Exploring Adult Attachment in Intimate Relationships among Women who Were Exposed to Intimate Partner Violence in Childhood: A Convergent Mixed Methods Approach

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Exploring Adult Attachment in Intimate Relationships among Women who Were Exposed to Intimate Partner Violence in Childhood: A Convergent Mixed Methods Approach

by

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A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy
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Date of Approval:
June 15, 2021

Keywords: childhood exposure to intimate partner violence, adult attachment, secure attachment, insecure attachment

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DEDICATION

This dissertation is dedicated to God; my family (my rock, without whom this would not have been possible); my participants (who shared their heartbreaking stories with me); and to those who undergo trauma in childhood.
ACKNOWLEDGEMENTS

Thank you to my major and co-major professors, Drs. Liller and Coulter, and my committee members Drs. Vandeweerd, Chen, and Salinas-Miranda for all their support, feedback, and guidance through this process. I acknowledge my mentor, Dr. Martha Coulter under whose guidance, I have grown as a researcher, a teacher, and a leader. I am grateful to Dr. Liller, my major professor through whom I have developed the ability to conduct excellent research while paying attention to detail. I am also grateful to Dr. Vandeweerd for all the opportunities to learn multiple research methods. I am grateful to Drs. Chen and Salinas-Miranda for all their input and suggestions throughout planning and execution of the dissertation research. I also acknowledge Roseanne Cupoli and the Spring of Tampa Bay for their help in pilot testing and refining my study interview guides. I recognize my friends, cohort members, and colleagues who have been a wonderful support system through this process including Shawna Green, Rachel Logan, Zainab Toteh-Osakwe, Nnadozie Emechebe, Emeka Osondu, and many others. Additionally, I recognize my mother, father, and siblings (Emeka Agu, Ngozi Agu, Ego Agu, and Ifeanyi Agu) for being absolutely amazing.
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ABSTRACT

Background: Trauma in childhood including exposure to intimate partner violence is associated with a myriad of negative outcomes in physical health, mental health, academic performance, and relationship domains. Adult attachment in intimate relationships is a key factor that determines several health outcomes as well as healthy relationships. This study explored: 1) the perceptions of childhood exposures to intimate partner violence and how these exposures could have impacted adult attachment; 2) the perceptions of relationship factors that play a role in the development of adult attachment in intimate relationships; and 3) the behavioral and socioenvironmental influences that frame perceptions of adult attachment in intimate relationships.

Methods: This was a convergent mixed-methods study with self-disclosed women survivors of domestic violence (N=22). Quantitative and qualitative data were collected concurrently. The quantitative strand consisted of an online survey (n=22) about attachment styles, adverse childhood experiences, and demographics. The qualitative strand consisted of in-depth interviews (three interviews per participant, for a total of 66 interviews) with open-ended questions about how intimate partner violence exposures in childhood influenced their adult attachment, as well as the role of relationship factors, behaviors, and environmental influences. Survey data were analyzed descriptively to generate frequencies, relative frequencies, and measures of centrality and dispersion. Thematic analysis was performed for qualitative data. Mixed methods data analyses included comparative interpretation of findings, triangulation matrix, and diagrammatic representation based on study objectives.
Results: Participants were between 26 and 38 years old with childhood exposure to intimate partner violence scores ranging from 18 to 40. Most participants (n=19; 86.4%) had at least four adverse childhood experiences and the majority endorsed insecure attachment styles (n=14; 63%). Based on the interviews, participants’ perceptions of childhood exposure to intimate partner violence included negative feelings about themselves and their situations in childhood but better understanding of parental circumstances in adulthood. They perceived that their childhood exposures had affected their adult attachment in intimate relationships by leading to avoidance, anxiety, a desire not to repeat parental dynamics, yet they demonstrated repeated cycles and patterns in intimate relationships. Childhood exposure to intimate partner violence also interfered with their ability to trust or be intimate with past and/or current partners. Women perceived several behaviors, their social environment, and environmental stressors (including the social environment) to have influenced their adult attachment. Self-regulation was a behavior that could lead to secure attachment. The impact of environmental stressors on adult attachment in relationships was dependent on how the couple responded to these stressors. Furthermore, the behaviors of a partner including how supportive he or she is as well as his or her own attachment behaviors, seemed to influence adult attachment for study participants.

Conclusion: Understanding the factors that can influence individuals’ attachment styles can help inform clinical practice, therapy, and other interventions towards developing healthier relationships among women with childhood exposure to intimate partner violence.
SECTION I: INTRODUCTION

Statement of the Problem

Exposure to intimate partner violence (IPV) in childhood can result in various negative psychosocial and relationship outcomes in adulthood (Bair-Merritt, Blackstone, & Feudtner, 2006; Ehrensaft et al., 2003; Howell, Barnes, Miller, & Graham-Bermann, 2016). However, we do not know how to intervene in adult women to ameliorate the effects of IPV exposure in childhood and prevent negative outcomes. Several negative adult psychosocial and relationship outcomes that occur with childhood exposure to intimate partner violence (CEIPV) have been shown to be mediated by adult attachment (Bell & Naugle, 2008; Godbout et al., 2017; Sommer, Babcock, & Sharp, 2017). Because of its role as a mediating factor between CEIPV and several negative outcomes, adult attachment may be a useful mechanism for intervening in adults with CEIPV. However, the path from CEIPV to adult attachment has not been well explored.

Adult attachment refers to an individuals’ tendency to actively seek and maintain closeness and a connection with their significant other (Gormley & Lopez, 2010; Sperling & Berman, 1994). Adult attachment includes secure attachment whereby individuals exhibit positive patterns of proximity seeking, as well as insecure attachment evidenced by disordered proximity seeking patterns. Secure adult attachment in intimate relationships increases the likelihood that one would seek social support in that relationship with resulting health benefits (Braithwaite, Delevi, & Fincham, 2010; Umberson & Karas Montez, 2010). On the other hand, insecurely attached individuals are prone to negative health outcomes and relationship outcomes such as inability to seek social support, poor relationship quality, and poor relationship satisfaction.
Gaps in research and practice continue to exist with regards to preventive strategies that can ameliorate the effects of CEIPV. Adult attachment is a potential target for developing such strategies (Godbout, et al., 2017), however there is scant information on the processes and factors that influence adult attachment among individuals exposed to IPV in childhood. Empirical studies that have examined the relationship between CEIPV and adult attachment in intimate relationships are few and limited. Other gaps in research include the lack of a thorough understanding of the role of potential risk or protective factors that could influence adult attachment in intimate relationships for individuals with CEIPV. Additional challenges are inconsistencies in measurement of exposures in childhood, and a lack of understanding of how the context of IPV exposure (type and directionality) influences adult attachment in intimate relationships.

**Nature and Purpose of the Study**

The purpose of this study was to use a theoretical lens to examine adult attachment in intimate relationships among women who were exposed to IPV in childhood. The theories that guided this study are symbolic interactionism, social cognitive theory, and obviously adult attachment in intimate relationships (in cases of intimate partner violence). It is important to acknowledge that intimate partner violence (IPV) has been studied using multiple theoretical perspectives. An ecological lens to anchor explanations have been recommended so explanations can be at the individual (e.g., attachment theory, childhood trauma), interpersonal (e.g., coercive control, exchange/social control theory, social cognitive theory, etc.), family (e.g., family disfunction), community (e.g., the subculture-of-violence theory, resource theory, and others), and societal levels (feminist theory and patriarchy, systems theory, ecological theory, symbolic interactionism, and others). These theories and models are not mutually exclusive. This dissertation anchors the theoretical lens at the personal level (measurements at the individual level).
by emphasizing the perception of women who self-disclose as survivors of exposure to domestic violence and how they perceive their adult attachment in intimate relationships in relation to those childhood experiences. It also considers the impact of environmental influences that can influence perceptions of adult attachment in intimate relationships.

According to attachment theory, the primary relationships with parental figures are essential to maximize healthy development across the lifespan (Bowlby, 1988). In other words, early relationship with their caregivers affects children’ brain development, wellbeing, and their future relationships later in life. The basic premise is that children with optimal secure attachment relationships when their caregivers provide “a secure base for emotional connections”, can establish future trusting and caring relationships modelled from sensitive and responsive care giving from their parents. Conversely, when children are exposed to family violence (e.g., child maltreatment, exposure to intimate partner violence), the result is an insecure attachment. Three types of insecure attachment styles have been characterized: avoidant, ambivalent and disorganized. Individuals with an insecure attachment style have been found to experience more difficulties making emotional connections with others and are predisposed to both victimization and perpetration. Children with disorganized attachment have an increased risk of depression, anxiety, and personality disorders later in life (e.g., borderline personality, narcissistic personality). However, attachment theory for cases of intimate partner violence has been criticized for an over-emphasis on childhood trauma as sole determinant of relationship conflict in adult life, while ignoring gender issues, relational issues, and socio-cultural aspects that influence the experiences of individuals in intimate relationships (Velotti, Beomonte Zobel, Rogier, & Tambelli, 2018). Thus, it’s necessary to examine adult attachment in intimate relationship with an expanded theoretical lens (Buchanan, 2013). To better understand this personal level phenomenon (adult
attachment in intimate relationships), two other theories were also integrated: symbolic interactionism and social cognitive theory. It should be noted that the inquiry was at the intrapersonal level only (i.e., asking survivors only, but not their partners or other peer or social networks).

**Symbolic interactionism** implies that individuals’ behaviors are motivated by meanings they assign to events and that these meanings are derived in a large part from their social interactions over time. In this study, symbolic interactionism was used to understand how individuals’ perceptions and understanding of violent exposures in childhood has influenced their past and current adult attachment. The **social cognitive theory** proposes that the dynamic interaction between personal, socioenvironmental, and sociobehavioral influences forms the basis of human behavior (McAlister, Perry, & Parcel, 2008). Using the social cognitive theory, this study also aimed to understand personal, behavioral, and environmental factors that play a role in adult attachment behaviors among women who were exposed to IPV in childhood.

As such, the study aimed to understand how and if the absence or presence of other traumatic exposures (including polyvictimization and other adverse childhood experiences (ACEs) such as household dysfunction), pertinent socioeconomic factors, and the context of the IPV exposure, impacted adult attachment in intimate relationships. Factors that lead to secure adult attachment in individuals exposed to IPV in childhood were also investigated. This study utilized a mixed-methods study design consisting of:

- Multiple in-depth interviews with adult women who were exposed to IPV in childhood to understand their lived experiences and adult attachment in intimate relationships
- A quantitative survey collecting descriptive information including demographics, ACEs and adult attachment in intimate relationships for adult women with CEIPV.
The ultimate goal of the study was to generate information that can be used in designing comprehensive research studies on the topic as well as the design of intervention strategies for this population.

**Background and Significance of the Study**

Children who are exposed to IPV in their homes are at risk for myriad of negative health and relationship consequences (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010; Carlson, 2000; Holt, Buckley, & Whelan, 2008; Howell et al., 2016). CEIPV is a significant and costly public health issue, and the United States Department of Health and Human Services includes a focus on preventing CEIPV, among reduction of other forms of violence, as one of the Healthy People objectives (U.S. Department of Health and Human Services, 2012). To do this, the Centers for Disease Control and Prevention (CDC) emphasize the need to support the development of healthy, respectful, and nonviolent relationships as a potential means of reducing the prevalence of IPV and stopping the deleterious long-lasting impact it has on individuals, their families, and the society (Niolon et al., 2017). Interventions for children and adolescents who have been exposed to IPV exist, and some of these focus on strengthening relationships (Chamberlain, 2014). However, interventions for adults are lacking and it is not known how to intervene in adult women to prevent or ameliorate relationship difficulties and other negative outcomes that may arise because of CEIPV.

Through the life course, children who are exposed to IPV suffer a range of physical, mental, and behavioral health issues. Infants who are exposed to IPV are more likely to be under immunized, have problems eating and sleeping, regress in already learned skills, experience difficulties regulating emotions, be fussy, irritable, have adjustment difficulties, externalizing behaviors, and symptoms of post-traumatic stress (Bair-Merritt et al., 2006; Carlson, 2000; Holt
et al., 2008; Howell et al., 2016). Pre-schoolers have an increased likelihood of obesity, post-traumatic symptoms, low self-esteem, aggression, increased behavior problems, increased likelihood of experiencing fear and anxiety, and externalizing and internalizing behaviors (Carlson, 2000; Holt et al., 2008; Howell et al., 2016). School-aged children who are exposed to IPV may exhibit conduct problems, externalizing or internalizing behaviors as well as aggression, disobedience, fear, and anxiety. Additionally, they have an increased risk of depression, low self-esteem, guilt, shame, and post-traumatic stress disorder (PTSD), (Carlson, 2000; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003; Wood & Sommers, 2011).

In adolescence, problems that have been identified include an increased likelihood of risk-taking behaviors including alcohol, substance use, and sexual risk behaviors, delinquency, antisocial behavior, increased predisposition to running away, increased aggressive behaviors, internalizing and externalizing behaviors, as well as mental health issues such as PTSD, anxiety, depressive symptoms, and suicidality (Bair-Merritt et al., 2006; Carlson, 2000; Chan & Yeung, 2009; Holt et al., 2008; Howell et al., 2016; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe et al., 2003; Zinzow et al., 2009).

Adults who were exposed to IPV in childhood have poor self-reported physical health, increases in healthcare use, early initiation of adult risk behaviors such as smoking and substance misuse, alcohol problems, PTSD, anxiety, depression, self-harming behaviors, and adult attention deficit hyperactivity disorder (Anda et al., 1999; Bair-Merritt et al., 2006; Caetano, Field, & Nelson, 2003; Cannon et al., 2010; Cater, Miller, Howell, & Graham-Bermann, 2015; Wood & Sommers, 2011).

Violent exposures in childhood can lead to poor relationship outcomes limiting individuals’ ability to build and sustain interpersonal relationships, leading to the development of
unhealthy or dysfunctional relationships. Children exposed to IPV are more likely to have proviolent attitudes, difficulties initiating and sustaining relationships with peers, be perpetrators or victims of bullying and have difficulties maintaining relationships (Carlson, 2000; Holt et al., 2008; Howell et al., 2016). By adolescence, they have an increased likelihood of being involved in dating violence, a pattern that remains evident in adulthood (Cannon et al., 2010; Ehrensaft et al., 2003; Holt et al., 2008; Ireland & Smith, 2009; Whitfield, Anda, Dube, & Felitti, 2003).

Adult attachment plays a role in the relationship between CEIPV and several psychosocial health and relationship outcomes including PTSD (Muller, Sicoli, & Lemieux, 2000), relationship satisfaction, marital satisfaction, and intimate partner violence (Godbout et al., 2017; Godbout, Dutton, Lussier, & Sabourin, 2009; Sommer et al., 2017). Furthermore, adult attachment predicts several negative health outcomes with insecure attachment resulting in metabolic syndrome, chronic pain disorders, eating disorders, and possible prolonged treatment and recovery (Davis et al., 2014; Kidd et al., 2014; Maxwell et al., 2017; McWilliams, 2017). Insecure attachment is also associated with depression, somatization, substance use disorders, anxiety disorder, PTSD, and suicidality (Boyda, Mc Feeters, Dhingra, Galbraith, & Hinton, 2018; Cook, Valera, Calebs, & Wilson, 2017; Maunder et al., 2017; Winham et al., 2015; Xue et al., 2018). Relationship outcomes associated with insecure attachment are reduced relationship satisfaction, IPV perpetration and IPV victimization (Godbout et al., 2017; Gormley & Lopez, 2010; Lawson & Brossart, 2013). Because of the role of adult attachment as a mediator between CEIPV and health and relationship outcomes, it could be a potential target for designing interventions designed for adult women with CEIPV. However, the pathway between CEIPV and adult attachment has not been examined sufficiently and has not been explored qualitatively in adult women with CEIPV. Understanding this relationship as well as factors that can be
protective or increase resilience for adult women with CEIPV can increase the ability to create effective interventions for this population.

Resilience is a concept that can be applied to traumatic child exposures as not all children with these exposures develop negative outcomes. Related to exposure to violence, individual and interpersonal level factors that could play a role in resilience have been identified in the literature. Protective mechanisms for adults need to be identified. Social support has been consistently discussed in the literature to be protective for children against the harmful effects of exposure to IPV. Osofsky (2003) argues that the most protective factor that promotes coping among children with violent exposures is “a strong relationship with a competent, caring, positive adult, most often a parent” (Osofsky, 2003, p. 38; Øverlien, 2010). There is also concern that a victimized parent may not be able to adequately supply the needed support (Øverlien, 2010). Interpersonal relationships are also a vital source of social support which is protective against the harmful effects of violent exposures (Carter, Weithorn, & Behrman, 1999; Osofsky, 2003). Other sources of support which can foster resilience include support from adolescent peers, social support from positive role models, and even formal social support (Carter et al., 1999; Sharps, Campbell, Baty, Walker, & Bair-Merritt, 2008; Tajima, Herrenkohl, Moylan, & Derr, 2011). Other protective factors for children with exposure to IPV include high self-esteem, academic success (O'Keefe, 1998), easy temperament and positive parenting (Bowen, 2015). It is possible that children who are resilient grow up to become resilient adults. However, it is not apparent if protective mechanisms that provide resilience in childhood can offer the same benefits for adults who were exposed to IPV in childhood as resilience is dynamic possibly changing over time (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Masten, 2014).
Unfortunately, some children may not be resilient to the effects of exposure to IPV and may experience an increased likelihood of negative outcomes because of exposure to multiple traumatic factors or other risks of negative outcomes. Factors that may play a role in increasing childhood risk include polyvictimization and other ACEs, living in shelters, and socioeconomic status. Low socioeconomic status increases the risk of an individual experiencing polyvictimization which refers to being exposed to multiple forms of violence, including direct and/or indirect victimization and this worsens poor outcomes (Finkelhor, Turner, Hamby, & Ormrod, 2011; Price-Robertson, Higgins, & Vassallo, 2013). Furthermore, exposure to IPV increases the risk of polyvictimization and experiencing other ACEs with a resultant dose response relationship with negative outcomes (Dube, Anda, Felitti, Edwards, & Williamson, 2002; Finkelhor et al., 2011). Although these risk factors have not been examined in the context of understanding how they affect adult attachment outcomes, there is a possibility that they play a role in the relationship between CEIPV and adult attachment. Furthermore, the meanings that an individual gives to exposure to IPV as well as their perception of other risk events can influence their adult attachment outcomes (DeBoard-Lucas & Grych, 2011; Holt et al., 2008; White, Klein, & Martin, 2015). Also relevant to the interpretation of CEIPV is the context of the violent exposures itself, including directionality (unidirectional versus bidirectional), the age of the child at which time they were exposed to violence, gender, severity of the violence, relationship to the perpetrator, and the permanence of the abuser in the household (Ali, Dhingra, & McGarry, 2016; Cater et al., 2015; Holt et al., 2008; Johnson, 2010).

Despite the significant role adult attachment has in predicting relationship outcomes and potentially mediating the pathway between CEIPV and adult IPV, the relationship between CEIPV and adult attachment has not been extensively studied. There is an increasing focus on
studies that examine the long-term impact of CEIPV. Studies on the long-term impact of CEIPV on adult attachment are recent. The studies that have examined the relationship between CEIPV and adult attachment are inconclusive as some have found a significant relationship (Beatty, 2013; Godbout et al., 2017; Godbout et al., 2009; Godbout, Lussier, & Sabourin, 2006), while others have not (Grau, 2001). Explanatory pathways for understanding adult attachment outcomes of CEIPV are also lacking and the role of risk and protective factors as well as other contextual factors are yet to be understood. To inform interventions aimed at promoting healthy relationships with subsequent reduction in the impact and prevalence of IPV, there is a need to identify the long-term impact of CEIPV on adult attachment. Furthermore, an understanding of processes through which adult relationships are formed and sustained among individuals exposed to IPV in childhood as well as factors that can influence this process is an important line of research.

**Justification for the Study**

There is no clear mechanism to assist in interventions for adult women to establish good relationships if they were exposed to IPV in childhood. Understanding adult attachment among women who were exposed to IPV in childhood is a potential target point for designing these interventions. Exploring protective factors that help in developing secure attachment despite exposure to CEIPV and understanding risk factors that further increase the likelihood of insecure attachment among women with CEIPV, can assist in designing targeted interventions that aim to ameliorate the negative outcomes of this exposure and prevent continued exposure to violence. Failure to understand how secure attachment can be fostered may lead to continued negative outcomes, including poorer physical and psychosocial health outcomes such as possible violent relationships and diminished protective social support due to insecure attachment. Although
there are studies that have quantitatively examined the relationship between CEIPV and adult attachment, no qualitative study has examined women’s perceptions of adult attachment in intimate relationships.

This study attempted to fill this gap by aiming to understand adult attachment in intimate relationships among individuals who were exposed to IPV in childhood. In addition, it considered the impact of other traumatic exposures, potential protective factors, and identified themes relevant to attachment styles.

**Research Design**

The design of this study focused on adult women between the ages of 26 to 40 years who were exposed to physical and/or verbal IPV in childhood to understand whether and how this exposure influenced their adult attachment in intimate relationships, current perceptions of intimate relationships, and navigation of these relationships. Women differ from men in their responses to CEIPV and may be more likely to have more severe outcomes (Cater et al., 2015). As a result of this and because there are existing gender differences in adult attachment styles (Schmitt, 2003) which also may change differently for men and women (Konrath, Chopik, Hsing, & O’Brien, 2014), this study focused on only women to allow for a deep exploration of adult attachment and factors that may influence adult attachment in this population. Another consideration for focusing solely on women in this study was to improve study feasibility due to limited resources. The priority age group was chosen because individuals between 26 and 40 years would have had a variety of attachment experiences over time with resultant generation of richer data. Furthermore, individuals tend to give different meanings to relationships and as such undertake them with different goals (Sassler, 2010). The goals of partnership for adolescents and emerging adults (18-25) are more likely to focus on sexual partnering, while older single adults
(mid 20s through 40s) and previously married middle-aged individuals are more interested in transitioning into shared living – cohabitation and marriage (Sassler, 2010). Intent to cohabit or marry may imply that an individual is more aware of their attachment patterns with an intimate partner (Rhoades, Stanley & Markman, 2009). Focusing on individuals in their mid 20s through 40s will lead to a discussion with individuals who are more likely to be aware of their attachment and may have had a variety of attachment experiences to explore.

Sample size in qualitative research is dependent on the epistemological and methodological questions as well as practical issues such as time and finances (Baker & Edwards, 2012; Edwards & Holland, 2013). Sample sizes for qualitative studies generally range between 12 and 60 with an average of 30 (Edwards & Holland, 2013). For this study, an initial sample size of 30 women was proposed. Twenty-two women participated in the research process. Each of these women were invited to participate in two to three separate interviews. Conducting multiple interviews across participants will generate 60-90 interviews. However, data collection was aimed at achieving saturation and final sample size involved a downward adjustment of the sample (Guest, MacQueen, & Namey, 2011). Because this was primarily a qualitative study with an embedded quantitative component, the sample size for the qualitative study was also appropriate for the quantitative piece as done in other studies using a similar approach (Gruß, Firemark, McMullen, Mayhew, & DeBar, 2020; Muchacha, & Mtetwa, 2015). Individuals who were exposed to IPV are likely to experience other forms of traumatic exposures which could imply worse outcomes. Consequently, methods used in this study will consider other forms of exposure to enable a more comprehensive understanding of how individuals’ experiences through the lifecourse affect their adult attachment in intimate relationships. It is also evident in literature, that certain individuals are resilient to the effects of exposure to IPV in
childhood. It is of interest to explore the protective processes that act as a buffer enabling secure adult attachment.

The study aims and research questions are summarized below:

1. **Aim 1:** To utilize symbolic interactionism to explore perceptions of childhood exposures to intimate partner violence and how these exposures could have impacted adult attachment.

   **Research Questions**
   
   a. RQ1: How do adult women who were exposed to intimate partner violence in childhood perceive these exposures?
   
   b. RQ2: How do adult women who were exposed to intimate partner violence in childhood perceive this exposure to have affected their adult attachment?

2. **Aim 2:** To utilize symbolic interactionism to understand perceptions of relationship factors that play a role in the development of adult attachment in intimate relationships.

   **Research Questions**
   
   a. RQ1: What do adult women perceive to be ideal with regards to attachment in an intimate relationship?
   
   b. RQ2: What are perceptions of relationship goals, values, and trajectories that can influence adult attachment among adult women who were exposed to intimate partner violence in childhood?

3. **Aim 3:** To understand behavioral and socioenvironmental influences that frame perceptions of adult attachment in intimate relationships among adult females who were exposed to intimate partner violence in childhood using the social cognitive theory.
Research Questions

a. RQ1: What attachment experiences have adult women with childhood exposure to intimate partner violence had while navigating intimate relationships?

b. RQ2: What are perceived protective and risk behavioral and environmental factors that influence adult attachment in intimate relationships among adult women who were exposed to intimate partner violence in childhood?

In summary, multiple interviews were conducted with 22 women utilizing a semi-structured interview guide that elicited information on 1) perceptions of CEIPV and how it impacts adult attachment; 2) perceptions of attachment and relationship factors that play a role in development of adult attachment; and 3) perceptions of behavioral and environmental factors that impact adult attachment. Complementary quantitative information was gathered using questionnaires to elicit information on demographic characteristics, ACEs, and adult attachment.

Overview of Methods

A convergent mixed method design was used for this study, with quantitative information collected to provide understanding of individuals’ characteristics and to stratify qualitative interview findings (Table E1). The convergent mixed methods approach involves the collection of qualitative and quantitative data on the same phenomenon. These data are analyzed separately, and both results are converged during the interpretation with the aim of reaching a valid interpretation and conclusion about a single phenomenon (Figure 1.1.) (Creswell, Plano Clark, Gutmann, & Hanson, 2003). In this study, the qualitative approach led to an understanding of individuals’ lived experiences of adult attachment, while the quantitative findings provided objective information on adult attachment and other variables which yielded a more robust understanding of study participants’ adult attachment. We predominantly used a qualitative
approach concurrently with a quantitative descriptive method. A qualitative approach was used because it would help to provide an in-depth understanding of the phenomena being studied (Hennink, Hutter, & Bailey, 2010). Because of the sensitive nature of the topic, utilizing a qualitative approach with multiple interviews over time helped to build rapport facilitating deeper participant disclosure. The role of the quantitative strand (online survey) was descriptive in nature (cross-sectional, descriptive). Although only a quantitative study could potentially be used to identify significant associations in the relationship between CEIPV and adult attachment, adding a qualitative component increased the ability to capture the contextual influences that CEIPV may have had on perceptions of adult attachment (Hennink et al., 2010). Moreover, using a qualitative approach provided an avenue with which to understand the lived experiences of participants, the meanings they attach to their experiences, and their understanding of what influences their attachment behavior.

Figure 1.1 Convergent mixed methods approach
There is insufficient information to design a comprehensive quantitative study to examine the relationship between CEIPV and adult attachment. Adding a qualitative approach broadened understanding of this phenomenon and can be useful towards informing future population-based studies that examine adult attachment among individuals exposed to IPV in childhood. For this study, IRB approval was obtained from the University of South Florida (USF) Institutional Review Board (IRB). Ethical considerations included the sensitive nature of the topic which could evoke strong emotions in interviewees. Information on helpful resources was made available for women at the beginning of data collection to address this issue. Data was deidentified and stored on a password-protected account in USF health Box – a cloud-based file hosting service – to protect participants’ confidentiality.

**Sampling and Recruitment**

A nonprobability purposive sampling method was used for this study. Nonprobability purposive sampling methods are particularly useful in the studies of special/hard-to-find populations. (Bernard, Wutich, & Ryan, 2016; Remler & Van Ryzin, 2010). Inclusion criteria were women (between 26 and 40 years) who self-disclosed that they were exposed to IPV in childhood.

Participant recruitment was done through social media using Facebook (Figure 1.2). Social media presents a way to reach a more diverse population of individuals (Casler, Bickel, & Hackett, 2013; Gelinas et al., 2017) and can be an effective recruitment tool in research on sensitive topics with populations who are typically hard to reach (Gelinas et al., 2017). Recruitment included posting a targeted advertisement (Gelinas et al., 2017) on Facebook with a focus on reaching females between the ages of 26-40. These advertisements included a link to the study’s Facebook page (https://www.facebook.com/USFRelationshipsStudy/) as well as a link
to an online Qualtrics screener survey to determine participant’s eligibility (https://tinyurl.com/sortrye) (see Appendix A). The study Facebook page included more information about the study such as IRB information, brief description of the study, and a recruitment video introducing the research study, highlighting why there is interest in the study, and the implications of the study findings. (Appendix B). The use of this video helped to create a connection and rapport with potential study participants and possibly increased participation. The online screener – in addition to determining eligibility, also elicited interest in participating in future studies and provided contact information for eligible and interested participants. In cases where they did not feel comfortable leaving their contact information, participants were also given information with which to contact the researcher to indicate interest in the study. Furthermore, the study was incentivized by gift cards to compensate participants for their time. Because participants were involved in multiple interviews, gift cards were disbursed after each interview with the aim of reducing loss to follow up. See Figure 1.2 for the recruitment and data collection strategy.

*Figure 1.2 Recruitment and data collection strategy*
Quantitative Tools: Online Survey

Quantitative tools included a screener form for participant recruitment and a questionnaire which were administered during participant interviews. The questionnaire included valid and reliable scales (described below). These quantitative tools were helpful for collecting demographic information, descriptive information on the study population, and other information useful in interpreting study findings.

The *screener form* located in Appendix B was used to screen potential participants to determine study eligibility. The form was hosted online on Qualtrics and collected information on individual’s age, gender, and CEIPV. Exposure to IPV in childhood was assessed using an adaptation of the Childhood Exposure to Domestic Violence questionnaire (Edleson, Shin, & Armendariz, 2008). This scale, which was designed for administration in children, was found to have a reliability of Cronbach’s alpha = 0.78. Because the present study involves adults, an adaptation of the scale to fit this context was used (Cater et al., 2015). The adapted scale was internally reliable with Cronbach’s alpha=0.87) (Cater et al., 2015) and was freely available online for use.

Aside from being used in screening to ensure that the selected participants were exposed to IPV in childhood, the scale was also used to understand the severity of exposure to IPV that participants had. Furthermore, it provided an understanding of the context of violent exposure.

The *questionnaire* located in Appendix C was used to obtain pertinent information on the characteristics of individuals being studied. This included basic demographic information such as age, gender, relationship status, education, income level, race/ethnicity, and sexual orientation. In addition, because of the role of childhood trauma, including polyvictimization and ACEs in this study (Finkelhor, Shattuck, Turner, & Hamby, 2015; Finkelhor et al., 2011; Holt et al., 2008;
Price-Robertson et al., 2013), information that assesses other trauma in childhood was also elicited. This was done using the Adverse Childhood Experiences Questionnaire, a tool which includes 10 categories of exposures including abuse, neglect, and household dysfunction (Dube et al., 2003; Felitti, 1998). This scale is valid for assessing retrospective accounts of ACEs (Hardt & Rutter, 2004) and reliable (Cronbach’s alpha=0.88) (Murphy et al., 2014). The ACEs measure is not copyrighted, however developers of the scale request that articles resulting from the use of the scale should be submitted to them. The ACEs questionnaire asked questions on other past traumatic exposures that could increase the harmful effect of CEIPV. The portion of the questionnaire that focused on participants’ demographics and their ACEs was completed at the time of the first interview. The information gleaned from the ACEs questionnaire was used in descriptive narratives of the profiles of study participants. Additionally, the trauma profile of each individual provided a basis for understanding the qualitative themes identified for that individual.

The questionnaire also quantitatively assessed participants’ adult attachment style using the Experiences in Close Relationships – Revised Scale (ECR-R; Fraley, Waller, & Brennan, 2000), a 36-item measure that is used to assess adult attachment. Published in a scientific journal, this scale was available for use in non-commercial research without needing the author’s permission. The ECR-R enables researchers to assess individuals’ attachment anxiety and avoidance scores. In general avoidant individuals find discomfort with intimacy and seek independence, whereas anxious individuals tend to fear rejection and abandonment (Fraley et al., 2000). Furthermore, these scores can be used to categorize individuals into those having secure attachment and those with insecure attachment, and into the four different attachment styles – secure, dismissing, preoccupied, and fearful. The ECR-R portion of the questionnaire was
completed after the second interview. During analysis, attachment styles were linked to qualitative data to enable a comparison of qualitative accounts of relationship behaviors among individuals with similar and different adult attachment styles.

**Statistical Data Analysis Plan**

Quantitative data were downloaded from the online platform into the software SPSS v.24. Responses were analyzed descriptively with frequencies, percentages, and means computed for demographic information. Mean scores were also computed for ACEs, CEIPV, and adult attachment (attachment anxiety and attachment avoidance subscales). ACEs and adult attachment were also categorized based on the literature and frequencies and percentages of ACEs categories and adult attachment styles were reported.

**Qualitative Methods**

An interpretive phenomenological approach was taken towards this study. Interpretive phenomenology goes beyond descriptive phenomenology to understand how individuals’ reality usually influenced by the world they live in contribute to similarities or differences in experiences of other study participants (Lopez & Willis, 2004). This approach was appropriate because it helped to understand the perceptions and feelings of participants as well as the meanings and structures of the lived experience of a given phenomenon unique to a group of individuals (Guest et al., 2011; Remler & Van Ryzin, 2010). Another aim of phenomenology relevant to this study was that it aimed to generate awareness and understanding of life experiences (Kane, 2006). Multiple interviews were done for each participant to: 1) enable exploration of additional thoughts and feelings and/or reactions to previous interviews; 2) provide an avenue for clarification if either party had some confusion or concern about content
previously discussed in past interviews; and 3) facilitate deeper disclosure by the participant and generate richer data (Knox & Burkard, 2009).

The first semi-structured interview guide, titled Interview Guide 1, located in Appendix D, aimed to elicit information on perceptions of CEIPV as well as the context of these exposures, specifically type of violence and directionality. The perceptions of how CEIPV impacted individuals’ adult attachment was also explored.

The second interview guide, titled Interview Guide 2, located in Appendix D, explored perceptions of attachment including perceptions of ideal attachment patterns. Furthermore, it explored relationship factors that play a role in the development of adult attachment.

The third interview guide, titled Interview Guide 3 is also located in (Appendix D) was designed to explore past and current relationships with partners with the aim of identifying potential risk and protective/resilience factors that played a role in those relationships.

**Data Analysis Plan**

Analysis of data involved data processing, data condensation, and data display and analysis. All audio recordings of interviews were transcribed verbatim. To ensure reflexivity in all stages of research, detailed field notes were taken, and a reflexive journal used to document the process, interviewer’s thoughts, and sources of bias that could interfere with interpretation of findings (Miles, Huberman & Saldana, 2014). Transcripts were checked for accuracy. All transcripts were uploaded on qualitative data management software for data management and analysis. All interviews for each participant were included in one transcript. To protect participant confidentiality, transcripts and audio recordings were labeled in a de-identified manner with the first letter representing the mode of recruitment, the first letter of participant’s first name, and numbers representing interview dates (for example if an interview with Nancy
Smith, and conducted on February 23, 2019, it was labeled as FN022319 – as all participants were recruited via Facebook). In a situation where multiple participants with the same last name initial and mode of recruitment had interviews on the same day, they were labeled as FS022319_1, FS022319_2 and so on.

**Data Condensation.** The data condensation process involved 1) identifying themes and subthemes; 2) describing the elements of themes; 3) creating a comprehensive codebook; and 4) coding the data/applying themes to chunks of text (Bernard et al., 2016; Miles et al., 2014). All transcripts were read twice to identify relevant key words and sentences. Identifying key words and sentences involved taking note of repetitions, metaphors and analogies, transitions in content, similarities and differences between sentences, missing data and content related to the phenomenon being studied (Bernard et al., 2016). After identification of key words and sentences, meanings were described for each. This process was repeated across participant’s stories and recurrent meaningful themes were clustered in a process known as phenomenological reduction. Phenomenological reduction led to the generation of themes and subthemes which were used in generating emergent codes. A codebook was developed iteratively and included structural apriori codes developed from the interview guide (Guest et al., 2011) as well as emergent thematic codes gleaned from identified themes and subthemes (Bernard et al., 2016). The developed codebook included the code type, parent and subcode names, and descriptions of the codes. The finalized version of the codebook was generated in an iterative, continuous process as new themes emerged during coding. During the coding process, definitions of codes and other codebook parameters were refined as needed (Bernard et al., 2016).

Coding involved assigning developed codes to chunks of text through a combination of index and value codes (Bernard et al., 2016). Coding was done using qualitative data software;
with codes being applied to meaningful chunks of standalone text. A second coder coded a portion of the transcripts during the codebook development process to inform codebook refinement. The second coder independently coded nine transcripts from all interviews conducted with three participants. For reliability, the transcripts coded by the second coder were selected at random. The use of a second coder helped to determine reliability of the codebook and enable calculation of intercoder reliability, comparing coding consistency between both independent coders (Bernard et al., 2016). A good intercoder reliability with Cohen’s Kappa of 0.7 or more on all major codes was achieved (McHugh, 2012). After intercoder reliability was reached, all other transcripts were coded by the primary coder.

**Data Display and Analysis.** Participant’s demographic information were documented in a tabular format to present an overview of individuals in the study (Table E.3). To analyze qualitative data, coded segments were displayed in matrix tables (Miles et al., 2014). Identified themes with their associated chunks of text provided rich descriptions of the phenomenon and this information was synthesized to provide textual descriptions for each key theme. A qualitative comparative analysis was done to identify recurring themes that occur for individuals who endorse specific attachment styles (Table E.4). For this analysis, each participant’s characteristics and qualitative themes were displayed in a data matrix, and analysis was geared towards identifying thematic similarities and differences based on individuals’ attachment styles identified with the ECR. Furthermore, individuals’ traumatic exposures represented by ACEs scores and their CEIPV scores were also displayed in the data display matrix. As such, qualitative themes identified for each individual were understood on the basis of their trauma profile (experiences of childhood exposure to intimate partner violence, child maltreatment, and household dysfunction). Descriptions of protective and risk factors for adult attachment were
described for individuals with similar attachment styles and their narrative profiles presented. Individuals’ attachment style and experiences in childhood were linked to each interview and provided context during analysis.

**Definition of Terms**

*Intimate Partner Violence*

Intimate partner violence is defined as a pattern of “physical violence, sexual violence, stalking, and/or psychological aggression, by a current or former intimate partner” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11).

*Intimate Partner*

“A person with whom one has a close relationship that can be characterized by emotional closeness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, and/or familiarity and knowledge about each other’s lives. Examples of intimate partners include current or former spouses, Boyfriends, girlfriends, dating partners, or sexual partners” (Breiding et al., 2015, p. 11).

*Childhood Exposure to Intimate Partner Violence*

Children (individuals between 0 and 18 years) cohabiting with a primary caregiver (usually a parent) who is a perpetrator or victim of IPV (Emery, 2007). This definition includes the range of experiences in the home where one or both adults utilize violence to influence the other and could be mild involving marital conflict or interparental discord or severe as in serious physical harm (Edleson et al., 2008).

**Guiding Theoretical Frameworks**

The study was informed by theories that framed an understanding of individuals’ perceptions and guided the exploration of adult attachment in intimate relationships among
women who were exposed to IPV in childhood. Adult attachment has been defined as “the tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (Sperling & Berman, 1994, p. 8). In the context of intimate relationships, adult attachment refers to romantic partners’ proximity-seeking responses, usually in situations of distress, separation, or interpersonal conflict (Gormley & Lopez, 2010). Secure adult attachment refers to situations where individuals feel close emotional and intimate ties with their romantic partner and perceive that these feelings are reciprocal (Riggs & Kaminski, 2010). On the other hand, insecure adult attachment refers to high levels of anxious and/or avoidant attachment and develops in situations where there is/are inconsistently responsive attachment figures and neglect or consistently unresponsive attachment figures (Riggs & Kaminski, 2010). Attachment anxiety is the degree to which individuals are hypervigilant to signs of partner distress or threat of separation because they are unsure that they can trust or rely on others (Riggs & Kaminski, 2010). Attachment avoidance is the degree to which individuals are highly self-dependent with a disinterest in relationships due to a belief that their partners cannot be relied upon (Riggs & Kaminski, 2010).

Based on the degree of attachment anxiety and avoidance, individuals can be categorized into endorsing secure, fearful, dismissing, and preoccupied attachment styles. In secure attachment, attachment anxiety and avoidance are low. Preoccupied attachment occurs when there is high attachment anxiety and low attachment anxiety, while dismissing attachment occurs when there is low attachment anxiety and high attachment avoidance. In fearful attachment, attachment anxiety and avoidance are high. These and other concepts related to adult attachment
theory are further discussed in the Manuscript sections. Theories used in the design and analytical procedures of this study were symbolic interactionism and the social cognitive theory.

**Symbolic Interactionism**

This theory postulates that to help them understand their world, individuals are motivated to create meanings based on their social interactions (Glanz, Rimer, & Viswanath, 2008; White et al., 2015). Additionally, the motives for certain behaviors and actions are dependent on the situation and tend to be based on the meanings that are available to the individual (White et al., 2015). An understanding of meanings that individuals attribute to various life events and circumstances is necessary to understand human behavior (White et al., 2015). Assumptions of symbolic interactionism are that 1) individuals’ actions towards things, including each other, are based on the meanings they attach to these things and the contexts of situations; 2) meanings arise from social interactions with others; and 3) meanings are managed and continually transformed through a process of interpretation that people use to make sense and mediate the things they encounter (Benzies & Allen, 2001; White et al., 2015). A key proposition of this theory applicable to the study is the definition of the situation which refers to individuals’ definitions of reality, in that what is perceived as real will have real consequences (White et al., 2015).

Symbolic interactionism considers the subjective interpretation of individual’s relationship dynamics which tends to be impacted by peers, family, and friends’ perceptions (Copp, Giordano, Longmore, & Manning, 2015; White et al., 2015). Understanding meanings and interpretations that individuals attribute to their situations and actions is important for understanding social behavior (White et al., 2015). Applied to this study, meanings that are
attributed to childhood experiences such as exposure to IPV as well as other traumatic exposures can influence their behavior related specifically to adult attachment in intimate relationships.

Furthermore, because the meanings people attribute to events is dependent on their social interactions, previous attachment experiences in intimate relationships as well as experiences within individuals’ social support networks may enable individuals to re-construe incidents or problems favorably or unfavorably (Glanz et al., 2008). Using a symbolic interactionism lens enabled an understanding of how perceptions of childhood exposures to intimate partner violence among adult women could have impacted adult attachment and in turn influenced their adult relationships. The study also utilized symbolic interactionism to understand individuals’ perceptions of processes that might play a role in their development and transformation of adult attachment in intimate relationships.

Social Cognitive Theory

Bandura’s Social Cognitive Theory (SCT) supplies a comprehensive conceptual framework for understanding goal-directed behavior as being based on the dynamic interplay of self-regulatory processes (Simons-Morton, McLeroy, & Wendel, 2011). It promotes an understanding of how individuals regulate their behaviors based on knowledge gleaned from past experiences (Simons-Morton et al., 2011). A principal concept in this theory is triadic determinism which posits that human behavior is based on the dynamic interaction between personal, socioenvironmental and sociobehavioral influences (McAlister et al., 2008). In this case, personal influences refer to intrinsic characteristics of an individual including their personality and unique experiences that leads to variability in their response to external stimuli. Variability in behaviors is determined by personal evaluation of likelihood of reinforcement based on previous experiences or based on individual’s goals and values. Socioenvironmental
influences are the physical and social conditions that a person is exposed to while sociobehavioral influences are responses to stimuli with the aim of achieving short- and long-term objectives (McAlister et al., 2008; Simons-Morton et al., 2011).

Key constructs of SCT are outcome expectations, observational learning, self-efficacy, and self-regulation. Outcome expectations refer to beliefs about the anticipated consequences of a certain behavior (McAlister et al., 2008). Individuals in intimate relationships may expect rejection by their intimate partners based on previous experiences in intimate relationships and as such demonstrate insecure attachment by being hesitant to initiate steps to be close and connected to an intimate partner. Observational learning occurs when individuals learn to perform certain behaviors based on observations of interpersonal contacts or the media (McAlister et al., 2008). Individuals with CEIPV may learn secure attachment behaviors when they interact with positive role models who demonstrate secure attachment in their intimate relationships. Self-efficacy refers to confidence in an ability to successfully perform certain behaviors and achieve specific outcomes, while self-regulation is the cognitive process by which an individual controls his or her behavior to achieve a particular goal (McAlister et al., 2008; Simons-Morton et al., 2011). Steps in the process of self-regulation are monitoring, setting goals, constructive feedback, reward, self-instruction, and engaging social support systems (McAlister et al., 2008).

Applied to the exploration of adult attachment in intimate relationships, interview questions included probes that aimed to identify individuals' self-efficacy for demonstrating secure attachment even in times of distress. Furthermore, past experiences whereby individuals recognized insecure attachment patterns and implemented self-regulating processes such as self-monitoring, self-instruction, and goal setting to foster secure attachment were explored.
Qualitatively exploring environmental influences (including significant positive and negative life events such as stressful incidents), that could have impacted adult attachment, helped to identify risk and protective factors for adult attachment in intimate relationships.

**Manuscripts**

This study was designed to explore adult attachment in intimate relationships among women who were exposed to IPV in childhood in order to intervene in this population. This dissertation follows the “manuscript format” rather than the traditional format. Thus, the results of this dissertation study are presented in two separate manuscripts. Each manuscript has its own introduction, methods, results, and discussion. The manuscripts are:

1. Manuscript 1: A symbolic interactionism approach to exploring adult attachment in intimate relationships among females with CEIPV

   Objective: To describe perceptions of adult attachment in intimate relationships among females who were exposed to IPV in childhood utilizing symbolic interactionism. This manuscript addresses Aims 1 and 2 and their associated research questions.

   Target journals:

   a. Journal of Interpersonal Violence (2017 Impact Factor – 2.443) This journal was selected because it publishes peer-reviewed research that studies victims and perpetrators of interpersonal violence. Additionally, the journal publishes qualitative research, so will be an appropriate fit for study findings. Link to submission guidelines - https://us.sagepub.com/en-us/nam/journal/journal-interpersonal-violence#submission-guidelines
b. Violence and Victims (2014 Impact Factor – 0.858). This journal was selected because it publishes original peer-reviewed research studies that aim to increase an understanding of factors associated with increased and decreased rates of violence, victimization, and recidivism. A copy of the journal’s guidelines is included in the appendices (Appendix F).

2. Manuscript 2: Factors influencing perceptions of adult attachment in intimate relationships among females who were exposed to IPV in childhood

   Objective: Utilize the social cognitive theory to describe behavioral and socioenvironmental factors that frame perceptions of adult attachment in intimate relationships among women with CEIPV. This manuscript addresses study Aim 3 and its associated research questions.

   Target journals:

   a. Journal of Personality and Social Psychology (2016 Impact Factor – 5.733). This journal was selected because it publishes original papers in all areas of personality and social psychology, including papers on the nature and dynamics of interactions and social relationships including interpersonal attraction, communication, emotion and relationship development. Link to submission guidelines - http://www.apa.org/pubs/journals/psp/?tab=4

   b. Journal of Interpersonal Violence (2017 Impact Factor – 2.443). This journal was selected because it publishes peer-reviewed research that studies victims and perpetrators of interpersonal violence. Additionally, the journal publishes qualitative research, so it will be an appropriate fit for study findings. Link to
Conclusion

Exploring adult attachment in intimate relationships among individuals who were exposed to IPV in childhood is a critical topic as it explores the long-term effects of childhood exposure that is disruptive to adult functioning. It is not particularly clear how to intervene in adult women with past CEIPV in order to prevent negative outcomes. Studying adult attachment may provide more information needed to design interventions for this population. This study will add to the growing body of literature by using a theoretical approach to explore adult attachment styles among individuals who were exposed to IPV in childhood. This research will identify potential factors that are relevant in the pathways through which adult attachment is formed and transformed contributing to theory building in this field. Findings from this study will provide preliminary information needed to design more comprehensive quantitative population-based research studies aimed at providing an understanding of adult attachment among individuals exposed to IPV in childhood. From this information, effective interventions to promote secure attachment styles among adults who were exposed to IPV in childhood may be developed. This will help to reduce the rates of negative sequelae that occur with insecure attachment styles including future IPV victimization and perpetration.

References


SECTION II: A SYMBOLIC INTERACTIONISM APPROACH TO EXPLORING ADULT ATTACHMENT IN INTIMATE RELATIONSHIPS AMONG FEMALES WITH CHILDHOOD EXPOSURE TO INTIMATE PARTNER VIOLENCE

Introduction

Adverse childhood experiences (ACEs) are a source of trauma for children. Their deleterious effects are often multiplicative, affecting various health and psychosocial outcomes even in adulthood (Hughes et al., 2017; Schilling, Aseltine, & Gore, 2007). ACEs refer to abuse, neglect, and household dysfunction such as parental substance abuse, mental health illness, and incarceration (Dube, Anda, Felitti, Edwards, & Williamson, 2002). Childhood exposure to intimate partner violence (CEIPV) is one prevalent ACE. About a quarter of children in the United States report witnessing assault between parents and intimate partners (Finkelhor, Turner, Shattuck, & Hamby, 2015). These reports are likely underestimating the true prevalence of CEIPV as not all experiences are reported, and prevalence estimates focus on physical intimate partner violence (IPV) even though psychological IPV is more prevalent (Basile et al., 2011).

Furthermore, witnessing violence is not the only way children can be exposed to IPV, as hearing about violence is also likely to have deleterious impacts (Holden, 2003; Macmillian & Wathen, 2014).

In exploring the impact of CEIPV on child and adult outcomes, it is worth considering significant factors relating to the exposure as they may influence the perception, interpretation, and/or the impact of the exposure. These include child factors such as age and gender, information about the perpetrator and victim, and the context of the violent incidents. The age at
which a child is exposed to violence determines how he or she processes it; for instance, younger age of exposure could lead to more marked effects (Holt, Buckley, & Whelan, 2008). One study found that girls were more likely to report verbal CEIPV than boys and report more severe exposures (Cater, Miller, Howell, & Graham-Bermann, 2015). The context of the violence, including the type, severity, use of a weapon, duration, the permanence of the abuser in the home, and the directionality – unidirectional versus bidirectional – can also provide a fuller understanding of the dynamics (Hamel, 2013). The gender of the perpetrator and victim and the relationship between the child and the parent perpetrator and victim can also influence outcomes (Holt et al., 2008).

The impact of CEIPV is widespread and includes negative effects on an individual’s physical health, mental health, and emotional well-being. These deleterious outcomes are seen throughout the lifespan and can be present as early as childhood or become evident later in life. Negative consequences related to CEIPV are also apparent in all types of relationships. Individuals exposed to IPV as children often have difficulty building and sustaining intimate relationships, exhibiting proviolent attitudes towards peers, and having dysfunctional or unhealthy intimate relationships in adolescence and adulthood (Carlson, 2000; Holt et al., 2008; Howell, Barnes, Miller, & Graham-Bermann, 2016). This study explores experiences in adult intimate relationships among individuals exposed to IPV in childhood.

One fundamental construct of parent-child relationships and adult intimate relationships is the attachment between members of the dyad (Brumariu, 2015; Koehn & Kerns, 2018). For adult intimate relationships, attachment can be defined as an individual's inclination to be close to and maintain closeness with individuals who can provide them with safety and security (Sperling & Berman, 1994). These proximity-seeking responses, especially during distress,
separation, or interpersonal conflict, comprise adult attachment (Gormley & Lopez, 2010). As depicted in Figure 1, adult attachment representations fall into a spectrum of attachment anxiety and avoidance based on an individual’s relational dynamics in the presence of a partner. Attachment anxiety is characterized by hypervigilance to indications of partner distress or threat of separation because of uncertainty in the ability to trust or rely on others. Conversely, attachment avoidance refers to the extent to which individuals are highly self-dependent with a disinterest in relationships due to a belief that they cannot rely on their partners. Individuals on the low end of the spectrum of attachment anxiety and avoidance are commonly described as secure and exhibit a sense of self-efficacy and trust in relationships (Riggs & Kaminski, 2010). Individuals with high attachment anxiety and/or avoidance levels are described as insecure and characterized as having preoccupied, fearful, and dismissing attachment styles.

Figure 2.1. Adult Attachment Dimension, Styles, and Characteristics (Adapted from Bartholomew & Horowitz, 1991; Riggs, 2010)

Adult attachment is associated with health outcomes, with studies illustrating an association with metabolic syndrome (Davis et al., 2014), chronic pain disorders (McWilliams,
2017), eating disorders (Maxwell et al., 2017; Pace, Guiducci, & Cavanna, 2017), mental health issues (Cook, Valera, Calebs, & Wilson, 2017; Maunder et al., 2017; Xue et al., 2018), and substance use disorders (Winham et al., 2015). Insecure attachment also affects the ability to seek and accept instrumental and emotional social support and limits the ability to perceive the received social support as beneficial (Riggs, 2010). Social support is a key aspect of relationships which requires that partners provide a ‘safe haven’ (i.e., be available in times of distress) and a ‘safe base’ (i.e., be comfortable with partner’s exploration) (Collins & Feeney, 2010; Riggs, 2010). Secure adults can provide this safe base and safe haven for their partners, while adults with insecure attachment styles have difficulty with this (Riggs, 2010).

Adult attachment is a possible mediator in the role between CEIPV and outcomes such as relationship outcomes, marital outcomes, intimate partner violence, and posttraumatic stress disorder (Godbout et al., 2017; Godbout, Dutton, Lussier, & Sabourin, 2009; Muller, Sicoli, & Lemieux, 2000; Sommer, Babcock, & Sharp, 2017). Despite the mediating role of adult attachment, the relationship between CEIPV and adult attachment has not been examined extensively, and few qualitative studies have explored this phenomenon. This study explores adult attachment in intimate relationships among females exposed to IPV in childhood. This paper will use a symbolic interactionism lens and answer the following research questions: 1) How do adult women exposed to IPV in childhood perceive these exposures? 2) How do adult women exposed to IPV in childhood perceive this exposure to have affected their adult attachment? 3) What do adult women with CEIPV perceive to be ideal regarding attachment in an intimate relationship? and 4) What are perceptions of relationship goals, values, and trajectories that can influence adult attachment among adult women exposed to IPV in childhood? For this study, adult attachment was defined as closeness seeking.
Theoretical Background

Symbolic interactionism postulates that individuals extrapolate meanings from social interactions (Glanz, Rimer, & Viswanath, 2008; White, Klein, & Martin, 2015). When trying to understand human behavior, it becomes necessary to explore the meanings individuals attribute to life events and circumstances (White et al., 2015). The key assumptions of the theory are: 1) individuals tend to act based on the meanings they attach to things, people, and the contexts of situations; 2) meanings are elicited through social interactions; and 3) meanings are managed and continually transformed through a process of interpretation to mediate the situations they encounter (Benzies & Allen, 2001; White et al., 2015). This theory was interwoven into the study design to guide data collection, analysis, and interpretation of findings.

Meanings attributed to childhood experiences, such as exposure to IPV, and ACEs can influence individuals’ behaviors, specifically attachment in intimate relationships. Furthermore, because the meanings attributed to events are dependent on social interactions, previous attachment experiences in intimate relationships and experiences within social support networks may enable individuals to re-construe incidents or problems favorably or unfavorably (Glanz et al., 2008), affecting attachment styles over time. This includes subjective interpretation of relationship dynamics impacted by peers, family, and friends (Copp, Giordano, Longmore, & Manning, 2015; White et al., 2015). It is not the researchers’ interpretation of violent exposures that is used to determine the nature and severity of the participants' violent exposures. Instead, what is perceived as real will have real consequences (White et al., 2015); therefore, the individual’s perception and interpretation of the significance of their CEIPV is the focus.
Methods

This study involved a convergent approach. Phenomenology provided opportunities to gain an in-depth understanding are appropriate for this topic. In-depth information was gleaned through three qualitative interviews. Quantitative data on participants’ childhood exposures and relationship experiences helped in the interpretation of qualitative findings. The University of South Florida Institutional Review Board expedited approval for this study (Pro00038018).

Women aged 26 to 40 years, exposed to IPV in childhood, and living in the United States were eligible for the study. The screening survey hosted on a Qualtrics survey platform was used to determine eligibility. Exposure to IPV was assessed using an adaptation of the Childhood Exposure to Domestic Violence (CEDV) questionnaire (Cater et al., 2015), a 10-item scale that assesses levels of violence during childhood. Possible scores on this scale are 10 (no CEIPV) to 40 (maximum CEIPV). The study employed a nonprobability purposive sampling approach, recruiting participants through targeted Facebook advertisements. These approaches are useful for studies with unique or hard-to-find populations (Bernard, Wutich, & Ryan, 2016; Gelinas et al., 2017; Remler & Van Ryzin, 2010). Social media provides access to diverse populations (Casler, Bickel, & Hackett, 2013; Gelinas et al., 2017), making it possible to have a community sample. Advertisements included an informational flyer with a brief study description, eligibility criteria, and URL links to the screening survey and the study’s Facebook page. Advertisements were boosted through the Facebook Ad Center and shown to women between 26 and 40 years in the United States. Participants received graded compensation of a $10, $15, and $25 ($50 total) e-gift card from Amazon, Target, or Walmart within a day of each interview (see Figure. 2). The target sample size was 30 women; however, data collection was halted after saturation (no new themes emerging during coding of the last five interviews) was reached.
Quantitative information included demographics, other ACEs, and adult attachment in intimate relationships. The ACEs questionnaire, a tool that assessed ten exposures to abuse, neglect, and household dysfunction (Dube et al., 2003; Felitti, 1998), was utilized to ascertain participants' retrospective accounts of ACEs (Hardt & Rutter, 2004). ACEs assessed the following childhood factors: 1) physical abuse, 2) sexual abuse, 3) emotional/psychological abuse, 4) exposure to physical IPV, 5) substance use by parent/adult, 6) mental health illness of parent/adult, 7) incarceration of parent/adult and 8) parental separation/divorce. The scale is valid for assessing retrospective accounts of ACEs (Hardt & Rutter, 2004) and reliable with a Cronbach’s alpha of 0.88 (Murphy et al., 2014). Participant’s adult attachment was assessed using the Experiences in Close Relationships – Revised Scale (ECR-R; Fraley, Waller, & Brennan, 2000), a 36-item measure validated scale. The ECR-R enables researchers to calculate individuals’ attachment anxiety and avoidant scores and categorize individuals into distinct attachment styles. The scale demonstrates reliability with a Cronbach’s alpha of 0.927 for the attachment avoidance subscale and 0.917 for the attachment anxiety subscale (Fairchild & Finney, 2006). Semi-structured interview guides focused on: 1) CEIPV and elicited recollections of participants’ experiences and feelings about their exposures; and 2) participant’s perceptions of relationships and attachment in intimate relationships. Attachment was characterized as seeking closeness, trust, and intimacy. Questions in the third interview did not address the research questions in this paper, so they are described elsewhere. Interview guides were tested and found to be at Kincaid reading level five. They were then pilot tested at a local domestic violence shelter to ensure understandability and readability among diverse women.

Eligible participants were contacted by email or phone to schedule the first interview. The use of multiple interviews facilitated disclosure and enabled women to reflect on the topic.
All discussions were audio-recorded and transcribed verbatim by the primary researcher, a student volunteer, and a professional transcription service.

Figures 2.1. Participant recruitment and data collection processes

Demographic information was analyzed using SPSS v.24, and CEIPV and adult attachment scores were presented as means. Three participants did not select responses for all questions on the EC-R scale, so calculating adult attachment score means accounted for missing items. The interview transcripts for each participant were uploaded to MAXQDA 2018 (VERBI Software, 2017). The codebook was comprised of apriori codes gleaned from the interview guides and emerging codes from transcripts. To ensure reliability, a master’s level student with qualitative training coded more than one-tenth of the transcripts (three), and moderate agreement (Kappa=0.73) was reached on all major codes (McHugh, 2012). Thematic analysis was done.

Results

Quantitative descriptive information for the final sample (n=22) is presented in Table 1. Qualitative descriptions of CEIPV included: 1) the context of the IPV incidents (direction, type of violence, severity of the violence, descriptions of the biggest quarrel) and 2) other childhood adversities, including the interaction of mental health issues, substance use, and violent incidents.
Context of IPV Incidents

Violence was more often unidirectional (n=13) than bidirectional (n=9). In cases of unilateral IPV, there were nearly equal accounts of the mother (n=7) as there were for a male partner being the primary aggressor (n=6). All participants described psychological/emotional violence, and more than half (n=13) described physical violence. Some incidents of CEIPV were mild; however, some participants (n=7) recalled a parent/caretaker visiting the hospital because of the violent incidents. In addition to physical injuries inflicted by a partner, hospital visits were also made for self-inflicted injuries and breakdowns or panic attacks.

“*My dad had to be seen [in the hospital] a couple of times. And my mom a couple of times for self-inflicted injuries. And then I was seen, I think once because she flung the door open and I was behind it - so the doorknob hit me in the face.*”

~Tianna, 28 years, in a relationship, no children, secure, CEIPV score: 24

Table 2.1. Participant Characteristics

<table>
<thead>
<tr>
<th>Participant characteristics</th>
<th>N (22)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Mean, SD)</td>
<td>31.8 (4.1)</td>
<td>50.0</td>
</tr>
<tr>
<td>26-30</td>
<td>11</td>
<td>50.0</td>
</tr>
<tr>
<td>31-35</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>36-40</td>
<td>5</td>
<td>22.7</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>15</td>
<td>68.2</td>
</tr>
<tr>
<td>Black/African American/African</td>
<td>7</td>
<td>31.8</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>1</td>
<td>4.5</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>21</td>
<td>95.5</td>
</tr>
<tr>
<td>Education Level</td>
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<td></td>
</tr>
<tr>
<td>High school/equivalent</td>
<td>2</td>
<td>9.1</td>
</tr>
<tr>
<td>Vocational/technical school</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>Some college</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>4</td>
<td>18.2</td>
</tr>
<tr>
<td>Master’s degree</td>
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<td>22.7</td>
</tr>
<tr>
<td>Doctoral degree</td>
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<td>4.5</td>
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<tr>
<td>Sexual Orientation</td>
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<td>Heterosexual or straight</td>
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<td>72.7</td>
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<tr>
<td>Bisexual</td>
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<td>27.3</td>
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<td>Employment Status</td>
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<td>Full-time</td>
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<tr>
<td>Part-time</td>
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<tr>
<td>Unemployed</td>
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<td>18.2</td>
</tr>
<tr>
<td>Self-employed</td>
<td>2</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Substance use and infidelity were the most common antecedents of violence in the biggest quarrel participants could recall. Other antecedents were a partner feeling left out, a break-up, and disagreements related to finances or the children. Some incidents involved a gun or other weapon to self-harm (n=1), threaten self-harm (n=1), or threaten a partner (n=2).

“The biggest quarrel I remember them having, my mum showed up to his work at the time, and he was having an affair, she caught him, so she took a beer bottle from the side of the road, broke it and she cut her wrist with it while all of us kids were in the car with her while she argued with my dad in the car.”
Role in parental violence: Passive roles included hiding with their siblings, staying in their room, or being removed from the house by neighbors or other family members. More active roles were trying to stop the fights physically or attacking a parent’s significant other to stop the violence and protect younger siblings. Additional intervention strategies participants used were negotiation, trying to make a parent happy, or calling other family members to intervene.

“There was a time that I called my grandpa up, and he flew to our house and bust through the door and told my dad to get out and go calm himself down. I was about eight at the time.”

~Isabella, 28 years, single, one child, insecure (fearful), CEIPV score: 28

Other Adverse Childhood Experiences:

Child abuse: Almost all participants (20) described experiences of childhood abuse, including physical, emotional, and/or sexual abuse.

“He [stepdad]... has trauma issues and as an adult, I've come to realize that as a child, he took it out on me and I was a horrible person and he had terrible nicknames for me, made me feel self-conscious about everything about myself all the time, nothing was ever good enough for him.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

Parental alcohol and drug use: The use of alcohol and drugs by caregivers was a pervasive theme, with more than half (n=12) describing violence that occurred either when the drinker became aggressive or the non-drinker became upset and aggressive about a partner’s drinking.

“Horrible, they fought all the time. He’d beat her, he beat us. He was always drunk.”

~Gisele, 36 years, married, 1 child, insecure (fearful), CEIPV score: 40

Family structure change: Changes in the traditional family structure (i.e., biological parents living together) were described by almost all participants (n=20) who discussed residing in foster
care, parents’ separation/divorce, and/or parents spending time in prison. The two participants who did not experience a change in their family structure disclosed that they wished their parents had gotten separated or divorced. Separation/divorce occurred when participants were of different ages, including six months and up to 16 years. Separation/divorce was either permanent or for periods of two days up to six months. For some participants, CEIPV continued when a divorced parent became involved in a subsequent violent relationship. Others discussed missing out on having their father around and growing distant from a sibling because they lived with different parents. Some participants, however, were relieved when their parents got divorced because it meant that the violence stopped.

“...my teachers noticed a 180 in my personality and my happiness like I was smiling. I was laughing. In school, I was that quiet kid that never talked, and now after the divorce, I'm talking, I’m getting on well with my classmates and actively participating in class.”

~Isabella, 28 years, single, 1 child, insecure (fearful), CEIPV score: 28

Parental mental health: Parents’ mental health issues included depression, bipolar, and personality disorders linked to incidents of violence.

“My mom, she has narcissistic personality disorder along with other mental issues, and she constantly put my dad down. It made the relationship very strained... if she didn’t get her way, she would make herself sick or guilt trip you or get into a fight.”

~Kimber, 31, married, 3 children, insecure (preoccupied), CEIPV score: 25

Perceptions of Childhood Exposures to Intimate Partner Violence

Themes related to perceptions of CEIPV were 1) change in role within the family, 2) negative feelings around self in childhood, 3) negative feelings around the situations in childhood, 4) fewer negative feelings around self in adulthood, and 5) increased understanding of parental circumstances in adulthood. There were no clear instances where individuals with a
particular attachment style discussed one theme more than others with a different style; however, only the participant with dismissing attachment style discussed not reflecting on her CEIPV.

Change in role within the family: Some participants, usually the oldest child, perceived a change in their role within the family as they had to assume grown-up roles. In these roles, they took care of or protected their younger siblings and, in some cases, acted as a parent to their parents. 

“I was really resentful; I felt cheated because I was in all reality no longer a child. And people started depending upon me, for things that really no one that age should have to be responsible for, and um it really I think affected me because I was parenting my parents um so there were times when she would mix her medication and she would just go get drunk at like a bar or something and I would actually have to illegally drive a car to pick her up from the bar because I had people like they were calling the house telling me that she just got kicked out she needed someone to come get her and my dad was of course at work.”

~Tianna, 28 years, in a relationship, no children, secure, CEIPV score: 24

Negative feelings about self in childhood: Violent incidents made participants have negative feelings about themselves, such as feelings of low self-worth or self-esteem and feelings of self-blame. Some participant wished they had never been born, wished to be the object of the abuse instead of the parent, or were suicidal.

“At 12 or 13, I had already had multiple suicide attempts. It made me feel worthless.”

~Elsa, 30 years, married, 1 child, secure, CEIPV score: 26

Negative feelings about the situation in childhood: The most common negative emotion around the situation was fear; others included sadness, confusion, anger, and numbness. Some felt a sense of helplessness about the situation trying to make the perpetrator parent happy and figure out what the victim parent did wrong in an unsuccessful attempt at stopping the violence. These
situations were a source of distress, and participants recollected being tired of the incidents and wanting them to stop.

“I was tired of it. I was so used to my mom yelling, I just wanted her not to yell for a change.”

~Harmony, 30 years, divorced, 2 children, secure, CEIPV score: 19

Fewer negative feelings about self in adulthood: All but one participant demonstrated a change in negative feelings such as less anger, blame, and negative thoughts about themselves as adults.

“But as I got older, and I look back, it wasn't my fault.”

~Quinn, 31, single, 2 children, secure, CEIPV score: 20

Increased understanding of parental circumstances in adulthood: As adults, participants understood better their parents and the violent situation. Current perspectives and feelings about a parent staying in an abusive situation were that a parent was strong for enduring the abuse, surprise that their parent stayed as long as he or she did, and an understanding that a parent was waiting out the situation because of their children or for financial reasons. Women felt bad or sorry for their parents as they looked back. They understood that their parents had traumatic childhoods and did not have the right tools to cope or navigate intimate relationships.

“I understand why they are, why they did what they did. At the end of the day, they were just trying to survive and cope.”

~Madeline, 28 years, in a relationship, no children, secure, CEIPV score: 29

Perceptions of Exposure to Intimate Partner Violence and Adult Attachment

All but three participants perceived CEIPV had influenced their intimate relationships by causing: 1) avoidant behavior, 2) anxious behavior, 3) a desire not to repeat parental dynamics, 4) repeating cycles or patterns, and 5) difficulty trusting and being close to partners. There is not much relationship in terms of what people discussed and what their attachment styles were, for
example, individuals with secure attachment styles still discussed past or present attachment avoidant and anxious behavior.

**Avoidant behavior:** Some participants’ CEIPV led to them being avoidant, described as quickly leaving people, being guarded or pushing people away, or choosing to pursue casual relationships. They attributed this attachment avoidance to a fear of abandonment or rejection or feelings that a partner may become violent, such as with their parents. Fear of abandonment in the case of one participant stemmed from an inability to rely or depend on her father for support due to him leaving. In one participant’s case, she did not initially understand why she exhibited avoidant behavior.

> “I pushed people away for a long time and was very unavailable with my emotions and sharing them, and I didn't even understand them for a long time...”

~Brielle, 28 years, married, one child, secure, CEIPV score: 23

**Anxious behavior:** Some participant’s described anxiety and hypervigilance to signs of partners distancing themselves or other cues of distress. Although anxiety largely resulted from CEIPV, some participants tied anxious behaviors to a lack of affection from a parent.

> “I have this instinct of anxiety where I just want things to go perfectly, or I don’t want to feel like the other person is distancing themselves, so I over communicate and I'm overly affectionate because that wasn’t what I received from my mother.”

~Madeline, 28 years, in a relationship, no children, secure, CEIPV score: 29

**Desire not to repeat parental dynamics:** Almost half of the participants’ reflections were focused on their parents' relationships in parallel to theirs. The majority of these individuals (n=6) were determined not to get into similar relationships, making efforts to avoid parental behaviors and quickly recognizing red flags and toxic traits of partners.
“It just makes me more aware of like toxic traits of people that I try to stay away from.”

~Paige, 34 years, divorced, 3 children, secure, CEIPV score: 37

**Repeating cycles or patterns:** This area included patterns of behavior in intimate relationships and transgenerational patterns such as having similar relationships to their parents or being in past/current relationships with someone identical to a parent. In some instances, these cycles were directly linked to observing parental behavior. For example, some participants (n=2) exhibited aggressive behaviors in their relationships despite not wanting to do this.

“*I never see my mom in a healthy relationship, so it affected me when I end up getting married. What I did is I keep yelling and screaming, being the aggressor. I ended up getting a divorce, and I felt like that had a lot to do with it.*”

~Harmony, 30 years, divorced, 2 children, secure, CEIPV score: 19

**Difficulty with trusting and closeness:** All but two participants had difficulty trusting partners, and 14 described difficulty with intimacy or closeness. For some, repeated difficulty in navigating communication and trust was linked to observing the relationship between caregivers.

“I think because I never saw what a healthy relationship looked like, what communication looks like, what trust felt like or looked like that I didn't know what to look for...”

~Aurora, 35 years, in a relationship, no children, insecure (preoccupied), CEIPV score: 22

However, perceptions of what affected the participants’ ability to trust and seek closeness were not always tied directly to CEIPV and included other factors that played a role in their parents’ relationship. For example, participants’ fear of repeating parental patterns of alcohol and/or drug misuse, their own experiences with alcohol and/or drug misuse in their relationships, or worry that a partner’s drinking may escalate, leading to a violent relationship, all impacted trust. Additionally, having a parent who was unfaithful made trust difficult. For some participants, trusting was difficult because they were unable to rely on their caregivers as
children, and so had the same difficulty relying on partners. Others wondered if the relationship with their partner would mimic that of their parents/caregivers. One participant’s partner had a traumatic childhood, making it difficult for them to initially trust each other.

“We had a very similar childhood, but instead of being an alcoholic, his dad was a gambler and a truck driver. His dad was a racist, jerk, divorced parents that fought a lot, and it played a lot in how we relate. I think it played a lot to why it was hard for us to trust each other or be open with one another.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

**Relationship Values, Trajectories, and Adult Attachment in Intimate Relationships**

Relationship values and trajectories that could affect adult attachment included having differing life views and failure to meet relationship milestones. There were no instances where individuals with similar attachment styles also discussed that relationship values affect them in a certain way. For example, some individuals who endorsed insecure attachment styles stated that differing life views affected closeness with a partner while others did not.

*Differing life views impacting adult attachment:* Differing life views affected views of a partner or the relationship (n=16). Differing political views (n=1), religious views (n=1), views on raising children (n=2), strict views about adherence to gender roles (n=1), and views on celibacy (n=1) were deal breakers. Other deal breakers were excessive drinking (n=1) and differences in career/financial motivation (n=1). Some felt frustrated when a partner had a different fundamental ideology

“So, I have met a lot of people that I enjoy, but we don't have the same, the same politics or the same ideals. And to me, that makes me angry and frustrated and I kind of lose respect for that person.”

~Darcy, 38 years, single, 4 children, insecure (fearful), CEIPV score: 19
Other participants (n=5) did not perceive differing life views could have a negative impact, especially where their partner was flexible and engaged in compromise and acceptance, understood their viewpoint, and viewed differences as a learning opportunity.

“No. Um, I think I like when people are different from me or opposite of me or believe different things from me because I could learn from that, and it'll help me grow as a person.”

~Ursula, 28 years, single, no children, insecure (preoccupied), CEIPV score: 18

Relationship milestones impacting adult attachment: Some participants (n=5) perceived that not meeting relationship milestones, e.g., meeting partner’s friends and family, getting a key to partner’s house, and spending holidays together, did not affect trust and closeness. Having a healthy relationship was more important than checking off boxes. However, more participants (n=8) stated that not meeting milestones cause concern that the relationship is not real, a partner is not honest, or the relationship is not progressing and could lead to attachment avoidance.

On the other hand, attaining milestones such as meeting friends and family, committing to a relationship, or getting married too quickly, could lead to the relationship not lasting (n=3).

“We skipped over all of the steps. We went right from talking on the phone to, literally, he was living with me, and I felt that it was a giant mistake... I realized I had made a huge error, but there was almost no way out of it because I had asked this person... to give up two jobs and their apartment and move a thousand miles and told them that they could live with me.”

~Nadia, 38 years, divorced, one child, insecure (preoccupied), CEIPV score: 24

Perceptions of Ideal Attachment in Romantic Relationships

Most descriptions of what is ideal with regards to attachment in intimate relationships centered around positive relational dynamics with a focus on trust and communication.

Additionally, participants’ reports of an ideal relationship focused on elements of secure
attachment such as a ‘secure base’ and a ‘safe haven’. Participants’ descriptions were not distinct based on their attachment style.

**Partner as a secure base:** It was ideal to have closeness and trust that enables each person to explore friendships and activities outside of the dyad without fear.

> “I think anyone in a relationship should still have their own friends or their own circles or social groups that they can kinda go their separate ways... We don’t have to text all day, or I have to call you every ten minutes to make sure you are not doing something that you’re not supposed to do. We should be close enough... and trust each other well enough that we can go our separate ways and come back.”

~Ursula, 28 years, single, no children, insecure (preoccupied), CEIPV score: 18

**Partner as a safe haven:** Another ideal was the ability to give and receive support from a partner with the knowledge that they would be there even in times of distress.

> “I think that you should be able to trust your partner, to know that you are loved, to know that you have each other’s backs and not have to worry if anything would happen if they’d still be your side.”

~Kimber, 31, married, 3 children, insecure (preoccupied), CEIPV score: 25

**Discussion**

This study explored women’s exposures to intimate partner violence in childhood, the perceived impact on their intimate relationships, descriptions of relationship factors that can affect closeness in relationships, and ideal attachment in intimate relationships using a symbolic interactionism lens. Experiences in childhood are often seminal points in an individual’s life that determine short and long-term behavioral outcomes. It has been shown that the perceptions of experiences including the meanings that individuals give to these traumatic experiences can
determine outcomes. Understanding a longitudinal path of trauma perceptions can help to identify points of intervention to support these women.

Women’s descriptions of exposure to violence in this study encompassed varying severities. These lived experiences are in line with findings from a systematic literature review of qualitative studies by Arai et al. (2019), who described incidents of mild to severe physical and verbal violence. Like this study, parent-perpetrated child abuse was interwoven into accounts of interparental violence. We also found the children’s actions or roles during the violent incident mirrored strategies described in Arai et al.’s review, including participants shying away by hiding or blocking out incidents, interrupting the incidents by physically intervening, and being obstructed from participating by neighbors or family.

In addition to directly interrupting incidents, participants in the present study also described instances where they called a trusted adult to help intervene in the violent incidents. A supportive adult has been described as the most important protective factor against violence (Osofsky, 2003, pg. 38; Øverlien, 2010). Based on this study’s findings, one of the mechanisms of protection may be that the supportive adult plays a role in limiting exposure to violent incidents. In addition to participants’ reactions to IPV, they were cast in protective roles to shield younger siblings or parents from violent exposures. Arai et al. (2019) also reported these protective roles in their study. However, this study also casts the children in a parental role due to interparental violence compromising a mother’s ability to care for her children.

This study identified contextual factors that underlay children’s experiences of violence, including the directionality of violence, the role of alcohol and drugs, changes in family structure, and other ACEs. Similar to descriptions in the literature, this study identified exposures
occurring within a wider setting of violence (Arai et al., 2019), as some participants described living or vacationing with relatives who were also experiencing violence within their homes.

It is evident that there may be difficulty identifying the unique impact of CEIPV on adult attachment. Multiple exposures compound adult attachment affectation. Furthermore, the role of intergenerational violence cannot be understated. Participants in the present study discussed having parents exposed to IPV as children, which may result in mental health issues and/or issues with substances, further increasing parents’ likelihood of being in violent relationships or experiencing severe IPV. This results in the child being exposed to violence and the combinations of these exposures can affect child attachment.

Based on symbolic interactionism, individuals attribute meanings to events and phenomena (White et al., 2015). Meanings that participants derived from the phenomenon of CEIPV included negative feelings about themselves and the situation in childhood and a perceived change in their role within the family. By adulthood, some of these negative feelings were resolved by participants including situations where therapy helped. The meanings derived can influence how individuals act towards others (White et al., 2015). In this study, the negative feelings that were present in adulthood, such as, shame, low self-esteem, and feelings of abandonment, affected how individuals behaved with their intimate partners, including their attachment behaviors. An example is one participant who described avoidant behavior with a partner because she felt she was not worthy of love.

Furthermore, aside from meanings that are derived from events, social interactions with others can also generate meanings (White et al., 2015). Participants in this study derived meanings from interacting with intimate partners in their adult relationships and from other individuals within their social circles. These meanings also influenced future behaviors and
could be negative such as a tendency to distrust future intimate partners following negative interactions in a prior distrustful relationship. Participants continually transformed and managed meanings through a process they interpreted and made sense of experiences. Because of the multiple past and current influences on adults with CEIPV, there is no direct line that can be drawn from individuals’ experience of CEIPV to their adult attachment. It is possible that the variations in meanings attributed to these events may led to the differential impact of the events.

Traumatic exposures coupled with limited protective experiences in childhood and negative experiences in adult relationships can affect adult attachment over time. It is also possible that the relationship with their parent has a significant impact on adult attachment. This reinforces studies that adult attachment is dependent on child-parent attachment. Specifically, some participants described feelings of abandonment, rejection, or non-protection by their parents and projecting these feelings on intimate partners in adulthood. Interventions should target multiple levels considering that childhood experiences, experiences in adult intimate relationships, and other social interactions can generate meanings that impact adult attachment in intimate relationships.

**Strengths and Limitations**

Using a qualitative approach with multiple interviews helped to increase the rapport between the interviewer and participants, resulting in rich data. Furthermore, the use of a qualitative approach helps to elicit individual’s perceptions and gain a better understanding of pathways to developing adult attachment as well as changes that may have occurred over time. In terms of limitations, this study relied on adult recollections of events in childhood, which could be subject to recall bias. When viewing childhood events through an adult lens, the current psychological state of an individual could impact their reconstruction and interpretation of events.
(Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008). However, it is often an individual’s perception or interpretation of events (and not the event itself) that can influence outcomes (DeBoard-Lucas & Grych, 2011; Holt et al., 2008; White et al., 2015). Another limitation is the use of Facebook as the only recruiting tool, which could lead to selection bias, as those not on Facebook may differ significantly from those who are. Although the interview guides were designed and tested to ensure readability and understandability, there may have been limitations to individuals’ understanding of tools used in data collection.

Implications

Findings from this study have implications for clinical practice and emphasize the importance of early and targeted interventions when addressing CEIPV. Clinical practice should consider the multiple factors that could impact outcomes for children who were exposed to intimate partner violence in childhood. For interventions focused on improving relationships or attachment patterns, their own experiences of abuse and other factors in the home, such as parental attachment patterns, the impact of changing family structure, and the relationship dynamics between them and their parents, may need to be addressed. The first level of prevention is to promote the likelihood of developing secure attachment patterns among individuals with CEIPV and may include more large-scale prevention programs. Childhood is a formative period for ideologies and behaviors that persist in adulthood. Early intervention – such as increasing avenues to observe healthy relationships with secure attachment patterns – could help prevent individuals from developing insecure attachment patterns in the future. For individuals who have already developed insecure patterns which could be attributable to their experiences of IPV in childhood, clinical practice can be focused on providing enlightenment and developing strategies that could help individuals identify and address these patterns.
References


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SECTION III: UTILIZING THE SOCIAL COGNITIVE THEORY TO EXPLORE FACTORS THAT FRAME PERCEPTIONS OF ADULT ATTACHMENT AMONG WOMEN WITH CHILDHOOD EXPOSURE TO INTIMATE PARTNER VIOLENCE

Introduction

Intimate relationships are an essential aspect of adulthood that can provide health benefits throughout the lifespan. They can impact several domains of health and well-being, such as physical health, mental health, and emotional health. Specific health benefits that have been identified in the literature include physical health benefits such as a reduced risk of cardiovascular disease, decreased overweight or obesity, and reduced mortality risk (Braithwaite, Delevi, & Fincham, 2010; Holt-Lunstad, Smith, & Layton, 2010; Smith, & Baucom, 2017). Mental health benefits include reduced likelihood of depression, anxiety, eating disorders, and substance use, as well as a decreased risk of suicidality among individuals with post traumatic stress disorder (PTSD), depression, and anxiety (Blow, Farero, Ganoczy, Walters, & Valenstein, 2019; Braithwaite et al., 2010). In addition, intimate relationships improve healthier behaviors and decrease risky behaviors (Braithwaite et al., 2010; Stanley et al., 2020). Other benefits include increased resources, better coping in times of psychological distress, and longer life (Stanley et al., 2020; Umberson & Karas Montez, 2010). The quality of intimate relationships matter as health benefits are associated with healthy intimate relationships, while discord and disconnectedness can negatively affect health.

The ability to secure and maintain healthy and adaptive close relationships is dependent on an individual’s adult attachment orientation. Adult attachment refers to proximity-seeking
behaviors towards significant attachment figures, especially in times of distress or under the threat of separation (Gormley & Lopez, 2010). Adult attachment can be categorized into two categories (secure versus insecure) or four categories (secure versus preoccupied versus fearful versus dismissing). Categorization depends on attachment anxiety (the degree to which individuals worry about being abandoned, rejected, or unloved) and/or attachment avoidance (the degree to which individuals wish to limit intimacy and interdependence with others) (Riggs & Kaminski, 2010). Secure individuals have low attachment anxiety and avoidance, view themselves and their partners positively, can seek social support, balance intimacy with autonomy, and communicate constructively. Preoccupied individuals have high attachment anxiety and low attachment avoidance, view themselves negatively, exhibit negative support strategies, are controlling, and desire intimacy, even though anxious. Fearful attachment occurs in high attachment avoidance and anxiety situations; they view themselves and their partners negatively, tend to deny attachment needs, have excessive self-reliance, and perceive conflict as a threat. There is high attachment avoidance and low attachment anxiety in the dismissing attachment style, often with a negative view of partner and a positive view of themselves; these individuals are unlikely to seek social support, have hostile misattributions, and are distrustful, avoiding intimacy. Preoccupied, dismissing, and fearful attachment styles are all insecure attachment styles. While insecure attachment can lead to challenges in developing and maintaining healthy relationships, securely attached individuals are adaptive in relationships and can more easily form and sustain healthy relationships (Riggs & Kaminski, 2010).

Although most individuals have a strong desire to obtain and maintain healthy intimate relationships, barriers to achieving this exist. Childhood trauma is associated with a difficulty in attaining and/or maintaining multiple forms of relationships, including adolescent and adult
intimate relationships (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010; Holt, Buckley, & Whelan, 2008; Howell, Barnes, Miller, & Graham-Bermann, 2016). These experiences of trauma in childhood include exposure to interparental violence, experiences of different forms of child abuse, and growing up amid household dysfunction – parental divorce, substance abuse, mental health illness, and incarceration (Dube, et al., 2003). One pathway through which childhood trauma results in difficulty with relationships is through the development of maladaptive attachment orientations. This study focuses on increasing an understanding of attachment in intimate relationships among women who have undergone childhood trauma. It focuses on a distinct form of childhood trauma – childhood exposure to intimate partner violence (CEIPV) while understanding that CEIPV likely would cooccur with other forms of trauma. Additionally, it seeks to describe behavioral and socioenvironmental factors that may frame perceptions of adult attachment in intimate relationships among these individuals.

The research questions for this study are: 1) What attachment experiences have adult women with CEIPV had while navigating intimate relationships, and 2) What are perceived protective and risk behavioral and environmental factors that influence adult attachment? Understanding the attachment experiences of individuals with CEIPV and factors that can influence this attachment can help identify potential intervention points to promote healthy intimate relationships and improve overall health and quality of life.

**Theoretical Background**

An earlier manuscript reports how symbolic interactionism was applied to understand how the meanings that women derived from their CEIPV and other childhood exposures affected their adult attachment in intimate relationships (White, Klein, & Martin, 2015). Meanings that individuals derived from their exposure were: 1) a change in their role within the family; 2)
negative feelings around self in childhood; 3) negative feelings around the situations in childhood; 4) fewer negative feelings around self in adulthood; and 5) an increased understanding of parental circumstances in adulthood. Most participants perceived that their CEIPV impacted their adult attachment, leading to attachment avoidance and anxious behaviors in adulthood, repeated cycles or patterns of behavior, a desire not to repeat parental dynamics, and difficulty trusting and being close to partners.

In this present manuscript, the social cognitive theory was integrated into the qualitative exploration of adult attachment in intimate relationships among women exposed to IPV in childhood. The social cognitive theory (SCT) provides a framework to consider factors that can influence behavior. The SCT strongly highlights triadic determinism, which postulates that personal, socioenvironmental, and sociobehavioral influences can affect adult attachment in intimate relationships (Glanz, Rimer, & Viswanath, 2008). Personal influences may include personal factors such as communication and trust. It can also include personal cognition factors such as outcome expectations that can directly influence behavior or interact with environmental and/or behavioral factors to influence behavior. Socioenvironmental factors include external factors such as external stressors and individuals’ social environments, which could include risk or protective factors affecting behaviors. Behavioral influences include self-regulatory behaviors, leading to secure attachment (Mirzaei, Ghofranipour, & Ghazanfari, 2019).

Outcome expectations are the perceived consequences or outcome of a particular behavior. In this study, expectations of how a partner could react to proximity-seeking could lead to a change in attachment. Self-regulation refers to the cognitive process by which individuals control their emotions, thoughts, and behavior to achieve a particular goal (McAlister, Perry, & Parcel, 2008; Simons-Morton, McLeRoy, & Wendel, 2011). The cognitive process of self-regulation includes
the ability of an individual to monitor themselves or their behaviors in the relationship, set specific goals that they aspire to, provide themselves with positive feedback, reward themselves for successes, instruct themselves, and enlist the aid of their social support systems to achieve relational goals (McAlister et al., 2008).

Methods

A convergent mixed-methods study was conducted to explore the behavioral and socioenvironmental factors that frame perceptions of adult attachment in intimate relationships. This included a phenomenological approach to collecting and analyzing qualitative data and a descriptive approach to quantitative data collection and analysis. All study procedures were reviewed and received expedited approval by the University of South Florida Institutional Review Board (Pro00038018).

Materials and Measures

Questionnaires were used to assess quantitative information such as individuals’ demographic information, CEIPV, adverse childhood experiences (ACEs), and attachment orientations. The ACEs questionnaire identified participants’ exposure to intimate partner violence, child abuse, neglect, and household dysfunction. The Revised Experiences in Close Relationships (ECR-R) Scale is a 36-item measure that assessed participants' attachment styles identifying scores on the attachment avoidance and anxiety scales, enabling researchers to categorize individuals into secure and insecure (preoccupied, dismissing, and fearful) attachment styles. Individuals were categorized using cutoffs of general population norms for females which were a mean avoidant score of 2.9 (SD=1.2) and a mean anxiety score of 3.56 (SD=1.21) (as seen in Fraley, 2012: http://labs.psychology.illinois.edu/~rcfraley/measures/ecrr.htm). Semi-structured individual interviews elicited qualitative information on participants’ experiences in
childhood and their perceptions and experiences with navigating intimate relationships. Three interview guides pilot tested at a local domestic violence shelter were used to conduct multiple interviews with participants. However, this study focuses on the second and third interview guides, which elicited information on: 1) experiences navigating relationships; and 2) behavioral, social, and environmental factors that can influence attachment in intimate relationships.

Procedures

Study procedures, including recruitment and data collection, are highlighted in Figure 1. Eligibility criteria for participation were females between the ages of 26 and 40 exposed to IPV in childhood and currently living in the United States. Recruitment was done via Facebook using paid advertisements that targeted women who met the age and location eligibility criteria. These advertisements consisted of a flyer with study information and a link to the study’s Facebook page that included more details of the study, and a video introducing the study. An online screener was used to confirm eligibility by assessing childhood exposure to intimate partner violence with eligible individuals invited to contact the researcher or provide contact information based on their comfort level. Interviews were scheduled via email, phone call, or text message based on participant’s preferences and indicated availability.

*Figure 3.1. Study processes including participant recruitment and data collection*
All interviews were conducted over the phone. Demographic information and information on ACEs were elicited just before the first interview. Subsequent interviews were scheduled a week from the preceding interview. In situations where the timing was not convenient, participants were scheduled within a shorter time interval (less than seven days) or longer time interval (more than a week) between interviews. Following the second interview, participants were provided with a URL link to an online Qualtrics survey where they could complete the ECR-R questionnaire. Participants were compensated incrementally after each interview with gift cards of $10, $15, and $25, respectively (total of $50). Using multiple interviews facilitated rapport building and allowed for deeper disclosure and confirmation of information provided during previous interviews. All interviews were audio-recorded, and participants were also provided with the email and phone contact of the researcher should they have any questions or additions. Two participants sent follow-up emails sharing more information or recollections of their experiences, and the contents of these emails were added to transcripts of these participants’ interviews.

Analysis

Quantitative information was downloaded from Qualtrics into SPSS v.24, which was used to compute frequencies, percentages, and means for demographic information. Categories and mean scores for ACEs, CEIPV, attachment anxiety, and attachment avoidance scores, were also computed. Women were categorized into attachment styles (secure, preoccupied, fearful, and dismissing) based on the quadrant scores (see Figure 2.) (Fraley, Waller, & Brennan, 2000; Wongpakaran, & Wongpakaran, 2012).

MAXQDA 2018 was used for the management and analysis of qualitative data (VERBI Software, 2017). Transcribed audio recordings were coded based on a codebook comprising of
apriori codes and emergent codes identified following phenomenological reduction. A second coder coded about 10% of the transcripts, and intercoder reliability was reached (Kappa=0.73) on all major codes (McHugh, 2012). The primary researcher coded all other transcripts. Thematic analysis was done to identify common themes and subthemes related to the study’s research questions.

Results

The age range of participants was 26 to 38 years (mean=32). Most were White/Caucasian (68.2) and non-Hispanic (95.5%). The majority had at least some college education (72.7%), were heterosexual or straight (72.7%), and were employed full time (63.6%). CEIPV scores as reported in the screener documents ranged from 18 to 40 (Mean=25.9, SD=6.4). Most participants reported experiencing at least four or more ACEs (n=19; 86.4%). Mean attachment avoidance and anxiety scores in our sample were higher than in the general population of women, with a mean attachment avoidance score of 3.5 (SD=1.2), and mean attachment anxiety score of 4.5 (SD=1.6). Figure 2 shows the distribution of attachment styles within the study population. An equal number of participants had secure or preoccupied attachment styles (n=8), a fearful attachment was the next most frequent style (n=5), and only one participant endorsed a dismissing attachment style.

Among women who endorsed secure attachment styles (n=8), more than half were married (n=3) or in a relationship (n=2), while less than half were divorced (n=2) or single. Similarly, for participants who endorsed insecure attachment styles (n=14), more than half were married (n=3) or in a relationship (n=5) and fewer were single (n=4), divorced (n=1) or separated (n=1). Participants in the same category of marital status did not discuss specific contexts of exposure to intimate partner violence (for example, unidirectional CEIPV or maternal-
perpetrated IPV) more or less than those in other categories. This was also the same for categories of attachment style.

![Figure 3.2. Distribution of attachment styles in the study population](image)

Participants had varied experiences in past relationships. Many participants had past relationships that were worse than more recent relationships or were less than ideal. This included relationships where there was intimate partner violence (n=4), specifically coercive controlling violence, financial abuse, emotional/psychological, and physical violence. Some participants also discussed using substances as a relational tool (n=2).

“I’m not gonna lie, um when I was younger, I guess I won’t really say when I was younger, but before I had children, I thought LSD was a really great tool to use for that [to know or learn about each other in a relationship].”

~Brielle, 28 years, married, one child, secure, CEIPV score: 23
Attachment Experiences of Adult Women with CEIPV

*Partner's reactions to participant's proximity-seeking:* Specific information elicited from participants included how their partners reacted when they sought to be close to them and how partners’ reactions changed future closeness attempts. Findings were similar for individuals with different attachment styles. Partners' responses to participants' proximity-seeking included being receptive and reciprocating, not receptive and ignoring, distancing themselves, and pushing away participants.

*Participants’ behavior based on outcome expectations:* In situations where their partner was receptive, participants largely continued proximity-seeking behaviors. Some participants changed how they tried to be close to their partners based on their feelings about how their partners would behave. This included instances where participants found it hard to be close to their partner, withdraw from them, or stop proximity-seeking behaviors, especially in instances where a partner had previously been unreceptive of their proximity-seeking efforts. In a few cases, participants discussed changing their behaviors in response to a partner’s unresponsiveness.

**Socioenvironmental Factors Framing Adult Attachment**

**Behavioral Risk Factors**

Behaviors that hindered closeness were essentially the same across individuals with different attachment styles and included being distant/distancing, negative communication strategies, negative emotions, being disrespectful, and not living up to responsibilities. Among those who endorsed preoccupied attachment styles, two also stated that they were still trying to figure out these behaviors, and two others alluded to sabotaging behavior in their relationships.
All but one individual who endorsed fearful attachment talked about being distant as behavior that negatively impacted closeness with a partner.

**Distant/Distancing.** Within each attachment category, some participants discussed being emotionally distant as a factor that affected attachment. For participants who endorsed fearful attachment styles, the distance was described as being closed off, putting up walls, keeping things to themselves, and pulling away. Reasons given for distancing include a partner prioritizing people outside of their relationship and respected them more than her, an inability or hesitancy to trust (including a tendency to judge a current partner) based on the past. Examples of distancing discussed by those with secure attachment were being standoffish, having a non-compassionate outlook, and difficulty being close/honest. The participant with a dismissing attachment style discussed that she would feel easily overwhelmed or smothered and her need for space was a trigger for her trying to distance herself from her partner. Some participants with preoccupied attachment styles discussed a lack of trust as their motivation for being distant and engaged in sabotaging behaviors designed to push their partner away.

“*I would... not give him a chance to fix things. I can remember like asking questions that I knew the answer would piss me off.*”

~Fiona, 35 years, separated, one child insecure (preoccupied), CEIPV score: 26

**Negative Communication Strategies and Emotions.** Among participants with secure attachment styles, *negative communication strategies* included not communicating openly, not communicating in a respectful manner, arguing, being rash, and getting defensive quickly. Those with preoccupied attachment styles discussed not setting aside time to communicate as a negative factor.

The *negative emotions* such as jealousy, shame, and fear, which, while not necessarily behaviors, could influence people's behaviors. Participants with preoccupied attachment styles
talked about a fear of abandonment, fear of retaliation, and a tendency to either view a partner’s intentions as negative or anticipate adverse relationship outcomes. One participant with secure attachment mentioned the fear of rejection, fear of not being accepted, and shame hindered her ability to openly communicate with a partner and promoted difficulty with closeness and honesty.

“I think fear is a big thing which is along the same lines of acceptance like fear of someone rejecting you or not accepting a part of you makes it difficult for people to be close, honest and communicate completely openly.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

Miscellaneous other issues that were discussed included being disrespectful and not living up to their responsibilities. Being disrespectful to people, in general, was also discussed as a behavior hindering closeness, and one participant attributed this behavior to her parents. Not being good at household chores or other responsibilities could lead to arguments, thereby affecting closeness in an intimate relationship. Two participants with preoccupied attachment styles stated that they were unsure or still trying to figure out their negative behavior. One participant did not necessarily discuss specific behaviors that hindered closeness but talked about things that could negatively impact behaviors, such as mental health issues.

**Behavioral Protective Factors**

Similarly, key themes for behaviors that promoted closeness were also largely similar among individuals with different attachment styles. Participants discussed strategies they had utilized while seeking closeness in their intimate relationships. They also discussed specific behaviors and activities that promoted bonding. The main themes were openness, positive communication, spending time together, and doing things for a partner.
**Positive Communication.** Many participants saw positive communication as behavior that helped improve closeness with a partner. This included having open communication driven by honesty and empathy and being non-judgmental and accepting when someone confides in you. Open communication comprised discussing both the good and the bad in a non-argumentative manner. Communication also included having honest conversations about various topics, including a person’s history, and using strategies that minimize miscommunication.

**Vulnerability.** Several participants discussed being open and vulnerable as positive behavior in relationships. Participants discussed instances where they were open with their partners about their feelings, needs, and desires within the relationship and how it helped with closeness. One participant who had a fearful attachment style discussed how even though she does not usually open up in relationships, she has had instances where she did that in a bid to be close to a partner. Strategies that helped improve vulnerability were meditating together, shared eye contact, and openly communicating needs to one another.

“It’s creepy, it’s really weird to him, but I feel like I’ve been with people, and when we shared eye contact, we were able to hold each other and look each other in the eye we gained a lot of closeness, and we gave up a lot of our I feel like vulnerability. So that’s a way for me to like, feel close to someone when I can look into their eyes and like that’s a big thing for me now.”

~Brielle, 28 years, married, one child, secure, CEIPV score: 23

**Compromise.** The willingness to compromise was also a positive factor. Examples of compromise were cutting off friendships with opposite-sex friends because it made a partner uncomfortable and doing things for a partner even through the bad times.

“My husband and I have both gone through patches where I was so angry, mad, and so over things, but I did things for him anyway because I love him. I think loving each other and
being willing to do stuff for one another even through bad times has been just one of the biggest parts for us.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

**Addressing Trauma and Substance Use.** Some participants also discussed the importance of addressing trauma and substance use before getting into a relationship. One participant with a secure attachment style talked about the importance of understanding a partner’s trauma history and not holding on to past trauma as examples of things that could improve closeness in a relationship. She specifically took time off from dating, where she focused on herself and healing, which was helpful. Counseling helped in addressing trauma and improving closeness with an intimate partner. Religiosity, a belief in God, or prayer was also discussed as helpful for dealing with trauma; however, one participant said that a lack of professional training could limit the church’s ability to help people deal with trauma. One participant with a secure attachment style described that letting go of hatred for someone who sexually abused her in childhood was helpful. She achieved this through prayer and a supportive relationship with her mother. A participant with a dismissing attachment style discussed how getting sober significantly impacted closeness in her relationships. She discussed that having her partner also work on his issues with anger management helped.

“I mean getting sober definitely had a major improvement. And then like him working on his stuff has helped... the anger management”

~Staci, 30 years, in a relationship, 1 child, insecure (dismissing), CEIPV score: 21

**Active Connection.** Being connected with a partner was a theme that was prevalent across interviews. In addition to communicating, other ways to be connected to partners included spending time with them and doing things for them. Spending time was necessary, and participants discussed strategies with which they spent time with a significant other. This
included doing activities together as well as just spending time in the home. Specific examples were spending family time together, prioritizing couple time, exploring, and going to new places or on little day vacations. It was essential to bond during these times and not just spend time together without communicating. Doing things for a partner, such as making their favorite meal, was also positive. Two participants who had secure attachment styles said learning a partner’s “love language” helped inform strategies to get close to their partner.

**Self-Regulation.** Some participants’ narratives included reflections centered around recognizing behaviors or patterns that did not work for them in past relationships. This was either self-realization or a discovery made with the help of therapy. Some participants discussed how they did not want to continue these negative patterns of behavior or how something had to change.

“It made me pull away very much, maybe not in the beginning. But I think in both instances, I kind of came to a point where it’s not like doing me any good like a rat on a wheel. No matter what you do, no matter what you say, no matter how you communicate, they’re not willing to change. I guess I’m just thankful that I knew who I didn’t want to be with, someone like the people I was raised by.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

“I think I’ve learned... I think from past relationships to this one, I think the main thing that I’ve learned is probably that you get more bees with honey like, I’m not gonna get anywhere with him if I bitch at him excuse me for my language. If I argue with him versus if I just express to him in a healthy way what I was expecting but still showing him appreciation for what he did.”

~Tianna, 28 years, in a relationship, no children, secure, CEIPV score: 24
“I realized that every relationship was ending the same way. So, I needed to step back and really think about what it is that I want. And I have to think back and step back and think about what it is I can what it is that I can provide... I’ve definitely gotten therapy in the past. Over the summer, in August, that was really short, but I’ve done therapy in the past, and I was able to find those patterns and think about where these insecurities come from. And talk about how my childhood plays a big role in it, and then I was able to recently talk to my mom about it, about some things. Now I’m definitely more communicative in how I feel and what I’m thinking only because it just brings a lot of headache. In the past, I didn’t, and I would just assume stuff, and they would be assuming things, and none of those things were accurate, and then it just ends up badly, or someone ended up getting hurt, or both people end up getting hurt. So, all of that was really just a waste of time when you really can just talk to them. So, I’m really big on saying how I feel and providing a space and a space being provided to me where we both feel comfortable sharing.”

~Madeline, 28 years, in a relationship, no children, secure, CEIPV score: 29

Sometimes, they attributed the negative patterns to a partner’s unwillingness to change behavior. In some instances, participants discussed a realization that there was a need to change their own behaviors and discussed strategies they had implemented that were helpful in relationships. One participant tried to adopt new strategies with her ex-husband while they were still together, but he was unwilling to work with her to implement them.

“And then later I did get into therapy and start learning about it and trying to kind of identify when certain behaviors of mine are being triggered by fear and anxiety rather than an appropriate response situation. And unfortunately, by that time, we had already been together, probably about eight years. And he was disinterested in kind of changing the way
we communicated and changing the way that our relationship was established, didn’t want to have that those conversations with me didn’t want to partake in counseling.”

~Aurora, 35 years, in a relationship, no children, insecure (preoccupied), CEIPV score: 22

Sometimes steps participants took to secure attachment in their relationship involved enlisting social support systems to help achieve these goals.

“I’m just trying to really be aware of the things that I tend to do. Like, like I have a tendency to fall in love quickly and to get clingy quickly and all of that. I have to really be aware of myself and my tendency, especially in an early stage of a relationship, and watch myself. Make sure I’m not overlooking red flags, and then make sure that I’m communicating with my friends, like people that I trust, for relationship advice. So, I can talk to them about stuff. That way, in conversation, something that I might say that is a red flag that I’m not picking up, you know, they might be, and I know they’ll say something to me about it, bring it to my awareness and notice things.”

~Fiona, 35 years, separated, one child insecure (preoccupied), CEIPV score: 26

Social Environment

Discussions around social environment included family and friends, media as with television, news, and social media (e.g., Facebook, Instagram, etc.), including social media habits. Responses varied and included if and how social interactions influenced closeness with their partners. There were no distinct responses that stood out based on individuals’ attachment styles.

In-Person Social Environment. Participants who were not influenced by seeing how other real-life couples behaved recognized that what other couples had may not be what they want in their own relationship. Participants influenced by other couples changed their behaviors based on how they viewed those couples’ relationships. When observed couple’s relationships were viewed
positively, participants wanted to learn from and possibly model their relationships after them. Some participants learned from other couples by directly asking for advice from friends. Similarly, when observed couple’s relationship was viewed negatively, participants modeled these negative behaviors or took steps not to repeat these behaviors. Additionally, some avoided situations where they observed people going through divorces, having issues with infidelity, or other problems in their relationships. Observing other couples’ relationships was more influential when participants were younger or in earlier stages of a relationship and less influential over time. Lastly, observing other couples can highlight successes or deficiencies in participant’s relationships.

**Media/Online Social Environment.** Perceptions of and how media affected an individual’s closeness in relationships were similar to perceptions for in-person interactions. The majority of individuals stated that it did not influence relationships. Some participants said that they were able to learn from social media. The majority of participants also talked about online social media as one that had positives and negatives. Positives include saying nice things to your partner and acknowledging them online, while negatives include putting them down online and airing “dirty laundry” on social media. Participants largely discussed how unrealistic social media is as it is not representative of real life since it mainly highlights the positive. Another similarity was how as time went on in participants’ relationships, they became less likely to be impacted by posts on social media. The media had some positive aspects as some participants discussed how watching some shows that have marriage counseling or joining Facebook groups that offer some marriage counseling could help with closeness in their relationships.

**Social Media Habits.** Some participants did not perceive that social media had affected closeness in their relationships, while some felt that it had. Two participants’ social media habits
had affected closeness in their relationships because they were active constantly on social media, which affected their one-on-one time with their partners. One participant talked about how she had to learn to put away social media and be present during dates. Participants that stated social media did not affect their relationship discussed that they kept their relationships separate from their social media. Another aspect of social media habits that affected participants’ closeness in their intimate relationships was their partners getting upset over something they posted themselves, a post of them that another person made, or receiving messages (including unsolicited messages) through social media.

**Environmental Factors**

Various environmental factors had both positive and negative impacts on relationships, depending on the context. The most often factors discussed were work, finances, children, health issues, and loss. These factors were often seen as stressors and affected all participants, irrespective of their attachment styles. Interestingly, two participants who had secure attachment styles discussed how stressors brought them and their partners closer together.

**Work.** Individuals’ jobs sometimes affected closeness in a relationship because it could be time-consuming, taking away from time spent with a partner, or could lead to exhaustion which could be a barrier to intimacy. In addition, stress from work could negatively influence behaviors or communication and consequently affect the relationship. One example was a participant whose partner communicated aggressively with her when he was stressed from work. Stressful work environments could also make partners less tolerant of things that would previously not be as bothersome. Stress attributable to work, including being overcommitted at work, can affect the ability to connect with a partner because it could make an individual more self-involved, which is unfair to the other partner. This can particularly strain a relationship
where a significant other is more “needy” than in situations where they are not. Sometimes, job demands included relocation or travel, and this distance can strain couples’ relationships due to differing schedules and time zone differences. On the positive side, one participant talked about how work brought her closer to a partner. The couple had similar jobs, and because they could understand the work aspects of each other’s lives, it brought them closer.

**Children.** Having children can enhance or limit closeness in intimate relationships. Participants who were single mothers discussed that their children are their number one priority, and even though some partners are respectful of this, it could affect closeness. Reasons for this include that children can take much time. Additionally, situations where there is animosity between children and a potential or new partner also made participants hesitant to get close to that partner. There were also situations where children brought couples closer together, including shared experience of the birth and spending time with children as a family.

**Finances.** Financial struggles were a source of stress that could affect closeness with a partner. Financial issues, including situations where a partner was irresponsible with shared finances, can influence other aspects of life, such as housing. Financial struggles can also affect individuals’ moods and their behavior, leading to disagreements. Methods of coping during financial struggles include a conscious decision not to take out resulting frustrations on each other. Finances can also affect closeness in long-distance relationships as it could be financially tasking to travel to see a partner. Difficulty in getting paid time off can also impact one’s ability to take time off work. Two participants discussed that because they were financially independent, finances were not a stressor in their relationships. For one participant, giving up her source of income increased her vulnerability and closeness in her relationship.
**Health.** Some participants discussed the impact physical and mental health concerns had on their intimate relationships. Concerning physical health, chronic health issues such as pain made one participant less willing to pursue closeness in her relationships as she perceived that it would be burdensome to partners. Physical health issues can also affect relationships where a particular health condition causes hormonal and mood changes. Regarding mental health, participants discussed experiences dealing with a mental breakdown and other mental health issues such as depression, postpartum depression, and bipolar disorder. These mental health changes affected their behavior and, in turn, their relationships with their partners. However, positive aspects of this included mental health challenges motivating individuals to seek help. A key aspect of how a mental health issue can affect a relationship is how a person’s partner deals with the issue. In one situation, a participant’s partner left the relationship when the participant became depressed. However, cases where a partner was supportive during this mental health challenge helped improve the relationship's closeness.

**Loss.** Having a loss in the family can negatively affect closeness in a relationship or lead to improved bonding. The loss of a family member, including a child, can be devastating and lead to significant stress within the relationship. A partner can feel helpless in this situation as he or she does not know how to provide comfort to the grieving individual. In some circumstances, a loss can lead to the end of a marriage or relationship. On the other hand, for some participants, the death of a loved one brought them closer to their partner, who was present and caring in that time of need. Even in situations where a partner did not necessarily do anything to help, just being there can be a bonding experience. Some participants also discussed circumstances where they and their partner lost people simultaneously, which led to bonding over the shared loss.
Participants highlighted the challenge of taking care of one’s mental health and being mentally there for a partner in instances of shared loss.

**Other.** Environmental factors such as imprisonment, moving, relocating, living with others, substance use, and shared trauma were discussed as factors that affected relationships negatively. A partner going to prison was a significant stressor for a participant because of the separation time, which impacts closeness. Similarly, moving, relocation, and living with others can make it difficult for individuals to maintain closeness with their partners due to lack of communication and stress arising from living with someone else. One partner dating other people concurrently was also described as negative. Another negative factor was substance use which can compound other problems. Using alcohol can negatively impact a relationship.

Positive environmental factors included shared experiences, and participants described big experiences, near-death experiences, and bonding fun experiences as things that improved closeness. Successes can also bring a couple together as they celebrate them together. Two participants described how stressful situations were something that brought them and their partners closer together.

“In the past, when we were newer in a relationship, stress did influence our relationship. I think sometimes maybe it added more stress. But these days, we rely on each other more in times of stress, learning each other’s love language and knowing what the other person needs when they are stressed are really big, but stress does affect everything. When you’re stressed, and they have a lot going on, for example, for a long time I worked nights, he worked days, and we both worked more than full time, the kids still had school activities and everything else, and it can be almost kind of overwhelming. I think we managed that well with one another where we’re willing to say it’s affecting me because you’re not doing this, can you please? A lot of times, we don’t even need to say those things anymore. I think a lot
of times, people have problems early on in their relationship because they’re expecting something without actually communicating to the other person expecting it.”

~Victoria, 35 years, married, 2 children, secure, CEIPV score: 20

Discussion

This paper aimed to describe participants’ attachment experiences and identify social, behavioral, and environmental factors that could influence closeness in intimate relationships among women exposed to IPV in childhood. Among the women interviewed, the majority endorsed insecure attachment styles. However, it is not possible to tease out the relative contributions of CEIPV and the influence of the other ACES which all participants reported.

Participants’ descriptions of experiences that they had had in relationships were varied. Those who currently endorsed secure attachment styles described behaviors indicative of high attachment anxiety and/or avoidance in their past relationships. These findings are in line with literature that discusses attachment styles as evolving based on continued experiences and not static constructs (Godbout et al., 2017; Simpson & Rholes, 2017). For some women, their descriptions included unhealthy past relationships, including exposures to intimate partner violence themselves. All but one woman who endorsed a secure attachment style described the recognition of negative behavior patterns and deliberately set goals to prevent future occurrences of these behaviors. These actions are similar to monitoring and setting goals that are distinct steps in self-regulation – a concept of the social cognitive theory. It is possible that engaging in self-regulation plays a role in developing future secure attachment, and future in-depth research on this would help uncover more information.

The participants mainly discussed how they were able to recognize unhealthy patterns and were working on them. Another feature seen in individuals who identified as secure was the presence of a supportive partner who could connect with them. It is important to note that
participants’ partner’s attachment styles and behaviors can largely influence their own attachment behaviors. While there are inherent behaviors or preconceived ideas of how a potential partner would behave that may have developed from past experiences, a consistent and supportive partner may be helpful and form a secure attachment with individuals who experienced trauma in childhood.

From the women’s accounts of their experiences in relationships, the majority who engaged in relationships that moved quickly discussed that those relationships had failed. This was primarily seen in women with insecure styles. An individual’s attachment anxiety may account for rapidly starting a relationship as individuals with high levels of attachment anxiety are prone to worry or are afraid of abandonment or rejection. It is possible that other features of individuals with high attachment anxiety, such as being controlling, hypervigilance to signs of separation and distress, and perception of conflicts as threats (Riggs, 2010), could have played a role in the lack of longevity of those relationships.

The women discussed several risk and protective behavioral factors. A key factor was communication and adopting positive ways of communicating or seeking closeness with a partner. Women who endorsed insecure attachment styles additionally discussed negative patterns in their relationships, such as self-sabotaging and putting up walls or withdrawing. On the other hand, another protective factor that women discussed was self-reflection and taking action towards promoting closeness based on seeking resources or engaging in bonding activities. While some participants could provide much information about behavioral factors that had affected closeness in their intimate relationships, some offered little information. This could indicate that some participants had less insight into their specific behaviors that posed a risk in their relationships.
Although environmental factors were identified as potential stressors in intimate relationships, it appears that the impact of these stressors on closeness in women’s intimate relationships were negative or positive based on how the couple reacted or dealt with the stressor. For example, a participant’s mental health issues led to separation from their partner; however, there were instances in which former/current partners supported participants who had mental health issues. Another example was loss being seen as an environmental risk factor as well as a protective factor. Individuals who described it as a risk factor described a partner not knowing what to do or blaming them for the loss. In situations where the loss was considered a protective factor, participants described supportive behaviors from their partners. Some individuals who were categorized as having insecure attachment also described the loss as a protective factor. This is in line with literature that suggests that under stressful situations, individuals with insecure attachment styles are unlikely to demonstrate insecure attachment when their partners act as a buffer which helps them behave more constructively and experience less negative affect (Simpson & Rholes, 2017).

**Strengths and Limitations**

This study has limitations inherent in all qualitative research, including a decreased ability to generalize study findings to the larger population. However, this study is novel in that it explored adult attachment in the context of close relationships and how socioenvironmental factors could affect attachment among women exposed to IPV in childhood. Findings from this study can be used in designing a large quantitative study to analyze how childhood trauma and multiple behavioral, environmental, and social factors can impact individuals’ attachment.
Implications

This study intended to understand how personal, sociobehavioral, and socioenvironmental factors can affect adult attachment. An earlier manuscript described how perspectives and meanings derived from CEIPV, other childhood experiences, and adult experiences can affect adult attachment. From this study’s findings, it is clear that in addition to meanings that individuals derive from these childhood and adult experiences, the interaction between personal, socioenvironmental, and sociobehavioral factors can influence adult attachment. This emphasizes the importance of a clinical perspective that does not consider only meanings derived from childhood when addressing issues related to adult attachment. Clinical interventions should also consider triadic determinism, understanding that personal, socioenvironmental, and behavioral factors, including individual’s behavior and their partner’s behaviors that can affect, modify, or change adult attachment.

Promoting social supports in the form of mentorship and increasing exposure to couples in healthy relationships may help a child develop a baseline secure attachment. Additionally, interventions for women can also include mentorship and social support systems, as some women found it helpful to learn from social environments in adulthood.

The role of stressors is an essential aspect of attachment in intimate relationships. Participants in this study discussed financial stressors as problematic for attachment in relationships. This is in line with literature that found that financial hardship presents great challenges for couples who also have limited resources to address this difficulty. Above promoting positive relationship skills, interventions that help to increase financial stability among struggling couples can lead to a stable relationship down the line (Neff & Karney, 2017). Additionally, clinical interventions that increase the ability of partners to act as a buffer in times
of stress may be helpful to promote connectedness and closeness in relationships (Simpson & Rholes, 2017). Couples counseling may be a valuable tool to achieve this aim (Frisby, Byrnes, Mansson, Booth-Butterfield, & Birmingham, 2011).

References


SECTION IV: CONCLUSIONS AND PUBLIC HEALTH IMPLICATIONS

Overview of Findings

The two manuscripts presented provide an understanding into the lived experiences of women who were exposed to intimate partner violence in childhood as well as factors that influence their attachment in adult intimate relationships.

The first manuscript sought to understand experiences of childhood exposure to intimate partner violence (CEIPV) as well as perceptions of how this exposure affected attachment in adult intimate relationships. This manuscript had two aims which were: 1) to utilize symbolic interactionism to explore perceptions of CEIPV and how these exposures could have impacted adult attachment; and 2) to utilize symbolic interactionism to understand perceptions of relationship factors that play a role in the development of adult attachment in intimate relationships. Research questions were: 1) How do adult women who had CEIPV perceive these exposures; 2) How do women who had CEIPV perceive this exposure to have affected their adult attachment; 3) What do women perceive to be ideal with regards to attachment in an intimate relationship; and 4) What are perceptions of relationship goals, values, and trajectories that can influence adult attachment among women who had CEIPV?

The first research question sought to understand how adult women who had CEIPV perceive these exposures. Understanding the perceptions of these exposures is important because it provides a lens into understanding the basis for how these exposures can affect intimate relationships. Participants’ experiences of exposure to intimate partner violence in childhood varied with regard to the directionality, type, and severity of exposure. Women described
unidirectional violence more than they did bidirectional violence, and both parents were equally the primary aggressor. All participants described emotional/psychological violence between their parents, while some gave accounts of physical violence. There was variability in their perceptions of the severity of this violence, which was often a significant traumatic event that participants recalled. Women recollected playing either a passive or more active role in the violent incidents in childhood. They also discussed instances where they had to adopt adult roles to help care for their younger siblings or care for an incapacitated adult as they grew up in these adverse circumstances. Childhood perceptions of these exposures included multiple negative feelings such as shame, blame, or guilt; however, by adulthood, perceptions often had evolved and there were fewer negative feelings and an increased understanding of why the violence might have occurred.

The second research question went further to explore how women who had CEIPV perceived these exposures to have affected their adult attachment. Almost all the women agreed that their CEIPV had affected their own adult attachment. They discussed that it led to them withdrawing from relationships, having increased anxiety in relationships, and repeating negative cycles or patterns in their own adult intimate relationships. Those who stated that CEIPV did not affect their adult attachment described steps they had taken or mental processes that had played a role. This included actively avoiding adopting their parents’ behaviors. They also discussed increased awareness and ability to recognize the toxic traits of a partner or potential partner and then avoiding that relationship.

Research questions three and four aimed to identify what women perceive to be ideal with regards to attachment in intimate relationships and their perceptions of relationship goals, values, and trajectories that could influence their adult attachment. Participants’ perceptions of
ideal attachment in intimate relationships included friendship, high levels of trust, and honest, open communication. Additionally, elements of a secure relationship such as a partner providing a safe haven and a secure base were evident in the participants’ descriptions. Regarding perceptions of relationships that could affect adult attachment, there were multiple values that participants noted could influence adult attachment. These included values similar to perceptions of ideal attachment in intimate relationships and involved trust, communication, and honesty. Having different goals or values could affect attachment in a relationship depending on what those goals and values were and how important they were to the couple.

Participants also had varying views on how achieving or not achieving relationship milestones might affect attachment in their intimate relationships. Participants who believed that it would affect attachment in their relationships believed that not meeting those milestones could make them question their partner’s motives or the realness or progression of the relationship. Those who did not believe that it would affect their attachment discussed how their focus was on having a healthy relationship. Overall, findings from the first manuscript emphasized the importance of perceptions and meanings especially related to trauma and how these events are processed. It also highlighted perceptions of partners’ characteristics and relationship factors that are important to consider in examining CEIPV and adult attachment.

The second manuscript builds on the first manuscript by identifying a more distal layer of factors to consider in the development and transformation of adult attachment in intimate relationships among women who were exposed to IPV in childhood. While the first manuscript focused on respondents’ perceptions and meanings related to CEIPV and relationship factors that could impact adult attachment, the second manuscript focused on identifying environmental risk and protective factors for adult attachment.
The aim of the second manuscript was to understand behavioral and socioenvironmental influences that frame perceptions of adult attachment in intimate relationships among adult women who had CEIPV. Research questions were: 1) What attachment experiences have adult women who had CEIPV had while navigating intimate relationships? and 2) What are perceived risk behavioral and environmental factors that influence adult attachment in intimate relationships among adult women who had CEIPV?

Regarding the first research question, participants discussed specific ways that they had sought to be closer to their partners. Closeness attempts were either well received or not well received and/or unreciprocated. In situations where partners were receptive, participants continued to seek closeness with these partners. However, for partners who were not receptive or who were receptive but did not reciprocate, participants discussed that their partners’ behaviors made them want to withdraw or pull away. In a few cases, partners who were unreceptive led participants to change how they tried to be close to them.

The second research question furthered the understanding of factors that influenced adult attachment by identifying perceived risk behavioral and environmental factors among adult women who had CEIPV. Behavioral risk factors included being distant/distancing themselves from partners; negative communication strategies such as not communicating openly, being defensive or being argumentative; negative emotions such as jealousy shame and fear; and others such as being disrespectful and not living up to responsibilities. Behavioral protective factors included positive communication strategies such as open communication with honesty and empathy; being open and vulnerable; willingness to compromise; addressing past trauma and substance use; seeking opportunities to actively connect; and self-regulation.
The participants’ social environment was perceived to sometimes have either positive or negative impacts on closeness in their relationships depending on the specific context and the surrounding circumstances. Similarly, previous environmental factors had positive and negative impacts on closeness in relationships depending on the specific context and how these factors are approached by the couple. Environmental factors that were discussed often, included finances, children, health issues, and loss. Environmental factors that negatively impacted closeness included imprisonment, moving, living in a new location, living with others, substance use, shared drama, and successes in life. Positive factors included shared experiences and successes in life.

Findings from both manuscripts complement each other by providing a more robust understanding of adult attachment in intimate relationships among women who were exposed to IPV in childhood. They provide information that suggest that meanings that individuals derive from their childhood and adult experiences and interactions as well as environmental and behavioral factors can play a role in the development and transformation of adult attachment. There was no clear link between CEIPV and the development of insecure attachment. The interplay of multiple factors including other ACES, partners’ own attachment behaviors and other relationship factors infers that there are too many factors to consider in determining a direct relationship between CEIPV and adult attachment. However, these findings suggest that in clinical practice, it is worth considering all these factors when addressing issues with adult attachment for women who have been exposed to IPV in childhood.

**Theoretical Implications**

This study applies symbolic interactionism and the social cognitive theory to examine adult attachment in intimate relationships in a way that has not been done before. The study’s
contribution to the literature on symbolic interactionism and the social cognitive theory as they apply to the relationship between CEIPV and adult attachment, is five-fold. This research contributes to: 1) an understanding that the meanings that individuals attribute to CEIPV influence their adult intimate relationships based on symbolic interactionism; 2) demonstrate that the ways that individuals make sense of their experiences in intimate relationships also influences their attachment in intimate relationships; 3) highlight the principle of triadic determinism in the social cognitive theory by demonstrating that the interaction between individuals, their social environment, and other environment can influence attachment behaviors in intimate relationships; 4) emphasize that outcome expectations can lead to a change in proximity-seeking behaviors; and 5) show that self-regulation can play a role in individual’s change in their proximity-seeking behaviors.

Symbolic interactionism provides an appropriate lens with which to view the relationship between CEIPV and adult attachment. The first assumption of the theory is that individuals’ actions towards things, including each other, are based on the meanings they attach to those things and the contexts of situations (White, Klein, & Martin, 2015). Firstly, meanings that participants in this study gave to their CEIPV included meanings around self and the situation. Meanings around self that were discussed by participants included negative feelings and emotions, such as guilt, shame, fear, and poor self-worth. Meanings around self in relation to the situation of CEIPV included feelings of distress and helplessness. Some of these meanings continued into adulthood as participants discussed feelings such as poor self-esteem in their adult intimate relationships. These meanings affected their behaviors in adult relationships. For instance, one participant described avoiding closeness with an intimate partner because of poor self-worth leading to a belief that she was not worthy of love. Meanings around the situation
largely focused on perceptions that it was not normative. To participants the situation was viewed as unhealthy. Ways that these meanings could have influenced their actions towards intimate partners included viewing their childhood situation as not normative and recognition of red flags and partner attributes that were less than ideal more obvious. This also played a role in the recognition of their own unwanted behaviors in relationships, such as aggressiveness.

The second assumption is that meanings arise from social interaction with others (White et al., 2015). Asides from the meanings individuals derived from CEIPV, they also derived meanings from their interactions with previous and current partners in their adult intimate relationships and from their interactions within their social environment. Sometimes, these meanings were negative as seen in an increased tendency to distrust future partners after interacting with a past partner in a distrustful relationship. The third assumption is that meanings are managed and continually transformed through a process of interpretation that people use to make sense and mediate the things they encounter (White et al., 2015). In this study, this assumption is fulfilled in that participants discussed their interpretations of their attachment experiences in relationships (including interpretations that were reached with the help of therapy). Additionally, they also discussed changes that they had undergone including in their views or meanings based on their interpretation of their experiences. An example is participants who recognized that they had to do something different in relationships in order to have different outcomes.

The principles of social cognitive theory were also highlighted in this study, specifically, triadic determinism, outcome expectations, and self-regulation. The social cognitive theory places a large emphasis on triadic determinism which refers to the dynamic interaction between personal, socioenvironmental, and sociobehavioral influences as a basis for human behavior.
Participants discussed the personal influences which included personality traits such as honesty, patience, and vulnerability that improved closeness with their partners. Additionally, participants also described environmental factors such as work, life events, children, and finances as factors that had either a positive or negative impact on their relationships. Participants’ social environment such as their interaction with their spouses as well as their interaction with friends and family impacted their behaviors in relationships. Furthermore, these factors often interacted together to influence closeness in relationships. An example was seen in situations where participants had stressful life events, however at that time had positive interactions with their spouses which resulted in increased closeness in their relationships. Participants’ beliefs about the anticipated consequences of seeking closeness in their relationships, i.e., outcome expectations (McAlister et al., 2008), also drove their future behaviors with that partner or in a future relationship. Lastly self-regulation which refers to the cognitive process by which an individual controls his or her behavior to achieve a particular goal (McAlister et al., 2008; Simons-Morton, McLeroy, & Wendel, 2011), was described by participants as being helpful for improving closeness in relationships. Steps in the process of self-regulation are monitoring, setting goals, constructive feedback, reward, self-instruction, and engaging social support systems (McAlister et al., 2008), and participants’ descriptions mostly aligned with monitoring, setting goals, and the engagement of social support systems.

Adult attachment theory has been criticized for not taking into account the contextual factors of the environment as well as individuals’ lived experiences (Buchanan, 2013). This study addressed that criticism by considering those factors as it promotes an understanding of adult attachment as a process through a symbolic interactionism and social cognitive theory perspective. Of note is that even though adult attachment may place individuals at higher risk for
conflict, it is a deviation from feminist and gendered views of IPV that endorse explanations of coercive control (Buchanan, 2013). Future studies that investigate conflict in relationships based on adult attachment will benefit from considering other views of IPV including coercive controlling theory and how it relates to adult attachment.

Findings from this study stress that there are multiple lenses with which to understand intimate partner violence. Utilizing just one theory to explain violence may be limiting. There is a need for future research to integrate different schools of thought. An example of this is applying adult attachment theory and coercive controlling theory to understand more comprehensively reasons for violence. Furthermore, these findings also suggest that adult attachment can be used as a lens to conduct research on intergenerational parenting practices. Participants in this study clearly described ways in which their relationship with their parents affected their relationships with partners, including learned relational behaviors. Similarly, their experiences with their parents may have also led to learned parenting behaviors. Although not explored in this study, this would be an interesting addition to future work.

**Study Strengths and Weaknesses**

This study has a number of strengths. To date there is limited research that has examined adult attachment in intimate relationships among women who had CEIPV. Additionally, few, if any of these studies have examined this phenomenon qualitatively. Furthermore, the study utilized a theoretical basis in its design and in the interpretation of findings. Utilizing a mixed-methods design enabled the researcher to use validated instruments to assess participants’ adult attachment styles as well as other ACEs which often cooccur with CEIPV, compounding trauma. Additionally, the study elicited contextual information on CEIPV to provide a richer understanding of participants’ experiences in childhood. Multiple interviews were used to collect
information from women which increased the ability to establish rapport with participants and confirm information that was previously gleaned. Finally, the study utilized a sample of women recruited from the general population (not a clinical sample).

Weaknesses are also present. The study focused on women – one member of the dyad in an intimate relationship – which limited the ability to fully understand relational dynamics. However, because the study was designed to elicit longitudinal information on experiences in intimate relationships (i.e., past and current relationships), it would have been difficult to conduct dyadic studies involving past and current partners.

The wide range in ages of participants was another limitation of the study. This limitation centers on the fact that individuals at different ages have different recall about past events. Furthermore, because individuals change over time, interpretations of experiences may differ due to maturation and life experiences.

Another limitation of the study is that it assessed retrospective accounts of CEIPV in which participants recollections of events may be colored by time. If it were possible, a longitudinal study following children with exposure to intimate partner violence over time will yield a much deeper understanding and provide a clearer picture of the impact of the exposure. The use of Facebook as a recruitment tool may also have caused selection bias as mostly only individuals who use Facebook were included in the study. Another weakness of the study was that three participants did not fully complete the ECR-R scale, an error that was discovered after completion of data analysis. For these participants, calculations were made to account for this error. Because item responses were missing, means for these participants were calculated by dividing total scores by the number of items available. Scores for those items if they had been
completed could have increased or decreased the final mean scores of attachment avoidance and attachment anxiety.

**Implications for Policy, Practice, and Future Research**

**Practice Implications**

This study was driven by the need to understand how CEIPV influences adult attachment in intimate relationships as well as to identify risk and protective factors that could possibly be targeted during interventions for this population. In this study, participants perceived their childhood exposure to intimate partner violence to have significantly affected their ability to attach securely to their partners. However, it is likely that it is the interaction between multiple factors as well as the context of individuals’ experiences that play a role in adult attachment. It was also evident from women’s narratives that their partner’s attachment behaviors can have an impact as well.

In addition, aside from CEIPV, other significant traumatic events in the participants’ childhoods such as parental substance use, absenteeism of parents due to divorce/separation or incarceration, parental mental health issues, and being victims of child abuse themselves all fed into their narrative and influenced attachment behaviors. Intervening in these cases will likely involve a longitudinal approach that begins in childhood. Participants discussed the need for a safe space where children can talk about what they are experiencing without the fear of their parents getting into trouble. Unfortunately, creating these spaces for children may be challenging due to laws around mandatory reporting and the welfare system. Strategies to address this includes involving adults who can provide these spaces without having to report, such as therapists. Another strategy is the use of social media to create online safe spaces for children and adult women where they can talk about their experiences with the ability to remain
anonymous. These spaces can create a supportive environment where individuals can interact with other individuals who may have had similar life experiences. Additionally, the role of accessible and appropriate counseling/therapy for both children and adults cannot be overemphasized. In this study, women talked about how therapy had helped both in identifying issues as well as developing strategies to address these issues.

These findings also have implications for the generic counseling of women and couples who are having relationship issues. More and more women are having difficulty building and sustaining intimate relationships and there is a likelihood that these individuals will seek counseling to address this issue. However, it is not always the case that counselors/therapists take into account their past childhood experiences. This study helps support the need for CEIPV to be screened for during these sessions as well as other traumatic experiences.

From a public health perspective, implementing mentorship and support groups for children and women with CEIPV will be helpful. Health education strategies that aim to increase knowledge of healthy relationships and strategies for developing and maintaining healthy relationships could be implemented for children and adults. The goal is for early intervention to limit the development of insecure attachment styles in the first place, however, secondary prevention for adolescents and women is also important. Because the social space can be a point of influence for some women, developing interventions that involve these online and in-person social environments may be helpful.

These findings also have immediate public health implications. Providing this information to service providers who interface with children and adults who experienced childhood trauma and insecure attachment styles, could be helpful. Delivering information related to these study findings to social workers, mental health workers, marriage counselors,
mediation experts, school personnel, among others could inform their practice at a more proximal level. Providing this information as continuing education units may encourage individuals to access the information in a way that will be useful for improving their service delivery. This study could also inform the operation of child abuse and domestic violence service systems as well as public health systems.

Policy Implications

Findings from this study may also have implications for policy in multiple settings across the lifespan and include interventions that are focused on children who are exposed to IPV, adults who were exposed to IPV as children, and families where adversities occur. For children who are exposed to IPV, there is a need for policies that prevent IPV as well as those that mitigate the impact of this trauma in childhood. Asides from IPV, this study found that each participant had experienced at least three ACEs. This finding also calls for continued funding for established policies and new policies to implement programs that incorporate strategies for preventing and mitigating ACEs. These strategies include building resilience in children and their families, strengthening economic support for families, promoting social norms that protect against violence and adversity, alleviating parental stress, connecting youth to caring adults and activities, increasing screening for early identification and treatment, and intervening to lessen immediate and long term harms (Bellazaire, 2018; Centers for Disease Control and Prevention (CDC), 2019). Legislation focusing on ACEs such as those addressing trauma, adversity, and toxic stress in childhood, has been enacted or adopted by a minimum of 31 states including the District of Columbia. These bills support the creation of new taskforces or work groups, providing training on ACEs and trauma-informed practices, and strengthen support for behavioral health of children.
Policies that focus on fostering family and child resilience include funding programs that help build positive parenting skills and support safe, stable, and nurturing relationships. An example of this is the federally funded Maternal, Infant, and Early Childhood Home Visiting Initiative (MIECHV) which provides funding for all 50 states to provide home visiting services for at-risk families. Home visiting programs have been shown to have positive benefits such as reducing child abuse and neglect, promoting positive interactions between parents and children, better quality parenting, and improving parents’ mental health. Many of these benefits are relevant to this population as participants described deficiencies in these aspects during their childhood. There needs to be continued advocacy efforts to highlight the importance of these programs, recommending continued funding, and encouraging revising program policies to include an emphasis on fostering secure attachments.

Another important policy implication is the need to bolster economic support for families. Strengthening economic supports for families is a strategy that can reach across multiple generations and will be helpful towards stopping the cycle of violence. These policies include increasing financial security in household through tax credits, childcare subsidies, livable wages, and other forms of temporary financial assistance as well as promoting work policies that are family friendly such as paid leave and flexible and consistent work schedules (CDC, 2019). The benefits of bolstering economic support for families include increasing economic stability and family income which leads to reduced parental stress and depression (CDC, 2019).

Policies that address mental health and substance use disorders are also important. These policies include a focus on children’s mental health that addresses the immediate effects of trauma and adult mental health focused more on the long-term impact of trauma. In this study, almost all participants as children lived with an adult with mental health issues. Additionally,
several participants also discussed their own experiences with mental health issues which were perceived to have a negative impact on their adult attachment. There were also substance use issues described in parental relationships as well as participant relationships. This finding highlights the need for increased screening and treatment towards identifying mental health issues (Bellazaire, 2018).

In childhood, schools can play a huge role in screening and implementing treatment for mental health issues. Other helpful school policies towards limiting the negative impact of CEIPV on future adult attachment in intimate relationships include policies that allow for providing therapy to children as well as developing formal mentorship programs. For adults, policies that increase access to mental health services for adults with CEIPV are also important. Participants in this study discussed difficulty with accessing mental health services – specifically finding affordable programs that they can access based on the location.

Increasing access to quality early childcare and education also helps foster resilience among children. This is particularly important for families living in neighborhoods with limited school funding. Schools in these lower income neighborhoods tend to not have the capacity to provide high quality education which has so many benefits for children. These benefits include better social and emotional development including building self-confidence and positive relationships. Participants in this study described feelings of low self-worth and other negative emotions which occurred due to their exposure to IPV. Washington State and Louisiana State have established programs and funding to support early childhood education. Programs or policies that aim to relieve parental stress are mostly aimed at social issues that commonly are a source of stress for families including lack of affordable housing, lack of economic support, and workplaces that are not family friendly (Bellazaire, 2018).
African American populations made up 31.8% (n=7) of women interviewed which implies an overrepresentation of African American/Black women in this study (United States Census Bureau, n.d.). Interventions/policies that focus on this population might be helpful as well. The Empower Action Model has been suggested as a tool that can facilitate the creation of policies which can address ACEs in African Americans through an equity lens (Hampton-Anderson et al., 2021). Although most policies that address ACEs focus on prevention, this approach does not often take into account individuals who are living with the more distal impact of prior ACEs exposure. Implementing policies that will reduce health disparities and advance equity needs to include a focus on this priority population with an understanding of unique cultural, and structural issues. (Hampton-Anderson et al., 2021).

**Research Implications**

This study also has implications for research. This study utilized a mostly qualitative approach to explore perceptions of adult attachment in intimate relationships among women with CEIVP. It will be worthwhile to conduct a comprehensive quantitative study that incorporates findings from this study towards identifying risk and protective factors for secure attachment. A quantitative study with a larger sample size would allow for additional and more sophisticated statistical analyses and interpretation of effects. A mediation analyses identify which factors (identified in this study) are important in the relationship between CEIPV and adult attachment would be interesting to conduct. It may also be helpful to perform a comparative analysis with the goal of identifying differences between exposed and unexposed individuals. Another worthwhile endeavor would be to conduct studies that exclusively focus on racial/ethnic subpopulations of women such as African American/Black women. This population suffers
disproportionately from CEIPV as well as adversity. There is also a need to take into account cultural and religious underpinnings that could impact attachment in intimate relationships.

Building on the limitations of this study, a dyadic qualitative exploration of the relationship between CEIPV and adult attachment in intimate relationships will be very informative to gaining further insight into the topic. Also, utilizing a longitudinal approach to quantitatively examine this topic, even if it is focused on only one member of the dyad could be informative.

In addition, recruiting participants through multiple sources (not just Facebook) can also limit selection bias in future studies. It might also be helpful to identify similarities or differences based on the two-dimensional attachment styles (secure vs. insecure) instead of the four-dimensional attachment styles to decrease complexity. Finally, a future analysis that stratifies findings by gender or by intersectional groups may be informative as well.

Final Remarks

Secure adult attachment is important for healthy relationships and positive physical and mental health outcomes. However, CEIPV may limit the ability of an individual to be securely attached. This study contributes to the growing knowledge of the relationship between CEIPV and adult attachment. Findings indicate that women with CEIPV largely perceive these exposures to have impacted their adult attachment in intimate relationships as well as the need to consider how the interaction between individuals’ experiences and the environment can affect attachment behaviors.

References


Appendix A: Literature Review

Introduction

In the United States, childhood exposure to intimate partner violence (CEIPV) remains a significant public health issue. Adult attachment has been proposed to mediate the relationship between CEIPV and adult intimate partner violence (IPV), however little is known about the association between CEIPV and adult attachment. The purpose of this literature review is to 1) provide background information on CEIPV including its prevalence, outcomes and measurement; 2) background information on adult attachment in intimate relationships; and 3) describe findings from a systematic literature review on the association between CEIPV and adult attachment in intimate relationships. Although there are many studies on some of these topics, this review utilized studies of high quality focusing more on systematic literature reviews and meta-analyses when present. Furthermore, for individual studies, this review included cross-sectional and longitudinal studies of good or high quality except where otherwise noted. Assessment of study quality was done using a quality appraisal tool (QualSyst) developed by Kmet, Lee, & Cook (2004). The validated appraisal tool is comprised of a checklist for appraising the quality of quantitative studies and another for appraising qualitative studies. Summation of the total summary scores for each article divided by the total possible score generated a quality score. Quality scores of 55% as a cut-off point were considered liberal while those with scores of 75% as a cut-off were said to be conservative. For this review, a conservative cut-off point was used, and studies included in the review had quality scores ranging from 82 to 100%. In situations where there was concern about the study design, data analytical processes, and interpretation of findings, the items were discussed in the relevant...
sections. Few studies utilized qualitative approaches, and when a study was qualitative, this was stated to delineate them from quantitative studies.

About 10 million children are likely to witness IPV each year and this exposure often leads to deleterious effects (Wood & Sommers, 2011). Children who are exposed to IPV are more susceptible to other traumatic childhood events such as community violence and other adverse childhood experiences (ACEs) which further heighten their likelihood of having negative outcomes throughout the lifespan (Dong, Anda, Dube, Giles, & Felitti, 2003; Dube, Anda, Felitti, Edwards, & Williamson, 2002; Kennedy, Bybee, Sullivan, & Greeson, 2009).

Negative outcomes that occur when children are exposed to IPV include physical and psychosocial health issues in addition to problems developing interpersonal relationships across the lifespan. This difficulty with forming healthy interpersonal relationships is problematic as these relationships are a source of positive social support and can be protective against multiple health problems and limit the negative outcomes associated with exposure to IPV (Graham-Bermann, Gruber, Howell, & Girz, 2009; Graham-Bermann, Howell, Lilly, & DeVoe, 2011; Kimball, 2016; Martinez-Torteya, Anne Bogat, Von Eye, & Levendosky, 2009; Owen, Thompson, Shaffer, Jackson, & Kaslow, 2009). Interpersonal relationship difficulties that result from exposure to IPV are evident in childhood, adolescence, and young adulthood, and include aggression and/or violence as well as attachment difficulties in parent-child, peer and intimate relationships (McTavish, MacGregor, Wathen, & MacMillan, 2016). Attachment difficulties in adult relationships can reduce the quality of intimate relationships (Collins & Read, 1990) and disordered adult attachment styles have been proposed to mediate the pathway from CEIPV to IPV perpetration and/or victimization in adult relationships (Bell & Naugle, 2008; Godbout et al., 2017; Sommer, Babcock, & Sharp, 2017).
To effectively intervene in instances of CEIPV, attention to multiple levels of prevention is needed. This includes a focus on ameliorating negative outcomes among exposed individuals, including adults. A potential target for interventions is building or supporting healthy interpersonal relationships. Individuals react differentially to their exposures to IPV so to design effective interventions, the context of their exposures as well as risk and protective factors which play a role in influencing the severity of their outcomes, need to be properly understood.

**Prevalence of Childhood Exposure to Intimate Partner Violence**

CEIPV has not been universally defined but has been described to include instances where a child is exposed to IPV in one or more ways, including witnessing, intervening, participating and/or experiencing its occurrence (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). Additionally, some states define CEIPV to include instances of child abuse as well as exposure to IPV. For this study, however, CEIPV is limited to child exposure to IPV between a caregiver and a significant other. Children are vulnerable to all forms of IPV, namely physical, sexual and/or emotional violence; reports of which have been increasing in the United States over time. The 1995-1996 National Violence Against Women Study indicated that 24.8% women and 7.6% of men had experienced violence within their lifetime (Tjaden & Thoennes, 2000). However, these rates have risen and the most recent data from the 2010-2012 National Intimate Partner and Sexual Violence Survey (NISVS), revealed lifetime intimate partner victimization reports from more than 37.3% of women and 30.9% of men (Smith et al., 2017). These rates demonstrate the pervasive nature of the problem as there is a possibility that these numbers are underestimated due to underreporting. With regards to experiencing specific forms of violence, lifetime experience of physical violence victimization was reported by 32.4% of women and 28.3% of men (Smith et al., 2017). Rates of sexual violence were higher for women.
with reports of lifetime experience by 16.4% of women and 7% of men. Psychological violence rates were slightly higher among men than women with reports of 47.3% and 47.1% respectively (Smith et al., 2017).

It stands to reason that the prevalence of CEIPV is dependent on the occurrence of IPV in the home (Holden, 2003). The National Survey of Children’s Exposure to Violence collects nationally representative data for multiple forms of violent exposures that children experience. The second round of this survey was administered in 2014 and revealed that 67.5% of children in the United States had been exposed to violence both within their communities and homes within the past year (Finkelhor, Turner, Shattuck, & Hamby, 2015). Specific to violence within the home, survey findings were that 25% of children witnessed an assault between their parents or between a parent and an intimate partner over the course of their lifetime, with 5.8% having witnessed this in 2013 (Finkelhor et al., 2015).

CEIPV is compounded by the fact that being exposed to IPV is often associated with other forms of violent exposures and/or exposures to traumatic or stressful events (Adverse Childhood Experiences or ACEs) (Dube, Anda, Felitti, Edwards, & Williamson, 2002; Kennedy et al., 2009). There is a positive association between witnessing family violence and being exposed to school and community violence (Kennedy et al., 2009). Similarly, children who were exposed to IPV had a two to six times higher chance of experiencing child abuse as well as other individual ACEs (Dong et al., 2003; Dube et al., 2002). This increase was a dose response increase as the number of ACEs increased with increasing frequency of exposure to IPV (Dube et al., 2002). Because of these cooccurrences, the exact impact of witnessing IPV in childhood may be blurred and needs to be considered within the context of multiple ACEs and stressors.
which are likely to increase the likelihood of negative outcomes (Dube et al., 2002; Holt, Buckley, & Whelan, 2008).

**Impact of Childhood Exposure to Intimate Partner Violence**

The burden of CEIPV is not borne only by the affected individual and those that surround him or her, but includes a far-reaching effect on the country, increasing its economic burden with an estimated lifetime cost of $50,000 per exposed individual (Holmes, Richter, Votruba, Berg, & Bender, 2018). This burden is attributable to healthcare costs, increased crime perpetration, and loss in productivity for affected individuals (Holmes et al., 2018). For the individual, the impact of CEIPV includes deleterious health effects that can impact one’s quality of life and problems with interpersonal relationships that disrupt pertinent social support systems. These deleterious effects can be viewed through the lens of the lifecourse perspective as they can manifest in the short-term and/or linger until adulthood (Wathen & MacMillan, 2013). Physical health outcome studies in childhood are relatively few, however, psychosocial health outcomes have been extensively studied with several systematic literature reviews and meta-analyses done on various outcomes including mental health, behavioral health, and relationship outcomes. Adult outcomes associated with CEIPV have been less studied compared to child outcomes, however, there is a growing body of literature that focuses on relationship outcomes in adults.

**Child Outcomes**

Physical health outcomes associated with exposure to IPV have been the least examined in the literature. In a systematic review of the literature by Bair-Merritt, Blackstone, & Feudtner (2006), it was documented that infants, toddlers, preschoolers, school age children and adolescents who were exposed to IPV were more likely to be under immunized than their counterparts, although some of the evidence in their literature suggested other physical health
effects. The authors were not able to conclusively determine that IPV exposure led to reduced hospital visits and affected overall physical health (Bair-Merritt et al., 2006). Additionally, exposed infants demonstrated physical distress, irritability, regression in already learned skills (Holt et al., 2008) as well as problems with eating and sleeping (Carlson, 2000; Holt et al., 2008). Other physical health issues that may be observed in exposed children include increased frequency of illness, obesity among preschoolers, and increased likelihood of asthma (Howell, Barnes, Miller, & Graham-Bermann, 2016).

Myriad of psychosocial health issues resulting from IPV exposure have been reported in various studies. In general, exposed children have poorer mental health, including post-traumatic stress disorder (PTSD), depression and anxiety (Kitzmann, Gaylord, Holt, & Kenny, 2003; Lang & Stover, 2008; Levendosky, Bogat, & Martinez-Torteya, 2013; Wathen & MacMillan, 2013). In infancy and among toddlers, these described psychosocial effects may be attributable to IPV that occurred during pregnancy and continued after birth (Howell et al., 2016). Holt, Buckley and Whelan (2008) conducted a systematic review of the literature which discussed a lifecourse perspective of the impact of domestic violence on children. Among infants and toddlers, emotional distress and a fear of being alone were psychosocial problems that were determined to occur following exposure to IPV (Holt et al., 2008). In addition to emotional distress, Lundy and Grossman (2005) found that infants in their study experienced difficulties regulating emotions, being fussy and irritable (Lundy & Grossman, 2005). Infants were also likely to have adjustment difficulties, externalizing behaviors, and symptoms of post-traumatic stress (Howell et al., 2016).

Preschoolers were also susceptible to the harmful effects that living in homes with IPV had on their psychosocial development. Holt et al. (2008) found that preschoolers exhibited post-traumatic symptoms, low self-esteem and had more challenges developing empathy because of
this exposure (Holt et al., 2008). Behavioral outcomes of exposure to IPV among preschoolers included aggression and increased behavioral problems (Carlson, 2000). They are also more likely to experience fear and anxiety, sadness, worry about their parent, PTSD, and negative affect (Carlson, 2000). Difficulties regulating emotions, aggressiveness, and PTSD also occurs in this age group and externalizing and internalizing behaviors may also be exhibited (Howell et al., 2016).

Psychosocial health issues seen in school-aged children with exposure to partner-violence included aggression and conduct problems (Carlson, 2000). They are more fearful and anxious than their counterparts with no exposure to IPV, exhibit depression, low self-esteem, guilt, shame, and PTSD (Carlson, 2000). In addition to PTSD, depression, and poor self-esteem, mental health effects include anxiety and increased aggression (Howell et al., 2016; Mohammad, Shapiro, Wainwright, & Carter, 2015). Furthermore, there may be gender differences in the development of PTSD for children exposed to IPV, although findings are not always in concurrence (Howell et al., 2016; Reynolds, Wallace, Hill, Weist, & Nabors, 2001). Reynolds et al. found that PTSD occurred with boys and not girls who were exposed to IPV (Reynolds et al., 2001). School-aged children who are exposed to IPV have more understanding of the occurrence than younger children, however they still exhibit self-blame and guilt (Carlson, 2000). A meta-analysis of children exposed to IPV described externalizing and internalizing symptoms among school-aged children (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Furthermore, whereas boys were more likely to exhibit externalizing responses, girls’ responses were more internal such as depression and post-traumatic stress disorder (Evans, Davies, & DiLillo, 2008; Wood & Sommers, 2011). School aged children also experienced poorer academic outcomes (Carlson, 2000; Wood & Sommers, 2011).
In adolescence - a period associated with identity formation – the effects of exposure to IPV extends beyond the family and individuals may be involved in maladaptive coping mechanisms. Exposure to IPV in childhood increases the likelihood of risk-taking behaviors in adolescence (Bair-Merritt et al., 2006). These behaviors, including alcohol, substance use, and sexual risk behaviors, may be coping mechanisms to deal with the trauma that they have experienced (Holt et al., 2008). Delinquency, antisocial behavior, increased predisposition to running away, and increased aggressive behaviors occur in this population (Carlson, 2000; Howell et al., 2016). Several meta-analytical reviews have investigated adolescent internalizing and externalizing behaviors as well as PTSD as sequelae of exposure to IPV (Chan & Yeung, 2009; Kitzmann et al., 2003; Wolfe et al., 2003). Adolescents are also prone to mental health issues and increased levels of anxiety, depressive symptoms, and suicidality have been documented (Carlson, 2000; Howell et al., 2016; Zinzow et al., 2009) found that adolescents in their study had an increased likelihood of having experienced a major depressive episode at least six months prior to survey data.

The impact CEIPV has on child and adolescent relationships has been emphasized in the literature and includes an allusion to the role it plays in the intergenerational transmission of IPV (Ehrensaft et al., 2003). Children who lived in homes with interparental violence are believed to subscribe to the effectiveness of violence as a useful strategy for conflict resolution via social learning (Ehrensaft et al., 2003). Difficulties in developing and sustaining healthy relationships are observed in relationships within the family, peer interactions, and intimate partner relationships. A literature review by Howell et al. (2016) which focused on developmental variations in the effects of IPV among exposed children, documented issues with parent-child attachment among infants and toddlers who were exposed to IPV. Infants who were exposed to
less severe violence were more likely to have secure attachments than those exposed to more severe violence (Levendosky, Bogat, Huth-Bocks, Rosenblum, & von Eye, 2011). For preschoolers, exposure to IPV leads to social problems exemplified by trouble interacting with peers and adults and ambivalent relationships with them (Carlson, 2000). School-age children are more likely to have attitudes that are supportive of violence when they were exposed to IPV (Carlson, 2000). They experience social problems with fewer and lower quality peer relationships (Carlson, 2000), and are prone to experiencing bullying or becoming bullies themselves (Holt et al., 2008). Adolescents exhibit difficulty forming and maintaining interpersonal relationships, including intimate relationships (Holt et al., 2008). These adolescents exhibit insecure attachments in their relationships, including their intimate relationships (Holt et al., 2008). In adolescence, evidence of the cycle of violence is very prominent as they usually have proviolent attitudes and are often involved themselves in violent dating relationships (Carlson, 2000).

**Adult Outcomes**

The long-term impact of CEIPV on adults has not been sufficiently studied. However, existing studies have focused on physical health, mental health, behavioral health effects, and relationship outcomes among adults who were exposed to IPV in childhood. In 2010, Cannon, Bonomi, Anderson, Rivara, & Thompson examined the individual and combined effects of child abuse and witnessing IPV on self-reported health, relationship outcomes, and healthcare use in a retrospective cohort of women. They found poorer self-reported physical health among women exposed to IPV as well as an increase in the use of the emergency department and a slight increase in utilization of primary care services (Cannon, et al., 2010).
Behavioral effects of CEIPV on adults include early initiation of adult risk behaviors, such as smoking and substance misuse (Anda et al., 1999; Dube et al., 2003). Anda et al., (1999), in a retrospective cross-sectional study, examined the relationships between several ACEs and smoking behaviors in adults. They found an increased likelihood of early smoking initiation and current smoking (Anda et al., 1999). Similarly, Dube et al. (2003), found increases in the likelihood of early initiation of illicit drug use and lifetime illicit drug use respectively for adults who had CEIPV. In their systematic literature review, Bair-Merritt et al., (2005) discussed a study by Caetano, Field, and Nelson (2003) who identified a link between CEIPV and alcohol problems in adults. Caetano, et al. (2003) found there to be a racial difference in this relationship, with Black men who were exposed to IPV in childhood exhibiting alcohol problems unlike Hispanic and white men or women (Bair-Merritt et al., 2006; Caetano, et al., 2003).

Mental health outcomes are also evident in adults with reports of trauma symptoms, PTSD, anxiety, depression, self-harming behaviors, and adult attention deficit hyperactivity disorder occurring in those who were exposed (Cannon et al., 2010; Cater, Miller, Howell, & Graham-Bermann, 2015; Wood & Sommers, 2011). Cater et al. (2015) also examined the effect of age and gender on mental health outcomes for individuals with CEIPV and found that women were significantly more likely to have more severe difficulties with post-traumatic stress, anxiety and self-harming behaviors than their male counterparts. The authors cautioned that these findings may be related to gender differences in reporting as women were more likely to report exposure to severe violence and earlier age at exposure than men.

CEIPV is associated with an increased likelihood of being in a violent relationship in adulthood, both in cross-sectional studies (Cannon et al., 2010; Roberts, Gilman, Fitzmaurice, Decker, & Koenen, 2010; Whitfield, Anda, Dube, & Felitti, 2003) and in longitudinal studies.
(Ehrensaft et al., 2003; Ireland & Smith, 2009), a relationship which has been alluded to in Wood and Sommer’s systematic literature review (Wood & Sommers, 2011). There is also an association between CEIPV and self-reported violent crime in early adulthood (Ireland & Smith, 2009).

**Adult Attachment in Intimate Relationships**

Adult attachment has its origins in the seminal works of Mary Ainsworth & John Bowlby (Ainsworth & Bell, 1970; Bowlby, 1969). Bowlby, who coined the term ‘attachment behavior’ described it as situations in which young children in a bid to avoid danger, seek the proximity of a caregiving figure, mostly the mother (Bowlby, 1969). Initial work on attachment focused on the mother-child dyad with the child’s role as that of seeking proximity to the mother and the mother’s role primarily one of caregiving. Bowlby, in 1988, described attachment as “seeking and maintaining proximity to another individual” (Bowlby, 1969, p. 194; Wilson-Ali, Barratt-Pugh, & Knaus, 2019).

Over time, work in this field has progressed to recognize attachment among other dyads, including adult intimate partner dyads. Sperling and Berman (1994) defined adult attachment as “the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (Sperling & Berman, 1994, pg. 8). When applied to romantic relationships, adult attachment specifically describes romantic partners’ proximity-seeking responses, a phenomenon which is most obvious in situations of distress, separation, or interpersonal conflict (Bowlby, 1988; Gormley & Lopez, 2010). It is believed that an individual’s fear, anxiety, and distress is reduced when proximity is achieved and that a lack of achieving this proximity can result in attachment systems remaining partially or fully
activated (Simpson & Rholes, 2017). Throughout the lifespan, individuals continue to develop mental representations or ‘working models’ based on their satisfactory achievement of proximity to their attachment figures such as parents, close friends, and intimate partners (Bowlby, 1969, 1973, 1980; Simpson & Rholes, 2017). Working models are dynamic in nature with one component being a model of self and the other a model of the attachment figure – in this case, an intimate partner. Models of self represents the individual’s perception of one’s ability to obtain adequate proximity and one’s perceived value as a relationship partner. The working model of the partner represents the partner’s responsiveness to proximity-seeking efforts (Simpson & Rholes, 2017). These working models, which can change over time, influence individuals’ relationship patterns especially when faced with stressful or distressing situations (Simpson & Rholes, 2017).

Attachment dimensions (see Figure A1) based on these working models of self and other are attachment avoidance and attachment anxiety (Brennan, Clark, & Shaver, 1998; Griffin & Bartholomew, 1994). Attachment anxiety refers to the extent to which individuals perceive a negative model of self and describes the degree to which individuals agonize over abandonment and/or underappreciation by their intimate partners (Simpson & Rholes, 2017). Individuals who have high levels of anxiety view themselves negatively yet retain cautious but optimistic views of their partners (Collins, 1996; Simpson & Rholes, 2017). Because they fear abandonment, they tend to be hypervigilant to signs of partner distress or the threat of separation. They are unsure they can trust or rely on others and their hyperactivating responses to distress (resistance to threatened attachment severance i.e., being constantly vigilant, exhibiting continued effort to maintain proximity, and expressing concern over separation) keeps their attachment systems continuously activated (Mikulincer & Shaver, 2003; Simpson & Rholes, 2017).
Attachment avoidance alludes to the degree to which an individual perceives a negative model of other/an intimate partner and refers to one’s level of discomfort with intimacy and closeness in intimate relationships (Godbout et al., 2017; Simpson & Rholes, 2017). Individuals who express a degree of high attachment avoidance have negative perceptions of their partner and may have positive though fragile views of themselves (Bartholomew, 1990; Simpson & Rholes, 2017). Because they are uncomfortable with closeness and intimacy, they tend to distance themselves emotionally and psychologically from intimate partners and have a high degree of independence and self-reliance avoiding proximity-seeking behaviors (Riggs & Kaminski, 2010; Simpson & Rholes, 2017). They are highly self-dependent with a disinterest in relationships due to a belief that their partners cannot be relied upon and their response to distress is that of deactivation (resistance to attachment formation or maintenance i.e., subduing pessimistic thoughts and feelings in a bid to foster self-sufficiency) (Mikulincer & Shaver, 2003; Riggs & Kaminski, 2010; Simpson & Rholes, 2017).

Both anxious and avoidant attachments are referred to as insecure attachment and these develop in cases of inconsistently responsive attachment figures and neglect or consistently unresponsive attachment figures, respectively (Riggs & Kaminski, 2010). Secure attachments on the other hand, develop in cases of consistent responsiveness of attachment figures. In secure adult attachment, individuals feel close emotional and intimate ties with their romantic partner and perceive that these feelings are reciprocal. Secure attachment represents individuals who have low attachment anxiety and avoidance with positive models of themselves and their intimate partner in relationships (Bartholomew & Horowitz, 1991; Simpson & Rholes, 2017).

Based on the individuals’ degree of anxiety about abandonment and avoidance of intimacy, adult attachment can be categorized into four attachment styles (including secure adult...
attachment). These are secure, preoccupied, fearful, & dismissing (Bartholomew & Horowitz, 1991). Bartholomew postulated that these styles (Figure A1) represent individuals’ level of attachment anxiety and avoidance in relation to their working models. Individuals may not have a unique style but express some degree of similarity to multiple styles. Preoccupied individuals have a negative model of themselves and positive model of other with high levels of attachment anxiety and low degree of attachment avoidance. Fearful style describes a negative model of self and others exhibited as high attachment anxiety and avoidance. Individuals who have a dismissing style perceive positive models of themselves and negative models of other with high attachment avoidance and low attachment anxiety in intimate relationships while secure adults are as described earlier with positive models of self and other and low levels of attachment anxiety and avoidance in relationships (Bartholomew, 1990).

*Figure A1. Adult attachment dimension, styles, and characteristics (Adapted from (Bartholomew & Horowitz, 1991; Riggs, 2010)*
Although adult attachment in intimate relationships was originally theorized to be constant in adults (Bowlby, 1988), recent evidence suggests that the concept is indeed fluid, changing over time with resultant changes in associated relationship outcomes (Godbout et al., 2017; Simpson & Rholes, 2017).

**Adult Attachment and Social Support**

Attachment theory emphasizes that security in relationships (i.e., the desire for intimacy and a sense of worth with a responsive partner) is an essential human need throughout the lifecourse (Collins & Feeney, 2010). At one end of the spectrum are young children who seek protection and nurturing from parents, while adult intimate partners rely on each other for care and support in distressing and challenging times (Bowlby 1988; Bowlby, 2008; Collins & Feeney, 2010). Attachment theory proposes that all individuals have an inclination for: 1) attachment in which they seek closeness to attachment figures in times of adversity; 2) exploration in which they explore their environment; and 3) care in which they seek and provide care and support for the attachment and exploration needs of the other (Feeney & Collins, 2015). These processes form the bases of their support functions. Thus, social support can be viewed in the context of adult attachment as an interpersonal process that involves the mutual influence of support seekers and caregivers/support providers in dyadic interaction (Collins & Feeney, 2010; Riggs, 2010). Social support/care is a vital component of intimate relationships and individuals support-seeking, or support-provision behaviors or lack thereof is tied to their attachment styles (Riggs, 2010).

Care was described by Riggs (2010) as comprising of caregiving and caretaking with caregiving defined as the means to request and receive care and caretaking referring to the capacity for care provision (Riggs, 2010). Collins & Feeney (2010), on the other hand, allude to
the terms support-seeking and support-provision to caregiving and caretaking (as used by Riggs) respectively. For the purposes of this review, reaching out to a partner for care or support will be referred to as support seeking while provision of that support or care will be referred to as caregiving. Furthermore, social support has two major forms which are secure base support and safe haven support. Safe haven support refers to providing comfort to a partner in distressing or adverse situations while secure base support describes ones’ support that promotes their partner’s personal growth and efforts towards achieving goals.

Securely attached individuals seek social support – specifically instrumental and emotional support – from their intimate partners with selfless motivations and are more likely to perceive this support as beneficial in contrast to those who are insecurely attached (Riggs, 2010). Contrary to this, all insecure attachment styles are characterized by extremes in their support-seeking patterns, and they are likely to perceive intimate partners’ support in a negative manner. Adults with dismissing styles possess a reduced likelihood of seeking support or utilize inept support-seeking strategies that are unsuccessful. They tend to view this support negatively, perceiving intimate partners’ support to be uncaring or not helpful. Preoccupied adults exhibit heightened reassurance seeking which is maladaptive, expressed as clinginess and prevents autonomy and self-efficacious behavior. They tend to believe that they are unworthy of their partners’ support. In individuals with fearful attachment styles, there is a need for support, however they are apprehensive that it will not be provided or will be provided inconsistently—hence they are conflicted. Fearful individuals view their partners’ attempts at support as painful. Receipt of social support or caregiving is linked to relationship satisfaction (Riggs, 2010).

Providing social support in intimate partner relationships requires availability in times of distress (safe haven) and being comfortable with partners’ exploration (safe base), demonstrating
openness and flexibility, and attunement to the partner’s need for care and responding in a manner that meets this need (e.g. showing love, approval and having regard for partner’s feelings) (Collins & Feeney, 2010; Riggs, 2010). Secure adults had caring attachment figures and as a result they are able to support and care for their partners. They provide a safe base and safe haven for their partners, enabling them trust and rely on them and allowing for growth and exploration in the intimate partnership. On the other hand, those with insecure attachment styles are uncomfortable with providing support, tending to be unhelpful, insensitive to partner’s needs, and controlling (Riggs, 2010).

**Benefits of Healthy Intimate Relationships**

Healthy intimate relationships are typified by secure attachment styles of both members in the intimate partner dyad (Levendosky, Huth-Bocks, & Semel, 2002). For healthy relationships to occur, it is necessary that partners recognize and respect each other’s support seeking needs and are mindful of their crucial responsibility in support provision for one another (Bowlby, 1988; Collins & Feeney, 2010). Healthy relationships are of public health significance because relationships with intimate partners tend to be the most important ties in adulthood, and are linked to physical and mental health benefits as well as healthy behaviors and reduced mortality risk (Umberson & Karas Montez, 2010). These benefits include reduced mental health issues such as depression, anxiety disorder, eating disorder, and drug use, as well as decreased overweight/obesity, and reduced risky behaviors including binge drinking and driving while intoxicated (Braithwaite, Delevi, & Fincham, 2010).

**Importance of Adult Attachment in Intimate Relationships**

Adult attachment in intimate relationships has several implications for health as well. Insecure attachment has been linked to negative physical health outcomes (Kidd et al., 2014;
McWilliams, 2017; McWilliams & Bailey, 2010), mental health outcomes (Boyda, McFeeters, Dhingra, Galbraith, & Hinton, 2018; Widom, Czaja, Kozakowski, & Chauhan, 2018), as well as IPV (Abbey, Parkhill, Clinton-Sherrod, & Zawacki, 2007; Barbaro & Shackelford, 2016), while secure attachment may foster positive outcomes (Levendosky et al., 2002). Insecure attachment styles are associated with negative outcomes for health as well as poor relationship outcomes.

**Health Outcomes**

Few physical health outcomes were identified in the recent literature. Among these were a significant association between insecure adult attachment and metabolic syndrome (Davis et al., 2014), chronic pain disorders (McWilliams, 2017), and eating disorders (Maxwell et al., 2017; Pace, Guiducci, & Cavanna, 2017). Furthermore, adult attachment may also play a role in treatment and recovery. Kidd et al. (2014) found that among coronary artery bypass graft patients, those with disordered attachment had an increased length of hospital stay.

Depression is the most studied outcome related to insecure attachment and numerous studies have shown a relationship with insecure attachment increasing the risk for depression (Cook, Valera, Calebs, & Wilson, 2017; Fowler, Allen, Oldham, & Frueh, 2013; Fuhr, Reitenbach, Kraemer, Hautzinger, & Meyer, 2017; Kruse, Hagerty, Byers, Gatien, & Williams, 2014; Marganska, Gallagher, & Miranda, 2013; Monti & Rudolph, 2014; Smith-Nielsen et al., 2015; Widom et al., 2018). In the same vein, insecure attachment has been associated with somatization or somatoform disorders (Maunder et al., 2017; van Dijke & Ford, 2015; Waldinger, Schulz, Barsky, & Ahern, 2006); substance use disorders (Starks, Millar, Tuck, & Wells, 2015; Winham et al., 2015) including tobacco use (Wise, Weierbach, Cao, & Phillips, 2017); and anxiety disorders (Marganska et al., 2013; Widom et al., 2018; Xue et al., 2018) including social anxiety (Notzon et al., 2016).
Insecure attachment styles are associated with suicidality – an association that was demonstrated in a cross-sectional sample (Boyda et al., 2018) as well as a longitudinal cohort of individuals followed over 24 years (Franz et al., 2014). Several identified studies investigated the relationship between adult attachment and PTSD and found this association to exist in different community samples and among college women (Bryant et al., 2017; Ogle, Rubin, & Siegler, 2016; Sandberg, Suess, & Heaton, 2010; Scott & Babcock, 2010). Less commonly examined mental health issues include externalizing behaviors and maladaptive coping (Dawson, Allen, Marston, Hafen, & Schad, 2014), maladaptive personality functioning (Cohen et al., 2017), self-esteem (Widom et al., 2018), nonsuicidal self-injury (Martin et al., 2017) and sleep (Escolas, Hildebrandt, Maiers, Baker, & Mason, 2013). Additionally, insecure attachments are linked to aggression and mental disorders including affective disorders, substance abuse disorders, PTSD, psychotic disorders, and personality disorders (Burnette, Davis, Green, Worthington Jr, & Bradfield, 2009; Ogle, Rubin, & Siegler, 2015). Individuals with insecure adult attachment are more likely to have greater difficulties with emotional, behavioral, and cognitive regulation and intimacy (Obegi & Berant, 2010).

Relationship Outcomes

Adult attachment style is predictive of relationship quality, specifically positive relationship experiences and overall satisfaction in the relationship (Collins & Read, 1990; Godbout et al., 2017). Godbout et al. (2017) found attachment avoidance to be associated with relationship satisfaction with no gender differences observed in this relationship. However, in the study by Collins and Read (1990), the dimension of attachment that is predictive for relationship experiences and relationship satisfaction differed between men and women. There was greater attachment anxiety in women associated with their partners’ negative relationship experiences
and less relationship satisfaction, while partners of men who were comfortable with closeness and intimacy were more likely to report positive relationship experiences and greater satisfaction (Collins & Read, 1990). Poorer relationship outcomes (satisfaction, commitment, trust and the frequency of positive and negative emotions in relationships) occur in individuals with insecure attachment styles (Banse, 2004).

Insecure adult attachment is also associated with IPV perpetration or victimization (Gormley, 2005; Gormley & Lopez, 2010; Lawson & Brossart, 2013; Orcutt, Garcia, & Pickett, 2005; Rapoza & Baker, 2008). Most of the studies reviewed examined the relationship between adult attachment and IPV perpetration. Abbey et al. (2007) found an association between adult attachment and sexual assault perpetration in a community sample of men (Abbey et al., 2007). Furthermore, gender differences occur in the association between adult attachment and IPV perpetration. Among men, anxious romantic attachment was associated with perpetration of all forms of IPV, while avoidant romantic attachment was not related to IPV perpetration. For women, anxious romantic attachment only predicted more frequent psychological aggression perpetration, and avoidant romantic attachment had a negative association with psychological aggression perpetration (Barbaro & Shackelford, 2016). Doumas, Pearson, Elgin, & McKinley’s (2008) findings suggest that although individual attachment style could be predictive of physical IPV, the mispairing of partners’ attachment styles should also be considered and is also an important predictor. However, the study did not distinguish perpetration from victimization (Doumas et al., 2008).

One study conducted among Native American adults found that there was no relationship between insecure attachment patterns and IPV (Kong, Roh, Easton, Lee, & Lawler, 2018). In another study among a group of male batterers, anxious and avoidant attachment was found
predictive of high-level violence, and anxious attachment of moderate level violence (Mauricio & Lopez, 2009). Anxious attachment was also associated with psychological violence perpetration (Mauricio, Tein, & Lopez, 2007). Both attachment avoidance and anxiety were significantly associated with attitudes accepting of IPV among college men (McDermott & Lopez, 2013). Sandberg, Valdez, Engle, & Menghrajani (2016) investigated the relationship between adult attachment and IPV victimization specifically. This study was done among women and found anxious attachment to be associated with subsequent IPV victimization (Sandberg et al., 2016). In a study done among college students, attachment avoidance was associated with higher levels of emotional abuse perpetration when there were high levels of self-reported stress (Gormley & Lopez, 2010). This finding was the same for both males and females. Orcutt, et al., (2005) focused specifically on females in a college setting. Bidirectionally violent females were found to have the highest reported levels of attachment anxiety. Furthermore, females high in attachment anxiety and low in attachment avoidance were more likely to report perpetrating violence than females high in both dimensions (Orcutt et al., 2005).

Godbout et al. (2017) utilized structural equation modeling to test their hypothesis that early exposure to family violence will lead to insecure adult attachment styles which then predict relationship satisfaction and IPV. The authors in this study operationalized exposure to family violence on a four-point scale, including witnessing interparental physical violence, witnessing interparental and psychological violence, experiencing parent-child physical violence, and experiencing parent-child psychological violence. Their analyses supported their hypothesis of finding a link between early exposure to family violence and adult IPV and relationship satisfaction, with adult attachment as a mediator in that relationship. Furthermore, their findings
demonstrated the fluidity of romantic attachment over time, with changes in romantic attachment resulting in changes in relationship satisfaction and relationship violence. The study conclusions emphasize that romantic attachment is a significant target for the prevention and treatment of violence in intimate relationships (Godbout et al., 2017).

**Childhood Exposure to Intimate Partner Violence and Adult Attachment in Intimate Relationships**

Few empirical studies exist which have examined the relationship between exposure to IPV in childhood and adult attachment in intimate relationships and even fewer have examined this relationship exclusively. Although theoretical models in which CEIPV was linked to insecure attachment styles have been proposed, there is a dearth of empirical studies which examined the direct relationship between CEIPV and adult attachment. Studies have examined adult attachment as a mediating factor in the pathway from CEIPV to adult IPV, others have examined the cooccurrence of CEIPV and experiencing child abuse and its association with adult attachment and found there to be an existing relationship. However, studies that focus on understanding the path from CEIPV to adult attachment styles are minimal. Furthermore, explanatory mechanisms as to how adult attachment is maintained or transformed in the context of intimate relationships when individuals are exposed to IPV in childhood are limited. The absence of adequate information on protective and risk factors that play a role in adult attachment among individuals exposed to IPV in childhood, is also evident in the literature. A systematic literature review that focused on synthesizing the available literature on CEIPV and its association with adult attachment resulted in five studies on the topic – four of which were cross-sectional quantitative studies (Beatty, 2013; Godbout, Dutton, Lussier, & Sabourin, 2009;
Godbout, Lussier, & Sabourin, 2006; Grau, 2001) while the other was qualitative (Rubin, 2010) (See table E.5).

Among the four quantitative studies that examined the relationship between CEIPV and adult attachment, all but one study found an association between CEIPV and insecure adult attachment styles (Beatty, 2013; Godbout et al., 2009; Godbout et al., 2006). Two of these specifically found that women who were exposed to IPV in childhood were more likely to endorse anxious insecure attachment styles (Beatty, 2013; Godbout et al., 2006). Beatty’s dissertation (2013) which examined adult attachment outcomes among women who were exposed to violence in childhood, defined this exposure as not only as witnessing interparental violence but included women who had witnessed IPV or themselves experienced child abuse, thus limiting the ability to identify the unique role of CEIPV (Beatty, 2013). Godbout et al., (2009) found an association between CEIPV and insecure attachment and determined that men and women who witnessed psychological domestic violence were more likely to endorse avoidant insecure attachment. In the literature on CEIPV, it is suggested that the age at exposure, severity of the exposure, and typology of the violent exposure(s) can impact the relationship between exposure and different outcomes. However, these factors were not taken into consideration during the analyses in these identified studies.

Rubin (2010) qualitatively interviewed nine men with the aim of exploring the impact of exposure to female-perpetrated intimate partner violence in childhood. Themes related to the childhood effects of witnessing mother’s violence included a sense of safety outside the home environment, lack of significant impact on academic performance, and negative impact of on academic performance. The impact of witnessing maternal violence on adult intimate relationships were themes of desire to not repeat parental dynamics, emotional distancing and
avoidance of intimacy, approach to violence, and avoidance of conflict. Other themes explored were not related to the perception of CEIPV or its impact on adult intimate relationships but focused on the impact of CEIPV on parental relationships both during childhood and in adulthood.

Samples used for analyses in these studies descriptively varied in the rates of exposure to IPV, which ranged between 10-60% for quantitative studies. All individuals who were interviewed for the qualitative study had been exposed to IPV in childhood. There were mixed findings regarding gender differences in exposure to IPV. For the two studies that described existing gender differences in CEIPV in their samples, one found no difference in reported exposures by gender (Godbout et al., 2009), while the other found that women were more likely to have witnessed psychological interparental violence than men (Godbout et al., 2006). No identified study examined differences in exposure by age, however during the data collection process, Grau (2001) specifically defined CEIPV at 13 years as the exposure variable. (Grau, 2001). No study elicited information on the severity of interparental violence witnessed in childhood. With regards to the prevalence of insecure attachment in the samples, three studies described rates of 59% (Grau, 2001), 6 out of 8 (or 75%) (Rubin, 2010), and 36% (Beatty, 2013), respectively. Gender differences in adult attachment outcome were also mixed with Grau (2001), finding no gender differences in outcome, while Godbout et al. (2006) found that women scored higher in anxious insecure styles and men scored higher in avoidant insecure styles. However, a study design flaw exists in Grau’s study which may limit the accuracy of the study’s findings. In the participant recruitment the study included participants from a clinical sample of males mandated to attend batterer intervention programs as well as individuals (both males and females) from an undergraduate psychology counseling class (Grau, 2001). The inclusion of a
sample of men who were already in violent intimate relationships with a general population of participants could have introduced selection bias. The findings of this study could have been more robust if the study sample was recruited from either a wholly clinical population or from other undergraduate classes in addition to the psychology counseling class.

The demographic composition of the studies examined varied, with the gender of participants. For three of the five studies (Godbout et al., 2009; Godbout et al., 2006; Grau, 2001) both males and females were included, while the other two studies included only one gender with Beatty (2013) utilizing a female-only population and Rubin (2010) conducting his qualitative study in a male-only sample. The age range of individuals in the samples was between 18-64, however participants’ age ranges were not reported in two studies (Godbout et al., 2009; Godbout et al., 2006). Participants’ mean ages was reported for all studies and were between 24.27 and 43.5 with standard deviations ranging from 4.3 to 12.74 where reported. Recruitment was from community samples in four studies (Beatty, 2013; Godbout et al., 2009; Godbout et al., 2006; Rubin, 2010), while the fifth had a mixed convenience sample including a community sample of students as well as a clinical sample of males receiving domestic violence services (Grau, 2001).

In addition to recruitment, research quality was determined from the other aspects of the study design and methodology including type of sampling for recruitment, data collection methods and tools, and appropriateness of analyses. Most identified studies used random sampling in their recruitment of participants, had adequate sample sizes to test their hypotheses, and utilized appropriate data analyses for variables collected with proper interpretation of findings. However, with regards to the specific research question, two studies did not focus on the examination of the association between CEIPV and the outcome adult attachment, but
examined adult attachment as a mediating variable in the relationship between CEIPV and IPV (Beatty, 2013) and CEIPV and couple adjustment (Godbout et al., 2006).

Valid measures of the outcome – adult attachment – were used in all the studies with three studies using the Experiences in Close Relationships Scale (Godbout et al., 2009; Godbout et al., 2006; Grau, 2001) and the other two using the Relationship Questionnaire (Rubin, 2010) and the Revised Adult Attachment Scale (Beatty, 2013), respectively. These scales have been validated in earlier literature. Because there are no consistent and validated measures of CEIPV, its measurement varied across studies. Most of the studies assessed this exposure with a single item measure in which they asked if the participant witnessed interparental violence. One study measured exposure with the Conflict Tactics Scale (Grau, 2001) and the other with the Childhood Maltreatment Interview Schedule (Beatty, 2013). Additionally, Beatty (2013) examined witnessing and or experiencing violence in childhood as a predictor of adult attachment and did not focus on only CEIPV.

Protective, Risk, and Other Contextual Factors

Evidence from previous studies shows that there is a heterogeneity in responses to exposure to IPV among children, and these differences in response may well linger into adulthood (Howell et al., 2016; McDonald et al., 2016). While some children who are exposed to IPV experience negative outcomes throughout the lifecourse, others do not exhibit these negative outcomes, being resilient to the effects of IPV. Resilience refers to positive adaptation and resulting successful outcomes among an individual who has been exposed to individual or cumulative risks (Martinez-Torteya et al., 2009). This resilience may cut across various health and relationship domains or may be limited to a specific domain (Masten, 2014; Masten, 2001; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Furthermore, resilience may
continue until adulthood or there may be different factors that promote resilience in childhood and in adulthood. Individuals may be resilient to specific adverse conditions or are resilient at one point in time and not another (Martinez-Torteya et al., 2009).

There are also contextual factors that could play a role in resilience or increase an individuals’ risk for poorer outcomes. Understanding these contextual factors and individuals’ perceptions of the impact of these factors can inform priority areas for planned interventions.

**Protective Factors**

Identified protective factors that lead to secure adult attachment in intimate relationships among individuals who have been exposed to IPV in childhood are few in the literature due to limited research in this area. Grau (2001) could not examine protective factors for adult attachment among males and females who were exposed to IPV in childhood due to the lack of significant findings in the primary relationship, however the author proposed that social support and religious beliefs would be protective in this relationship. Rubin’s (2010) findings led to a suggestion that males who witnessed female-male interparental violence and had a positive relationship with the same sex parent seemed to have experienced a positive impact in their childhood due to this relationship (Rubin, 2010). None of the other studies examined or identified protective factors in their analyses.

Protective factors have not been examined in the context of the relationship between CEIPV and adult attachment, however resilience factors that protected against other negative outcomes have been identified. Among protective factors for children, social support has been consistently discussed in the literature to be protective against the harmful effects of exposure to IPV. Osofsky (2003) argues that the most protective factor that promotes coping among children with violent exposures is “a strong relationship with a competent, caring, positive adult, most
often a parent” (Osofsky, 2003, pg. 38; Øverlien, 2010). Gender differences may also be present for factors that promote resilience among individuals exposed to IPV. Other protective factors include high self-esteem among boys, academic success among girls (O'Keefe, 1998), easy temperament among girls, and positive parenting among boys (Bowen, 2015).

**Risk Factors**

Factors that increase the likelihood of insecure attachment among individuals with CEIPV are also lacking in the literature on CEIPV and adult attachment. None of the studies identified in the literature review examined how additional risk factors impacted the relationship between CEIPV and adult attachment. Grau, however, theorized that polyvictimization would pose an increased risk but could not test this relationship because there was no significant association between CEIPV and adult attachment (Grau, 2001).

Other factors have been identified that increase risk for poor outcomes. These factors may play a role in increasing the likelihood of insecure adult attachment among individuals exposed to IPV in childhood. These include low socioeconomic status, community and school violence exposures, attitudes accepting of violence in intimate relationships, and poor self-esteem (O'Keefe, 1998). Also increasing the risk for negative outcomes are living in a shelter and foster care (Gewirtz & Edleson, 2007; Renner & Slack, 2006; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010).

**Other Contextual Factors**

In examining the relationship between CEIPV and adult attachment, certain factors that may contribute to increased risk of poor outcomes or affect the outcome in some way need to be considered. These factors include possible polyvictimization, age of the child, gender of the
child, severity of exposure, context of IPV witnessed, perpetrator’s relationship to the victim and perpetrator’s gender.

**Polyvictimization.** Polyvictimization can be defined as “having experienced multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, and exposure to family violence” (Finkelhor, Turner, Hamby, & Ormrod, 2011, pg. 4). Victimization could be direct or indirect with direct victimization referring to instances where the specific form of violence was directed against the individual while indirect victimization focused on indirect exposures either through witnessing or other forms of awareness (Finkelhor et al., 2011). Worthy of consideration is the knowledge that exposure to IPV is often not a homologous, one-dimensional occurrence that can be separated from other traumatic exposures or stressors that occur throughout childhood (Holt et al., 2008). CEIPV, a form of indirect victimization often coexists with one or more forms of direct or indirect victimization. For instance, children who are exposed to IPV are also more likely to experience child abuse, with CEIPV being an indicator of associated risk of child physical and child sexual abuse (Holt et al., 2008). Similarly, exposure to IPV in childhood co-occurs with indirect victimization through witnessing community violence (Kennedy et al., 2009). Polyvictims are more likely to experience far greater levels of distress and additional adversities than other children (Finkelhor et al., 2011), and as such a comprehensive understanding of the impact of CEIPV should include a consideration of the effects of other sources of victimization.

ACEs that one could be exposed to include different forms of violence as well as the presence of an incarcerated person in the home, substance abuse issues in the home, mental health issues in the home, and family distress including separation/divorce (Finkelhor, Shattuck, Turner, & Hamby, 2015). Polyvictimization as well as exposure to multiple forms of trauma can
have a deleterious dose response effect on the exposed individual. Individuals with higher numbers of different forms of exposures to adverse events as well as increased levels of victimization tend to experience more mental health issues and negative psychosocial outcomes (Price-Robertson, Higgins, & Vassallo, 2013).

With regard to adult attachment, witnessing violence or experiencing violence in childhood is associated with insecure attachment styles (Riggs & Kaminski, 2010; Unger & De Luca, 2014). This relationship can make it challenging to assess the relationship between CEIPV and adult attachment. The impact of polyvictimization on adult attachment was not explored in previous studies that investigated CEIPV and adult attachment, so it is not known what the impact will be. However, there is theoretical evidence that polyvictimization will likely lead to more deleterious effects on individual’s adult attachment. Failure to collect data on these multiple exposures may lead to inaccurately attributing an outcome to the impact of exposure to IPV without taking into consideration that it could be due to another exposure or the interaction of more than one exposure (Holt et al., 2008).

**Age and Gender of the Child and Severity of Exposure.** Specific child characteristics also play a role when examining the potential relationship between CEIPV and adult attachment. Gender has been seen to be an important mediating factor for outcomes associated with CEIPV, and several studies have found gender variances in outcomes while others have not. There are conflicting results as to whether the gender of the child affects victimization. Kitzmann et al. (2003) found that there is little effect of gender on victimization while a more recent study found some differences (Cater et al., 2015). Cater et al (2015) conducted an analysis of data collected on 2500 individuals in Sweden which focused on exploring gender and age differences in CEIPV
and adult mental health problems. They found that girls were more likely to report verbal CEIPV and also report more severe forms of IPV than boys (Cater et al., 2015).

Another factor that could play a role in understanding CEIPV is the child’s age. As with gender, there is limited research on how child’s age affects exposure to IPV (Cater et al., 2015). It is suggested that children may have an increased risk of exposure to IPV in utero as there is increased IPV victimization in pregnancy (Cater et al., 2015; Huth-Bocks, Theran, Levendosky, & Bogat, 2011; Levendosky, Bogat, & Huth-Bocks, 2011). Additionally, most children (64% of study sample) are exposed to IPV for the first time as infants and early age of exposure is associated with negative behavioral outcomes for children (Cater et al., 2015; Graham-Bermann & Perkins, 2010). Although early age of exposure is associated with negative outcomes, some researchers believe that cumulative violence exposure is more important for an individual to have negative outcomes (Cater et al., 2015; Graham-Bermann & Perkins, 2010). Young children who are exposed to IPV have marked effects because they are more dependent on their parents for all aspects of care and tend to be more exposed to the violence than older children (Holt et al., 2008). The child’s age at exposure to IPV also determines how they process these events. Holt et al. (2008) discussed that children between 6-12 years of age are able to think about the complexities of the abuse as well as the impact on their parent, are likely to intervene in the abuse, tend to blame themselves for it, or may even rationalize the abuser’s behavior.

Previous studies have not examined how the age of a child impacts the relationship between CEIPV and adult attachment. As stated earlier, although, there is evidence that the cumulative violence exposure may be more important than the child’s age at exposure, the child’s age determines how they process these events. The social cognitive theory and symbolic interactionism (Glanz, Rimer, & Viswanath, 2008; White, Klein, & Martin, 2015) gives credence
to this idea. The exposure to violence can be viewed as an environmental factor which a child is exposed to, however symbolic interactionism proposes that it is the interpretation of these events that hold meaning for an individual and determines behaviors and actions which are based on this meaning. Exploring CEIPV and adult attachment using a qualitative approach will help to understand how individuals who were exposed to IPV in childhood may have processed this occurrence over time and how their interpretation at different time points may influence their behavior.

**Context of IPV exposure.** It is also important to consider the type of abuse as well as varying levels of childhood exposure in studies that examine the impact of CEIPV. Exposure to IPV can have varying degrees of severity. A child may experience just a single episode or may continue to witness interparental violent acts (Cater et al., 2015). Furthermore, the nature of the witnessed IPV could range from verbal insults and threats to assaults that are life threatening (Cater et al., 2015). The use of a weapon can characterize severe events of IPV, and this influences the level of trauma that a child undergoes regardless of if they witnessed the event or not. There are also conflicting results on studies that included an examination of the impact of severity of childhood exposure to IPV on mental health outcomes. While some analyses have found no significant difference (Kitzmann et al., 2003), others have found that extensive violence exposure and increasing stressors in the life of the child and family adversely impacts mental health outcomes (Finkelhor, Ormrod, & Turner, 2007; Graham-Bermann, Castor, Miller, & Howell, 2012; Graham-Bermann & Seng, 2005; Turner, Finkelhor, & Ormrod, 2010). Living in a home with severe violence may distort a person’s perception of what constitutes “real violence.”
A fuller understanding of the dynamics, severity, and nature of IPV requires reviewing the context in which it occurs, including unidirectional versus bidirectional violence (Hamel, 2013, p. 3). There are several typologies of IPV which provide an understanding of different characteristics of IPV and are useful for research and clinical interventions (Kelly & Johnson, 2008). Holtzworth-Munroe and Stuart (1994), based on research with male perpetrators, proposed a typology that classified perpetrators into three categories, namely family-only, dysphoric/borderline, and generally violent/antisocial (Hamel, 2013; Holtzworth-Munroe & Stuart, 1994). This framework was utilized by Babcock et al (2003) to analyze a group of subjects which led to two categories – generally violent and partner only of three kinds of men who batter their female partners (Babcock, Miller, & Siard, 2003; Hamel, 2013). These typologies did not provide enough context to explain the dynamics behind directionality of violence. Johnson’s typology which considers both feminist and family perspectives, makes provisions for bidirectional violence and acknowledges that violence is perpetrated by both males and females (Ali, Dhingra, & McGarry, 2016; Hamel, 2013). This framework provides a template that promotes understanding of the circumstances, situations, and perspectives that surround IPV and is potentially the most comprehensive typology (Ali et al., 2016).

Based on Johnson’s typology, four major types or categories of IPV occur. These are situational couple’s violence, coercive controlling violence (frequently called battering), mutual violent control, and violent resistance (Johnson, 2006, 2010; Johnson & Ferraro, 2000). Exercising power and control is the main theme for distinguishing among the different typologies in Johnson’s framework. In situational couple violence, there is no evidence of a pattern of control by either partner, however one or both partners may be violent. Situational couple violence is bidirectional or mutual, occurs usually during a disagreement, and is not
usually severe (Johnson, 2010; Johnson & Ferraro, 2000). Violent resistance is also bidirectional with both partners being violent, but only one of them is controlling (Johnson, 2006). Mutual violent control is a rare type of violence that involves two violent and controlling individuals, using violence as a tool to gain control over each other, or battling for control (Johnson, 2010; Johnson & Ferraro, 2000). In coercive controlling violence, there is a pattern of control and manipulation by one partner who is violent and controlling while the other is violent and non-controlling or nonviolent (Ali et al., 2016; Johnson & Ferraro, 2000). In addition to perpetrating violence, other tactics of control are used in the unidirectional coercive controlling violence. This can result in serious injury and is likely to escalate over time (Ali et al., 2016; Johnson & Ferraro, 2000).

The specific typology and context of violence in CEIPV is particularly challenging to explore. Previous quantitative studies did not examine this, moreover, understanding the contexts of the incidents and how these incidents were perceived and may have influenced current behavior, is tasking to achieve in a quantitative study. Rubin (2010) explored adult intimate relationships among eight men who had witnessed abuse which was directed against their father by their mother. Though accounts of how this influenced behavior were discussed, the overall picture of the contexts of the violent incidents and processes could not have been fully understood as only female-perpetrated violence was explored. Furthermore, the directionality was not fully assessed, as the presence and impact of bidirectional violence in that sample was not fully provided and an understanding of male-perpetrated violence was lacking. Because it may not be feasible to assess multiple typologies of violence and understand their impact, understanding the directionality of violent incidents alone can provide a rich understanding of how individuals perceive these violent experiences.
**Perpetrator’s Relationship to the Victim and Perpetrator’s Gender.** Children may perceive and give meaning to bidirectional IPV (situational couples violence, violent resistance, and mutual violent control) in a different way than they would unidirectional violence. Whether the victim was the mother figure or the father figure can also have an impact on the child victim who is exposed to IPV. When IPV occurs with the mother being the victim, the abuse is likely to occur more and have a greater impact on the woman in terms of seriousness of physical or emotional injury (Holt et al., 2008). Violence against women has an increased risk of lethality than when the victim is male, and this will also have an impact on the child witness (Holt et al., 2008). Furthermore, having an early positive attachment with a caretaker may be a protective factor in developing secure adult attachment. Understanding an individual’s attachment relationship with the perpetrator may provide an insight into later attachment representations.

**Permanence of Abuser in Household.** The permanence of the abuser in the home should also be considered as the continued presence of the abuser provides more opportunities for abusive incidents and increased exposure of the child. In the same vein, not leaving an abusive relationship could further influence a child’s perception of both the parent victim and the perpetrator. Research has highlighted that children who grew up with interparental violence have a complex relationship with both their parents (Holt et al., 2008). A child may blame his/her mother for not leaving the abusive environment thereby leading to the child’s ongoing exposure to IPV. This may affect attachment with the parent and consequently feed into adult attachment patterns (Holt et al., 2008). Leaving an abusive relationship is often thought to be an end of violent exposure and some interventions are focused on providing support to help victims leave their abuser. However, a victim leaving the abusive relationship is not always the end of the exposure of a child to violence (Holt et al., 2008). Following separation, violence often escalates
to become more severe and even lethal and can lead to concomitant child abuse with the abuse of the child being directed against the non-present mother (Holt et al., 2008). Furthermore, in cases where the abuser is not in direct contact with the victim, the child may be forced to participate in the abuse by transmitting threat messages from the abuser, thus leading to increased exposure (Holt et al., 2008).

Measurement

Childhood Exposure to Intimate Partner Violence

There is no consensual definition of CEIPV which is sometimes defined in the literature as childhood exposure to domestic violence (CEDV). In assessing CEIPV, definitions, terminologies and measures used to collect data are also important factors to consider (Holt et al., 2008). Clear definitions should include all possible types of violence that an individual may have been exposed to in childhood and culturally appropriate measures should be able to accurately measure this phenomenon by including different forms of exposure (Holt et al., 2008). Studies discussed in the literature review above used different measures to determine CEIPV. Using single-item measures to assess a person’s exposure to IPV can present challenges as individuals’ views of what constitutes violence may differ. It is important to have clear definitions of exposure to IPV and utilize a tool that clearly captures this to ensure consistency and clarity in research findings.

Exposure to domestic violence has been operationalized in various ways. Challenges to operationalizing the concept stems from a lack of a clear conceptual definition. Studies have operationalized (CEDV) based on interpretations of the term exposure as well as judgments regarding what exposure will be “enough” to cause a serious impact (Latzman, Vivolo-Kantor, Clinton-Sherrod, Casanueva, & Carr, 2017). However, 10 different types of exposures have been
identified and these can be used in as a framework to operationalize CEDV in studies. These include prenatal exposure, intervening, victimization, participation, witnessing, overhearing, observing initial effects, experiencing the aftermath, hearing about it, and being apparently unaware (Holden, 2003). Prenatal exposure refers to the effects of IPV on the developing fetus while intervention occurs when the child steps in – verbally or physically – in an attempt to stop the assault. The child could be victimized by being intentionally or accidentally verbally or physically assaulted during an event or he/she could participate in the assault by joining in. More commonly, studies refer to exposure of children to IPV in cases where the child witnesses the event by seeing or overhearing or hearing about the actual assault. There are often accounts of children who see the immediate consequences of the assault or experience changes in their life as a result (Holden, 2003).

Hamby and Finkelhor discussed several instruments that have been used to measure child exposure to violence including the “things I’ve heard and seen scale”, “child exposure to domestic violence scale”, and an adapted conflict tactics scale. The authors categorized these instruments as community exposures to violence questionnaires, child maltreatment questionnaires, sexual assault questionnaires, peer victimization questionnaires, witnessing violence questionnaires, and multidimensional questionnaires (Hamby & Finkelhor, 2001).

The Things I’ve Heard and Seen Scale was developed in 1990 by Richters and Martinez and revised in 1992. This scale along with the Conflict Tactics Scale, Juvenile Victimization Questionnaire, Victimization Scale, and Violence Exposure Scale for children are very useful for assessing exposure to general violence but do not extensively and adequately assess exposure to domestic violence. This need led to the development of the Child Exposure to Domestic Violence (CEDV) scale in 2008. The CEDV scale is a child self-report 42-item scale with six
subscales that assess level of violence in the home, level of exposure to violence in the home, level of exposure to other forms of community violence, level of child involvement in violent activities, risk factors in the child’s home life, and other victimizations the child has experienced at home (Edleson, Shin, & Armendariz, 2008).

Major controversies in the measurement of CEIPV include if experience of child abuse should be included in child exposure to domestic violence. However, it has been recognized that it is important to assess all forms of exposure due to the importance of assessing polyvictimization. Other controversies include the source of information regarding child exposure (child versus parental accounts) and lack of a consistent measure used for child exposure to domestic violence. With further evolution in the field and as more studies are done using the CEDV scale, there is a need to refine this scale and adapt it to ensure that it is useful across different ages of children and captures all relevant exposures.

**Adult Attachment**

Various measures have been used to identify individuals’ adult attachment. Most commonly described are quantitative measures of adult attachment such as the Relationship Style Questionnaire, Experiences in Close Relationships Questionnaire, and the Adult Attachment Interview. The Relationship Style Questionnaire assesses adult attachment and categorizes individuals as having secure, preoccupied, fearful and dismissing attachment styles. Experiences in Close Relationships Questionnaire enables researchers to compute a continuous measure, capturing individuals’ degree of attachment anxiety and attachment avoidance. It also provides a means with which to derive attachment style categories placing individuals into secure,
preoccupied, dismissing, and fearful groups. Although it is noteworthy that these categories are not perfectly unique, as individuals may have some degree of identification with more than one category (Bartholomew, 1990; Fraley, Waller, & Brennan, 2000). The Adult Attachment Interview is a qualitative interview that captures adult representation of attachment and not necessarily attachment styles. These representations are autonomous, dismissing, preoccupied, and unresolved/disorganized attachment (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010).

**Conclusion**

There is a dearth of empirical studies that have examined the relationship between CEIPV and adult attachment in intimate relationships. Although adult attachment is proposed to be a mediating factor in the pathway from CEIPV and future IPV perpetration and victimization, the basis for this is mostly theoretical as studies have not extensively examined the relationship between these entities empirically. Findings from studies that have examined CEIPV and its relationship with adult attachment are inconclusive and their study designs were not always specifically tailored for this type of research. Factors that would likely be important in examining the relationship between CEIPV and adult attachment – such as polyvictimization, characteristics of the child such as age, gender, severity of abuse, context of exposure such as the typology of IPV (including bidirectionality), relationship of the child to the victim (mother, father, other caregiver), and the permanence of the abuser in the home – were not taken into consideration in the analyses. Particularly lacking in the literature is an examination of protective factors that could help ameliorate the negative impacts of exposure to IPV. The effect or impact of risk factors in the relationship between CEIPV and adult attachment also needs careful examination.

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Appendix B: Recruitment Tool
(Screener to determine participant eligibility)

1. What is your age? __________________
2. Are you:
   a. Male
   b. Female
3. What is your current relationship status?
   a. Single
   b. In a relationship
   c. Married
   d. Divorced
   e. Separated

For these questions, think back to when you were a child. Before the age of 18:

4. How often did adults in your family disagree with each other?
   a. Never
   b. Sometimes
   c. Often
   d. Almost always
   If this has happened, how old were you the first time it happened? __________________

5. How often did someone (one of your parents or someone else) ever hurt the feelings of the person who took care of you (your other parent or someone else) by calling them names, swearing, yelling, threatening her, screaming at them, or things like that
   a. Never
   b. Sometimes
   c. Often
   d. Almost always
   If this has happened, how old were you the first time it happened? __________________

6. How often did someone (one of your parents or someone else) stop the person who took care of you (your other parent or someone else) from doing something they wanted to do or made it difficult for them to do something they wanted to do like leave the house, go to the doctor, use the telephone, or visit family, friends or relatives?
   a. Never
   b. Sometimes
   c. Often
   d. Almost always
   If this has happened, how old were you the first time it happened? __________________

7. How often did someone (one of your parents or someone else) stop the person who took care of you (your other parent or someone else) from eating or sleeping, or make it difficult for them to eat or sleep?
   a. Never
   b. Sometimes
   c. Often
   d. Almost always
   If this has happened, how old were you the first time it happened? __________________
8. How often did the person who took care of you (one of your parents or someone else) and someone else (your other parent or someone else) argue about you?
   a. Never
   b. Sometimes
   c. Often
   d. Almost always

   If this has happened, how old were you the first time it happened? ________________

9. How often did someone (one of your parents or someone else) hurt or try to hurt, a pet in your home on purpose?
   a. Never
   b. Sometimes
   c. Often
   d. Almost always

   If this has happened, how old were you the first time it happened? ________________

10. How often did someone (one of your parents or someone else) ruin, break, or destroy something on purpose, like punching a wall, ripping a phone cord out of the wall, smashing a picture, or things like that?
    a. Never
    b. Sometimes
    c. Often
    d. Almost always

   If this has happened, how old were you the first time it happened? ________________

11. How often did someone (one of your parents or someone else) do something to hurt the body of the person who took care of you (your other parent or someone else) like hitting them, punching them, kicking them, choking them, shoving them, pulling their hair or things like that? Physical
    a. Never
    b. Sometimes
    c. Often
    d. Almost always

   If this has happened, how old were you the first time it happened? ________________

12. How often did someone (one of your parents or someone else) threaten to use a knife, gun, or other object to hurt the person who took care of you (your other parent or someone else), and you saw or heard what happened and the consequences of that (e.g., someone got hurt, something broke, the police came)? Psychological
    a. Never
    b. Sometimes
    c. Often
    d. Almost always

   If this has happened, how old were you the first time it happened? ________________

13. How often did someone (one of your parents or someone else) actually use a knife, gun, or other object to hurt the person who took care of you (your other parent or someone else), and you saw or heard what happened and the consequences of that (e.g., someone got hurt, something broke, the police came) Physical
    a. Never
    b. Sometimes
If this has happened, how old were you the first time it happened? __________________

14. Would you like to be contacted for further studies?
   a. Yes
   b. No

15. If yes, how can you be contacted?
   a. Name ___________________________________________________________
   b. Email address __________________________________________________
   c. Phone number __________________________________________________

16. When will you like to be contacted?
   a. What day(s) [Select all that apply]
      i. Monday
      ii. Tuesday
      iii. Wednesday
      iv. Thursday
      v. Friday
      vi. Saturday
      vii. Sunday

17. What time? ________________________________________________________

Thank you for responding to this survey
Appendix C: Quantitative Data Collection Tool Questionnaire

1. What is your age? ___________________

2. What is your race/ethnicity?
   a. White/Caucasian
   b. Black/African American/African
   c. American Indian/Native American
   d. Asian or Pacific Islander
   e. Latino/Latina/Hispanic
   f. Multi-racial/No primary racial or ethnic identification
   g. Other (please indicate) ________________________

3. What is the highest level of education you have completed?
   a. Less than high school
   b. High school or equivalent
   c. Vocational/technical school (2 year)
   d. Some college
   e. Bachelor's degree
   f. Master's degree
   g. Doctoral degree
   h. Professional degree (MD, JD, etc.)

4. What is your employment status? ______________________________________

5. What is your own yearly income? ______________________________________

6. What is your total household income, including all earners in your household?

7. How many children do you have? ____________________

8. What is your current relationship status?
   a. Single
   b. Married
   c. In a relationship
   d. Divorced
   e. Separated

9. Do you consider yourself to be:
   a. Heterosexual or straight
   b. Gay or lesbian
   c. Bisexual

   I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---.

10. Did you live with anyone who was depressed, mentally ill, or suicidal??
    a. Yes
    b. No
11. Did you live with anyone who was a problem drinker or alcoholic?
   a. Yes
   b. No
12. Did you live with anyone who used illegal street drugs or who abused prescription medications?
   a. Yes
   b. No
13. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
   a. Yes
   b. No
14. Were your parents separated or divorced?
   a. Yes
   b. No
   c. Parents not married
15. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
   a. Never
   b. Once
   c. More than once
16. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—
   a. Never
   b. Once
   c. More than once
17. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
   a. Never
   b. Once
   c. More than once
18. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
   a. Never
   b. Once
   c. More than once
19. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
   a. Never
   b. Once
   c. More than once
20. How often did anyone at least 5 years older than you or an adult, force you to have sex?
   a. Never
   b. Once
   c. More than once
21. Did you ever live in a shelter when you were younger?
   a. Yes
b. No
22. If yes, how many times? _________
23. Did you grow up in a foster home?
   a. Yes
   b. No

The following questions are about how you relate with an intimate partner. In responding to these questions, think about how you generally are when in relationships and not one specific relationship.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>1=Strongly disagree</th>
<th>2=</th>
<th>3=</th>
<th>4=</th>
<th>5=</th>
<th>6=</th>
<th>7=</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m afraid that I will lose my partner’s love</td>
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<td>I often worry that my partner will not want to stay with me</td>
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<tr>
<td>I often worry that my partner doesn’t really love me</td>
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<tr>
<td>I worry that romantic partners won’t care about me as much as I care about them</td>
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<tr>
<td>I often wish that my partner's feelings for me were as strong as my feelings for him or her.</td>
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<tr>
<td>I worry a lot about my relationships.</td>
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<td>When my partner is out of sight, I worry that he or she might become interested in someone else</td>
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<td>When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.</td>
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<td>I rarely worry about my partner leaving me.</td>
<td></td>
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<tr>
<td>My romantic partner makes me doubt myself.</td>
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<td>I do not often worry about being abandoned.</td>
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<td>I find that my partner(s) don't want to get as close as I would like.</td>
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<td>Sometimes romantic partners change their feelings about me for no apparent reason.</td>
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<tr>
<td>My desire to be very close sometimes scares people away.</td>
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<tr>
<td>I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.</td>
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<td>It makes me mad that I don't get the affection and support I need from my partner.</td>
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<td>I worry that I won't measure up to other people.</td>
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<td>My partner only seems to notice me when I’m angry.</td>
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<tr>
<td>I prefer not to show a partner how I feel deep down.</td>
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<tr>
<td>I feel comfortable sharing my private thoughts and feelings with my partner</td>
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<tr>
<td>I find it difficult to allow myself to depend on romantic partners.</td>
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<tr>
<td>I am very comfortable being close to romantic partners.</td>
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<tr>
<td>I don't feel comfortable opening up to romantic partners.</td>
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<tr>
<td>I prefer not to be too close to romantic partners.</td>
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<tr>
<td>I get uncomfortable when a romantic partner wants to be very close.</td>
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<tr>
<td>I find it relatively easy to get close to my partner.</td>
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<tr>
<td>It's not difficult for me to get close to my partner.</td>
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<td>5</td>
<td>6</td>
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</tr>
<tr>
<td>I usually discuss my problems and concerns with my partner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>It helps to turn to my romantic partner in times of need.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I tell my partner just about everything.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I talk things over with my partner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I am nervous when partners get too close to me.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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<td>7</td>
</tr>
<tr>
<td>I feel comfortable depending on romantic partners.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I find it easy to depend on romantic partners.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>It's easy for me to be affectionate with my partner.</td>
<td>1</td>
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<td>6</td>
<td>7</td>
</tr>
<tr>
<td>My partner really understands me and my needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</table>
Appendix D: Introductory Script And Informed Consent

Introductory Script

Hi, my name is [   ] from the University of South Florida, may I speak with [name] please? I am calling regarding the women’s health study that we have been advertising all over. Because this is about personal women’s health some women feel more comfortable to talk if there is no one around. Would you like to talk now or would you prefer another time?

Thank you for agreeing to participate in this research study. To give you a little overview, this study includes 3 interview sessions. One today and the other two over the next 2 weeks at your convenience. The first interview session is about events in childhood, the second is about experiences in relationships and the third is about how things that happen in life can affect relationships. Most of today’s questions are about events that happened in childhood. People may react differently when asked to recall events in childhood. Because this topic can be sensitive, it may trigger things that you couldn’t previously remember, and it is normal for this to happen. If you are having feelings that you think you can’t handle or that are making you anxious, please let me know. Even if talking about this does not bring up feelings immediately, this could happen at a later time. Some people feel that it will be helpful to have some counseling or someone to talk with. I can information for resources after our conversation if you will like.
Informed Consent

You are being asked to take part in a research study. The information in this document should help you to decide if you would like to participate. The sections in this Overview provide the basic information about the study. More detailed information is provided in the remainder of the document.

Study Staff: This study is being led by Ngozichukwuka Agu, who is a doctoral student at/in the University of South Florida. This person is called the Principal Investigator. She is being guided in this research by Dr. Karen Liller and Dr. Martha Coulter. Other approved research staff may act on behalf of the Principal Investigator.

Study Details: This study is being conducted at the University of South Florida and is not supported/sponsored by any entity. The purpose of the study is to understand relationships among women who were exposed to intimate partner violence as children (i.e. who lived in homes where their parents or those who raised them quarreled or fought). Individuals will be invited to participate in an online survey to determine if they qualify for the study. Subsequently, those who are eligible and interested in participation will be asked to participate in three phone interviews.

Participants: You are being asked to take part because you had this childhood experience.

Voluntary Participation: Your participation is voluntary. You do not have to participate and may stop your participation at any time. There will be no penalties or loss of benefits or opportunities if you do not participate or decide to stop once you start. Alternatives to participating in the study include not participating in the study. Your decision to participate or not to participate will not affect your job status, employment record, employee evaluations, or advancement opportunities.

Benefits, Compensation, and Risk: We do not know if you will receive any benefit from your participation. There is no cost to participate. You will be compensated with a total of $50 in e-gift cards (choice of Walmart, Amazon, or Target) for your participation in all three phases of the study. This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life.

Confidentiality: Even if we publish the findings from this study, we will keep your study information private and confidential. Anyone with the authority to look at your records must keep them confidential.

You will be compensated up to $50 if you complete all three scheduled interviews. There will be no compensation for completing the online survey to determine if you qualify for the study and not every individual who completes the survey will be invited to participate in the interviews. If you withdraw for any reason from the study before completion you will be compensated based on the number of times of participation ($10 for the first time, $15 for the second time, and $25 for the third time).

If you have any questions, concerns or complaints about this study, call Ngozichukwuka Agu at 8325282729. If you have questions about your rights, complaints, or issues as a person taking part in this study, call the USF IRB at (813) 974-5638 or contact by email at RSH-IRB@usf.edu.

Would you like to participate in this study?
Appendix E: Qualitative Data Collection Tools

Interview guide 1: Perception of IPV exposure in childhood and how it impacts adult attachment

Now, I would like to probe a little deeper about events during your childhood. If it is okay with you, I would like to record this part of our conversation:

1. What do you remember most or what did you enjoy most about being a child?
2. How would you describe the household you grew up in?
   a. Probe: Who raised you?
3. Can you talk about how things were between your parents if you were able to observe your parents? Can you talk about how things were between those who raised you? How were things between them when things were good? [These questions that refer to parents have to be adapted per individual – as they may have lived with more than one set of people]
   a. Probe: Tell me about the daily routine of your parents and/or those who raised you.
   b. Probe: Did your parents/those who raised you live together or did this change (i.e., divorce, death, etc.)? If yes, when did this happen? For how long? How did this affect you? What did this mean to you?
4. How did your parents/those who raised you settle quarrels (disagreements/disputes)? Tell me about the biggest quarrel (disagreement/dispute) your parents had. Was there domestic violence?
   a. Probe: What led to it? Who started it? Did it get physical where someone was hitting someone else or was it yelling trying to hurt someone’s feelings? Did both of them try to hurt each other in this way or was it mainly one person? Did you
think that your mother had to do what your father (or another partner) said or she
was going to be hurt? Or was it the other way around?

b. Probe: Did anyone have to visit the hospital due to injuries?

c. Probe: Did anyone not living in the house step in when this was happening?

d. Probe: Do you remember what went through your mind as you saw it happen?

How did it make you feel? What did that mean to you?

e. Probe: How do you feel now about those situations looking back?

5. Do you think that how your parents related to each other have influenced how you relate
with romantic partners?

   a. Probe: How has this influenced being able to trust a romantic partner? How has it
   influenced intimacy with a romantic partner?

6. Are there any other things that we have not already talked about that you would like to
share?
Interview guide 2: Perceptions of attachment and relationship factors that play a role in the development of adult attachment

1. Before we start, do you have any questions, thoughts or something to say from the last time we spoke?

2. How would you describe a relationship or union with a romantic partner? What do they mean to you? How do people get to know each other or learn about each other in a romantic partnership or relationship? What leads to you going from a friendship to a relationship? What usually has to happen between you and someone before you get into a romantic relationship/partnership?

3. What changes when you are trying to get close to a romantic partner?
   a. Probe: Can you tell me about this with a previous love partner? How did you feel your partner behaved when you tried to be close with them? Did you feel they paid attention to you or heard you? How did your feelings about how they will behave change how you tried to get close to them? [If participant has children] Did you have children as a result of any previous union?
   b. Probe: How has your relationship changed from the past with the partner you have today or your most recent partner? Do you feel they pay attention to you or hear you? How did you feel your partner behaved when you tried to be close with them? How did your feelings about how they would behave change how you tried to get close to them?

4. What are some things that are important to you in a relationship/union?
   a. Probe: If you don’t get these things at the time you think it is right, how does it affect your getting close to or trusting your partner?
b. If you don’t do certain things with a partner (e.g. having the talk, meeting your partner’s friends, spending the holidays together, getting keys to your partners’ home, carrying out plans etc.), or if you don’t do these things within a timeframe, how does it affect you getting close to or trusting your partner?

5. If you find out that you and your partner don’t have the same ideas about life or are not on the same page (e.g. how you think children should be raised etc.), does this change your view of them or the relationship?
   a. Probe: Does this affect you wanting to be with them? Does it affect you getting close or trusting your partner?

6. What is your idea of how/what closeness, intimacy and trust should be in an ideal relationship?
   a. Probe: Are there any unhealthy ways of getting close to a romantic partner?
   b. Do you trust your partner’s ability to sustain your relationship? Do you feel that your partners trusted your ability to sustain your relationship?

7. Are there any other things that we have not already talked about that you would like to share?
Interview guide 3: Perceptions of factors that frame or impact adult attachment

1. Before we start, do you have any questions, thoughts or something to say from the last time we spoke?

2. Are there certain habits, traits, or characteristics that you think will make it easier to get close to a partner?

3. Is there anything in your relationship including things that have happened (outside activities and events) to you or your partner or others around you that has made your relationship closer? [Tragedy, health issues, promotions, new employment]
   a. Probe: Has seeing how other couples behave with each other influenced your closeness with your own partner? If yes, then tell me about it.
   b. How does seeing or hearing about how other couples behave towards each other on social media (e.g. Facebook, Instagram) and on the television and news influenced your own closeness with your partner?
   c. Has your own social media habits affected closeness in your relationship?

4. Are there certain ways you behaved that you think made it harder to get close to a partner?

5. Is there anything in your relationship including things that have happened (outside activities and events) that has made closeness in your relationship harder or more difficult?
   a. Probe: How has being stressed by work or other problems influenced your closeness with your most recent partner? What are some situations you have been in that was stressful with your most recent partner? Has daily responsibilities,
finances, availability of healthcare, living conditions, children (including childcare, child discipline) influenced your closeness with your partner?

b. Probe: What were the most difficult things or situations you have faced with a romantic partner? What has been the most stressful situation that has affected your relationship with your romantic partner?

c. Probe: Have you had any mental, physical, and emotional changes that have affected your relationship?

6. What things or behaviors can improve closeness with your partner? What have you done in the past when you were trying to be close to a partner?

7. What resources (tools) do you think would be helpful for women who had these childhood experiences?

8. Are there any other things that we have not already discussed that you will like to share?
### Table F1. *Data collection tools and their utility*

<table>
<thead>
<tr>
<th>Study Instrument</th>
<th>Factor</th>
<th>Measure</th>
<th>Availability</th>
<th>Utility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screener</td>
<td>Demographic information</td>
<td>Single item questions</td>
<td>N/A</td>
<td>To understand characteristics of the study population</td>
</tr>
<tr>
<td></td>
<td>Exposure to intimate partner</td>
<td>Adapted version of the Childhood exposure to domestic violence scale</td>
<td>Available for free</td>
<td>To provide an understanding of the context of violent exposure in childhood, which may be important for understanding the specific impact that exposure to violence had on the individual.</td>
</tr>
<tr>
<td></td>
<td>Demographic Survey</td>
<td>Demographic information</td>
<td>Single item questions</td>
<td>To understand characteristics of the study population</td>
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<tr>
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<td>Experiences of other trauma</td>
<td>Adverse Childhood Experiences Survey</td>
<td>Not copyrighted, however use will necessitate submission of the resulting article</td>
<td>The ACEs questionnaire will aid in promoting an understanding of women’s current attachment in intimate relationships in the context of past traumatic experiences in addition to exposure to intimate partner violence.</td>
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<tr>
<td></td>
<td>Adult attachment style</td>
<td>Experiences in Close Relationships – Revised Scale</td>
<td>Published in a scientific journal for use in non-commercial research without author permission</td>
<td>In this study, attachment styles will be linked to qualitative data to compare and contrast quantitative categorization of adult attachment styles with qualitative accounts of relationship behaviors among women.</td>
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<td>Study Instrument</td>
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<td>Utility</td>
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<td>Interview Guide 1</td>
<td>Perception of childhood exposure to IPV and how it impacts adult attachment</td>
<td></td>
<td>Developed by student and refined by dissertation committee</td>
<td>To elicit information on the context of CEIPV as well as perceptions of how CEIPV affected adult attachment</td>
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<td>Interview Guide 2</td>
<td>Perceptions of attachment and relationship factors that play a role in the development of adult attachment</td>
<td></td>
<td>Developed by student and refined by dissertation committee</td>
<td>To elicit information on relationship values, goals, and trajectories, and how these could play a role in adult attachment.</td>
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<tr>
<td>Interview Guide 3</td>
<td>Perceptions of factors that impact adult attachment</td>
<td></td>
<td>Developed by student and refined by dissertation committee</td>
<td>To elicit information on social, behavioral, and environmental factors that could influence adult attachment in intimate relationships.</td>
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<tr>
<td>Aim</td>
<td>Research question</td>
<td>Theory</td>
<td>Sample interview questions</td>
<td>Qualitative instrument</td>
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<td>---------------------------------------------------------------------</td>
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<td>Using a symbolic interactionism framework to explore perceptions of</td>
<td>How do adult women who were exposed to intimate partner violence in childhood perceive these exposures?</td>
<td>Symbolic interactionism</td>
<td>How would you describe the household you grew up in?</td>
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<td>childhood exposures to intimate partner violence among adult women and how these exposures could have impacted their adult attachment and in turn influenced their adult relationships.</td>
<td></td>
<td></td>
<td>Can you talk about the relationship between your caregivers?</td>
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<td></td>
<td></td>
<td></td>
<td>a. Probe: Tell me about a typical day in the lives of your parents?</td>
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<td></td>
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<td></td>
<td>b. Probe: How do you perceive this relationship now?</td>
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<td></td>
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<td></td>
<td>c. Probe: Context of IPV – directionality (who was the perpetrator?) and severity of IPV (did anyone have to visit the hospital due to injuries? were people called in to intervene?)</td>
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<td>To utilize symbolic interactionism to understand perceptions of processes that play a role in the development of adult</td>
<td>How do adult women who were exposed to intimate partner violence in childhood perceive this exposure to have affected their adult attachment?</td>
<td>Symbolic interactionism</td>
<td>a. How has witnessing conflicted behaviors between your primary caregivers influenced your attachment with partners?</td>
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<td>What do adult women perceive to be an ideal attachment relationship?</td>
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<td>Describe your ideal attachment relationship</td>
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<td>Theory</td>
<td>Sample interview questions</td>
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<td>attachment in intimate relationships among adult women who were exposed to intimate partner violence in childhood.</td>
<td>What are perceptions of secure and insecure adult attachment and what factors are perceived to lead to the development of secure attachment among adult women with CEIPV?</td>
<td>What do you consider as healthy attachment patterns? What do you consider as unhealthy attachment patterns?</td>
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<td></td>
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<td>To understand behavioral and socioenvironmental influences that frame perceptions of adult attachment in intimate relationships among adult</td>
<td>What are perceptions of relationship goals, values, and trajectories that can influence adult attachment among adult women who were exposed to intimate partner violence in childhood?</td>
<td>What would you say if asked to discuss the natural course of a relationship? a. Probe: What are your relationship goals b. Probe: What are some values that are important to you in relationships How does the inability or ability to achieve these goals or a difference in values between you and your partner affect your attachment to your partner?</td>
<td>Interview Guide 2</td>
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<td>What attachment experiences have adult women with childhood exposure to intimate relationships had while</td>
<td>Social cognitive theory Outcome expectations</td>
<td>How would you describe your attachment in previous relationships?</td>
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</tr>
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<td>Thinking about your previous relationships back to your most recent intimate relationship, how</td>
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<td>Theory</td>
<td>Sample interview questions</td>
<td>Qualitative instrument</td>
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<td>females who were exposed to intimate partner violence in childhood using the social cognitive theory (specific constructs applied are observational learning, outcome expectations, self-efficacy, and self-regulation)</td>
<td>navigating intimate relationships?</td>
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<td>did you feel your partner will react to attempts to seek closeness with them? How about now? How did that affect your ability to try to be close to them? What experiences have you had with connecting with a partner?</td>
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<td></td>
<td>What are perceived protective behavioral and environmental factors that influence adult attachment in intimate relationships among adult women who were exposed to intimate partner violence in childhood?</td>
<td>Self-efficacy</td>
<td>Are there certain behaviors that positively impact your attachment with a partner? What situations, incidents, or factors have affected or currently affect your confidence in being able to seek closeness with your intimate partners? What other factors do you think can positively impact your attachment with a partner? How has witnessing other couple’s relationships influenced your attachment behaviors?</td>
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<td>Observational learning</td>
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<td>Sample interview questions</td>
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<td>Self-regulation</td>
<td>How has observing media and social media portrayals of attachment in relationships influenced your own attachment to a partner? What steps have you taken in the past to enhance your attachment with a partner?</td>
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<td>What risk behavioral and environmental factors are perceived to influence adult attachment in intimate relationships among adult women (26-40 years) who were exposed to intimate partner violence in childhood?</td>
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<tr>
<td></td>
<td>What risk behavioral and environmental factors are perceived to influence adult</td>
<td>Triadic determinism</td>
<td>Are there certain behaviors that negatively impact your attachment with a partner? What are some stressors that you have experienced in intimate relationships? How did these stressors impact your attachment with your partner? Asides from the stressors discussed earlier, are there other factors that can impact your attachment with a partner?</td>
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Table F3. **Participant Demographic Information**

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Table F3. contd.

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Abbreviations: SD=standard deviation; ACES=adverse childhood experiences; CEIPV=childhood exposure to intimate partner violence.
Table F4. Participant’s childhood exposure to intimate partner violence score

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Table F5. Participant’s Attachment Information

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<tr>
<th></th>
<th>Anxiety score</th>
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<th>Attachment style (four styles)</th>
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*Missing one item on the anxiety scale
^Missing four items on the anxiety scale and three on the avoidant scale
?Missing one item on the anxiety scale and one on the avoidant scale
Table F6. Participant’s Adverse Childhood Experiences

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<th>Sexual abuse</th>
<th>Physical Intimate partner violence</th>
<th>Substance abuse</th>
<th>Mental Illness</th>
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Abbreviations: ACES=adverse childhood experiences
**Table F7. Qualitative data analysis matrix plan**

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<th>Attachment style (4D)</th>
<th>Anxiety score</th>
<th>Avoidant score</th>
<th>Key theme 1</th>
<th>Key theme 2</th>
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*Missing one item on the anxiety scale
^Missing four items on the anxiety scale and three on the avoidant scale
?Missing one item on the anxiety scale and one on the avoidant scale

Abbreviations: ACES=adverse childhood experiences; CEIPV=childhood exposure to intimate partner violence; 2D=two dimensional; 4D=four dimensional
Table F8. *Codebook*

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<th>Description of code</th>
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<td>Childhood memory</td>
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<td>Most memorable or enjoyable part of childhood</td>
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<tr>
<td>A priori</td>
<td>Household Description</td>
<td></td>
<td>Description of household as a child</td>
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<tr>
<td>A priori</td>
<td>Raised</td>
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<td>When participants describe who primary caregivers were and any relationships those individuals had that impacted them</td>
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<tr>
<td>A priori</td>
<td>Parent Relationship</td>
<td></td>
<td>Discussion of how things were between participant’s parents/caretakers. This includes the relationship between parent and other partner/boyfriend/girlfriend</td>
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<td>Daily Routine</td>
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<td>Discussions about the daily routine of parents/caretakers</td>
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<td>Family Structure</td>
<td>Change</td>
<td>Descriptions of any change from the traditional family structure (parents living with children) including parental divorce/death, single parent homes with or without transient other parent, or siblings moving away. This also includes discussions of how they felt due to change in family structure as well as descriptions of parent’s other partners in and out of the home</td>
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<td>A priori</td>
<td>Settle Quarrels</td>
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<td>Descriptions of how parents/caretakers settled quarrels</td>
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<td>Biggest Quarrel</td>
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<td>Description of the biggest quarrel they remember that parents/caretakers had</td>
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<td>Descriptions of if there was domestic violence in the house</td>
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<td>Context Violence</td>
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<td>Descriptions of the context of interparental violence</td>
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<td>Descriptions of the context of violence: Specifically focusing on what led to it and/or who started it.</td>
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<td>Descriptions of the context of violence: Specifically focusing on what types of violence were involved, if physical or mainly verbal</td>
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<td>Descriptions of the context of violence: Specifically focusing on unidirectionality or bidirectionality</td>
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<td>Control</td>
<td>Descriptions of the context of violence: Specifically focusing on if participant felt one parent/caregiver had to do what they were told by the other parent/caregiver or they would get hurt.</td>
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<td>Context Violence: Injuries</td>
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<td>Context Violence: Bystander</td>
<td>Descriptions of the context of violence: Specifically focusing on if someone not living in the house had to step in when the violence was occurring</td>
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<td>Discussions of how they felt due to CEIPV</td>
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<td>Meaning in Childhood</td>
<td>Descriptions of childhood feelings, thoughts, and meanings attributable to parental violence</td>
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<td>Meaning in Adulthood</td>
<td>Descriptions of adult feelings, thoughts, and meanings attributable to parental violence</td>
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<td>Perceptions of if they feel interparental violence has influenced how they relate with their intimate partners including how this influences closeness and trust in the relationship.</td>
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<td>Perceptions of how they feel interparental violence has influenced intimacy with romantic partners</td>
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<td>Influence Adult Relationships: Trust</td>
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<td>Perceptions of how they feel interparental violence has influences trusting a romantic partner</td>
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<td>Relationship Perceptions_Description/Course</td>
<td></td>
<td>Participants perceptions of relationships including descriptions of relationships, what they mean to participant, how people get into them, and how people get to learn about each other within them. Also includes description of relationship course or changes that occur when an individual is trying to get close to a partner.</td>
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<td>Relationship Values</td>
<td></td>
<td>Descriptions of things that are important or valued in a relationship</td>
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<td>Descriptions of factors within the relationship that can affect closeness and trust</td>
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<td>Differing Life Views affecting Trust/Closeness</td>
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<td>Descriptions of how having differing values or life views can affect closeness and trust</td>
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<td>Descriptions of unhealthy ways of getting close to a partner. Also includes any mention of unhealthy relationships.</td>
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<td>Subcode</td>
<td>Description of code</td>
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<tr>
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<td>Ideal Relationship</td>
<td></td>
<td>Descriptions of an ideal relationship including descriptions of what closeness and trust should be like ideally.</td>
</tr>
<tr>
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<td>Relationship Experience</td>
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<td>Descriptions of participants experiences in relationships. Including descriptions of closeness seeking behaviors, perceptions of partner’s reactions to seeking closeness and how this influenced their closeness seeking behaviors.</td>
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<td>Partners behavior on closeness attempt</td>
<td></td>
<td>Descriptions of how participant believed partner will behave when they tried to be close to them</td>
</tr>
<tr>
<td>A priori</td>
<td>Partner Attention</td>
<td></td>
<td>Descriptions of if they felt their partner paid attention to them or heard them</td>
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<tr>
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<td>Feelings change behavior</td>
<td></td>
<td>Descriptions of how participants feelings about how partner will behave on attempted closeness changed closeness behavior</td>
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<td></td>
<td>Any mention of participant’s own children</td>
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<td>Participant’s descriptions of how their relationship has changed in the past with the partner that they have today or their most recent partner</td>
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<td>Descriptions about their perceptions of their partners ability to sustain their relationship as well as their partners perceptions of their ability to sustain the relationship.</td>
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<td>Participants descriptions of habits traits and characteristics that will make closeness with a partner easier</td>
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<td>Any descriptions of an environmental factor that has affected closeness in relationships</td>
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<td>Discussion of external factor that has promoted closeness in the relationship</td>
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<td>Discussion of external factor that has made it harder to get close to a partner in the relationship</td>
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<td>Descriptions of tragedy as an external factor that has affected closeness in a relationship</td>
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<td>Any mention of daily responsibilities being a factor that has affected closeness in a relationship</td>
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<td>Any mention of living conditions being a factor that has affected closeness in a relationship</td>
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<td>Any mention of children being a factor that has affected closeness in relationships. This includes discussions of child care and child discipline or the presence of children affecting closeness.</td>
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</tr>
<tr>
<td>A priori</td>
<td>Social Environment</td>
<td>Descriptions of other couples behavior and its influence on closeness in participant’s relationships</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Media/Online Environment</td>
<td>Descriptions of other couples behaviors on the media and online and its influence on closeness in participant’s relationships</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Social Media Habits</td>
<td>Descriptions of social media habits and its influence on closeness in participant’s relationships</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Behavior Hindering Closeness (BHC)</td>
<td>Descriptions of behavior that made it harder to get close to a partner. This includes both participants behaviors as well as descriptions of partner’s behaviors</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Most Difficult Stressor</td>
<td>Descriptions of the most difficult things or stressors that have affected the relationship</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Person Changes</td>
<td>Descriptions of mental, physical, and emotional changes that affected the relationship</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Strategy/Behavior Promoting Closeness</td>
<td>Descriptions of specific strategies that participants had employed in order to get close to a partner. This includes both participants behaviors as well as descriptions of partner’s behaviors</td>
<td></td>
</tr>
<tr>
<td>A priori</td>
<td>Resources Tools</td>
<td>Resources or tools that participants think will be helpful in promoting relationship stability for women who had CEIPV</td>
<td></td>
</tr>
<tr>
<td>Emergent</td>
<td>Siblings</td>
<td>Any descriptions or mention of their other siblings</td>
<td></td>
</tr>
<tr>
<td>Code Type</td>
<td>Parent Code</td>
<td>Subcode</td>
<td>Description of code</td>
</tr>
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</tr>
<tr>
<td>Emergent</td>
<td>Grown up Role</td>
<td></td>
<td>Any mention of participants having to take up a grown-up role as a child. This includes descriptions of having to care for younger siblings and/or parenting their parents.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Role in Parental Violence</td>
<td></td>
<td>Any descriptions of participant playing a role in their parents violence including them intervening in some way (e.g., trying to stop the violence or trying to protect one parent/siblings) or actively avoiding the situation (e.g., hiding)</td>
</tr>
<tr>
<td>Emergent</td>
<td>Parent with CEIPV</td>
<td></td>
<td>This refers to participants discussing their parents experiencing any form of violence as children</td>
</tr>
<tr>
<td>Emergent</td>
<td>Own Physical Health</td>
<td></td>
<td>Any mention of participants having physical health issues including chronic pain or experiencing physical symptoms.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Own Mental Health</td>
<td></td>
<td>Any mention of mental participants mental health issues including anxiety, depression, PTSD.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Parents Mental Health</td>
<td></td>
<td>Any mention of parents mental health.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Therapy/Counseling</td>
<td></td>
<td>Any mention of use of therapy or counseling services or need of counseling services.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Child abuse</td>
<td></td>
<td>Any mention of abuse in childhood</td>
</tr>
<tr>
<td>Emergent</td>
<td>Child sexual abuse</td>
<td></td>
<td>Any descriptions of participants undergoing sexual abuse as children</td>
</tr>
<tr>
<td>Emergent</td>
<td>Child physical abuse</td>
<td></td>
<td>Any descriptions of participants undergoing physical abuse as children</td>
</tr>
<tr>
<td>Emergent</td>
<td>Child verbal/emotional/psychological abuse</td>
<td></td>
<td>Any descriptions of participants undergoing emotional/physical/psychological abuse as children</td>
</tr>
<tr>
<td>Emergent</td>
<td>Own IPV</td>
<td></td>
<td>Descriptions of any experience of IPV (any type) in participant's own relationships as well as the impact this experience has had on them. This includes being either the victim or perpetrator of IPV.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Attachment Theory</td>
<td></td>
<td>Any description of factors that are in line with attachment theory</td>
</tr>
<tr>
<td>Emergent</td>
<td>Avoidance</td>
<td></td>
<td>Any descriptions of avoidant behavior in relationships or patterns exhibiting avoidance (distance themselves emotionally and psychologically from intimate partners, and have a high degree of independence and self-reliance avoiding proximity-seeking behaviors)</td>
</tr>
<tr>
<td>Code Type</td>
<td>Parent Code</td>
<td>Subcode</td>
<td>Description of code</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Emergent</td>
<td>Anxiety</td>
<td></td>
<td>Any descriptions of anxious behavior in relationships or patterns exhibiting anxiety</td>
</tr>
<tr>
<td>Emergent</td>
<td>Secure base/safe haven</td>
<td></td>
<td>Any descriptions of how they do not need a constant reassurance or connection to be okay in a relationship</td>
</tr>
<tr>
<td>Emergent</td>
<td>Fear/Insecurities</td>
<td></td>
<td>Any descriptions of being fearful or having insecurities when it comes to relationships. This does not include fear that is associated with abuse, but more like a fear of a relationship not working especially because of past experiences (childhood or otherwise). Could also include a fear of abandonment.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Negative view of other</td>
<td></td>
<td>Any descriptions of viewing others negatively in terms of relationships. This includes having negative expectations of other</td>
</tr>
<tr>
<td>Emergent</td>
<td>Negative view of self</td>
<td></td>
<td>Participant's negative view of self. This includes feeling bad about themselves, having a sense of low self-worth or a voice in their head diminishing their worth</td>
</tr>
<tr>
<td>Emergent</td>
<td>Social Cognitive Theory</td>
<td></td>
<td>Any description of factors that are in line with the social cognitive theory</td>
</tr>
<tr>
<td>Emergent</td>
<td>Self-Efficacy/Self-Regulation</td>
<td></td>
<td>Any mention of being proactive in finding solutions or working through issues of CEIPV or relationship difficulties. Self-efficacy in this case refers to any mention of being confident in their ability to perform certain behaviors and achieve specific outcomes. On the other hand, self-regulation refers to any instance where individual describes controlling their behavior to achieve a particular goal. Steps in self-regulation include monitoring, setting goals, constructive feedback, reward, self-instruction, and engaging social support systems. Setting boundaries can also be included here.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Outcome Expectations</td>
<td></td>
<td>Beliefs about the anticipated consequences of a certain behavior. In this case beliefs about how partner will behave when individual tries to be close with them.</td>
</tr>
</tbody>
</table>
Table F8. contd.

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Parent Code</th>
<th>Subcode</th>
<th>Description of code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td></td>
<td>Observational Learning</td>
<td>Descriptions of how they learned certain behaviors based on the interactions of close interpersonal contacts (such as their parents) or other social contacts including individuals on social media or the news. This also includes situations where individual adapts that behavior as well as situations where they go out of their way to avoid such behaviors. Note that this does not refer to situations where an individual states that they learn about another individual by observing them.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Childhood Social Support</td>
<td></td>
<td>Descriptions of other individuals being involved in parenting them while they were children. These others included extended family members that were not living with them but who lent support to them when they were growing up. Examples of this include grandparents etc.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Religion</td>
<td></td>
<td>Any mention of religion or religious practices including church and prayers</td>
</tr>
<tr>
<td>Emergent</td>
<td>Politics</td>
<td></td>
<td>Any mention of politics or political views</td>
</tr>
<tr>
<td>Emergent</td>
<td>Foster Care</td>
<td></td>
<td>Any mention of foster care</td>
</tr>
<tr>
<td>Emergent</td>
<td>Trauma</td>
<td></td>
<td>Any mention of trauma and its effects</td>
</tr>
<tr>
<td>Emergent</td>
<td>Codependency</td>
<td></td>
<td>Participants discussing being codependent or having a codependent relationship</td>
</tr>
<tr>
<td>Emergent</td>
<td>Abandonment</td>
<td></td>
<td>Participants describing people abandoning them or leaving including the impact that may have had on them.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Lack of Structure in Home</td>
<td></td>
<td>Descriptions about a lack of structure in the house. This includes participants describing that they had no rules growing up and had no idea what they were doing wrong cos it would always change</td>
</tr>
<tr>
<td>Emergent</td>
<td>Weapon</td>
<td></td>
<td>Any mention of a weapon being used. This includes mention of guns, knives, or throwing of objects</td>
</tr>
<tr>
<td>Emergent</td>
<td>Cycles/Patterns</td>
<td></td>
<td>Participants describing cycles or patterns that have been repeating in their relationships or intergenerational cycles or patterns.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Making Excuses/Ignoring Red Flags</td>
<td></td>
<td>Descriptions of participants making excuses for a partner or ignoring red flags.</td>
</tr>
<tr>
<td>Emergent</td>
<td>Alcohol Use</td>
<td></td>
<td>Any mention of alcohol use</td>
</tr>
<tr>
<td>Emergent</td>
<td>Drug Use</td>
<td></td>
<td>Any mention of drug use issues</td>
</tr>
<tr>
<td>Emergent</td>
<td>Sobriety/Recovery</td>
<td></td>
<td>Any mention of being or getting sober</td>
</tr>
<tr>
<td>Code Type</td>
<td>Parent Code</td>
<td>Subcode</td>
<td>Description of code</td>
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</tr>
<tr>
<td>Emergent</td>
<td>Prison</td>
<td></td>
<td>Any mention of prison or jail including either someone they know or they themselves having an interaction with the prison system</td>
</tr>
<tr>
<td>Emergent</td>
<td>Time/Age</td>
<td></td>
<td>Descriptions of participants discussing timing as a factor. This includes the time they have known someone as well as time passing in terms of them growing older and aging. Note this does not include reflections on differences in how they felt about CEIPV as children and then as adults.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Study</th>
<th>Design and Sample Type</th>
<th>Characteristics of sample</th>
<th>Measures</th>
<th>Analyses</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grau, 2000</td>
<td>Retrospective cross-sectional quantitative in a community and clinical sample</td>
<td>Mixed gender sample of 165 participants (males from a community agency providing DV services; males and females recruited from a psychology class</td>
<td>CEIPV – Conflict tactics scale form CTS2-CA Adult attachment – Experiences in close relationships scale</td>
<td>Odds-ratio, chi-square analysis: To calculate probability that participants who reported witnessing parental violence and/or child abuse histories would endorse a particular attachment style. ANOVA: To determine potential differences on global relationship satisfaction and relationship satisfaction subscales</td>
<td>There were no differences in attachment style among those who witnessed interparental violence versus those who did not. There were also no differences by gender.</td>
</tr>
<tr>
<td>Godbout, Lussier, &amp; Sabourin, 2006</td>
<td>Retrospective cross-sectional quantitative in a community sample</td>
<td>Dyadic study of 316 men and 316 women either married, or cohabiting (living together for more than 6 months)</td>
<td>CEIPV – Single-item measures Witnessing physical violence as a child Witnessing psychological violence as a child Adult attachment – Experiences in close relationships scale</td>
<td>Paired t-test - information on prevalence of child abuse and data on psychosocial variables, focusing on gender differences. Two-step approach to general hypothesis testing 1. Computing correlations between independent (child trauma variables) and intermediate variables 2. Assessing complete mediational model through structural equation modeling</td>
<td>Results indicated significant sex differences in: 1. Abandonment anxiety (for women, M =3.35, SD = 1.03; for men, M = 3.10, SD = 1.01, t (296) = 3.31, p &lt; .001) 2. Avoidance of proximity (for women, M = 2.22, SD = .93; for men, M = 2.35, SD = .91, t (297) = 1.95, p&lt; .05)</td>
</tr>
<tr>
<td>Godbout, Dutton, Lussier,</td>
<td>Retrospective cross-sectional</td>
<td>315 men and 329 women in long-term romantic</td>
<td>CEIPV – Single-item measures</td>
<td>1. Descriptive analyses to report information on the prevalence of</td>
<td>Women’s exposure to psychological domestic</td>
</tr>
<tr>
<td>Study</td>
<td>Design and Sample Type</td>
<td>Characteristics of sample</td>
<td>Measures</td>
<td>Analyses</td>
<td>Findings</td>
</tr>
<tr>
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</tr>
<tr>
<td>&amp; Sabourin, 2009</td>
<td>quantitative in a community sample</td>
<td>relationships (either married or cohabiting)</td>
<td>Witnessing physical violence as a child, Witnessing psychological violence as a child, Adult attachment – Experiences in close relationships scale</td>
<td>early exposure to parental violence and IPV, 2. Zero-order correlations to examine links between our variables, 3. Structural equation modeling with EQS to test general hypothesis</td>
<td>violence (witnessing) was related to women’s adult avoidant attachment ($\beta = .15, p = .007, R^2 = .02$). Men’s exposure to psychological domestic violence (witnessing) predicted men’s adult avoidant attachment ($\beta = .15, p = .012, R^2 = .02$).</td>
</tr>
<tr>
<td>Rubin, 2010</td>
<td>Qualitative study in a community sample</td>
<td>8 men who had been in at least one monogamous relationship beyond age 20</td>
<td>CEIPV – single-item measure: As a child or adolescent, did you witness your biological mother hit, slap, push or kick your biological father on at least three separate occasions? Adult attachment – Relationship questionnaire</td>
<td>Thematic analysis was applied to the transcriptions. Specific statements made by the participants were grouped into units of meaning from which themes were determined and used to describe the overall experience of the participants and the subject of study. Data were analyzed using the constant comparative method. This method allowed flexibility in categorizing the data. Units of meaning were continuously compared to other emerging units of meaning. As further data were analyzed, categories were added,</td>
<td>Themes 1. Childhood effects of witnessing mother's violence - a sense of safety outside the home environment, lack of significant impact on academic performance, negative impact on academic performance Parental relationships during childhood - Negative impact of witnessing violence on the childhood maternal relationship, negative impact of witnessing violence on the childhood paternal relationship, childhood identification with the mother,</td>
</tr>
</tbody>
</table>
Table F9. contd.

<table>
<thead>
<tr>
<th>Study</th>
<th>Design and Sample Type</th>
<th>Characteristics of sample</th>
<th>Measures</th>
<th>Analyses</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatty, 2013</td>
<td>Retrospective cross-sectional quantitative in a sample of lesbian women recruited through organizations serving that population</td>
<td>78 adult females (&gt; 18 years) in a same-sex relationship for at least a year</td>
<td>CEIPV – Childhood maltreatment interview schedule – short form Adult attachment – Revised adult attachment scale</td>
<td>A MANOVA was performed to evaluate the degree to which a childhood history of emotional, physical, or sexual abuse or exposure to domestic violence impacts the ability to feel comfortable and securely attached.</td>
<td>The Wilk’s of .81 is significant, F (3, 73) = 5.91, p = .01. These results suggest that the population means on the dependent variables, close, depend, and anxious, are not the same for the abused and not abused groups.</td>
</tr>
</tbody>
</table>

Abbreviations: CEIPV=childhood exposure to intimate partner violence
Appendix G: Journal Submission Guidelines
Violence and Victims submission guidelines

Violence and Victims Guidelines for Authors

*Violence and Victims* is a peer-reviewed journal of theory, research, policy, and clinical practice in the area of interpersonal violence and victimization. The journal seeks to facilitate the exchange of information on this subject across such professional disciplines as psychology, sociology, criminology, law, medicine, nursing, psychiatry, and social work. Special emphasis is given to the reporting of original empirical research on violence-related victimization within and outside of the family, the etiology and perpetration of violent behavior, health care research related to interpersonal violence and to trauma, legal issues, and implications for clinical and community interventions. Development and validation of new assessment and treatment methods are also given high priority. *Violence and Victims* is published six times annually. The following are guidelines for developing and submitting a manuscript. Manuscripts that do not conform to these guidelines will be returned to the author without review.

1. Authors should submit the manuscripts professionally prepared in accordance with the *Publication Manual of the American Psychological Association*, 6th edition, 2009. Instrument(s) may be included in an appendix, to be published at the discretion of the editors.

2. An abstract of approximately 125 words should be included. Authors should also supply a list of four to six words, not appearing in the title, which will be used for indexing.

3. Data based manuscripts are generally expected to be no longer than about 25 pages in total length with final papers having no more than 18 to 20 pages of primary text. Up to date, critical, and scholarly review papers on specific topic areas (e.g., comprehensive theoretical models, assessment or measurement issues and technologies, treatment/intervention design and outcomes, international perspectives on a problem area) and/or otherwise justifiably longer papers will also be peer-reviewed and considered for publication.

4. Double-space everything, including references, quotations, tables, and figures.

5. All figures must be submitted in camera-ready form. In addition, photos and line art figures should be sent as a tiff (300 ppi) or eps files.

6. Quotations of 300 words or more from one source require written permission from the copyright holder for reproduction. Adaptation of tables and figures also require reproduction approval from the copyrighted source. It is the author’s responsibility to secure such permission, and a copy of the publisher’s written permission must be provided to the journal editors immediately upon acceptance of the manuscript for publication.

7. Manuscripts should be submitted online to Editorial Manager, the journal’s online submission and review tracking system. Please register at [www.editorialmanager.com/vv](http://www.editorialmanager.com/vv) and follow the instructions for submitting a manuscript. If you have any questions, please contact Megan Larkin at mlarkin@springerpub.com.

Thank you for your interest in *Violence and Victims*. For more information, please also consult [www.springerpub.com/vv](http://www.springerpub.com/vv).  

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Appendix H: Recruitment Materials
Flyer 1

TALKING ABOUT SUSTAINING ROMANTIC RELATIONSHIPS
CLOSENESS, TRUST, INTIMACY

WHAT
An invitation to participate in research on adult romantic relationships and how they are impacted by childhood experiences including exposure to interparental conflicts.

WHO
- Women between the ages of 26 and 40 years who were exposed to intimate partner violence as children (conflict between parents/caregivers).
- Participation includes 3 phone interviews and a questionnaire.
- Each interview will take about 30 to 45 minutes to complete.
- Compensation: Choice of Walmart, Target, or Amazon e-gift card ranging in price from $10 to $25 per interview.

WHY
This information will increase an understanding of how childhood exposure to interparental conflicts impacts adult romantic relationships. Healthy romantic relationships are important for health.

CONTACT: Ngozichukwu Agu (NG)
PHONE: (832) 528-2729; EMAIL: nagu@health.usf.edu
WEBSITE: Click to see our Facebook page

BRIEF SURVEY TO SEE IF YOU QUALIFY
A TALK ON SUSTAINING ROMANTIC RELATIONSHIPS
CLOSENESS, TRUST, INTIMACY

WHAT
An invitation to participate in research on adult romantic relationships & how they are affected by childhood experiences such as interparental violence.

WHO
- Women between the ages of 26 and 40 years who were exposed to intimate partner violence as children (conflict between parents/caregivers).
- Participation includes 3 phone interviews and a questionnaire.
- Each interview will take about 30 to 45 minutes to complete.
- Compensation: Choice of Walmart, Target, or Amazon e-gift card ranging in price from $10 to $25 per interview.

WHY
This information will increase understanding of how childhood exposure to interparental conflicts affects adult romantic relationships. Healthy romantic relationships are important for health.

CONTACT: Ngozichukwu Agu (NG)
PHONE: (832) 528-2729; EMAIL: agu@usf.edu
WEBSITE: https://www.facebook.com/USFRelationshipsStudy/
BRIEF SURVEY TO SEE IF YOU QUALIFY: https://tinyurl.com/sortrye
Appendix I: IRB Approval

4/3/2019

Ngozichukwu Agu
Community and Family Health
4214 Monticello Gardens Place
Apartment 102C
Tampa, FL 33613

RE: Expedited Approval for Initial Review
IRB#: Pro00038018
Title: Exploring adult attachment in intimate relationships among women who were exposed to intimate partner violence in childhood

Study Approval Period: 4/3/2019

Dear Ms. Agu:

On 4/3/2019, the Institutional Review Board (IRB) reviewed and APPROVED the above application and all documents contained within, including those outlined below. Please note this study is approved under the 2018 version of 45 CFR 46 and you will be asked to confirm ongoing research annually in place of a full Continuing Review. Amendments and Reportable Events must still be submitted per USF HRPP policy.

Approved Item(s):
Protocol Document(s):
Protocol 01_29_2019.docx

Consent/Assent Document(s)*:
Informed Consent form**
Verbal Consent Form**

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent documents are valid until the consent document is amended and approved. **Consent forms with waiver of documentation are not stamped.
ABOUT THE AUTHOR

Ngozichukwu Agu MBBS, MPH, is a doctoral candidate in the College of Public Health at the University of South Florida. She has a medical background and about 10 years' experience in qualitative research. Her research interests span across multiple topics related to maternal and child health, with extensive experience in family violence research.