves based on research that indicates a clear link between child abuse and the negative impact on attachment formation. Respondents who indicated that they were a victim of domestic abuse were excluded from the study. Participants who had received past psychiatric treatment due to related childhood experiences were excluded as the therapeutic interventions may have impacted the participant's attachment style.

## **Data Collection**

Participants were asked to respond to an anonymous survey sent through SurveyMonkey. Potential participants were informed that the study was anonymous. Participants were asked to respond online. The data collected was viewed by the researcher through SurveyMonkey. Participants did not provide their names, addresses or email addresses. Participants were informed that the Smith SSW statistician and research advisor would have access to the anonymous data. The data contains no identifying information. Data will be presented about participants as a group. There will be no identifying information used in the presentation of this study.

Participation in this study was voluntary and respondents were informed of their right to refuse to answer any and all questions within the survey. The risk of participation was discussed within the informed consent. Respondents were informed that answering questions that relate to traumatic childhood events could possibly trigger unpleasant emotional responses. They were provided with an NASW national hotline telephone number to be connected with a local mental health provider in their area. This study was reviewed and approved by the Smith SSW Human Subjects Review Board on February 16, 2012.

The study looked at attachment style as the dependent variable and whether or not the participant witnessed domestic abuse as the independent variable. This study utilized an internet survey that consisted of demographic questions, questions regarding childhood experiences of witnessing domestic violence and the Adult Attachment Style Web Questionnaire. The Adult Attachment Style Web Questionnaire is a self-assessment tool that participants can self administer in order to determine their own attachment style (Fraley, Waller & Brennan, 2000). Based on a concern about the mental state of participants who might take the survey and receive scores that indicate insecure or anxious attachment styles the self scoring component of this measure was removed. The questionnaire is designed to assess attachment dimensions in multiple contexts with respect to attachment-related anxiety (i.e., the extent to which people are insecure vs. secure about their partner's availability and responsiveness) and attachment-related avoidance (i.e., the extent to which people are uncomfortable being close to others vs. secure depending on others). (Fraley, Waller & Brennan, 2000) The questionnaire contained thirty-six items in random order and utilized the Likert scale format.

The survey was posted on Craigslist in order to gather a large group of respondents. Craigslist is a centralized network

of online communities, featuring free online classified advertisements - with sections devoted to jobs, housing, for sale, services, community, volunteer opportunities, résumés and discussion forums. Strengths of this technique include the possibility of yielding data from a large number of respondents that will allow the researcher to perform comparative, statistical tests to determine whether or not there are meaningful differences to support the hypothesis that there are differences in attachment styles of adults who as children witnessed domestic violence. A risk of using this sampling technique is the potential that my findings may only be representative of the people that frequent my sampling point (Rubin & Babbie, 2011). For example, posting this survey on Craigslist might only yield responses from young-middle aged people who have internet access.

The survey is a valuable tool in gathering information and assessing trends because it can be used describe a population that is too large to observe directly (Rubin & Babbie, 2011). SurveyMonkey was used to design and publish the survey and to gather responses. SurveyMonkey is a private American company that enables users to create their own web-survey, using free and enhanced paid products and services. The survey was posted electronically via a web link that followed a call for participants on Craigslist. After a week of following the

progress through SurveyMonkey additional emails containing the web link were sent out to friends and colleagues for distribution through snowball sampling. Initially, the desired sample size was about 200-300 but due to a delay in the HSRB approval process the survey was not posted until the first week in March. Because of the limited time frame to recruit participants and gather data, additional sampling techniques were used.

### **Data Analysis**

The scoring of the Adult Attachment Questionnaire was completed by separating the items. Eighteen of the items the items were used to measure anxiety and eighteen were used to measure avoidance. Two scales were created (anxious and avoidant). For each person the responses (1= strongly disagree to 7= strongly agree) to each item were totaled and averaged. Some items were reversed keyed and required that they be subtracted from the total before averaging. Each respondent received an anxious score and an avoidant score.

A Cronbachs alpha test was run to check the internal reliability (how well a group of questions fit together) to make sure it made sense to combine them into a scale. Anxiety had strong internal reliability (alpha=.941, N=56, N of items=17) and avoidance had moderate internal reliability (alpha=.76, N=56, N of items=18)

For the majority of the categories there were only two groups to compare. For example, in the category of gender we looked for a significant difference in attachment style based on whether the respondent was male or female. For these types of comparisons a t-test was run. In order to determine whether or not there was a significant difference in the age category a oneway anova test was run because this category contained more than 2 groups.

## **CHAPTER IV**

### **Findings**

This study was conducted in order to determine the attachment style of adults who as children witnessed domestic violence. Additionally, this study sought to examine whether there might be differences in the adult attachment styles based on gender. Unfortunately, because of low response rate, it was not possible to determine the correlations amongst the two major groups of interest in this study, namely: individuals who did observe domestic violence compared with individuals who did not observe domestic violence. In addition, the extremely low gender difference (21% of total respondents were male) in the survey sample also made it impossible to derive expansive attachment styles across genders. For instance, the major findings showed that there was not a significant difference in the attachment styles of adults who witnessed domestic violence in comparison to adults who did not. The study did show a significant difference in the mean scores on the anxiety scale based on gender. Please refer to Appendix A for a Demographic Characteristic of the Sample.

### **Description of the Sample**

A total of eighty one people responded to the survey. Twenty five were excluded because they had been abused, sought



psychiatric treatment, were presently involved in an abusive relationship or were under the age of twenty one. Fifty six people completed the entire survey. Of the fifty six respondents twelve were male and forty four were female. Fourteen of the respondents had witnessed domestic violence as a child. Forty one had not witnessed domestic violence. Thirty seven respondents were between the ages of 21-29 (45.7%), twenty seven were between the ages of 30-49 (33.3%) thirteen of the respondents were 50 and older (16%) and four people did not answer the question (5%). Fifty five of the respondents stated that they were involved in an exclusive romantic relationship (68%). Twenty respondents indicated that they were single (25%) and six (7%) did not answer the question. The way the survey was designed, race was an open ended question that allowed the respondent to write in their own description of race. Many people responded in detail and included their family's national origin. For the purposes of reporting, the information has been consolidated into the following categories. Two of the respondents were African-American (2%), fifty eight were Caucasian (72%), eight were Hispanic (10%), one identified as Indian/South Asian (1%), one person reported two or more races (1%), one responded as Human (1%) and ten people (13%) left this question blank.

## **Significant Findings**

Demographic information was used to develop subgroups and tests were run to determine whether there was a difference in attachment styles based on gender, age and childhood exposure to domestic violence.

On the anxiety scale the researcher looked at whether there is a difference in anxiety by gender. A t-test was run and a significant difference was found ( $t(31.76)=2.608$ ,  $p=.014$ , two-tailed). Males had a lower mean anxiety score ( $m=2.17$ ) than females ( $m=3.00$ )

The researcher then sought to determine if there was a difference in anxiety based on whether or not respondents witnessed domestic violence. A t-test was run. No significant difference was found. A t-test was run to determine if there is a difference in anxiety based on age category. A one-way ANOVA was run. No significant difference was found.

On the avoidant scale the researcher examined possible differences in the avoidant attachment style based on gender. A t-test was run. No significant difference was found. A t-test was run to determine if there was a difference in avoidance based on whether or not the respondents witnessed domestic violence. No significant difference was found. A t-test was run

to determine if there is a difference in anxiety based on age category. A oneway anova was run. No significant difference was found. Low response rates significantly impacted the researcher's ability to find results within the comparative subgroups and should not be taken as an indication of the true study findings.

## **CHAPTER V**

### **Discussion**

The purpose of this study was to examine the attachment styles of adults who witnessed domestic violence in childhood and determine whether the attachment styles differ from adults who did not witness domestic violence during childhood. A further area of interest was to determine gender differences in the attachment styles of adults who did witness domestic violence during childhood. The study surveyed a wide variety of adults and divided the respondents into subgroups based on whether or not they had been exposed to domestic violence during their childhood. These groups were then further studied in terms of age, gender, and race. The findings did not indicate a clear link between childhood exposure to domestic violence and anxious or avoidant adult attachment styles. The study did note a significant difference between men in women on the anxiety scale. The results showed that men who had been exposed to domestic violence as children were less likely to have an anxious style of attachment than women were. The anxious style relates to the insecurity people feel about the availability or responsiveness of their partner. Because there were only 12 male respondents who completed the survey, the researcher was unable to draw generalizable conclusions based on gender.

## **Past Studies**

Numerous studies have noted that early exposure to domestic violence can have detrimental effects on children including, the disruption of the child's development of basic competencies, the child's inability to process and regulate emotions effectively and an increase internalizing and externalizing behaviors.

(DeJonghe et al. 2005) Eth & Pynoos (1985) wrote that children who witness extreme acts of violence represent a population at significant risk of developing anxiety, depressive, phobic, conduct and post traumatic stress disorders. Although research indicates that exposure to domestic violence at an early age can disrupt secure attachment formation in children (Main and Hess, 1990) it is unclear how childhood exposure to domestic violence affects adults. Further research is needed in this area to determine how the adverse effects that exposure to domestic violence has on secure attachment formation in children relate to the attachment styles of adults. A longitudinal study might be useful in this regard to explore changes in attachment style over time.

Matsuoka et al. (2006) conducted a study that looked at the attachment style and early life experiences of young adults ages 18-23. This study considered gender as well as a multitude of early life experiences both positive and negative and found that

women have a more secure attachment style than men. Matsuoka noted in the conclusion of the study that further research was needed on a wider age range to determine whether there was in fact a statistical difference in the secure attachment styles of men and women. This study did use a sample population ranging in age from 21 to over 65. However the disproportionate amount of male respondents did not allow the researcher to draw conclusions regarding the correlation between gender and attachment style.

### **Scoring the ECR**

This study used the Adult Attachment Style Web Questionnaire which is a self-assessment tool that participants can self administer in order to determine their own attachment style (Fraley, Waller & Brennan, 2000). The questionnaire is based on the Experiences in Close Relationships (ECR) Survey authored by Fraley. The advantage to using the web questionnaire is the self scoring component which is not found in the ECR. After reviewing the feedback from the Smith Human Subject Review Board this researcher agreed that it may not be in the participant's best interest to have access to the results of their attachment surveys. The questionnaire was copied and pasted into SurveyMonkey and it was determined that the researcher would later score the surveys manually using the online instructions. After the data collection phase of the study was completed it was

observed that eighteen of the questions on the Adult Attachment Style Web Questionnaire are from the original ECR and eighteen are similar questions modified by the author in an effort to improve the ECR. While working with the statistician in an effort to create a formula that would electronically score the web survey the discrepancy was discovered. The scoring instructions for the ECR did not match the web questionnaire which made scoring very difficult. We then isolated the eighteen questions that were not from the original ECR and separated the remaining questions into 2 groups; questions to measure anxiety and questions to measure avoidance. We then applied the same scoring instructions as we had applied to the previous questions and created two scales (anxious and avoidant). In order to ensure that the questions fit together and to determine an internal reliability, a Chronbach's alpha test was run. Both scales had a moderate to strong internal reliability and so scores were calculated. This discrepancy resulted in a significant amount of time and energy expended in order to resolve the issue. The Adult Attachment Style Web Questionnaire is a great tool if it is to be used with the internal self-scoring mechanism. If the mechanism is removed, it becomes extremely complex to score manually due to the randomization of the items, the author's ability to insert and delete questions, the continual updating and the lack of scoring instructions for the web questionnaire. Given these

factors it might have been best to use the ECR items within the survey for the purposes of this study.

### **Limitations of the Study/ Future Research**

This study did not take into account the multitude of life experiences, risk and protective factors that may over time impact a person's attachment style. A larger qualitative study might be useful in allowing the participants to elaborate on their experiences and identify factors that may have impacted the development of a secure attachment style despite their childhood exposure to domestic violence. It may also be beneficial for future researchers to look at this phenomena over time, assessing the attachment styles of children who have witnessed domestic violence and following them into adulthood. Expanding the study to include a much larger pool of participants that would take in proportionate numbers of males and females might yield more conclusive results in terms of gender differences.

### **Contributions to Clinical Social Work Practice**

This study highlights the importance of viewing a person as a whole and looking at a number of factors in order to assess a client. It was the hypothesis of this researcher that exposure to domestic violence during childhood would affect adult attachment style. It is difficult to determine whether or not exposure to



domestic violence is in fact linked to the development of an avoidant/dismissive, avoidant/ fearful or an anxious attachment style because this study did not yield the large pool of participants necessary to find significant differences. This study does show that some of the respondents who indicated they had witnessed domestic violence as a child actually had secure adult attachment styles. This indicates that on an individual basis, despite adverse circumstances people are incredibly resilient and should not be judged based on preconceived notions, societal norms or pathological diagnoses.

This study could be used as a base for future studies to explore protective factors that promote resiliency in children and young adults. This could lead to possible therapeutic interventions to be used by clinicians. Also, if people are able to self identify protective factors that have helped them overcome adverse circumstances in childhood they may be able to use this knowledge to help others. Group therapy techniques for children or adults who have witnessed domestic violence might benefit from this strengths based approach.

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Appendix A

Demographic Characteristics of Sample

Avoidance Scale

<b>Gender</b>		N	Mean	Std. Deviation	Std. Error Mean
avoidance	male	12	2.5694	.42451	.12254
	female	44	2.8359	.74622	.11250

<b>Witnessed Domestic Violence.</b>		N	Mean	Std. Deviation	Std. Error Mean
avoidance	checked	14	2.8532	.64222	.17164
	not checked	42	2.7540	.71790	.11077

avoidance

<b>Age Group</b>	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.527	3	.176	.350	.789
Within Groups	26.069	52	.501		
Total	26.596	55			

Appendix B

Demographic Characteristics of Sample

Anxiety Scale

<b>Gender</b>		N	Mean	Std. Deviation	Std. Error Mean
anxiety	male	12	2.1716	.81294	.23468
	female	44	3.0040	1.43474	.21630

<b>Witnessed Domestic Violence</b>		N	Mean	Std. Deviation	Std. Error Mean
anxiety	checked	14	3.1134	1.33012	.35549
	not checked	42	2.7297	1.37727	.21252

anxiety

<b>Age</b>	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.543	3	1.514	.805	.497
Within Groups	97.775	52	1.880		
Total	102.318	55			

## Appendix C

### Informed Consent

Dear Participant,

My name is Khadija Poitras-Rhea. I am a graduate student at the Smith School for Social Work in Northampton, MA. I am conducting a study that looks at the attachment styles of adults. Attachment style describes the way that people interact in close relationships. The purpose of the study will be to identify the attachment styles and compare them based on a variety of childhood experiences. I will also compare the responses according to gender. The data gathered from this study will be used for my MSW thesis and presentation.

You will be asked to provide demographic information (age, race, sex, marital status) and complete a self-administered questionnaire that is designed to identify your adult attachment style. Participants in this study must be at least 21 years of age, English-speaking and must no longer be living with their family of origin (the family they grew up in). The survey will take 10-15 minutes to complete. Once the survey is completed it will be forwarded to my email account so that I may view the results. This survey is anonymous, I will not know who completed it therefore I will be unable to return it to you should you decide not to participate in the study.

The risk of participation may be that answering questions that relate to traumatic childhood events can trigger unpleasant emotional responses. In the event, that you are triggered by the content of the survey or the nature of the questions please call the attached telephone number to be connected with a local mental health provider. A benefit of participating in this study is that you will have the opportunity to self-administer a questionnaire that calculates your adult attachment style. You will receive a printed sheet that identifies your attachment style and provides you with a brief description of the attachment style. Compensation will not be provided to participants in this study.

This study is anonymous. All participants will respond online and the data is collected and sent to me through Survey Monkey. You will not provide your name, address or email address. There is no way for me to know who the participants are.

My research advisor will have access to the anonymous data. The data will contain no identifying information. Data will be presented about participants as a group. There will be no identifying information in the presentation of this study. All electronic data will be stored securely for a period of three years as required by federal guidelines after which time it will be destroyed.

Participation in this study is voluntary and you may refuse to answer any and all questions within the survey. At any point you may decide to exit the survey. Once you exit the system all data entered will be erased. Only completed surveys will be forwarded to me through Survey Monkey. Failure to complete the survey implies your decision to withdraw from the study. In this case the incomplete survey will be deleted and I will have no access to the incomplete survey. If you have any concerns about your rights or

any aspect of the study please feel free to contact me at [kpoitras@smith.edu](mailto:kpoitras@smith.edu) or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

**By checking “I agree” you are indicating that you have read and agree to the conditions stated above. Electronic consent indicates your willingness to participate in this study.**



Appendix D

Human Subjects Review Approval

Please see attached



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

February 16, 2012

Khadija Poitras-Rhea

Dear Khadija,

Your revisions are accepted and you are approved.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your research.

Sincerely,

A handwritten signature in black ink, appearing to read 'David L. Burton', with a long horizontal flourish extending to the right.

David L. Burton, M.S.W., Ph.D.  
Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor