

**Leaving the Cycle: Battling the Shadows and Healing
from Intimate Partner Violence**

by

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Dedication

To the survivors—

Those who found the courage to leave,
Those who are still finding their way out,
And those whose stories were never told.

This work is for you.

May your voices continue to rise,
May your strength be recognized,
And may your healing be witnessed.

And to my younger self—

You didn't imagine the path ahead,
but you walked it anyway.

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To the survivors I have had the privilege of knowing and working with—your resilience, honesty, and trust have shaped not only this work, but also who I am as a practitioner. I carry your stories with reverence.

To my loved ones—thank you for believing in me, even when I doubted myself. Your patience, grounding presence, and fierce support gave me the courage to finish what I started.

Finally, to those who continue the work of justice, healing, and care—you inspire me to keep going. May we never underestimate the quiet power of bearing witness and holding space.

Abstract

This capstone project explores intimate partner violence (IPV) through the dual lenses of attachment theory and social constructionism to illustrate the complex relationships between individual psychological processes and broader sociocultural dynamics. Drawing from both empirical literature and clinical case material, this work shows how attachment disruptions and internalized social narratives shape survivors' identities, coping strategies, and recovery journeys. Particular attention is given to the experiences of marginalized communities, including LGBTQ2+ individuals and survivors impacted by cultural, racial, and systemic oppression. The discussion addresses implications for counsellors, families, organizations, and policymakers, emphasizing the necessity for trauma-informed, intersectional, and survivor-centered care. Recommendations for clinical, community, and policy levels, advocating for integrative therapeutic approaches, expanded support services, and systemic changes are included. Limitations include gaps in research around non-physical forms of abuse and diverse survivor populations. The capstone concludes by urging future research to focus on culturally grounded interventions, long-term recovery, and the impactful role of advocacy in healing. Through this work, the capstone aims to support more compassionate, just, and effective responses to IPV.

Key words: Acceptance and Commitment Therapy (ACT), Attachment Theory, Emotionally Focused Therapy (EFT), Intimate Partner Violence (IPV), Social Constructionist Theory

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Leaving the Cycle: Battling the Shadows and Healing from Intimate Partner Violence

Chapter 1: Introduction

In the complex relationship of love and distress, the dynamics of intimacy can sometimes evolve into an oppressive force, constraining an individual's sense of self. This interconnection of affection and suffering can create a state of emotional paralysis and cultivates a perception of feeling of being trapped. When a woman seeks out genuine emotional connection, she may encounter toxic intimacy that undermines the foundation of the once-thriving relationship.

It takes seven attempts to leave an abusive relationship and remain separated permanently (DV Facts & Stats, 2024). This statistic shows the complex and challenging dynamics of escaping toxic emotional intimacy and abusive relationships. It emphasizes the difficulty women encounter in breaking away from their abusers, even when they are aware of the need to leave. The repeated pattern of leaving and returning shows the strong grip such relationships can have, and the extraordinary strength and resilience needed to break free and embrace a life without abuse. A study by Smith and Lee (2020) shows that most women in shelters for intimate partner violence (IPV) have separated from and returned to their abusive partners multiple times, with one study reporting that 66.3% had left and returned at least once, and among them, 97.1% had done so repeatedly (Smith & Lee, 2020). It is through this life-changing process that survivors gradually reclaim their agency, reconstruct their identity, and begin to imagine a future no longer defined by the constraints of abuse.

This capstone explores the multifaceted impact of intimate partner violence (IPV) through the dual lens of attachment theory and social construction theory. Attachment theory explains how early relationships shape an individual's approach to intimacy and conflict, influencing both victims and perpetrators of IPV. Meanwhile, social construction theory examines how societal norms and expectations contribute to the power struggles in abusive

relationships, particularly through constructions of gender, power, and control. This study explores how therapeutic interventions, informed by both attachment and social construction perspectives, can foster resilience and empowerment in IPV survivors.

Background of the Issue

Intimate partner violence (IPV) continues to be a pervasive public health and societal issue that affects millions of individuals worldwide, leaving lasting scars that are physical, psychological, emotional, and even economic. Articulated within Facts and Figures (2023), globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (Facts and Figures, 2023). This staggering statistic shows the widespread nature of the problem and its impactful consequences.

The impact of IPV is not limited to adult women; it also affects adolescent girls at alarming rates. According to the World Health Organization (2024), nearly a quarter (24%) of adolescent girls who have been in a relationship will have experienced physical and/or sexual intimate partner violence by the time they turn 20, representing close to 19 million young women worldwide (World Health Organization: WHO, 2024). This early exposure to violence can have profound and lasting effects on their health, educational achievement, future relationships, and lifelong prospects.

The trauma endured by survivors, particularly women, is often profound and paralyzing. IPV is not only a personal experience of violence but also deeply intertwined with broader psychological and social frameworks, such as attachment theory and social constructionist theory, which provide critical insight into understanding the dynamics of abusive relationships and the recovery journey for survivors.

Attachment theory (Bowlby, 1969) suggests that early relationship experiences shape our approach to intimacy, conflict, and connection, which can have a significant influence on both the perpetrator and victim in IPV relationships. Individuals with insecure attachment styles—such as anxious or avoidant attachment—may be more vulnerable to remaining in abusive relationships due to deeply ingrained fears of abandonment or rejection (cited in Hulley et al., 2022). According to Velotti et al. (2018), individuals with anxious attachment often exhibit ambivalence toward power and control in relationships. While they may desire to gain control, they also fear doing so, as it could trigger their partner's resentment and potentially jeopardize the stability of the relationship. This internal conflict reflects their need for closeness, coupled with the fear of losing their partner (Velotti et al., 2018). For instance, victims with anxious attachment might cling to the abuser in hopes of emotional validation, even in the face of violence, while perpetrators with disorganized attachment patterns may resort to control and aggression as a means of maintaining power within the relationship. This attachment dynamic complicates the decision to leave an abusive partner and the immense psychological toll of IPV.

Research consistently shows the lasting effects of IPV, with Hulley et al. (2022) documenting trauma responses such as hyperarousal, avoidance, and intrusive memories tied to past violence (Hulley et al. 2022). These symptoms reflect the deeply ingrained impact IPV has on survivors' mental health and their ability to form secure attachments in the future, further complicating their recovery journey. Survivors often face profound challenges in regaining their sense of self and security, as the trauma disrupts their ability to trust others and re-establish healthy, reciprocal relationships post-abuse.

Beyond the individual psychological effects, social constructionist theory emphasizes how IPV is also shaped by broader societal and cultural narratives that influence power dynamics

within relationships. Social constructions of gender roles, particularly the societal expectation of male dominance and female submission, create a context in which violence is often normalized or overlooked. Bagwell-Gray (2018) argues that power imbalance within IPV relationships is a manifestation of "high-risk masculinity"—a socially constructed ideal that upholds male dominance and physical strength over women (p. 779). This reinforces a power imbalance that not only perpetuates abuse but also makes it difficult for women to regain their sense of empowerment after leaving a relationship. Within this context, breaking away from an abuser involves not only psychological strength but also a confrontation with deeply ingrained societal expectations of gender and power.

Barriers to Leaving and Structural Challenges

One of the most significant barriers that survivors face when attempting to leave an abusive partner is the fear of homelessness, an issue closely tied to structural inequalities. Posada-Abadía et al. (2021) found that housing insecurity plays a crucial role in compelling survivors to stay in abusive relationships, as the risk of homelessness is terrifying and overwhelming (Posada-Abadía et al. 2021). The lack of safe, accessible housing options forces many women to remain in situations of violence and control, illustrating the intersection of IPV with broader social issues such as economic insecurity. This structural issue reflects a gap in both the literature and intervention strategies, as insufficient attention is given to the external factors that trap women in cycles of abuse. Considering social constructionist theory, this barrier can also be seen as a reflection of societal structures that limit women's autonomy and reinforce their dependency on abusive partners.

Power, Attachment, and the Recovery Process

The process of reclaiming personal power after leaving an abusive partner is further compounded by the dynamics of attachment and social construction. In abusive relationships, power imbalances often leave women disempowered and struggling to regain control of their lives post-separation. Scott and Babcock (2010) found that individuals with insecure attachment styles, especially those with heightened attachment anxiety, are more susceptible to experiencing posttraumatic stress disorder (PTSD) symptoms in abusive relationships. Their research indicates that women who exhibit high levels of attachment anxiety or dependency face an increased risk of developing PTSD symptoms when subjected to intimate partner violence (Scott and Babcock, 2010).

Within the framework of attachment theory, these power imbalances may be reinforced by insecure attachment dynamics, where survivors continue to feel emotionally tethered to their abusers due to unresolved attachment needs. At the same time, social constructions of gender and power contribute to survivors' feelings of disempowerment, as they are often conditioned to accept subservience within their relationships. Bagwell-Gray (2018) articulates how this dynamic makes empowerment nearly impossible within the confines of an abusive relationship, as societal expectations of male dominance serve to keep women in positions of vulnerability.

Therapeutic Interventions

Therapeutic intervention plays a big part in addressing these complex layers of trauma and power imbalances, particularly through attachment-based and trauma-informed approaches. Therapy offers survivors a path to re-establishing secure attachments and rebuilding their sense of self after leaving an abusive relationship. Leedom et al. (2019) emphasize that survivors often turn to therapy to alleviate distress, break free from the cycle of abuse, and regain control over their lives (Leedom et al. 2019). Alternatively, Hollingworth (2019) conducted a study on female

survivors of sexual abuse, revealing a link between childhood abuse and insecure attachment in adult romantic relationships. This insecurity in attachment may also influence the therapeutic relationship and hinder the survivor's ability to establish healthy interpersonal connections (Hollingworth, 2019). Approaches such as Emotionally Focused Therapy (EFT) and Acceptance and Commitment Therapy (ACT) offer IPV survivors the tools to reconnect with their values, reduce trauma symptoms, and break free from the negative attachment patterns that perpetuate cycles of abuse. For example, Nikparvar et al. (2023) highlight the effectiveness of ACT in reducing thought suppression, trauma symptoms, and avoidance behaviors, which enables survivors to foster resilience and empowerment.

However, despite the promising role of therapy, gaps remain in the literature and practice. There is a need for more holistic therapeutic interventions that integrate both attachment theory and social constructionist approaches to effectively address the psychological, emotional, and societal dimensions of IPV. While trauma-informed care focuses on the individual's recovery, interventions must also consider the broader social contexts that contribute to IPV, such as housing insecurity, economic instability, and gendered power dynamics. These external barriers can make it difficult for survivors to fully reclaim their autonomy and independence post-separation, highlighting the importance of integrated care models that address both personal and structural factors.

The literature therefore reveals significant gaps in both theoretical understanding and practical intervention strategies for IPV survivors. Contemporary challenges lie in creating comprehensive care models that integrate attachment-based therapeutic practices with a social constructionist understanding of power imbalance, gender roles, and structural inequalities. By addressing both the psychological trauma of IPV and the societal structures that reinforce it,

therapists and policymakers can better support survivors in reclaiming their power, building resilience, and establishing healthier, more secure attachments in the future.

Purpose

The purpose of this capstone is to explore the potential negative repercussions faced by women after leaving an abusive relationship and examines how therapeutic interventions can help mitigate these challenges, ultimately supporting survivors in their journey toward healing, resilience, and empowerment.

Research Questions

The research questions this paper will address are: To what extent do women escaping intimate partner violence (IPV) experience negative effects post-separation, and how do attachment and social construction theories explain these effects? Additionally, how can therapeutic practices rooted in these theories contribute to building resilience and empowerment in survivors?

Significance and Context of the Research Question

The scars from IPV relationships can be physical, non-physical, psychological, and emotionally damaging to a woman's well-being. The degree of trauma experienced by a woman in the context of IPV can be paralyzing. According to Hulley et al. (2022), individuals who have experienced trauma such as IPV may undergo “hyperarousal, avoidance, and intrusive symbols of past violence” (p. 6279). Not only does fleeing these relationships take extreme courage in reclaiming her power, but the journey after stepping out of the shadows can face numerous challenges. For example, one major negative attribute of leaving an abusive relationship is where the woman is going to live.

This example is one of the factors that can keep a woman in an abusive relationship, as the fear of being homeless can be terrifying. Posada-Abadía et al. (2021), spoke to the challenges women face in securing housing, they may find themselves compelled to stay in these situations of abuse and violence. This does not mean that the woman is condoning or wanting the abuse, just that this could be a factor that prolongs the stay within an IPV relationship.

In the aftermath of leaving an abusive relationship, a woman needs to navigate the complexities of post-separation life. Another of the challenges following a separation involves the process of a woman reclaiming their power, which may have been diminished or taken away completely within the relationship. Bagwell-Gray (2018) explains the power imbalance in relationships affected by IPV as a manifestation of “high-risk masculinity, [and] a societal construct” that reinforces notions of “male strength and dominance over women” (p. 779). Within the confines of the relationship, attaining a sense of empowerment may seem nearly impossible. The initial stride toward reclaiming the power for the woman involves breaking away from the abuser, a step that can present intimidating for women based on but not limited to these previously stated factors.

When women are faced with these challenges, there is a key role that therapeutic practice can play in supporting the recovery process. Therapy can support the journey as the women who fled these traumatic relationships begin to reestablish their lives, rebuild their self-efficacy, regain their power and foster resiliency post-separation. The research conducted by Leedom et al. (2019) supports the significance of therapeutic practices role by saying how often victims turn to therapy to alleviate their distress, break free from the cycle of abuse, and regain control over their lives. Despite the considerable hurdles in regaining empowerment post-separation, therapy is a source of support in facilitating this healing process. Consequently, no matter what therapy

one chooses to utilize to be effective, the therapist must address the complicated layers of trauma, cultivating a safe space for survivors to confront and navigate the aftermath of abuse.

Definition of Terms

Acceptance and Commitment Therapy (ACT):

ACT is a contextual therapy that originated within the realm of cognitive-behavioral therapies. ACT presents a trans-theoretical model that integrates cognitive, behavioral, existential, and humanistic components, making it appealing to practitioners from diverse professional backgrounds (Christodoulou & Vasiliki, 2012).

Attachment Theory:

A psychological model explaining how early attachment experiences shape behaviors in relationships, influencing security, anxiety, and avoidance. It emphasizes the emotional dynamics of attachment bonds and the importance of a therapeutic space with unconditional positive regard, genuineness, and attunement to create meaningful shifts in relational patterns (Lebow & Snyder, 2022).

Emotionally Focused Therapy (EFT):

Illustrates the significance of emotions within the therapeutic process, viewing them as central to interventions. This approach offers a distinctive framework for engaging with emotional processes and employs specific techniques aimed at eliciting and transforming clients' emotional experiences (Enez Ozge, 2021).

Intimate Partner Violence (IPV):

Physical, sexual, emotional, or psychological harm by a current or former partner or spouse (Bagwell-Gray, 2018).

Social Constructionist Theory:

Social constructionism posits that our understanding and perception of the world are shaped by how it is articulated and represented through language, influenced by the cultural and historical contexts we inhabit. Consequently, our knowledge and comprehension are not fixed or definitive; rather, they are shaped by various "discourses" that frequently mirror the perspectives of dominant groups in society, often marginalizing those who are less powerful (Burr, Viv & Dick, Penny, 2017).

Chapter Summary

In this chapter, I provided the background to issues surrounding IPV and the significance of this research. In Chapter 2, I will review the literature which will delve into existing research surrounding intimate partner violence (IPV), focusing on the dual frameworks of attachment theory and social construction theory. In Chapter 3, I will summarize the key findings from the literature review and offer a discussion that synthesizes the insights gained from both attachment and social construction theories.

Chapter 2 Literature Review

Introduction

Building upon the foundational exploration in Chapter 1, this literature review delves deeper into the complex dynamics of intimate partner violence (IPV) through the intersecting lenses of attachment theory and social construction theory. IPV is a multifaceted and pervasive social issue, marked by the interplay of personal histories, relational patterns, and societal structures. Survivors face a range of obstacles, not only in physically leaving abusive relationships but also in addressing the psychological wounds and societal stigmas that compound their trauma. The enduring effects of IPV ripple across survivors' lives, shaping their emotional well-being, relational dynamics, and ability to reintegrate into their communities. Addressing these complexities requires an integrated framework that considers both the individual and collective dimensions of IPV.

This chapter aims to bridge theoretical concepts with practical applications to enhance our understanding of IPV and support survivors more effectively. It begins by outlining the core principles of attachment theory and social construction theory, which serve as the dual theoretical foundation for this research. These theories provide invaluable insights into how early relational patterns and societal constructs influence the experiences of IPV survivors and perpetrators. The chapter then transitions into practical applications of these frameworks, supported by recent empirical studies that explore the psychological impacts of IPV, the efficacy of therapeutic interventions, and the structural challenges that survivors navigate. Finally, it concludes by synthesizing the insights gained, identifying gaps in the existing literature, and emphasizing the implications for future research, policy, and clinical practice.

Attachment Theory and IPV

Attachment Theory, first introduced by John Bowlby (1969), revolutionized our understanding of how early relational experiences shape an individual's emotional development and relational patterns across the lifespan. Bowlby posited that children are biologically predisposed to form attachments with primary caregivers as a survival mechanism. Central to his theory is the concept of "internal working models"—mental representations of the self, others, and relationships that are shaped by early attachment experiences (Bowlby, 1969, p. 82). These models serve as blueprints for how individuals approach intimacy, conflict, emotional regulation, and trust in adulthood. Bowlby emphasized the significance of early bonds, particularly the caregiver-child relationship, in building a sense of security. Disruptions in these early attachments—such as neglect, inconsistent caregiving, or separation—can lead to the development of insecure attachment styles, including anxious, avoidant, or disorganized patterns.

In the context of IPV, attachment theory offers a compelling framework for understanding why survivors may remain in abusive relationships. Gündoğmuş et al. (2023), posit that survivors with anxious attachment often experience a heightened fear of abandonment and a strong need for reassurance, which can lead them to remain in or return to abusive relationships to maintain closeness and avoid rejection. In contrast, individuals with avoidant attachment tend to minimize their emotional needs and are less likely to seek help, as they generally view others as unreliable or unsafe and prefer emotional distance (Gündoğmuş et al., 2023). These attachment-related behaviors can increase vulnerability to IPV victimization and influence how survivors respond to abuse and seek support. Furthermore, perpetrators with disorganized attachment often exhibit controlling or aggressive behaviors as maladaptive strategies to maintain proximity and power within the relationship. Hulley et al. (2022) provide empirical

support for these dynamics, illustrating how attachment insecurity shapes both victim vulnerability and perpetrator behavior in the cycle of IPV.

These studies collectively demonstrate the significant role of attachment in understanding IPV dynamics. They highlight how insecure attachment styles, particularly anxious attachment, can increase vulnerability to IPV and intensify its psychological impact. The research also illustrates the importance of integrating both individual and societal factors—such as cultural norms and minority stress—in IPV prevention and intervention. The strength of this body of research lies in its methodological diversity, ranging from individual empirical studies to comprehensive systematic reviews, offering a well-rounded view of the attachment and IPV connections. However, limitations remain, including the predominance of cross-sectional designs, which restrict conclusions, and increase the potential for sample biases. Future research should prioritize longitudinal studies to better establish links between attachment and IPV, while also deepening the examination of how cultural and societal influences shape both attachment styles and attitudes toward IPV.

Anxious Attachment

Spencer et al. (2020) researched the significant role that attachment anxiety plays in the context of intimate partner violence (IPV), particularly in terms of victimization. Their findings reveal a positive correlation between anxious attachment and an increased susceptibility to experiencing IPV, suggesting that individuals with anxious attachment styles are more vulnerable to the psychological, emotional, and physical abuse that often characterize violent relationships. Anxious attachment is marked by a deep-seated fear of abandonment, a strong need for reassurance, and an intense desire to maintain closeness and connection in relationships. These individuals may become emotionally dependent on their partners, leading them to tolerate or

accept abusive behaviors to preserve the relationship and avoid the pain of rejection or isolation. For example, Polland and Cantos (2021), suggested that individuals with anxious attachment may experience overwhelming feelings of insecurity, fear, or anxiety in relationships. When these emotions become too intense, they may lack the coping mechanisms necessary to regulate their feelings, leading to a tendency to act out these emotions in ways that are harmful to their partners. This lack of impulse control is especially problematic when coupled with feelings of betrayal, abandonment, or frustration, emotions that are common in relationships involving insecure attachment. As a result, these individuals might react violently or aggressively, either to assert control, alleviate their own distress, or to prevent the perceived loss of the relationship.

For women specifically, Spencer et al. (2020) discovered that high levels of attachment anxiety predicted higher levels of male-perpetrated verbal and physical violence in heterosexual couples. This finding is crucial as it illustrates the complex interaction between individual psychological traits and the dynamics of IPV. Women with anxious attachment may exhibit behaviors that inadvertently increase the likelihood of IPV victimization, such as seeking constant validation, being overly accommodating, or failing to set boundaries, which can make them more vulnerable to exploitation or manipulation by their partners. According to Spencer et al. the emotional dependency and fears of abandonment that are common in anxious attachment can create a power imbalance, which perpetrators may exploit to exert control and dominance.

Spencer et al. (2020) adds to a growing body of literature that shows how attachment anxiety is not just a risk factor for IPV victimization but also a critical component in understanding the dynamics of abuse within relationships. This research implies that IPV is not solely a result of external factors like substance abuse or situational stress, but also deeply rooted in the emotional and psychological patterns shaped by early childhood experiences. The study

provides a more nuanced view of the ways in which attachment-related insecurities can make individuals more susceptible to abuse, showing the importance of addressing attachment issues in therapeutic interventions for IPV survivors.

Pearson and Doumas's (2018) findings indicated that high levels of female attachment anxiety predicted higher levels of male-perpetrated verbal and physical violence, whereas male attachment was not predictive of male-perpetrated violence. This study articulates the importance of considering both partners' attachment styles in understanding IPV dynamics. The finding that female attachment anxiety predicts male-perpetrated violence emphasizes the complex interactions between partners' psychological characteristics. The lack of direct association between male attachment and male-perpetrated violence challenges some assumptions and shows the need for more nuanced understanding of IPV risk factors. Although, the relatively small sample size ($n= 35$) and cross-sectional design limits the generalizability and causal inferences that can be drawn from this study.

Avoidant Attachment

Claney (2024) defined avoidant attachment is a style of emotional regulation and interaction in relationships where individuals tend to avoid closeness and intimacy (Claney, 2024). This attachment style typically develops in early childhood as a response to caregivers who were emotionally unavailable, dismissive or rejecting (Claney, 2024). As a result, individuals with avoidant attachment often rely on self-sufficiency and distance themselves from deep emotional connections (Claney, 2024). A study by Lefebvre et al. (2021) investigated the relationship between attachment insecurity-specifically attachment avoidance-and the perpetration of IPV. The researchers found that individuals' attachment avoidance was not directly associated with their own or their partner's perpetration of psychological IPV. However,

attachment avoidance was indirectly linked to higher perpetration of both psychological and physical IPV through increased relationship dissatisfaction. In other words, people with higher attachment avoidance tended to be less satisfied in their relationships, and this dissatisfaction, in turn, was associated with a greater likelihood of IPV perpetration. Furthermore, the study highlighted that avoidant attachment was indirectly related to psychological violence perpetration through dysfunctional communication patterns, such as demand/demand interactions, which can escalate conflict and increase the risk of psychological aggression. These findings support the importance of relationship satisfaction and communication dynamics as mediating factors between attachment insecurities and IPV, suggesting that interventions targeting relationship satisfaction and communication may help reduce the risk of IPV among couples with attachment insecurities (Lefebvre et al., 2021).

Development of Attitudes Toward IPV

Copp et al. (2016), investigated the factors influencing attitudes toward IPV, uncovering several important findings. The study revealed considerable variation in the endorsement of attitudes regarding the use of violence under different conditions, with women generally showing a greater acceptance of IPV. Exposure to violence in the family of origin was found to be a significant factor influencing attitudes toward IPV, suggesting the lasting impact of childhood experiences on adult perceptions of violence. Additionally, sociodemographic, relationship, and adult status characteristics were identified as influencing attitudes toward IPV. A notable strength of this study is its multifaceted approach, considering a wide range of factors beyond just family violence exposure. However, the study focuses primarily on attitudes rather than actual IPV behaviors, which limits its ability to directly apply the findings.

Emotional Regulation

Pollard and Cantos (2021) identified emotion regulation as a critical factor that links perpetrator attachment styles with intimate partner violence. Emotion regulation refers to the ability to manage and respond to emotional experiences in a healthy and adaptive manner. For individuals with insecure attachment, especially those with anxious or avoidant attachment styles, emotion regulation can be a significant challenge. Pollard and Cantos suggest that those with insecure attachment styles may have difficulty modulating their emotional responses, particularly when under stress or facing relational challenges. This difficulty with emotional regulation can increase the likelihood of impulsive behaviors, including aggression towards partners. Individuals who struggle to manage their emotions may be more likely to act on aggressive impulses, which could manifest in verbal, psychological, or even physical violence in intimate relationships, leading to IPV perpetration.

Pollard and Cantos (2021), also indicate that emotional dysregulation is a critical aspect of the psychological impact of IPV. Survivors often struggle to manage their emotions, swinging between intense feelings of fear, shame, anger, or hopelessness. This dysregulation can impair their ability to navigate relationships in a healthy way, making it difficult to trust others or feel confident in their emotional reactions. Survivors with insecure attachment styles may be particularly vulnerable to emotional dysregulation, as they may not have learned effective coping strategies or emotional self-regulation skills in childhood or during the abusive relationship. This emotional instability can contribute to difficulties in forming secure, trusting relationships after the abusive relationship ends, perpetuating a cycle of emotional distress and vulnerability.

Psychological Toll of IPV

The psychological toll of attachment dynamics in the aftermath of intimate partner violence (IPV) is profound and enduring, often shaping the survivor's emotional and relational experiences long after the abusive relationship has ended. Survivors frequently exhibit a range of trauma responses that are directly related to the attachment disruptions they experienced during the abuse. These trauma responses include hyperarousal, intrusive memories, emotional dysregulation, and other symptoms that create barriers to recovery and relational stability (Tull 2024). Tull explains that hyperarousal, for instance, involves heightened states of anxiety, vigilance, and an exaggerated startle response, which can leave survivors feeling chronically unsafe or on edge. This heightened state of alertness is a direct result of the threat to safety and security that IPV typically involves, as survivors learn to remain hyper-aware of potential danger, often in the form of emotional or physical harm.

Brewin et al. (2010) defined intrusive memories, or flashbacks, as a hallmark symptom of post-traumatic stress disorder (PTSD), wherein survivors experience vivid, distressing recollections of the trauma that can feel as though the event is happening all over again. These intrusive experiences often disrupt daily functioning, impair concentration, and heighten emotional distress, making it difficult for survivors to maintain routines or engage in relationships (American Psychiatric Association, 2013). Herman's (1992) definition still holds such weight as he defined it as the emotional toll of such memories is compounded by the survivor's ongoing struggle to reconcile the trauma with their sense of self-worth, often leading to shame, self-blame, and disturbances in identity. Kolk and Bessel (2014) also stated that when the trauma involves interpersonal violence, repeated reliving of the event can erode the survivor's ability to trust others, reinforcing beliefs about the world as unsafe and unpredictable.

Intrusive Memories

For those with anxious or disorganized attachment styles, these intrusive memories may become intertwined with feelings of abandonment, rejection, or emotional neglect, further complicating the recovery process. Intrusive memories, as described by Iyadurai et al. (2018), are vivid mental imagery-based impressions that involuntarily surface in the mind, often evoking strong emotional responses. These memories are typically linked to traumatic events and can be distressing to the individual experiencing them. For survivors of IPV, intrusive memories can feel as if they are reliving the traumatic event, not just remembering it. This can lead to a range of emotional and psychological effects, including anxiety, distress, and a heightened sense of vulnerability (Iyadurai et al. 2018). The recurring nature of these memories can disrupt daily functioning, making it difficult for survivors to engage in routine activities, form new relationships, or even manage simple tasks without being reminded of their past trauma.

Iyadurai et al. (2018) describes that the psychological and emotional impact of intrusive memories is not only disruptive but also pervasive. Survivors of IPV may experience flashbacks, where the past trauma feels present in real-time, leading to heightened states of arousal and distress. These flashbacks can be triggered by seemingly unrelated events or stimuli, such as certain sounds, smells, or environmental cues that remind the individual of the traumatic experience. The emotional intensity of these memories can range from acute sadness and anger to feelings of terror and helplessness. Over time, the recurrence of intrusive memories can foster feelings of helplessness and hopelessness, leaving survivors feeling trapped in a cycle of emotional pain.

Research has increasingly focused on the neural mechanisms that underlie the formation and persistence of these intrusive memories. Iyadurai et al. (2018) highlighted that certain brain

regions, particularly the retrosplenial cortex and the posterior cingulate cortex, are involved in this process. The retrosplenial cortex, located in the posterior part of the brain, is involved in the integration of sensory information and the formation of spatial memory, which may influence how traumatic events are mentally ‘reconstructed’. Vann et al. (2009), describes this region has also been implicated in the vivid re-experiencing of trauma due to its role in contextual memory processing (Vann et al. 2009). Meanwhile, the posterior cingulate cortex, situated in the medial part of the brain, has been linked to memory retrieval and the processing of self-relevant information, helping individuals reflect on past experiences and evaluate their emotional significance. Notably Hayes et al. (2012), found increased activity in these regions has been observed in individuals with PTSD, suggesting their involvement in the persistence of distressing trauma-related memories (Hayes et al. 2012).

One key finding from Iyadurai et al.'s (2018) study is that greater activity in the retrosplenial cortex during implicit memory tasks and in the posterior cingulate cortex during explicit memory tasks predicted fewer subsequent intrusive memories. This means that the way the brain handles trauma-related information can affect whether someone has upsetting, unwanted memories later. The study shows that if certain parts of the brain react strongly to trauma early on, it might help prevent these memories from becoming too frequent or intense. In other words, the brain's quick response could help protect the person by making the memories less emotionally overwhelming.

The findings have significant implications for understanding the neural underpinnings of PTSD and other trauma-related disorders, particularly for survivors of IPV. It shows the idea that memory processing, particularly related to trauma, is not merely a cognitive function but is deeply intertwined with emotional regulation and psychological resilience. These neural patterns

may also suggest that interventions designed to enhance neural processing and memory consolidation could help mitigate the impact of intrusive memories. For example, Fisher et al. (2020), says that therapeutic approaches targeting the retro splenial cortex and posterior cingulate cortex, such as trauma-focused cognitive-behavioral therapy (CBT) or EMDR (Eye Movement Desensitization and Reprocessing), may help survivors process and reframe traumatic memories, reducing the intensity of intrusive memories and their emotional charge (Fisher et al., 2020).

Furthermore, understanding the neural mechanisms behind intrusive memories could also inform the development of more personalized therapeutic interventions. By identifying individuals who may be at greater risk for developing frequent and distressing intrusive memories—based on their brain activity patterns—clinicians can tailor interventions to address these specific challenges. For example, McLaughlin et al. (2015) stated that survivors of IPV who demonstrate heightened neural responses to trauma-related stimuli may benefit from early intervention strategies aimed at disrupting the cycle of intrusive memories and enhancing emotional regulation.

It appears from the research that, the psychological toll of IPV is related to attachment dynamics which are profound and long-lasting, affecting survivors on multiple levels — emotionally, cognitively, and relationally. Trauma responses such as hyperarousal, intrusive memories, and emotional dysregulation not only disrupt the survivor’s ability to heal but also pose significant barriers to forming secure relationships post-abuse. Velotti et al. (2018) highlight the persistence of these symptoms, stressing the importance for therapeutic interventions that address the deep-seated emotional and relational wounds caused by IPV. Attachment-based therapies offer a promising approach to recovery, providing survivors with the tools and

emotional support needed to process their trauma and rebuild a sense of safety, trust, and connection in their lives.

Post-Traumatic Stress Disorder

In the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013), Post-Traumatic Stress Disorder (PTSD) is defined as a mental health condition that arises following exposure to a traumatic event involving actual or threatened death, serious injury, or sexual violence. It is characterized by intrusive memories, avoidance behaviors, negative changes in cognition and mood, and hyperarousal (American Psychiatric Association, 2013). While this definition provides the clinical framework, emerging research situates PTSD within the lived experiences of IPV survivors, highlighting its prevalence and the psychosocial factors that intensify trauma symptoms.

A meta-analysis by Trevillion et al. (2012) estimated that between 31% and 84% of women exposed to IPV experience PTSD symptoms, underscoring how widespread trauma responses are in this population (Trevillion et al. 2012). More recently, Chandan et al. (2022) found that approximately 32.3% of IPV survivors screened positive for PTSD, suggesting that nearly one in three survivors struggle with significant trauma-related symptoms. Cyr et al (2012) researched indicated insecure attachment styles—especially anxious and disorganized patterns—have been shown to amplify PTSD symptoms in IPV survivors, functioning as vulnerability factors that hinder emotional regulation and recovery (Cyr et al., 2012; Karakurt et al., 2014). Moreover, Borah & Reckdenwald (2020) found a broader social context also plays a critical role; inadequate or inconsistent social support has been associated with worsened PTSD outcomes among survivors (Borah & Reckdenwald, 2020).

PTSD is frequently observed among survivors of Intimate Partner Violence (IPV), as these individuals often endure repeated, interpersonal trauma in environments where they are supposed to feel safe. Postmus et al., (2023), study highlighted how the betrayal and lack of safety in IPV can intensify PTSD symptoms by undermining survivors' sense of trust and security in their relationships. The research found that women who experienced economic IPV, a form of abuse that involves controlling a partner's access to financial resources—reported significantly higher levels of PTSD symptoms, even after considering the impact of other forms of IPV (e.g., physical, sexual). The study connects the distress caused by economic IPV is particularly severe for women with low economic self-sufficiency, as their trauma occurs in the context of feeling unable to make independent decisions or meet their financial goals. This destruction of independence and safety contributes to heightened psychological distress and impacts the survivor's ability to trust others and feel secure in future relationships, thereby intensifying PTSD symptoms (Postmus et al., 2023).

Simpson et al. (2021) found that emotion dysregulation plays a significant role in the development of PTSD symptoms among IPV survivors, suggesting that interventions targeting emotional regulation may be beneficial. Additionally, a systematic literature review found a positive correlation between IPV and PTSD, with risk factors such as brain injury, low self-confidence, history of child abuse, negative social reactions, lack of resources, and insecure attachment bonds contributing to the development of PTSD in women IPV survivors (Konstantopoulou et al., 2024).

Research emphasizes the critical role of attachment-especially attachment anxiety-in moderating the relationship between IPV and PTSD symptoms. For example, García-Sancho et al. (2024) found that attachment anxiety specifically mediated the relationship between both

cyber and offline IPV and subsequent PTSD symptoms. This means that individuals with higher attachment anxiety were more likely to develop PTSD following IPV. Attachment avoidance was also found to mediate the relationship between offline IPV and PTSD, though not as strongly as attachment anxiety (Taccini & Mannarini, 2024). These findings reinforce the idea that insecure attachment styles, particularly attachment anxiety, increase vulnerability to trauma-related symptoms after IPV, while lower levels of attachment insecurity can serve as a protective factor against the development of PTSD (Taccini & Mannarini, 2024).

Individuals with high attachment anxiety may interpret abusive behaviors as confirmation of their fears of rejection or unworthiness, leading to heightened emotional distress and an increased likelihood of PTSD symptoms. This group is also more likely to engage in ruminative thought patterns, replaying the trauma and struggling to move forward, which further entrenches the negative effects of IPV. Taccini & Mannarini, (2024), explained how high levels of dependency can result in survivors remaining in abusive relationships due to a perceived inability to function independently, reinforcing cycles of abuse and increasing exposure to traumatic events.

Interestingly, Taccini and Mannarini (2024), found that attachment closeness—a dimension typically associated with secure attachment and positive relational outcomes—did not moderate the relationship between IPV and PTSD. This unexpected finding suggests that while closeness in relationships can provide comfort and support in non-abusive contexts, it may not offer the same protective benefits when the relationship is characterized by violence. Survivors of IPV may struggle to distinguish between healthy and unhealthy closeness, potentially maintaining emotional ties to their abuser despite the harm inflicted. This illustrates the

complexity of attachment dynamics in abusive relationships and the need for interventions that address these nuanced factors.

Findings from recent research (Condino et al. 2022; Shen, 2024) highlight that low attachment anxiety and dependency serve as protective factors against PTSD among survivors of IPV. Individuals with lower levels of attachment anxiety are likely to possess greater self-worth and emotional resilience, which can help them cope more effectively with the aftermath of IPV. Similarly, low dependency fosters a sense of autonomy and agency, empowering survivors to take steps to leave abusive relationships and seek support. These protective factors suggest promising avenues for intervention, particularly through attachment-based therapies that aim to reduce attachment anxiety and dependency while nurturing a secure sense of self and healthier relational dynamics (Condino et al. 2022; Shen, 2024). For example, Shen (2024) found that secure childhood attachment was linked to lower anxious adult attachment and higher self-esteem among IPV survivors, and that secure attachment buffered the negative impact of IPV on self-esteem. In addition, recent reviews emphasize the value of trauma- and attachment-informed therapies for IPV survivors, as these approaches can help individuals integrate past experiences, enhance reflective functioning, and build resilience against trauma-related symptoms (Condino et al., 2022).

The research cited above has important limitations that should be considered when interpreting their findings. Shen (2024) utilized a cross-sectional design, which restricts the ability to draw causal conclusions about the relationships between intimate partner violence (IPV), childhood attachment, and self-esteem. Additionally, the reliance on self-report measures introduces the potential for recall bias and social desirability effects. The sample, although large, may not be representative of all IPV survivors, limiting the generalizability of the results across

diverse populations. Furthermore, as one of the first studies to examine childhood attachment as a moderator in this context, its novel findings require replication and cautious interpretation. The study also did not control for other variables, such as mental health history or ongoing trauma, which might influence the observed relationships.

Similarly, Trombetta et al. (2025) faced limitations inherent in their cross-sectional and correlational design, preventing causal inferences between IPV, attachment, and negative affect. Their reliance on self-reported data also raises concerns about potential biases. The sample, with a mean age of 28, may not reflect the experiences of older adults or more diverse groups, thereby limiting generalizability. Moreover, the study focused narrowly on negative affect as an outcome, without addressing other psychological or functional consequences of IPV and attachment dynamics. Both studies also did not fully account for confounding factors such as comorbid psychiatric conditions or ongoing abuse, which could affect their findings. Taken together, these limitations highlight the need for longitudinal, multi-method research with more diverse samples to better understand the complex relationship between attachment, IPV, and psychological outcomes.

While recent research shows the significant role of attachment-particularly attachment anxiety and dependency-in moderating the psychological impact of intimate partner violence, it is important to interpret these findings within the context of each study's limitations. Both Shen (2024) and Trombetta et al. (2025) provide valuable insights into how secure attachment and low dependency can serve as protective factors against PTSD and negative affect following IPV. However, their cross-sectional designs, reliance on self-report data, and limited sample diversity restrict the ability to draw definitive causal conclusions and generalize results broadly. Future research employing longitudinal designs, diverse samples, and multi-method approaches will be

essential to deepen our understanding of these complex relationships and to inform more effective, attachment-based interventions for IPV survivors.

Intergenerational Violence

The intergenerational transmission of violence describes how children who witness intimate partner violence (IPV) in their families of origin may grow up to replicate these behaviors in their own relationships, thereby reinforcing the cycle of abuse. Brown et al. (2021) and Copp et al. (2016) highlight how early exposure to interparental violence is significantly linked to the later perpetration or acceptance of IPV. Through social learning mechanisms such as observational learning, individuals may come to see violence as a normative or effective strategy for managing conflict. For example, a child raised in a household where one parent exerts control through aggression may internalize such dynamics as standard in intimate relationships. The social learning model, which explains how IPV behaviors are transmitted across generations, is strongly supported in the literature (Brown et al., 2021).

Cultural contexts further complicate these dynamics, as societal norms can either challenge or enable IPV. In some communities, survivors may be stigmatized or blamed for speaking out, particularly if leaving an abusive partner violates cultural ideals about loyalty, marriage, or family unity. In other cases, norms may prioritize preserving the family unit over survivor safety, discouraging individuals from seeking help. These pressures not only silence survivors but also contribute to a culture of impunity that allows abusive behaviors to persist unchallenged.

For example, initiatives that teach young people about healthy communication, conflict resolution, and the importance of consent can help disrupt the intergenerational transmission of violent behaviors and attitudes. By considering the role of family violence exposure, societal

expectations, and intersecting identity factors, this research provides valuable insights for developing more effective prevention and intervention strategies. Ultimately, addressing the societal and cultural roots of IPV is essential for breaking cycles of abuse and promoting healthier, more equitable relationships.

Perpetrator Trust and Jealousy

Pollard and Cantos (2021) highlight the significant role of trust and jealousy in the relationship between attachment and IPV. They explain that trust is a fundamental component of any healthy relationship, and those perpetrators with insecure attachment are often characterized by a lack of trust in their partners. Anxiously attached individuals tend to have heightened sensitivity to any signs of rejection or abandonment (Pollard & Cantos, 2021). When these individuals perceive that their partner is becoming distant or less emotionally available, they may experience intense jealousy, both cognitively and behaviorally. Cognitive jealousy refers to the obsessive thoughts and fears about a partner's infidelity or disinterest, while behavioral jealousy refers to actions taken to monitor or control a partner's behavior to alleviate these fears. Pollard and Cantos (2021) found that individuals with anxious attachment styles who experience low levels of trust in their partners report significantly higher levels of both cognitive and behavioral jealousy. This heightened jealousy often leads to controlling behaviors, verbal aggression, and sometimes physical violence as a means of asserting dominance or securing the partner's loyalty.

The connection between low trust and jealousy in insecurely attached individuals is a powerful predictor of IPV perpetration (Pollard & Cantos, 2021). These individuals may perceive threats to their relationship that are often more imagined than real, leading to extreme reactions that can escalate into abusive behaviors. For example, in response to perceived slights or unfaithfulness, they might engage in controlling behaviors such as monitoring their partner's

communications, limiting their interactions with others, or using verbal aggression to assert dominance. In extreme cases, this jealousy can result in physical violence as a misguided attempt to preserve the relationship and eliminate perceived threats.

Social Construction Theory

Social construction theory emphasizes the ways societal norms and cultural narratives shape and perpetuate perceptions of gender, power, and intimate relationships. By examining and deconstructing these narratives, this theory brings to light the structural forces that contribute to intimate partner violence (IPV), including traditional gender roles, systemic inequalities, and societal stigmas (Bagwell-Gray, 2018). It challenges the idea that IPV arises solely from individual pathology or relationship dynamics, instead framing it as a phenomenon deeply embedded in cultural and structural contexts.

The construct of *high-risk masculinity*, for example, highlights how societal expectations for men to embody dominance, control, emotional suppression, and even aggression normalize violence in relationships and perpetuate power imbalances. Media portrayals that reward male characters for exerting control—especially through aggression or violence—reinforce these harmful norms. For instance, Write and Tokunaga (2016) described how the reality TV series *Jersey Shore* routinely showcase male cast members engaging in aggressive confrontations, objectifying women, and celebrating physical dominance—behaviors linked to endorsement of gendered aggression (Wright & Tokunaga, 2016). Gibson et al. (2016) research shows that viewers exposed to reality shows with surveillance-style aggression (e.g., *Jersey Shore*, *Real Housewives*) demonstrated heightened aggression in experimental settings (Gibson et al., 2016).

Beyond television, narrative and digital media also contribute to normalization. For example, Anderson et al. (2010) conducted a meta-analysis revealing that violent video games

and films were moderately associated with increases in aggression ($r \approx .18-.19$). Chandra et al. (2025), conducted a longitudinal analysis of over 1,000 Hollywood movie dialogues (1950–2024) using large-language models found a significant rise in abusive and violent language—particularly in thrillers and Oscar-nominated films—suggesting that violent conflict has become more normalized in recent decades (Chandra et al., 2025). Additionally, Lukić (2024) study consisted of post-1970s slasher films noted that while some recent entries (like *Scream 6* and *Pearl*) attempt to subvert misogynistic tropes, the genre still often frames violence against women through the “final girl” lens, reinforcing gendered victimization and control narratives (Lukić, 2024; Vantage, 2025). Meta-analytic evidence confirms that exposure to violent films and video games is moderately—but meaningfully—associated with increased aggression (Anderson et al., 2010), while narrative depictions of sexual violence diminish sympathy for real-life domestic abuse victims (Malamuth & Check, 1981; Krahe et al., 2011; Sechser & Post, 2023). A longitudinal study Raj et al. (2023), found that social media–induced jealousy not only predicts IPV but is also reinforced by it over time, suggesting a reciprocal relationship (Raj et al., 2023). Similarly, Smith et al. (2022) found that frequent social media use among adolescents led to short-term hostility and long-term behavioral aggression. This normalization not only justifies abusive dynamics but also silences survivors, who may internalize blame or fear judgment if they challenge these entrenched norms (Bagwell-Gray, 2018).

Structural inequalities further disrupt survivors in abusive relationships, making escape and recovery increasingly difficult. Economic dependence, a significant factor in many abusive dynamics, often leaves survivors without the financial resources to leave an abusive partner. Housing insecurity and the lack of access to affordable and safe housing compound this issue, creating practical barriers that force survivors to remain in harmful environments. Posada-Abadía

et al. (2021) emphasize the critical role of stable housing in supporting survivors, noting that without it, their ability to achieve safety and long-term recovery is severely compromised. These material conditions illustrate how IPV is not only a personal or relational issue but also one shaped by societal structures that fail to prioritize survivors' needs.

Hulley et al. (2022) underscore how cultural stigmas and societal responses to IPV significantly intensify the challenges survivors face by discouraging them from seeking help. Shame, victim-blaming, and the fear of being disbelieved or ostracized often prevent survivors from reaching out for support. These barriers are even more pronounced among Black, Asian, ethnic minority, and immigrant women, who may also face systemic racism, restrictive immigration laws, and a lack of culturally competent services. Drawing from multiple qualitative studies, Hulley et al. (2022) show how these intersecting factors leave survivors feeling isolated, powerless, and trapped in abusive relationships—further enabling perpetrators to maintain control.

By deconstructing these societal narratives and addressing structural inequalities, social construction theory emphasizes the need for systemic change to combat IPV. Solutions must go beyond individual interventions, addressing broader social and structural factors. This includes providing survivors with access to safe and affordable housing, financial resources, and trauma-informed services. Additionally, promoting cultural shifts that challenge harmful gender norms and destigmatize help-seeking behaviors is essential. Creating supportive, inclusive environments can empower survivors, reduce IPV, and break cycles of abuse perpetuated by systemic inequities and societal stigmas.

Race, Class, and Intimate Partner Violence (IPV): A Social Constructionist Perspective

Research on IPV increasingly illustrates the necessity of examining its intersection with broader societal structures—such as race, class, and other identity factors—through the lens of social constructionist theory. This theoretical framework posits that individual behaviors and perceptions are profoundly influenced by societal norms, cultural narratives, and structural inequalities, which collectively shape the experiences and responses to IPV. Anderson and Umberson (2001) delve into this intersectionality, revealing how systemic inequalities amplify the impact of IPV on marginalized communities. Their work emphasizes that IPV cannot be fully understood or effectively addressed without considering the broader social, cultural, and economic contexts in which it occurs. They argue that systemic inequalities—such as racism, sexism, classism, and heteronormativity—compound the vulnerabilities of individuals in marginalized communities.

For instance, survivors from racial or ethnic minority backgrounds often face additional barriers to seeking help, including distrust of legal and healthcare systems due to historical and ongoing discrimination. These barriers are further exacerbated by economic inequality, as individuals in lower socioeconomic classes may lack access to resources such as safe housing, legal representation, or counseling services. In such contexts, IPV becomes not only an issue of personal safety but also one of structural oppression, where marginalized individuals are systematically denied the support needed to escape abusive situations. Anderson and Umberson's findings underscore the need for culturally sensitive interventions that address these intersecting factors, recognizing that a one-size-fits-all approach to IPV is inadequate for effectively serving diverse populations.

Similarly, Burr and Dick (2017) explore the role of cultural narratives in shaping both the dynamics of IPV and the responses of those involved (Burr and Dick. 2017). Their research illustrates how societal norms and beliefs influence perpetrators' sense of entitlement and survivors' perceptions of powerlessness. For instance, patriarchal cultural narratives that equate masculinity with dominance and control can reinforce perpetrators' belief that they have the right to exert power over their partners. These narratives not only normalize abusive behaviors but also minimize their severity, framing them as private matters or as justified responses to perceived challenges to authority. On the other hand, survivors often internalize cultural messages that devalue their autonomy or prioritize family preservation over personal safety.

This can lead to feelings of shame, guilt, and helplessness, making it harder for them to recognize abuse and seek help. Burr and Dick's research emphasizes how cultural narratives are not monolithic but vary across different social and cultural groups, further emphasizing the importance of tailoring interventions to the specific needs and contexts of diverse populations. For example, in communities where collective identity and family reputation are highly valued, survivors may feel additional pressure to stay silent about abuse to avoid bringing shame to their families. Addressing IPV in such contexts requires interventions that respect cultural values while simultaneously challenging harmful norms and empowering survivors to reclaim their agency. This dual approach ensures that interventions are both effective and culturally respectful, avoiding the risk of further alienating survivors or reinforcing existing power imbalances.

Socio-Economic Context and IPV

Social constructivist theory emphasizes the importance of broader structural and cultural factors in shaping attitudes toward IPV. This perspective emphasizes that individual behaviors and beliefs are not formed in isolation but are instead deeply influenced by the social, economic,

and cultural environments in which individuals live. According to Copp et al. (2016), disadvantaged contexts, such as poverty, systemic inequality, and limited access to education and resources, may foster views that violence is understandable, excusable, or even necessary in certain situations. For example, individuals living in conditions of economic precarity may experience heightened stress, frustration, and a lack of perceived control, which can contribute to the normalization of aggression to exert dominance or resolve conflicts.

Socioeconomic status plays an important part in the adoption of attitudes that justify violence. Articulated by Dabaghi et al. (2023) highlight that domestic violence against women occurs across all societies and socioeconomic backgrounds. However, women from lower economic and social standings seem to experience higher rates of violence. Key contributing factors include limited education, financial hardship, poverty, lack of resources, and challenges associated with child-rearing, which are commonly observed among both perpetrators and victims of violence (Dabaghi et al, 2023). Structural disadvantages such as unemployment, low income, or inadequate housing can increase the likelihood of IPV by creating a climate of chronic stress and tension within relationships. Financial strain, for instance, may lead to arguments over resources, escalating the risk of violent outbursts. Moreover, economic dependence can trap survivors in abusive relationships, as they may feel unable to leave due to a lack of financial stability or access to support networks. Copp et al. (2016) highlight that in such contexts, violence may be perceived as a survival strategy or a means of asserting control in an otherwise powerless situation. This illustrates the importance of addressing economic inequalities as a critical component of IPV prevention and intervention efforts.

The structural factors and cultural contexts play a profound role in shaping attitudes toward IPV, influencing both the prevalence of violence and the effectiveness of prevention and

intervention efforts. Social constructivist theory highlights the need to address the root causes of IPV by challenging societal norms that perpetuate violence, addressing economic inequalities, and promoting healthier conflict resolution strategies within communities. By adopting a comprehensive and culturally sensitive approach, it is possible to disrupt the cycle of violence and create a safer, more equitable society for all individuals.

The intersection of social construction theory with race, class, and other identity factors offers valuable insights into the complex dynamics of IPV. Research by Anderson and Umberson (2022) and Burr and Dick (2017) show how systemic inequalities and cultural narratives shape both the perpetration of IPV and the experiences of survivors, showing the need for interventions that are both culturally sensitive and socially transformative. By addressing the societal factors that perpetuate abuse and empowering survivors to reclaim their agency, IPV interventions can move beyond surface-level solutions to create meaningful and lasting change. This holistic approach not only improves outcomes for survivors but also contributes to broader efforts to challenge and dismantle the structural inequalities that underlie IPV.

Cultural contexts further shape individuals' understanding of violence through the internalization of cultural norms, values, and practices over time. In some cultures, traditional gender roles and patriarchal values may legitimize or excuse violence, particularly against women, as a form of discipline or control. Lockley et al. (2019) found that 31% of respondents in their survey believed that domestic and sexual violence could be justifiable in certain circumstances. This belief was more prevalent among men (36%) than women (27%). For example, cultural norms that emphasize male dominance and female submissiveness can create an environment where IPV is tolerated or even encouraged. These cultural narratives often

perpetuate the idea that men have a right to control their partners, while women are expected to endure abuse silently to preserve family honor or stability.

LGBTQ2+ Relationships

IPV in LGBTQ2+ relationships is more prevalent than often recognized, with alarmingly high rates reported among individuals within the community. Bates, (2019) found that 44% of lesbian women and 61% of bisexual women have experienced IPV during their lifetime, figures that are notably higher than the 35% of heterosexual women who report similar experiences. Similarly, homosexual men face significantly higher rates of both IPV victimization and perpetration compared to their heterosexual counterparts, further illustrating the unique dynamics within LGBTQ2+ relationships (Bates, 2019). The general principles of attachment theory and its relationship to IPV likely apply to LGBTQ2+ relationships as well. However, recent scholarship has begun to challenge heteronormative assumptions in IPV research, calling for a more inclusive perspective that considers the unique experiences of LGBTQ2+ relationships. Traditional models often overlook specific forms of violence such as threats of “outing,” internalized homophobia, and the lack of accessible, affirming services (Callan et al., 2021).

Research Ummak et al (2024) shows that individuals with intersecting minority identities—such as queer women from ethnic minority backgrounds—face compounded barriers and unique power dynamics in abusive relationships (Ummak et al., 2024). Canadian data further show that sexual minority women, particularly bisexual women, experience disproportionately high rates of IPV compared to their heterosexual counterparts (Jaffray, 2021). Moreover, systemic issues such as heterosexism and homophobia continue to limit the accessibility and effectiveness of IPV support services (Workman & Dune, 2019). These findings emphasize the

urgent need for IPV research frameworks that move beyond binary gender assumptions and adequately represent the diverse realities of LGBTQ2+ individuals.

In LGBTQ2+ relationships, attachment theory provides valuable insights into how individual attachment styles may influence patterns of intimate partner violence (IPV). Given the unique stressors faced by LGBTQ2+ individuals—such as minority stress, societal stigma, and discrimination—attachment dynamics can significantly impact relational behaviors and vulnerabilities. Tognasso et al. (2022) articulated those individuals with attachment anxiety, characterized by a fear of abandonment and a heightened need for reassurance, are more likely to engage in general and psychological IPV perpetration, as they may resort to controlling or manipulative behaviors to maintain a sense of security in the relationship (Tognasso et al., 2022). Conversely, attachment avoidance, involving emotional distancing and discomfort with intimacy, is also strongly associated with IPV perpetration.

Those with avoidant attachment styles may be more prone to general, psychological, and physical forms of IPV, using aggression or control as maladaptive coping strategies to maintain emotional distance (Tognasso et al., 2022). These findings underscore the complex relationship between attachment styles and IPV, suggesting that individuals with insecure attachment styles may be more vulnerable to both perpetrating and experiencing violence. This brings to light the importance of integrating an understanding of attachment patterns into research and interventions addressing IPV in LGBTQ2+ relationships.

Despite the growing recognition of IPV in LGBTQ2+ communities, survivors often face significant structural barriers to accessing safety and support. Breiding et al., (2013) for example found, that many shelters and services remain oriented toward cisgender, heterosexual women and may not be welcoming—or even accessible—to LGBTQ2+ survivors (Breiding et al., 2013;

Reuter et al., 2017). This exclusion can leave queer and trans survivors with few safe housing options, further entrenching cycles of abuse and isolation. As such, there is an urgent need to expand IPV support systems to include inclusive, affirming resources that reflect the realities and needs of diverse LGBTQ2+ identities.

Masculinity and IPV

The work by Meng (2023) offers critical insights into the ways social constructions of masculinity contribute to the perpetuation of IPV. Meng's thesis shows the significant role that societal expectations of traditional masculinity play in shaping attitudes and behaviors around IPV. Their research reveals that some men actively resist the societal pressures that endorse violence, choosing non-violence as a conscious decision informed by personal experiences and observations of the harm caused by abusive behavior (Meng, 2023). This resistance demonstrates that masculinity is not a fixed or monolithic concept but rather a dynamic construct that can be reshaped and redefined. Meng's findings highlight the pivotal potential of challenging harmful masculine norms to prevent IPV and foster healthier relational dynamics.

One of the central themes in Meng's (2023) research is the strong correlation between traditional masculinity norms and IPV perpetration. These norms often emphasize dominance, control, emotional suppression, and aggression as core components of "being a man". Men who internalize these ideals may feel compelled to assert power and control within their intimate relationships, with violence becoming a tool to maintain dominance. Coop et al. (2016) supports Meng's work by articulating how the traditional gender norms, which often emphasize male dominance and female submissiveness, can reinforce power imbalances in relationships and justify the use of violence to maintain control (Coop et al. 2016). For example, traditional masculine norms may discourage emotional vulnerability and constructive conflict resolution,

leading some men to resort to aggression, assertiveness, and control when confronted with challenges or perceived threats to their authority. They could feel a type of societal pressure to assert the dominance through these behaviours leading to IPV. For example, women socialized to prioritize caregiving, self-sacrifice, and the preservation of family unity may be more likely to tolerate or excuse abusive behaviors, perceiving them as part of their role in maintaining harmony in the household. Lockley et al. (2019) found that 31% of respondents in the survey believed that domestic and sexual violence could be justifiable in certain circumstances—this belief was more prevalent among men (36%) than women (27%) (Lockley et al., 2019). These traditional gender norms for both men and woman normalizes violence within the context of romantic relationships, further entrenching harmful behaviors.

Meng's (2023) study also explores how men who resist these traditional norms often do so after witnessing or experiencing the negative consequences of IPV, whether through observing family violence, experiencing legal repercussions, or reflecting on the emotional damage inflicted on their partners and themselves (Meng, 2023). These men often learn through personal reflection, supportive relationships, or participation in intervention programs that violence is not only destructive but also counterproductive to achieving meaningful connection and respect. This emphasizes the importance of providing spaces where men can critically reflect on their behaviors and deconstruct the societal messages that equate masculinity with control and violence.

Importantly, the research emphasizes the role of socialization in perpetuating or disrupting these patterns (Meng, 2023). From a young age, boys are often exposed to messages that valorize toughness, stoicism, and dominance while discouraging emotional expression and vulnerability. These messages are reinforced through various societal channels, including family

dynamics, peer interactions, media portrayals, and institutional structures. For example, media representations of masculinity frequently glorify men who use violence to solve problems or assert their power, perpetuating the idea that aggression is a natural and acceptable aspect of manhood (Meng, 2023).

Meng's (2023) work also aligns with broader research linking the endorsement of traditional masculine norms to domestic violence perpetration. Studies have consistently shown that men who adhere to rigid, hegemonic ideals of masculinity are more likely to engage in abusive behaviors. Reidy et al. (2014) found that men who strictly adhere to traditional masculine norms have an increased likelihood of engaging in violent or abusive behavior toward their female partners (Reidy et al. 2014). These norms reinforce the belief that violence is a legitimate and effective means of asserting dominance or control, particularly in situations where men perceive their authority to be challenged. For instance, men who feel emasculated by a partner's independence, success, or refusal to conform to traditional gender roles may resort to violence to reassert their perceived "rightful" position of power. This provides support in the critical need for interventions that address the root causes of IPV by targeting these entrenched beliefs and attitudes. The findings also point to the importance of prevention strategies that engage men and boys in conversations about masculinity, relationships, and non-violence (Meng, 2023).

While Meng's (2023) thesis shows the potential for change, it also acknowledges the challenges involved in disrupting deeply ingrained social norms. Resistance to change can come from various sources, including cultural traditions, peer pressure, and institutional barriers. For example, communities that view traditional masculinity as central to their cultural identity may resist efforts to redefine these norms, perceiving them as a threat to their values. Similarly, peer

groups that normalize or encourage aggressive behaviors can create significant obstacles for men seeking to adopt non-violent alternatives. Addressing these challenges requires a multifaceted approach that combines individual, relational, community, and societal interventions.

The research provides compelling evidence that traditional constructions of masculinity significantly contribute to IPV perpetration. Meng (2023) offers hope by pointing out the ways men can actively resist these norms and choose non-violence. By questioning and challenging harmful masculine ideals, there is an opportunity to reduce the acceptance of violence and foster healthier, more equitable relationships. Interventions that promote alternative models of masculinity, engage men as allies, and provide spaces for reflection and accountability are critical to achieving this goal. By addressing the root causes of IPV within the framework of masculinity, society can take meaningful steps toward ending the cycle of violence and creating safer, more supportive environments for all individuals.

Survivors' Wellbeing

Velotti et al. (2018) emphasize that these trauma responses often persist well beyond the end of the abusive relationship, affecting the survivor's long-term psychological well-being. Even after the physical danger has subsided, the emotional and psychological scars can remain, manifesting in ongoing symptoms such as anxiety, depression, and PTSD. These symptoms not only hinder survivors' ability to process the trauma but also disrupt their capacity to form healthy, secure relationships moving forward. The psychological toll of these symptoms creates significant barriers to healing, as survivors may feel isolated, misunderstood, or unable to trust others, including potential future partners. The inability to trust, combined with emotional dysregulation, increases the risk of re-entering unhealthy or abusive relationships, as survivors may struggle to discern red flags or set appropriate boundaries.

Beyond PTSD, many survivors also grapple with depression, generalized anxiety, substance use issues, and somatic complaints such as chronic pain or sleep disturbances (Thomas et al., 2023; Krause et al., 2023). These physical and psychological effects often co-occur, compounding the overall burden on functioning and quality of life. Social withdrawal, distrust of others, and impaired occupational performance are also common consequences (Lee & Cortina, 2024). However, access to peer support groups, trauma-informed community programs, and strong social networks can play a critical role in fostering recovery and rebuilding a sense of agency and belonging (Martínez-Torteya et al., 2023). Survivors who receive validation, practical support, and safe relational spaces are better positioned to restore their sense of self and move toward post-traumatic growth.

IPV Interventions

Attachment and IPV

Studies have increasingly applied attachment theory to IPV intervention strategies, highlighting the potential of attachment-based approaches to foster healing and resilience among survivors. Mikulincer and Shaver (2016) conducted a comprehensive exploration of how attachment theory can inform therapeutic interventions for individuals who have experienced IPV (Mikulincer and Shaver 2016). They found that secure attachment within therapeutic settings can significantly enhance a survivor's emotional resilience, enabling them to rebuild their lives with greater stability. This is particularly important for IPV survivors, who often experience significant emotional turmoil, such as feelings of fear, betrayal, and hopelessness, which can profoundly impact their ability to trust themselves and others in future relationships. The process of reestablishing a secure attachment with a therapist provides survivors with a

stable, trustworthy figure who can model the emotional support, empathy, and connection that they were previously deprived of in their abusive relationships.

Cultivating secure attachment is not only about the survivor's relationship with their therapist but also extends to their broader interpersonal relationships. Mikulincer and Shaver (2016) suggest that by experiencing secure attachment within therapy, survivors can gradually apply these principles to their social and intimate relationships (Mikulincer and Shaver 2016). Secure attachment fosters feelings of safety and trust, which are essential for individuals to overcome the emotional scars of IPV. Survivors who develop a secure attachment with themselves and others are more likely to form healthier relational patterns, characterized by balanced emotional regulation, mutual respect, and effective conflict resolution.

Feeney and Fitzgerald (2019) further emphasize the importance of attachment-based therapies in addressing the deep-seated fears of abandonment and rejection that often arise in the aftermath of IPV (Feeney and Fitzgerald 2019). These fears are particularly pronounced in individuals with anxious or disorganized attachment styles, who may have experienced neglect, emotional abuse, or trauma in their formative years. IPV can amplify these attachment insecurities, leaving survivors feeling betrayed, unworthy of love, or unable to trust others. Feeney and Fitzgerald's research demonstrated that attachment-based interventions can help survivors confront and process these pervasive fears, allowing for a more integrated and empowered sense of self.

Recent research continues to support the relevance of attachment theory in IPV recovery. For example, Karakurt et al. (2022) explored how trauma-informed and attachment-focused interventions can improve emotion regulation and interpersonal functioning in IPV survivors (Karakurt et al. 2022). Their findings showed that interventions rooted in attachment theory led

to improvements in survivors' capacity for emotional safety, self-compassion, and relationship-building. Similarly, St. Vil, Sabri, and Nwokolo (2020) emphasized that promoting secure attachment, particularly in culturally responsive ways, is crucial for helping survivors from marginalized communities rebuild trust and autonomy in the aftermath of abuse (St. Vil, Sabri, and Nwokolo 2020).

Additionally, an evaluation by Chouliara et al. (2019) of attachment-informed therapy in domestic violence services found that survivors often identified the therapeutic alliance as a key component of their recovery (Chouliara et al. 2019). Feeling "seen," "held," and "understood" by a consistent and empathic therapist was foundational for many clients in their journey toward healing and reclaiming self-worth. These findings align with Bowlby's (1988) original assertion that the therapeutic relationship can serve as a secure base from which individuals can explore painful experiences and reconstruct internal working models of self and others (Bowlby's 1988).

Mikulincer and Shaver (2016) and Feeney and Fitzgerald (2019) contribute significantly to the growing body of research that shows the value of attachment theory in IPV interventions. Their work, supported by newer studies, reinforces the idea that promoting secure attachment is central to the healing process for survivors, helping them navigate the complex emotional aftermath of abuse and reclaim their capacity for healthy, fulfilling relationships. By integrating attachment-based approaches into IPV intervention strategies, therapists can help survivors cultivate emotional resilience, address the root causes of attachment insecurity, and build a future grounded in safety, trust, and mutual respect.

Emotional Focused Therapy (EFT)

Attachment-based therapies such as Emotionally Focused Therapy (EFT) and trauma-informed care aim to rebuild survivors' sense of security and trust, helping them process

relational trauma and develop healthier patterns of attachment. EFT focuses on the emotional processes underlying attachment bonds, helping survivors develop a stronger sense of self and relational stability. According to Leedom et al. (2019), EFT significantly reduces trauma symptoms, alleviates distress, and enhances self-efficacy, making it a valuable approach for IPV recovery (Leedom et al. 2019). Findings by Dalton et al. (2013) demonstrate that EFT, when used with adult survivors of childhood abuse, leads to significant reductions in relationship distress and post-traumatic symptoms (Dalton et al. 2013). Other studies support EFT's role in promoting emotional regulation and reducing PTSD symptoms among trauma survivors (Brubacher, 2018; Greenman & Johnson, 2022). Key EFT techniques such as emotion mapping, enactments, and accessing primary emotions allow clients to identify unmet attachment needs and restructure negative interaction cycles, facilitating the formation of secure emotional bonds even after traumatic relational disruptions.

Trauma-informed care frameworks also integrate attachment principles, emphasizing the creation of a safe and nonjudgmental therapeutic environment. These frameworks prioritize emotional regulation, self-awareness, and the cultivation of secure attachment patterns. Johnson et al. (2020) found that trauma-informed care not only addresses immediate emotional distress but also fosters long-term resilience, enabling survivors to navigate future relationships with confidence. Expanding on this, Wathen and Varcoe (2023) highlight trauma- and violence-informed care (TVIC) as a critical development in Canada, which explicitly addresses power, control, and structural violence. This approach goes beyond symptom management to foster emotional empowerment and relational safety, which is essential for survivors of IPV. Elliott et al. (2019) also emphasize that trauma-informed care's incorporation of somatic awareness and

relational attunement supports survivors in moving from hypervigilance and emotional numbing toward grounded, coherent self-experience.

Given the enduring nature of trauma responses, attachment-based therapeutic interventions are essential in facilitating recovery. Velotti et al. (2018) argue that attachment-focused therapies are uniquely positioned to address the deep-rooted emotional and relational issues stemming from IPV. These therapies create safe, supportive environments where survivors can begin to process their trauma while rebuilding a sense of emotional security. A recent randomized controlled trial by Deković et al. (2022) found that integrating trauma therapy with attachment-focused interventions was effective in supporting recovery in families impacted by interparental violence.

Therapists trained in EFT and other attachment-informed modalities help clients recognize how early attachment wounds—often reactivated by abusive partners—contribute to maladaptive coping and relational avoidance (Briere & Scott, 2015; Mikulincer & Shaver, 2016). By focusing on disrupted attachment dynamics, therapists assist survivors in understanding how past experiences influence current emotional and relational patterns, helping them develop healthier coping strategies and learn to form secure, trusting relationships in the future.

Socially Informed Therapeutic Interventions

Interventions rooted in social construction theory, such as narrative therapy and feminist-informed approaches, empower survivors to challenge societal narratives that perpetuate IPV. These approaches encourage survivors to reframe their experiences, building a sense of empowerment and resilience. For instance, Acceptance and Commitment Therapy (ACT) integrates social construction principles to address both personal and societal dimensions of IPV. Nikparvar et al. (2023) demonstrated that ACT reduces avoidance behaviors and fosters value-

driven actions, enabling survivors to rebuild their lives with purpose and agency. Narrative therapy also plays a crucial role in deconstructing harmful societal narratives. By helping survivors rewrite their stories, this approach fosters a sense of empowerment and challenges internalized beliefs about powerlessness. In addition, Yalom and Leszcz (2020) highlighted the effectiveness of group therapy in building peer support and addressing societal stigmas, emphasizing the transformative potential of collective healing (Yalom & Leszcz, 2020).

For instance, community-based programs that involve survivors, cultural leaders, and advocates in the development and implementation of IPV interventions can help ensure that these programs are grounded in the lived experiences of those they aim to serve. Educational campaigns that challenge harmful cultural norms—such as those promoting rigid gender roles or stigmatizing survivors—can also play a critical role in shifting societal attitudes and reducing the prevalence of IPV. Moreover, systemic changes, such as policy reforms to increase access to affordable housing, healthcare, and legal protections for marginalized individuals, are essential for addressing the structural inequalities that exacerbate IPV.

Addressing Structural Barriers and Intersectionality

Structural challenges, including economic instability and housing insecurity, remain significant barriers to recovery for IPV survivors. Addressing these barriers requires systemic reforms and policy-level interventions. Posada-Abadía et al. (2021) emphasize the importance of holistic approaches that address both individual and structural factors (Posada-Abadía et al. 2021). While Sullivan and Bybee (1999) demonstrated the critical role of financial support and safe housing in enabling survivors to leave abusive relationships (Sullivan and Bybee, 1999). Recent research further supports this perspective, for example, Sullivan et al. (2023) evaluated the Domestic Violence Housing First (DVHF) model and found that it significantly improved

survivors' housing stability, safety, and mental health over a 24-month period (Sullivan et al. 2023). Similarly, Bevilacqua et al. (2025) found that transitional and rapid rehousing programs not only reduced revictimization but also promoted long-term safety and financial independence among survivors (Bevilacqua et al. 2025). Intersectionality further complicates the recovery process, as overlapping identities shape survivors' experiences and vulnerabilities. Crenshaw's (1989) concept of intersectionality stresses the unique challenges faced by marginalized survivors, pointing out the need for culturally tailored interventions (Crenshaw's 1989). Tripathi and Azhar (2020) illustrate how culturally sensitive approaches can support survivors from diverse backgrounds, addressing the unique barriers they face in hopes of fostering greater inclusivity in IPV interventions (Tripathi and Azhar, 2020).

Restorative Justice Approaches

Restorative justice approaches are also gaining attention as complementary avenues for addressing IPV. Meng's (2023) research highlights the potential of such models to hold perpetrators accountable while promoting personal growth and reparation (Meng's 2023). These programs aim to foster reflection on the beliefs, emotions, and relational dynamics that underlie abusive behaviors. Batterer intervention programs grounded in feminist and cognitive-behavioral principles, for example, have been shown to effectively challenge traditional masculinity norms and reduce recidivism rates. A concrete example is the *RESTORE* program in Arizona, which brings together victims, responsible parties, and community members in a voluntary, trauma-informed restorative justice process for sexual and intimate partner violence cases.

An evaluation by Koss (2014) found that participants of *RESTORE* reported high levels of satisfaction with the process, and many survivors expressed that being heard and having their needs addressed in a non-adversarial setting contributed meaningfully to their healing (Koss

2014). Similarly, the *Circles of Peace* program incorporates restorative dialogue between offenders, victims (where appropriate), and community members to foster accountability and repair (Mills et al., 2013). Ptacek (2010), evaluations of similar programs have shown promising outcomes in improving emotional regulation, empathy, and participant motivation to change (Ptacek, 2010). While not a cure-all, these approaches offer an important complement to traditional punitive systems, particularly when survivors have agency in the process and safety measures are prioritized.

Chapter Summary

This chapter has explored the theoretical and practical foundations for understanding intimate partner violence (IPV) through the dual lenses of attachment theory and social constructionism. By integrating these frameworks, it provides a comprehensive perspective on the multifaceted dynamics of IPV, encompassing both the internal psychological mechanisms that shape individual behavior and the external societal structures that perpetuate abuse.

Attachment theory sheds light on how early relational experiences contribute to the development of insecure attachment styles—such as anxious, avoidant, or disorganized—which increase vulnerability to IPV and complicate post-separation recovery. These internal working models influence how survivors respond to violence, maintain connections with abusive partners, and navigate the aftermath of trauma, often resulting in hyperarousal, emotional dysregulation, PTSD, and difficulty forming secure relationships.

Simultaneously, social constructionist theory reveals how societal norms, gender roles, and systemic inequities construct the conditions that sustain IPV. Cultural narratives around masculinity, power, and control, along with structural barriers such as poverty, racism, heteronormativity, and housing insecurity, further entrench survivors in cycles of abuse. These

socially constructed forces not only exacerbate survivors' experiences but also shape the responses of communities, institutions, and service providers.

The review of therapeutic interventions underscores the promise of combining attachment-based modalities such as Emotionally Focused Therapy (EFT) and Acceptance and Commitment Therapy (ACT) with socially informed, trauma-sensitive approaches. These integrative models show potential in addressing both the emotional wounds of survivors and the structural conditions that constrain their agency. However, to be truly effective, these approaches must be culturally responsive and attentive to intersectional factors that shape each survivor's lived experience.

In addition to therapeutic strategies, this chapter emphasizes the critical importance of dismantling structural barriers that prevent survivors from accessing safety and support. Survivors with intersecting marginalized identities—such as LGBTQ2+ individuals, racialized women, or those experiencing economic insecurity—face compounded obstacles that demand more inclusive, community-based, and survivor-led solutions.

Finally, this review highlights important gaps in the literature, particularly the lack of longitudinal studies, limited research on non-physical forms of abuse, and the underrepresentation of diverse populations. These gaps point to the urgent need for more inclusive, long-term, and context-sensitive research. In doing so, this chapter lays the groundwork for the discussion and recommendations in Chapter 3, paving the way for innovative strategies to promote healing, resilience, and systemic change in the response to IPV.

Chapter 3: Summary, Discussion, Recommendations, and Conclusions

Summary of Findings

This capstone explored the ongoing and often overlooked repercussions survivors face after leaving an abusive relationship. It examined how therapeutic practices rooted in attachment theory and social constructionist theory can mitigate these challenges and promote resilience and empowerment. Findings highlighted that IPV is not only a psychological experience of trauma but also a social one, shaped by gender norms, power imbalances, and systemic inequalities that hinder recovery. As such, healing from IPV must address both internal attachment wounds and external structural barriers.

Each of the groups identified—counsellors, survivors, families, organizations, policymakers, and researchers—plays a critical role in applying these findings to improve survivor care and system responses:

- Counsellors should integrate attachment-informed and trauma-sensitive modalities such as Emotionally Focused Therapy (EFT) and Acceptance and Commitment Therapy (ACT), while also applying a social justice lens. This dual focus supports clients in understanding the emotional and relational impact of IPV and contextualizing it within broader narratives of oppression and control.
- Survivors need access to holistic, nonjudgmental spaces where they can make meaning of their experiences and rebuild their sense of agency and relational trust. Therapeutic models that validate both their trauma and their resilience are essential in this work.
- Families and informal support systems must be educated on trauma and attachment to better support survivors without perpetuating blame or shame. Providing them with tools to respond compassionately and effectively can play a critical role in a survivor's long-term recovery.

- Organizations and service providers should operationalize integrated care models that address survivors' emotional, legal, housing, and social needs in tandem. Training staff in both trauma-informed practices and cultural humility is necessary to reduce the risk of re-traumatization.
- Policymakers must center survivor voices in shaping IPV response systems, including legislation, funding priorities, and public education campaigns. The inclusion of survivor-led advisory boards is vital to ensure that policies remain grounded in lived realities.
- Researchers are called to address key gaps, including the need for longitudinal studies, diverse and intersectional sampling, and evaluations of integrated therapeutic approaches. Research must move beyond heteronormative, cisgender-centric frameworks to reflect the realities of all survivors.

This chapter makes clear that IPV intervention cannot rely solely on individual-level approaches. The systemic and relational nature of IPV requires comprehensive responses that attend to survivors' inner psychological worlds as well as the outer societal conditions that contribute to abuse. These insights directly inform the recommendations that follow, which translate these findings into actionable strategies for change.

Discussion

Implications for Counsellors

The findings of this literature review underscore the importance of counsellors adopting a dual-lens perspective—considering both the intrapsychic dimensions of attachment and the sociopolitical contexts in which IPV occurs. Counsellors working with IPV survivors must be trauma-informed and attachment-aware, providing interventions that offer emotional safety, promote client autonomy, and validate the survivor's lived experience. Recognizing patterns of

anxious or avoidant attachment as survival strategies—rather than dysfunctions—is essential to promoting a non-pathologizing therapeutic relationship. Counsellors must also acknowledge their own positionality and the ways their social locations may influence the therapeutic dynamic.

Furthermore, clinicians should consider the intersectionality of survivors' identities—such as race, sexuality, socioeconomic status, and disability—to avoid perpetuating systemic harm. Training in anti-oppressive, culturally responsive, and feminist approaches is essential. Recent feminist and disability justice scholarship emphasizes that trauma-informed, attachment-based modalities such as EFT and ACT are most effective when grounded in intersectional frameworks. For instance, Wright et al. (2024) argue that integrating disability justice and queer theory allows trauma recovery to be reframed not as individual pathology but as a relational, political process rooted in survivors' embodied knowledge (Wright et al. 2024).

Sharpless et al. (2024) similarly highlight the importance of transformative justice approaches in working with Black women survivors of IPV, noting that therapy must engage not only with individual symptoms but also with the structural conditions of racialized and gendered violence (Sharpless et al. 2024). Ferguson and Williams (2023) found that applying a situated intersectionality model—such as offering anonymous disclosure mechanisms—reduced retraumatization and increased service trust among racialized, 2SLGBTQ+, and disabled survivors (Ferguson and Williams, 2023). However, a scoping review by Chen and Grady (2023) identified that many health and trauma interventions still marginalize LGBTQ+ and disability dimensions, emphasizing the necessity for counselling education and clinical training to move beyond binary categories of race and gender in intersectional practice (Chen and Grady, 2023).

Implications for Survivors

Survivors navigating post-separation life benefit from recognizing the influence of attachment dynamics and societal narratives in their healing process. By understanding that emotional dependency, fear of abandonment, and trauma responses are deeply rooted in both early attachment experiences and cultural conditioning, survivors may gain greater insight into their behaviors and develop self-compassion. Therapeutic work that supports survivors in re-authoring their identities, challenging internalized shame, and reconnecting with personal values can enhance their ability to foster resilience, autonomy, and healthier future relationships.

Implications for Families and Support Networks

Families and informal support systems play a crucial role in a survivor's recovery. It is imperative that loved ones educate themselves about the complex psychological and social mechanisms that make leaving an abusive relationship difficult. BC Society of Transition Houses (n.d) spoke how education can begin by accessing evidence-based resources, attending community workshops, or consulting with domestic violence organizations that offer structured guidance for supporters (BC Society of Transition Houses [BCSTH], n.d). Support networks should prioritize validation over judgment, avoid pressuring survivors to "move on," and instead foster an environment of trust, safety, and empowerment.

Concrete strategies include using validating phrases such as "*I believe you,*" "*You didn't deserve this,*" or "*You are not alone.*" National Center on Domestic Violence, Trauma & Mental Health (n.d.) found families may benefit from structured tools like family-focused worksheets, reflection prompts, or brief case vignettes that illustrate nonjudgmental responses (NCDVTMH, n.d.). A simple support checklist might include questions such as: "Have I asked the survivor what they need today?", "Have I respected their pace of healing?", or "Am I seeking my own

support so I don't place emotional burdens on them?" Engaging in family counselling can also help loved ones process their own reactions, dismantle internalized myths about abuse, and avoid unintentionally re-traumatizing the survivor.

Free, culturally responsive resources are available from several organizations. For example, BCSTH offers *Supporting Families* toolkits and downloadable worksheets, including sample validation phrases and safety planning templates (BCSTH, n.d.). Ending Violence Association of Canada (n.d) provides a *Domestic Violence Resource Guide* with tip sheets for families, culturally sensitive outreach tools, and checklists for building safe home environments (EVA-BC, n.d.). The NCDVTMH's *Family & Friends Guide* includes sample dialogue, reflection exercises, and a safety planning checklist that can be adapted for Canadian contexts (NCDVTMH, n.d.). By equipping families with trauma-informed knowledge and tangible tools, we increase the survivor's chances of experiencing meaningful support and long-term recovery.

Implications for Organizations and Institutions

Social service organizations must provide accessible, trauma-informed, and culturally safe resources to IPV survivors. Interventions should move beyond crisis response and encompass long-term support, including housing stability, employment opportunities, childcare, and mental health services. Multidisciplinary collaboration between shelters, counselling agencies, and legal systems is critical to ensuring survivor-centered care.

Community organizations play an essential role in providing integrated care for IPV survivors. One key recommendation is the establishment of survivor-led advisory boards to ensure that programs are informed by lived experience and responsive to actual survivor needs. Survivors bring invaluable insight into the design, implementation, and evaluation of services and should be central to shaping the systems that serve them. For example, a survivor-led

advisory board might include 8–12 individuals with diverse lived experiences who meet regularly to guide programming, shape outreach strategies, and co-create evaluation metrics. Members are compensated for their time and supported with trauma-informed facilitation, ensuring that their participation is meaningful and not tokenistic. These boards may also engage in policy advocacy and peer mentorship, offering a powerful avenue for both healing and systemic change (Futures Without Violence, 2023). In addition to survivor input, wraparound services must be expanded to include legal advocacy, housing support, peer mentorship, and access to mental health services. Targeted outreach is also critical. Many populations—including

Indigenous communities, LGBTQ2+ individuals, and immigrants—remain underserved or encounter additional barriers to accessing care. Culturally tailored programming and partnerships with community leaders can help increase service accessibility and trust. Lastly, training must be provided for first responders, healthcare professionals, and educators to equip them with the knowledge and skills necessary to recognize IPV and respond in a manner that is trauma-informed, culturally sensitive, and survivor-centered.

Institutions must also commit to continuous learning around IPV, intersectionality, and trauma. This includes the implementation of survivor-informed programming, community partnerships, and accountability structures to evaluate efficacy and inclusivity.

Implications for Policy Makers

From a policy perspective, IPV must be addressed not only as a criminal or social issue but as a public health emergency that intersects with housing, income security, mental health, and gender equity. Survivors often remain in abusive relationships due to lack of access to safe and affordable housing, fear of poverty, or concern for their children's welfare. Policy reforms should prioritize:

- Expanding housing-first models specifically for IPV survivors.
- Funding long-term trauma-informed counselling services.
- Supporting legal advocacy for survivors navigating custody and restraining orders.
- Investing in educational campaigns to de-stigmatize IPV and promote prevention.

Implications for the Researcher

As a counsellor-in-training and a survivor, my positionality has deeply informed the lens through which this research was conducted. This dual perspective offered both insight and ethical responsibility. Engaging with the material affirmed the necessity of holding space for both psychological complexity and structural accountability. The process of writing this capstone reinforced the need for more integrative, intersectional, and socially aware therapeutic practices in the field of IPV.

Recommendations

Clinical Practice

Counsellors working with survivors of intimate partner violence (IPV) should begin by assessing clients' attachment styles and trauma responses, as these factors significantly shape relational behaviors and emotional regulation. In Mikulincer and Shaver, (2016) attachment-based assessments, such as the Experiences in Close Relationships-Revised (ECR-R) or structured interviews grounded in Adult Attachment Interview (AAI) principles, can guide therapists in identifying patterns—such as hyperactivation in anxious attachment or deactivation in avoidant styles (Mikulincer & Shaver, 2016). Understanding these patterns allows clinicians to tailor interventions more effectively.

Integrating trauma-informed modalities—including Emotionally Focused Therapy (EFT), Acceptance and Commitment Therapy (ACT), and narrative therapy—can support survivors in

processing trauma and reconstructing relational safety. For example, Johnson (2008) found with EFT, the therapist may guide a survivor through emotion-mapping exercises to increase awareness of core vulnerabilities and unmet needs, followed by restructuring moments where the client begins to express primary emotions rather than trauma-driven responses (Johnson, 2008). ACT strategies, describes in Hayes et al (2012) values clarification worksheets and diffusion techniques, can help clients distinguish between trauma narratives and authentic self-concepts, fostering agency and self-compassion (Hayes et al., 2012).

Counsellors should also incorporate session rituals that promote safety and grounding—such as beginning each session with a brief body scan or safe place visualization—especially when clients are activated. Ending sessions with containment practices (e.g., journaling prompts, sensory grounding, or a transitional object between sessions) can help clients integrate the emotional work safely outside the therapy room.

Applying an intersectional lens to clinical practice is essential. Survivors' identities—including race, culture, gender identity, sexual orientation, ability, and socioeconomic background—intersect with IPV experiences in complex ways. For instance, a Black queer survivor may face barriers in accessing services due to racialized criminalization or lack of culturally competent providers. Ratts et al. (2016) explains, clinicians must engage in ongoing cultural humility by reflecting on their positionality and power, and by adapting interventions to align with clients' values and social contexts (Ratts et al., 2016).

Concrete strategies include:

- Using **cultural genograms** to explore intergenerational influences on attachment and coping.
- Including **community-based supports**, such as elders, cultural healers, or faith leaders, when appropriate.

- Incorporating **language accessibility** and **non-Western healing traditions**, such as storytelling, rituals, or collective care.

Clinician well-being must also be central to IPV-informed practice. Exposure to trauma narratives increases the risk of vicarious trauma and compassion fatigue, particularly for practitioners with their own histories of trauma. Agencies should promote peer supervision, reflective practice groups, and access to debriefing support. Clinicians can also implement self-assessments such as the ProQOL (Professional Quality of Life Scale) to monitor burnout and secondary trauma symptoms.

Finally, systemic competence is vital. Counsellors must be trained in recognizing coercive control, understanding post-separation abuse, and advocating within legal, housing, and healthcare systems that may inadvertently replicate harm. This includes developing partnerships with legal advocates, transitional housing providers, and culturally-specific community organizations to create wraparound care. By moving from theoretical to applied practice—through tools, adaptations, and a commitment to reflective cultural responsiveness—clinicians can better support survivors in reclaiming safety, agency, and connection.

Additionally, to bridge theory with practice, a professional workshop titled "*Reclaiming Power: Attachment, Social Narratives, and Counselling Strategies for IPV Survivors*" (see appendix A) was developed based on the findings of this capstone. The workshop is designed to support counsellors in integrating attachment theory and social constructionism into their clinical work with survivors of intimate partner violence (IPV). It includes a structured presentation, a detailed facilitator script, participant handouts, and experiential activities that explore key themes such as trauma bonding, societal narratives around power and gender, and the role of therapeutic interventions like Emotionally Focused Therapy (EFT) (see appendix B for mini EFT sample

session example), Acceptance and Commitment Therapy (ACT), and Narrative Therapy. The workshop also emphasizes the importance of understanding systemic barriers and intersectionality in survivor experiences. This applied component not only translates the capstone's theoretical insights into accessible clinical tools but also fosters trauma-informed, empowerment-oriented practice among helping professionals.

Systems-Level Interventions

Addressing IPV at the systemic level requires bold, survivor-centered policies. Policymakers should advocate for legislation that mandates trauma-informed practices across public institutions, including healthcare, education, and social services. Such policies should also provide sustainable funding for research that focuses on IPV experiences among marginalized populations and works to expand the legal and social definitions of abuse to include emotional, financial, and spiritual dimensions. These broader definitions can improve identification and support for survivors who might otherwise be overlooked.

Preventative education must be embedded within school curricula, focusing on healthy relationships, consent, boundaries, and emotional literacy. Early intervention in adolescence is key to disrupting cycles of abuse and nurturing emotional intelligence. Finally, reforms are needed within the family court system to prioritize survivor safety and ensure a nuanced understanding of coercive control and post-separation abuse. This includes training for judges, legal advocates, and custody evaluators, as well as the development of protocols that protect survivors from retraumatization during legal proceedings. Through these systemic changes, society can begin to address the root causes of IPV and foster environments that truly support healing, safety, and justice.

Limitations to this Capstone

Gaps in the Literature

This capstone identified several limitations within the current literature. While attachment theory is well-established in IPV research, few studies examine its intersection with social constructionism. Most existing interventions focus on immediate safety, leaving a significant gap in long-term support systems for survivors. Programs often address psychological recovery without tackling structural issues like poverty, housing insecurity, or culturally relevant healing pathways. Moreover, therapeutic approaches rarely integrate both attachment theory and social constructionist frameworks, which are necessary to address the full scope of IPV's impact across diverse populations (Isobel et al. 2024).

This gaps section could be expanded in several ways. First, most existing research relies on capturing a single snapshot rather than following survivors over time; as a result, we lack clear evidence about how recovery and resilience unfold in the months and years after leaving an abusive relationship. Recent longitudinal studies reveal that IPV-related experiences such as trauma bonding, dissociation, and social media-related jealousy evolve over time and often intensify or shift post-separation, suggesting a need for more prospective, longitudinal research (Daspe et al. 2023; Lambert et al. 2023). These studies are critical for identifying key windows of vulnerability and growth, allowing for timely, responsive interventions.

Second, many studies continue to focus almost exclusively on heterosexual, cisgender women, leaving LGBTQ2+, Indigenous, racialized, and newcomer populations underrepresented. This creates blind spots around unique barriers these groups face, such as culturally specific stigmas, language access, or distrust of mainstream service providers. Emerging research highlights that bisexual and gay men report higher lifetime rates of IPV than

heterosexual men, yet their experiences are largely absent from intervention models (Gómez et al., 2023; Lambert et al., 2023). Additionally, frameworks such as Cultural Betrayal Trauma Theory emphasize that racialized and Indigenous survivors often experience harm not only from their abusers but also from their broader communities and institutions, which intensifies trauma and erodes trust in services (Gómez et al., 2023).

Third, intergenerational trauma—and how witnessing parental IPV influences survivors' own parenting or relationship choices—remains underexplored. Attachment-based frameworks suggest early exposure to IPV may disrupt secure attachment formation, yet few longitudinal studies trace these effects across the life course (Shen et al., 2024). For example, research shows that secure childhood attachment can buffer the impacts of adult IPV on self-esteem, yet we still lack a clear understanding of how these early patterns influence later relational behaviors or parenting approaches.

Furthermore, current therapeutic models rarely account for trauma bonding, betrayal trauma, or cultural meaning-making in depth. Constructs such as betrayal trauma and trauma bonding offer valuable lenses to understand how survivors remain psychologically entangled with their abuser, even post-separation (Isobel et al., 2024; PsyPost, 2024). These dynamics are often shaped by broader social narratives, including religious beliefs, cultural expectations, and family legacy. Understanding how survivors make sense of their experiences within these frameworks is critical for developing culturally responsive interventions. For example, the role of faith, cultural identity, and intergenerational narratives can deeply shape a survivor's healing journey, offering both sources of resilience and sites of internal conflict (Valera et al., 2023).

Future research should prioritize exploring the efficacy of integrative interventions that combine attachment-focused therapy with social justice advocacy. Studies are beginning to show

promise in holistic models that include legal advocacy, peer mentorship, and structural supports alongside psychological care (Lambert et al., 2023). Expanding research in these areas can lead to more inclusive and sustainable support systems, capable of addressing both the internal emotional impacts and the external systemic barriers that survivors face. Future interventions must be intersectional, longitudinal, and contextually grounded—designed not only to reduce harm, but to support long-term healing, empowerment, and transformation.

Conclusion

Reclaiming Power Through Integration

This capstone explored the lingering impact of intimate partner violence (IPV) through the dual lenses of attachment theory and social constructionism, aiming to answer two primary research questions: (1) How do attachment disruptions and socially constructed narratives shape survivors' experiences post-separation? and (2) How can therapeutic practices rooted in these frameworks foster resilience and empowerment in survivors? Findings suggest that insecure attachment styles—especially anxious and disorganized patterns—compound trauma symptoms such as hyperarousal, intrusive memories, and emotional dysregulation. Concurrently, social narratives rooted in gendered power dynamics and systemic inequalities often reinforce survivors' marginalization. Together, these forces can significantly impede recovery after leaving an abusive relationship.

However, current interventions often treat psychological and social dimensions in isolation. This capstone proposes an integrative approach—one that merges attachment-based therapy with social constructionist awareness—to support survivor healing holistically. This integration must be led by trauma-informed therapists in collaboration with community-based organizations, cultural leaders, and survivor-led advisory boards. These practitioners are

uniquely positioned to both address internal attachment wounds and challenge external, oppressive narratives that perpetuate IPV.

Limitations of this capstone include the scarcity of longitudinal data on post-separation trauma and a lack of diverse, intersectional samples in existing research. Future studies should prioritize culturally grounded, longitudinal investigations that include LGBTQ2+ survivors, racialized populations, and those facing structural barriers such as housing insecurity.

A clear next step is for practitioners and policymakers to co-create survivor-informed, integrated care models that not only treat trauma but also dismantle the societal conditions that sustain IPV. Metrics for success should include reductions in post-separation retraumatization, increased feelings of safety and self-efficacy among survivors, and improved accessibility to inclusive, wraparound services. Healing from IPV requires not only internal repair but collective transformation. By building systems that reflect both emotional depth and social justice, we can more fully support survivors in reclaiming their power.

A Personal Reflection

As both a practitioner and someone with personal connections to survivors, this research has been a labor of both love and liberation. It validated what I have witnessed and experienced firsthand: that intimate partner violence is not only a private tragedy but a public crisis—one that touches lives across every demographic, often in silence. This work reaffirmed for me that healing requires more than just clinical skill; it requires empathy, presence, and a deep commitment to justice. It has expanded my understanding of the emotional, structural, and spiritual wounds that survivors carry, and the profound resilience they embody. As I step further into my role as a counsellor, I carry with me not only the theories and evidence, but also the stories—the pain, the strength, and the possibilities of transformation. My hope is that this

capstone continues to challenge assumptions, inspire action, and expand the ways we care—for our clients, for each other, and for ourselves.

A Call to Action

Let this work not be a conclusion, but an invitation. An invitation to disrupt the harmful narratives that surround IPV—to challenge the silence, the stigma, and the systems that enable violence to flourish in the shadows. Let it be a call to integrate what we know into how we act: to bridge the gap between theory and practice, to center survivor voices in every level of response, and to build frameworks of care that are trauma-informed, intersectional, and just. May we remember that healing does not occur in isolation—it is relational, communal, and often political. In the darkness where IPV dwells, may we—therapists, advocates, educators, policymakers—be part of the light. The light that names the harm, honors the survivor, and helps guide them toward a safer, freer future.

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Appendix A: Workshop Handout: Reclaiming Power

Workshop Overview

This workshop, based on the capstone ‘Leaving the Cycle: Battling the Shadows and Healing from Intimate Partner Violence’ by Jennifer L. Thompson, explores the intersection of attachment theory and social constructionism in understanding and supporting survivors of IPV.

Learning Objectives

Participants will:

- Understand IPV through attachment and social constructionist theories
- Apply trauma-informed, attachment-based strategies
- Recognize societal narratives and structural violence in IPV
- Support survivor empowerment and agency in therapy

Key Concepts

1. Attachment Theory

- - Secure Attachment: Trusting, emotionally open
- Anxious Attachment: Fear of abandonment
- Avoidant Attachment: Emotionally distant
- Disorganized Attachment: Chaotic, often trauma-based

2. Social Constructionism

- - IPV shaped by gender norms, power structures, cultural narratives
- Importance of deconstructing ‘high-risk masculinity’
- Acknowledging intersectionality (race, class, sexuality, immigration)

Therapeutic Approaches

- - Emotionally Focused Therapy (EFT): Builds safe bonds
 - Acceptance and Commitment Therapy (ACT): Values-based healing
 - Narrative Therapy: Externalizes abuse, rewrites identity
 - Trauma-informed care: Empathy, safety, collaboration

Tools and Techniques

- - Emotion tracking logs
 - Values clarification exercises
 - Double-listening and re-authoring stories
 - Psychoeducation on attachment and trauma

Reflection Questions

1. How can I balance validating a survivor's story while supporting empowerment?
2. How do I manage my own biases and narratives about IPV?
3. How does structural violence affect client outcomes in IPV?
4. Which therapy model resonates most for my practice and why?

Appendix B: EFT Sample Session Outlines

Emotionally Focused Therapy (EFT) Mini-Session for IPV Survivors

Session Length: 50 minutes

Target: Emotion regulation, secure emotional processing, and internal restructuring for an IPV survivor

Structure: Based loosely on the three stages of EFT, with a strong trauma-informed and attachment-sensitive frame.

I. Opening & Grounding (5–10 minutes)

Purpose: Establish safety, presence, and containment.

Check-In Questions

- “How has your body been feeling today?”
- “Have there been any moments of ease or difficulty this week?”
- “Is there anything that feels important to speak into the space today?”

Grounding Options

- 5-4-3-2-1 sensory awareness
- Gentle breathwork or imagery (e.g., “Feel the support of the chair beneath you”)

Counsellor: “Before we begin, let’s check in with your body. Can you notice where you’re holding any tension or ease right now?”

Client: “I feel a knot in my stomach.”

Counsellor: “Let’s just stay with that for a moment. We’ll breathe with it—no need to change it.”

II. Emotion Mapping (15–20 minutes)

Purpose: Track emotional responses, name core affective states, and map attachment-related meaning.

Key Questions

- “What comes up emotionally as you recall that moment?”
- “Where in your body do you feel that?”
- “If that feeling had a shape, colour, or voice, what would it be?”

Process

1. Identify trigger or significant emotional moment (recent or from history).
2. Slow down and explore felt sense.
3. Help client differentiate primary and secondary emotions (e.g., fear beneath anger).

Counsellor: “When you say you felt ‘stuck,’ where in your body do you notice that?”

Client: “My chest tightens.”

Counsellor: “Let’s track that sensation and give it a voice. What might that tight chest say?”

Client: “It’s scared. It’s bracing.”

Counsellor: “That makes sense—bracing for what might come next.”

III. Reframing & Restructuring (15–20 minutes)

Purpose: Create new meaning around emotional experience; foster emotional safety and coherence.

Reframe

- Validate adaptive emotional responses.
- Introduce attachment logic (e.g., fear of abandonment, longing for safety).

Restructure via Invitation

- Encourage expression of previously suppressed emotion.
- Guide client to imagine or practice new emotional responses.

Key Interventions

- **Imagery:** “Can you imagine speaking from that younger part to someone safe?”
- **Voice Work:** “What would your anger say if it didn’t need to protect you anymore?”

Counsellor: “If your fear could speak from a place of strength, what would it want you to know?”

Client: “That I’m not broken. I’m trying to survive.”

Counsellor: “Yes. Your body’s been carrying so much. That fear has been protecting you in powerful ways.”

Client: “It’s exhausting.”

Counsellor: “Can we gently thank it for trying to keep you safe?”

IV. Closing Ritual (5 minutes)

Purpose: Return to regulation, reinforce internal safety, close with care.

Options

- Guided visualization of internal sanctuary or protective imagery
- Affirmation practice: “I am safe now,” “I listen to my body,” “My feelings make sense.”
- Future anchoring: “What is one thing you’ll carry forward from today?”

Counsellor: “Let’s place a gentle boundary around this work. You’ve done something brave today.”

Client: “I feel calmer.”

Counsellor: “Let’s hold that calm as a resource. Is there an image or phrase that might help you reconnect with it later?”

Clinical Notes

- Ensure emotional pacing is trauma-informed: Do not force vulnerability; allow titration.
- Use tracking language often: “I notice you went quiet there. What’s happening inside?”

- Validate survivor's protective strategies (e.g., dissociation, anger, shutdown) as *adaptive*.

Cautions

- Avoid exploring deep trauma memories unless resourced.
- Never challenge protective responses too early.
- Always check for dissociation or dysregulation signs.