

Childhood Interpersonal Violence: The Effects on Adult Attachment and How Best to Support
Victims in Moving Beyond Their Violent Experience

by

Kaitlyn Rowbotham

A Capstone Research Project submitted in partial fulfillment

of the requirements for the degree of

Master of Counselling (MC)

City University of Seattle

Vancouver BC, Canada site

May 31, 2019

APPROVED BY

Colin Sanders, Ph. D., M.A., R.C.C, Thesis Supervisor, Master of Counselling Faculty

Christopher Iwestel Kinman, M. Sc., M.Div., Ph. D (candidate), Faculty Reader, Master of

Counselling Faculty

Division of Arts and Sciences

Abstract

Child interpersonal violence continues to be a concern affecting a considerable proportion of the population. Without appropriate intervention, it is possible that many of these children will continue to experience challenges later in adulthood. This capstone will attempt to theorize and understand how childhood interpersonal violence is potentially damaging to children's ability to form healthy and meaningful connections with others in adulthood. It will explore how interpersonal violence experienced in childhood connects to different attachment styles exhibited in adulthood, and will examine how harmful social responses to victims of violence exasperate and intensify these adverse effects. Finally, this capstone will offer an alternative approach for responding to victims of violence that fosters human agency, dignity, and fairness, and will explore how positive responses can support victims of violence move through their experience, and accept the interpersonal challenge of developing closeness and belonging with others.

Keywords: attachment, child, interpersonal violence, response-based practice

Dedication

Speak to your children as if they are the wisest, kindest, most beautiful and magical humans on earth, for what they believe is what they will become

-Brooke Hampton

To my mom:

Thank you for always believing in me.

Table of Contents

Abstract	2
Dedication	3
Interpersonal Violence	7
Attachment Theory	11
Attachment styles	12
Critiques of Attachment Theory	15
Keywords	18
Literature Review	18
Social Response and Language	23
Violence is Social and Unilateral	25
Social Discourse	26
Violence is Deliberate	27
Concealing Resistance	27
Concealing Violence	29
Mitigating Responsibility	30
Blaming or Pathologizing the Victim	31
Restoring Connection through Response Based Practice	33
Relevant Terms	37
References	38

Childhood Interpersonal Violence: The Effects on Adult Attachment and How Best to Support
Victims in Moving Beyond their Violent Experience

“Violence is a legacy that reproduces itself, as new generations learn from the violence of generations past, as victims learn from victimizers, and as the social conditions that nurture violence are allowed to continue. No country, no city, no community is immune. But neither are we powerless against it”

-Nelson Mandela, 2002, p.ix

For the purpose of this capstone, interpersonal violence will be defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, 1996, p. 5). Child interpersonal violence continues to be a concern affecting a considerable proportion of the population, with North American child protection services receiving thousands of reports every year (Unger & De Luca, 2014). Since the development of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) in 1993, researchers have noted a steady increase in the number of reports made (Trocmé, et al., 2010). Data collected from the CIS revealed 235,842 cases. Of those cases, 97,458 are substantiated meaning, investigators established that evidence indicated that child interpersonal violence had occurred (Trocmé, et al., 2010).

In accordance with the above statistics and queries, it is evident that every day a significant number of children and their families experience the negative impact of childhood interpersonal violence. Furthermore, without appropriate intervention it is possible that many of these children will continue to experience challenges in forming healthy connections later in adulthood. In recent years, researchers have expressed an interest in exploring relationships and

the factors that contribute to individuals developing and maintaining strong connections with others. Research indicates that individuals who experience interpersonal violence in childhood may also experience greater difficulty developing and maintaining healthy connections in adulthood (Yumbul, Cavusoglu, & Geyimci, 2010). Because adult attachment is a vital indicator of interpersonal relationship style and quality, researchers have begun to take a closer look at how interpersonal violence experienced in childhood may affect a child's attachment style in adulthood. Moreover, researchers have become particularly interested in better understanding how individuals whom have experienced childhood interpersonal violence may positively evolve, and move through their traumatic experience (Unger & De Luca, 2014)

This capstone will attempt to theorize and understand how childhood interpersonal violence can be related to different attachment styles exhibited in adulthood. It will reveal the harmful social responses to victims of violence, and outline how negative social responses exasperate and intensify a victim's violent experience, potentially damaging their ability to form healthy connections with others in the future. Finally, this capstone will offer an alternative approach for responding to victims of violence that fosters human agency, dignity, and fairness, and will explore how positive responses can support victims of violence move through their experience and accept the interpersonal challenge of developing closeness and belonging with others.

The introductory section will begin with an overview of interpersonal violence, followed by a brief summary of attachment theory and finally a list of terms and definitions relevant to this capstone. I will then introduce literature discussing the correlation between childhood interpersonal violence and attachment in adulthood as well as, the negative social responses that victims of violence receive and their lasting impact. Lastly, a discussion on response-based

practice will be presented to display effective clinical interventions that may be implemented to support victims of violence.

Interpersonal Violence

Throughout this project, “interpersonal violence” will be used as an all-encompassing term in lieu of “physical abuse”, “sexual abuse”, “emotional abuse” and “neglect”. The reason for this is to ensure that regardless of the form of violence experienced, physical, sexual or emotional, the violence is not minimized due to its label. The term “interpersonal violence” highlights the violent nature of all forms of violence. However, for the purpose of enlightenment, the following will provide a definition and summary of the different forms of abuse that are recognized in Canadian law. Currently there are five forms of child abuse recognized in Canadian law. These forms of abuse consist of physical abuse, sexual abuse, emotional abuse, and neglect. Until recently, exposure to family violence was considered to be a form of emotional abuse; however, Canadian jurisdictions categorize exposure to family violence as a distinct form of child abuse (National Clearinghouse on Family Violence, 2012).

Canadian law defines physical abuse as “a person in a position of trust or authority purposefully injures or threatens to injure a child or youth” (Definitions of Child Abuse and Neglect, 2018). Research indicates that each year in North America there are 12,635 substantiated cases of child physical abuse reported (Trocmé, et al., 2010). The severity of physical abuse is commonly measured by the severity of the physical injuries suffered by the child. These injuries can vary from bruises or cuts to broken bones or death (Unger & De Luca, 2014)

Currently, Canadian law defines sexual abuse against a child as “involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact,

activity or behaviour” (National Clearinghouse on Family Violence, 2012). Unfortunately, this definition does not accurately capture the violence of sexual assault against a child and implies that these assaults are sexual acts. The author does not accept this assumption. Research shows that each year in North America, over 2,000 substantiated cases of child sexual abuse are reported (Unger & De Luca, 2014). In 2014, Statistics Canada conducted a study of approximately 33,000 Canadians 15 years and older. Results indicated that 8% of the respondents reported subjection to sexual abuse before the age of 15 years. This corresponds to 10% or 3.6 million Canadians (Afifi, MacMillan, Boyle, & Taillieu, 2014).

Psychological abuse is the preferred term for emotional and other forms of psychological violence. “The term psychological [abuse] is used instead of emotional [abuse] so that all types of non-physical or non-sexual abuses, such as cognitive maltreatment, can be included under the same term” (Unger & De Luca, 2014, p. 13). According to current research each year in Canada, there are over 5,279 substantiated reports of child psychological abuse. For the purpose of this section, I will define psychological abuse as a repetitive pattern of caregiver violence that conveys to a child or youth that they are worthless, flawed, unloved, endangered, or of value only in meeting another's needs (American Professional Society on the Abuse of Children, 1995).

Neglect differs from other forms of abuse, as it is considered an act of omission as opposed to an act of commission” (Unger & De Luca, 2014, p. 15). Research indicates neglect makes up 34% of child abuse reports, making it the most common form of abuse in Canada. It is estimated that over 23,000 reports are made each year (Trocmé, et al., 2010). Unlike physical and sexual child abuse, child neglect is a continuing failure to provide a child with appropriate care. This means that parents or caregivers consistently fail to meet the basic human needs of

their child. Researchers have defined four common forms of neglect: physical neglect, the failure to provide a child with basic necessities of life such as food and clothing; emotional neglect, the failure to provide emotional support or emotional security; educational neglect, the failure to provide a child with experiences for essential development; and medical neglect, the failure to meet a child's basic health care needs (Evans & Burton, 2013). It should be noted that the author views neglect as a social problem, which is subsequently addressed in this capstone.

Finally, Statistics Canada reports that 1 in 10 children will be exposed to family violence by a caregiver before the age of 15 years. When a child becomes aware of violence occurring between a caregiver and his or her partner or between family members, it is referred to as exposure to family violence. This can include a child seeing or hearing a violent experience as well as, experiencing signs of violence such as, bruises or physical injuries. Seventy percent of children who experience family violence also report experiencing childhood physical or sexual abuse.

As disheartening and alarming as these statistics are, it is imperative to reflect on the many social considerations such as patriarchy, social prejudice, poverty, and colonialism, which affect the wellbeing of specific populations of children and their families. Discrimination and oppression are founded on race, gender, class, able-bodiedism and sexual orientation. Children and families that diverge from "typical" societal norms are at greater risk for adversity. Because of these social factors, it is important to acknowledge that most families are doing the best they can under the circumstances that are presented (Richardson/Kinewesquao & Bonnaah, 2015).

Moreover, increased financial and economic pressure is believed to be connected to recent increases in documented reports of child interpersonal violence. "Colonialism is a causal factor in situations of poverty and impoverization, as well as economic marginalization and

oppression in the world of work” (Richardson/Kinewesquao & Bonnah, 2015, p. 195). Research suggest that there is strong evidence that poverty and economic disadvantage are associated with child interpersonal violence. Children who live in financially strained households are at a five time greater risk of experiencing interpersonal violence when compared to children from families with higher socio-economic status. “Disentangling the causal role or mechanisms for the observed associations between poverty and child [interpersonal violence] is challenging” (Cancian, Yang, & Slack, 2013, p. 417). Stress associated with low socioeconomic status is thought to be a significant risk factor in regards to child interpersonal violence. Lack of social support and resources can adversely affect parenting quality as well as, caregiver mental health, parenting behaviours and family dynamics (Berger, 2007).

Unfortunately, not every childhood experience of interpersonal violence is documented, resulting in many unreported experiences. In fact, findings from a sample of participants living in Canada indicate that less than 8% of the individuals with a history of childhood interpersonal violence reported any communication with a child protection organization. Consequently, statistics and data do not accurately demonstrate the prevalence of childhood interpersonal violence (Trocmé, et al., 2010). Research indicates that there are many reasons as to why victims of violence do not report their experiences. These reasons include but are not limited to, fear of consequences of disclosing their violent experience to authorities, fear of negative social responses, lack of awareness of what constitutes interpersonal violence, fear of safety, lack of resources, lack of access to public speech and remote geographical position (Wade, Response-Based Practice, 2015).

Attachment Theory

Attachment theory has been generating interest in the field of psychology for almost 50 years. In short, attachment can be defined as a “deep and enduring emotional bond that connects one person to another across time and space” (Salcuni, 2015, p. 273). In the late 1960s, John Bowlby began exploring the idea of attachment. He believed that the earliest form of attachment developed in infancy between infant and his or her primary caregiver. Bowlby believed that attachment between infant and his or her primary caregiver occurs within the unconscious mind and serves to increase the likelihood of the infant’s survival (Harris, D L; Winokeur, H R, 2015). Bowlby stated that although attachment develops over time and through stages, the preference for the primary caregiver emerges in the first year, with motivation to remain in close proximity continuing into the third year (Unger & De Luca, 2014)

Bowlby claimed that attachment in early life leads an individual to form an internal working model, allowing him or her to understand the world, self and others. With this understanding, Bowlby argued that an individual is then able to assess and evaluate whether the world is safe or threatening (Neimeyer, Harris, Winokuer, & Thornton, 2011). When the infant is able to assess that the world is a safe place, a secure attachment or secure base is formed. Bowlby outlined that attachment between infant and primary caregiver is not dependent on the quality of the relationship. This means that an infant will form an attachment with his or her primary caregiver regardless of whether that caregiver meets the infant’s emotional and physical needs (Harris, D L; Winokeur, H R, 2015).

Bowlby was fascinated by the research of Harry Harlow who studied attachment and the bond between rhesus monkeys and their mothers (Harlow & Zimmermann, 1958). To gain insight, Bowlby began observing young children in England who were separated from their

primary caregiver following the war. Bowlby hypothesized that “when activated, the attachment system would coordinate attachment behavior—in the form of signals and movements including crying, smiling, and crawling—to gain proximity” (Duschinsky, 2015, p. 33). Upon observation, Bowlby recognized commonalities among responses from the children. He labelled these commonalities “separation distress” (Harris, D L; Winokeur, H R, 2015, p. 27). Upon reflecting on his and Harlow’s research, Bowlby observed comparable behaviors between Harlow’s primates that were separated from their mothers and the young children in his study who were separated from their primary caregivers. Bowlby termed this discovery “attachment behaviors” (Harris, D L; Winokeur, H R, 2015, p. 27). “Bowlby distinguished between the *attachment system* as a disposition that keeps an infant oriented toward closeness with their caregiver, and *attachment behavior* as the specific observable actions the infant uses to achieve proximity with the caregiver, particularly when distressed or alarmed” (Duschinsky, The Emergence of the disorganized/disoriented (D) attachment classification, 2015, p. 33). Bowlby continued on to state that when an infant deemed an attachment figure unavailable, the infant would attempt to restore contact through attachment behaviours such as, searching, calling, crying, clinging and a diminished interest in ongoing life. When these behaviours are not met, the infant would experience an increase in anxiety (Bowlby, 2005).

Attachment styles

In the 1970’s researcher and psychologist, Mary Ainsworth expanded on Bowlby's original work, describing patterns or styles of attachment in childhood. Ainsworth believed that attachment styles were formed based on the availability of the primary caregiver and the way in which that primary caregiver responds to the infant’s needs (Kayastha, Hirisave, Natarajan, & Goyal, 2010). Her groundbreaking study entitled “Strange Situation” looked at the behaviour of

infants between the ages of 12 and 18 months who experienced repeated separation and reunifications with their primary caregiver. Each time the infants were separated from their caregiver, the infants would be left with a stranger. Based on the observation of the infant's responses, Ainsworth described three major attachment styles (Ainsworth, Blehar, Waters, & Wall, 2015)

Ainsworth titled the first attachment style as *secure attachment*. Infants who presented with secure attachment exhibited positive affect when interacting with their caregiver. It was noted that these infants would become visibly upset with the departure of their caregiver and increasingly happy with their return. For example, when the caregiver left, many of the infants would stand near the door and cry. Upon return, these infants would approach their caregiver and “[seek] proximity and contact without expressing negative behavior” (Levert-Levitt & Sagi-Schwartz, 2015, p. 230)

Ainsworth observed that infants with secure attachment would seek comfort from their caregiver when frightened and would readily accept contact initiated by their caregiver. While these infants would allow comfort by others in the absence of their caregiver, it was apparent that they preferred their caregiver to a stranger. It was also observed that infants with secure attachment were more likely to explore and play in their environment (Levert-Levitt & Sagi-Schwartz, 2015).

Ainsworth named the second attachment style *insecure avoidant*. Infants who displayed this type of attachment would avoid or ignore their caregiver upon their return into the room. These infants would often “look away, or reject [the caregivers] bid for contact” (Levert-Levitt & Sagi-Schwartz, 2015, p. 230). Ainsworth noted that the infants exhibiting an insecure avoidant attachment style would commonly disregard their caregiver while exploring their

environment. There was often a lack of dependency on the caregiver both physically and emotionally, and the infants were less likely to seek out their caregiver when distressed. It was also noted that such infants were likely to have a caregiver who was rejecting of the infants needs and frequently unavailable during times of emotional distress (Behrens, Hesse, & Main, 2007). Ainsworth believed that these infants were often “masking negative affect and minimizing the importance of the caregiver as a source for comfort and security” (Levert-Levitt & Sagi-Schwartz, 2015, p. 230). Ainsworth felt infants would use this defense strategy to avoid future rejection (Ainsworth, Blehar, Waters, & Wall, 2015).

Ainsworth identified the third attachment style as *insecure ambivalent* or *insecure resistant*. Infants displaying this attachment style were reported to be ambivalent towards their caregiver. The infants would appear to exhibit dependent behavior, but would reject the caregiver when the caregiver attempted to engage in interaction. Ainsworth reported that these infants often failed to develop feelings of security from their primary caregiver and would regularly exhibit difficulty exploring their environment independently. Ainsworth believed that these infants were not easily soothed in moments of distress and were rarely comforted by interaction with their caregiver (McLeod, 2018).

Ainsworth was the first to note that she experienced difficulty assigning all infant behaviours to one of the three attachment styles in her Strange Situation experiment. In 1986, American psychologists Mary Main & Judith Solomon introduced a fourth attachment style, *disorganized/disoriented* (1986). Main & Solomon found that infants who displayed disorganized/disoriented behavior often appeared to be hesitant or afraid of their caregiver and would commonly show variable affect towards them. These infants appeared to be disorganized with their desire for interaction by often avoiding their caregiver and then approaching them

intensely (Howe, 2011). “The children show[ed] no organized pattern of relationship with their caregiver...” (Howe, 2011, p. 515).

Many researchers argue that attachment formed with our primary caregivers early on in life have a profound impact on the future development of our relationships, interactions and beliefs about the self and others (Unger & De Luca, 2014). As previously mentioned, Bowlby expressed that these early attachment experiences influence the development of our internal working model; a set of rules that help children predict future behavior, interactions and social relationships (McConnell & Moss, 2011). As children adopt features of these early relationships, they begin to establish views of themselves as well as, expectations for future relationships. Research indicates if caregivers are sympathetic and understanding to their children’s basic needs, a secure attachment is likely to occur; enhancing the infant’s ability to cultivate a positive and deserving model of themselves and viewing other as safe and trustworthy (Hawkins & Haskett, 2014). In contrast, if caregivers are insensitive, unavailable, unpredictable or extreme towards their children, these children tend to develop insecure or disorganized attachments. In addition, these children typically develop an unworthy perception of self and may view others as rejecting, untrustworthy and unreliable (Hawkins & Haskett, 2014).

Critiques of Attachment Theory

As previously stated, Ainsworth developed four main categories of attachment: secure, anxious-ambivalent, avoidant, and disoriented/disorganized. Researchers suggest that there are critiques to this theory. For example, Ainsworth’s attachment theory implies that a child’s attachment is entirely environmentally formed. The theory suggests that when a child is born, they are essentially a clean slate; it is the behaviour of the caregiver that is the sole causation of an anxious, avoidant or disoriented/disorganized attachment style. In addition, there

are concerns with how consistent or inconsistent caregiver behaviour is defined or measured. Many researchers believe that this notion leads to anxious caregiving as well as, missed opportunities for the child to mirror positive caregiver behaviours. Moreover, recent research has explored how the transmission of attachment from caregiver to child is impacted by genetic variables of heritability. This implies that attachment style may be heritable like intelligence and personality (Barbaro, Boutwell, Barnes, & Shackelford, 2017).

In addition, the main tenet of attachment theory holds a strong emphasis on the significance of consistent physical and emotional connection between mother and child. Both Bowlby and Ainsworth indicate that attachment is necessary to ensure healthy development for the child. In this, Bowlby directly states that the infant's mother must be accessible to the infant "day and night, 7 days a week and 365 days in the year" to guarantee secure attachment ensues (Bowlby, 1966, p. 67). Current research has explored potential critiques of this theory, specifically when explored through a feminist lens (Símonardóttir, 2016). Bowlby coined the term "maternal deprivation" and defined it as mothers who are absent emotionally and physically during their infant's vital phase of attachment [need to find reference]. He alleged that mothers, who were continuously preoccupied through this phase, risked enduring lasting social, emotional and cognitive challenges for their child (O'Connor, 1956). What this theory

Símonardóttir (2016), states that the "nature of attachment theory has, in turn, led to the objectification and pathologization of women and presented women with the need to monitor themselves when it comes to their behavior towards their children" (p. 105). Moreover, Duschinsky, Greco and Solomon state that attachment theory is "oriented by a concern to police families, pathologize mothers and emphasize psychological at the expense of socio-economic factor" (2015, p. 173). Bowlby's understanding of attachment prioritizes the connection and

relationship between mother and child and inadvertently identifies the father as insignificant placing little importance on the bond between father and child. It supports the dominant discourse of society that considers a mother and child relationship to be of primary importance and fails to acknowledge the failure of the system in supporting mother financially, emotionally, and socially (Duschinsky, Greco, & Solomon, 2015).

Despite the prevalent implementation of attachment theory across North America, there has been limited research on the applicability of the model with diverse cultural groups. Nonetheless, attachment theory is continuously used to assist in determining if appropriate and suitable care for a child is being provided. This is especially true in regards to child protection decision making. When current child protection statistics are examined, researchers such as Lauri Gilchrist suggest that the Sixties Scoop has simply progressed into the Millennium Scoop (Carriere & Richardson, 2009). “While the idea of a secure mother/child attachment and reliable patterns of nurturing and loving care has much to offer families and human service practitioners in terms of promoting healthy beginnings for children and mothers, the inappropriate application of this theory to child welfare decision-making with indigenous families in Canada is problematic” (Carriere & Richardson, 2009, p. 51). Attachment theory reflect white dominate mainstream ideas and conceals cultures that do not follow Western child rearing practices. In fact, the research that has been conducted on attachment theory proposes that parenting practices, which diverge from Western norm, can lead to unpredictable outcomes in infant attachment (Neckowaya, Brownleea, & Castellana, 2007). For these reasons, applying attachment theory across diverse cultures requires further investigation.

Keywords

While conducting my research there were multiple keywords that I utilized such as child, attachment, interpersonal violence, mother, primary caregiver, response based practice, resistance, and language. The majority of my searches were conducted through City University's library under the databases ERIC and Psych Collections. I located my keywords through the databases' thesaurus and limited my findings by selecting "peer-reviewed articles" and "contains words". I then proceeded to limit my search by selecting articles within the last 5 years. I then read abstracts to locate major subjects and finally began sifting through relevant articles. During my search, I came across articles that were similar to my topic. Upon completion of my literature search, I was successful in finding numerous current and relevant articles that capture the relationship between child interpersonal violence and adult attachment style.

Literature Review

The following literature review will attempt to theorize how childhood interpersonal violence can be related to different attachment styles exhibited in adulthood.

Literature shows that research in the area of child interpersonal violence and adult attachment style began to emerge in the late 1990s. Prior to this, the majority of research focused on child interpersonal violence and child attachment as opposed to adult attachment. Consequently, this area has much room for additional exploration. The following literature will reflect a number of studies that have been completed in regards the impact of child interpersonal violence on adult attachment.

As mentioned previously, researchers began to become interested and explore the relationship between child interpersonal violence and adult attachment styles in the late 1990's.

For example, Unger & De Luc (2014) conducted a self-report questionnaire with participants who were recruited from various Introductory Psychology classes from the University of Manitoba. Participants were deemed eligible to partake in the study if they were fluent in English and were 18 years of age or older. 552 females and 294 males participated, as well as, two participants who declined to identify their sex. Participants completed questionnaires in-group settings of approximately 10-300 participants per session. Five different variations of the questionnaires were distributed and it took on average, 35 minutes to complete. Participants completed a demographic questionnaire that provided researchers with basic information about the sample. This includes things like age, gender and ethnicity. Participants then completed the Experience in Close Relationships Scale (ECR), the Multidimensional Scale of Perceived Social Support (MSPSS) and finally the Comprehensive Child Maltreatment Scale (CCMS).

The ECR is a “self-report questionnaire measuring attachment anxiety and attachment avoidance” in adulthood (Skoczeń, Głogowska, Kamza, & Włodarczyk, 2018, p. 1). Each participant was asked, “... to rate their level of agreement with 36 statements regarding their experiences in close relationships on a seven-point Likert scale ranging from 1 (disagree strongly) to 7 (agree strongly)” (Unger & De Luca, 2014). Examples of avoidance questions provided from the ECR were “I discuss my concerns with my partner,” and “I turn to my partner for comfort and reassurance” (Pedersen, Eikenaes, Urenes, Skulberg, & Wilberg, 2015, p. 212). Examples of anxiety question provided from the ECR were “I worry about being abandoned,” and “I often wish that my partner’s feelings for me were as strong as my feelings for him/her” (Pedersen, Eikenaes, Urenes, Skulberg, & Wilberg, 2015, p. 212). The MSPSS is a 12-item self-report scale that assesses perceived social support from family, friends, and significant others. Like the ECR, the MSPSS is a seven-point Likert scale ranging from 1 (very strongly disagree)

to 7 (very strongly agree). Participants were asked to rate "... their level of agreement to statements like 'My family really tries to help me', 'I can count on my friends when things go wrong', and 'I have a special person who is a real source of comfort for me'" (Unger & De Luca, 2014, p. 226). Finally, participants completed the CCMS, which "... assess the history of physical interpersonal violence, psychological maltreatment, witnessing violence, and sexual interpersonal violence and neglect..." (Unger & De Luca, 2014, p. 226).

Results indicated a relationship between participants who reported interpersonal violence in childhood with participants who reported attachment avoidance in their current relationships (Unger & De Luca, 2014). These findings were consistent with previous research conducted by Finzi et al., (2000) who observed a correlation between people who had experienced interpersonal violence in childhood with people who displayed patterns of an avoidant attachment style in adulthood. Moreover, results from Unger and De Luca (2014) showed a connection regarding participants who had reported interpersonal violence in childhood with participants who reported a negative view of self or anxious attachment in their current relationships.

These findings were consistent with previous research conducted by Muller et al., (2008) who explored the role of attachment in the relationship between childhood interpersonal violence and one's understanding of his or her own social supports in adulthood. Muller et al., results indicated that interpersonal violence in childhood was significantly associated with a negative view of self and others, which resulted in avoidance and anxious attachments in an adult relationship. Furthermore, both Unger and Luca (2014) and Muller et al., (2008) reported a significant relationship between individuals who reported high levels of social support with individuals who reported positive views of themselves and others. These findings were

consistent regardless of whether the reporting individual had experienced interpersonal violence in childhood. This suggests that social support and connection can have a profound positive influence on an individual's attachment to self and others.

Wisdom, Czaja, Kazakowski, and Chauhan (2017) conducted a longitude study that began in the 1980s and concluded in 2005. The focus on their research was to explore the relationship between childhood interpersonal violence and adult attachment style, particularly whether the form of interpersonal violence (physical violence versus neglect) is correlated with future attachment. They hypothesized that "individuals with histories of childhood neglect will be characterized by higher levels of anxious attachment style in adulthood, whereas individuals with histories of childhood physical violence will be characterized by higher levels of avoidant attachment style, compared to individuals without such histories of maltreatment" (Wisdom, Czaja, Kazakowski, & Chauhan, 2017, p. 535). Six-hundred and fifty participants were recruited by researchers reviewing reported incidents of interpersonal violence and neglect from court cases between the 1960s and 1970s. Participants included 50% women with a mean age of 40 years old. Researchers measured adult attachment style, depression, anxiety, self-esteem and health using various questionnaires and scales. Results indicated that childhood physical violence was correlated with a decreased view of self and others as well as, predicted anxious attachment style in adulthood but not avoidant attachment. Furthermore, the study revealed that neglect in childhood predicted anxious and avoidant attachments styles in adulthood (Wisdom, Czaja, Kazakowski, & Chauhan, 2017).

Lui et al., conducted a study to determine whether "... childhood emotional violence was negatively associated with attachment and self-esteem, with secure/fearful attachment mediating the link between childhood emotional violence and self-esteem" (2018, p. 798). Five-hundred

and fifty-four undergraduate students participated from Jieyang Vocational and Technical College in China. Participants were recruited by e-mail, consisting of 429 women and 125 men with an average age of 20.9 years. Various questionnaires including the emotional abuse (EA) subscale from the Childhood Trauma Questionnaire-Short Form (CTQ-SF) and the secure attachment and fearful attachment subscales in the Relationship Scales Questionnaire (RSQ), and the Self-Esteem Scale (SES). Participants were provided Chinese versions of the CTQ-SF and RSQ if Mandarin was their preferred language.

Findings show that early attachment experiences have an immense impact on an individual's self-image and self-esteem and that childhood emotional violence negatively affected self-esteem in adulthood. Moreover, childhood emotional violence has been shown to have a detrimental effect on individual's early relational experiences and on how they understand relationships, later affecting their adult attachment relationships (Liu, et al., 2018). Similar to Lui et al., Riggs (2010) set out to explore how early childhood violence influenced adult social functioning. Rigg's discovered that violence during childhood leads to a negative view of self and others which consequently contributed to the formation of insecure attachment styles in adult relationships. Furthermore, Riggs and Kaminski, "... reported that emotional violence in childhood has links with insecure romantic attachment in adulthood" and are negatively associated with self-esteem (2010, p. 794).

The above research indicates that childhood interpersonal violence and neglect continue to be a concern affecting a considerable proportion of the population. Moreover, as a result of that violence, many children appear to struggle with intimacy and connection in adulthood. What is most interesting; however, is the exploration of how best to support these individuals with moving through such horrific experiences. How does a person reclaim their dignity that

was violently ripped away? How does a person who has experienced such disconnect begin to develop connections with another? How does a person who has experienced violence move beyond these experiences, and accept the interpersonal challenge of developing closeness and belonging with others? The remainder of this project reveals common pernicious social responses to victims of violence and outlines how negative social responses exasperate and intensify a victim's violent experience. In addition, this project will offer an alternative approach for responding to victims of violence that fosters human agency, dignity and strength, which can contribute to a better recovery for the victim.

Social Response and Language

There have been periods of history in which episodes of terrible violence occurred but for which the word violence was never used.... Violence is shrouded in justifying myths that lend it moral legitimacy, and these myths for the most part kept people from recognizing the violence for what it was. The people who burned witches at the stake never for one moment thought of their act as violence; rather they thought of it as an act of divinely mandated righteousness. The same can be said of most of the violence we humans have ever committed.

-Gil Bailie

Oppression, violence and exploitation unforgivably continue to permeate our global world. In fact, "many of the people who seek assistance from therapists have been subjected to violence or other forms of oppression" (Wade, 1997, p. 23). Unfortunately, victims of violence are exposed to traditional therapeutic approaches stemming from effects-based constructions embedded in victim blaming pathologies. The use of these approaches ignore, disregard and

condemn victim's experiences of violence and often misdiagnose their experiences as symptoms occurring within the mind, personality or psyche (Richardson/Kinewesquao & Bonnah, 2015).

Allan Wade (1997) became increasingly interested in exploring how traditional therapeutic approaches blame and pathologize persons as well as, inadequately attend to resistance. In the early 1990's Wade, along with his colleagues Linda Coates and Nick Todd, came together to develop a new model. This model explored humanistic ways to work alongside persons who had experienced adversity, violence, oppression or injustice, including Indigenous families and their communities (Richardson/Kinewesquao & Bonnah, 2015). This model, coined response based practice (RBP) focused on the manner "...in which individuals respond to adversity, resist violence, and work to retain their dignity" (Wade, 2015, p. 895). RBP is a model that is based on the theory that when a person is treated badly they resist. It is also a theory that is informed by social justice, feminism, and human rights approaches and encompasses principles such as human agency, dignity and fairness (Wade, 2014). Wade (2015), reports that RBP holds a systemic view in that the "problem" is not situated within the person or their mind, but rather, in the degradation of those persons in the context of adversity, violence, oppression, and injustice and through negative social responses. Wade believed that absent positive social responses including language, impact a victim of violence in negative ways.

Cotes and Wade suggest that the manner in which victims respond to a perpetrator ties to social responses from others. This means that the difference between a victim fighting back against a perpetrator and the victim allowing their body to go limp is not based on the victim's self-esteem but rather, on their belief that they will be helped. For example, if a child experiences interpersonal violence, discloses that violence to another person and then receives a

negative social response such as “what did you do to cause him to hit you?” Research suggests that the child is unlikely to disclose violence again. On the other hand, a victim who receives a positive social response to the disclosure of violence such as “how did you respond?”, is more likely to recover from the attack quicker, and in a more stable way, cooperate with authorities and follow through in the court system.

Unfortunately, the quality of social responses is closely connected to social and geographical position. Marginalized and disadvantaged persons are more likely to receive negative social responses than those belonging to the majority. This includes persons of minority in regards to social class, race, gender, able-bodiedness, sexual orientation and religion (Wade video). For example, Richardson/Kinewesquao & Bonnah, brought attention to the 3,000 indigenous women in Canada who have been murdered or are still missing. They point out that “...there exists a culture of relative impunity to violence, as evidenced by the fact that there has been no adequate state response to this situation” (2015, p. 195).

Violence is Social and Unilateral

Coates and Wade report that violence is inherently social and is a unilateral act. Violence is social in that it occurs as a result of social interpersonal interactions by at least two persons, and is unilateral in that “...it entails actions by one individual against the will and well-being of another” (2007, p. 513). Most people would report that once made aware, the unilateral nature of violent behavior is obvious; however, Coates and Wade found this to be inaccurate. Coates and Wade began analyzing people’s language while recounting or discussing violent assaults and found that people commonly used language of mutuality. Unfortunately, because violence is social and social interactions such as sex, relationships and arguments are mutual, many confused violence as mutual (2004).

Coates and Wade report that when violence is involved, the social interpersonal interaction is no more and consequently, unilateral language must be used. For example, using eroticizing language to discuss violence such as “sexual activity”, “making out”, “advances” and “kissing” does not expose the unilateral nature of sexualized violence or the victim’s experience (Coates & Wade, 2007). The use of this language allows the offender to conceal the violent acts and implies that the assault was an isolated, non-deliberate, mutual act. More specifically, this language fails to define the offender’s brutality and insufficiently conveys the degree of force used by the offender in the assault (Coates & Wade, 2004). Coates and Wade stated that language should consist of physical descriptions when discussing violence. For example, expressions such as ‘he kissed you’ and ‘he forced his lips against yours’ could be used to explain similar physical acts. However, these two expressions suggest very different portrayals of the act; one represents affection while the other represents violence. Based on the different representations, they call for radically different interventions. When discussing violent acts unilateral, physical descriptions must be used such as abuse, rape and assault (Coates & Wade, 2004).

Social Discourse

Recently, researchers have become increasingly interested in the use of language in recounting and discussing violence. Coates and Wade suggest that there are four problematic ways, or as they call them, “discursive operations” that language can be used to misrepresent violent acts. These discursive operations comprise of concealing the victim’s resistance, hiding the perpetrators violence, mitigating the perpetrator’s responsibility, and blaming or pathologizing the victim. These four discursive operations reveal that when resistance to violence is concealed the three other operations are concurrently implemented. In particular,

“...when resistance is hidden, the violence and the level of brutality and deliberateness are also invisibilized” which ultimately suggests that the victim is partly to blame (Fast & Richardson/Kinewesquao, 2019, p. 8). The following demonstrates the ways in which language is used as violence, specifically when deriving from a person of perceived support.

Violence is Deliberate

“Violent behaviour is most accurately understood when it is examined in context, that is, when we consider both the offender’s actions and the victim’s immediate responses to those actions” (Coates & Wade, 2007, p. 513). It is important to note that people who perpetrate violence anticipate the possibility of social responses. Perpetrators take specific steps and precautions to ensure that their violence remains concealed and suppressed before, during, and after an attack. For example, a man will isolate and attack a child with the knowledge that these tactics will likely assist him in successfully overpowering them. Furthermore, a perpetrator who believes a victim may resist, will choose to bring a weapon to increase the likelihood of them being subdued. The presence of these tactics, and the detailed method in which they are preformed, demonstrates that violence is best theorized as deliberate (Fast & Richardson/Kinewesquao, 2019).

Concealing Resistance

“Even the most subjected person has moments of rage and resentment so intense that they respond, they act against. There is an inner uprising that leads to rebellion, however short-lived. It may be only momentary but it takes place. That space within oneself where resistance is possible remains” (as cited by Lewis, 2010)

North America gives little attention to victim resistance. In fact, victim’s response to their experience of violence and oppression are viewed as either non-existent or as passive,

submissive and acquiescent (Richardson/Kinewesquao & Bannah, 2015). The problem with viewing victim's resistance in this manner is that in doing so, we are implying that the victim did not resist, or in other words, consented to the violent act. When it is implied that the victim consented it mutualizes the unilateral act and ultimately conceals the violence, mitigates the perpetrator's responsibility, and blames the victim (Todd & Wade, 2004).

The reality is, "resistance to violence is ubiquitous...whenever individuals are badly treated, they resist" (Coates & Wade, 2004, p. 502). The way in which victims resist however, varies on vulnerabilities, risks and opportunities existent in their specific situation. Victims often conceal their resistance for safety fearing that a perpetrator will become increasingly violent if resistance is present. Moreover, a victim may conceal their resistance due to fear of scrutiny, embarrassment, negative social judgment, or to preserve or gain control of their experience (Todd & Wade, 2004).

Resistance can be difficult to identify due to North American cultural views. These views are "...based on the model of male-to male combat which presumes roughly equal strength between combatants" (Wade, 1997, p. 25). Unless a person physically retaliates, there is a misconception that they did not resist the violence. Victims can resist violence in many ways both observably and internally. For example, a child who hides under her bed while her father is choking her, or a child who intentionally plays loud music so her little brother does not hear their mother verbally assaulting their father. Consequently, observable resistance by victims is the least common form of resistance with many victim's resorting to internal resistance such as, mentally disconnecting to endure the anguish of rape (Richardson/Kinewesquao & Bannah, 2015).

Often a violent attack is thoroughly described in the media and in court; however, descriptions of victim's resistance to violent attacks are commonly absent. The consequence of this action is a one-sided account of the violent act that conceals the resistance of the victim. Unfortunately, this implies that the victim did not resist the act, which ultimately conceals the violence and creates potential for the victim blaming. Coates, and Wade (2004), suggest that a victim's resistance to violence becomes apparent only when the detail of a perpetrator's behaviour is contextually analyzed. For example, a child's behaviour of loitering around his school after hours becomes clear as a form of resistance only when we put the behaviour in context and learn that his mother is raping him after school.

Coates and Wade suggest an additional concern with concealing victim's violence is that it increases the potential for a victim to be pathologized. Examples of resistance such as, nightmares, refusing to obey authoritative adults, withdrawing, having a hard time focusing or sleeping, and constantly worrying, receive an inaccurate label as symptoms of mental illness. These potential symptoms is thought to make up a disorder, which then become the focus of treatment, ultimately concealing the victim's root cause of the symptoms (Renoux & Wade, 2008).

Concealing Violence

Western cultures in particular have a history of using language to conceal violent and oppressive acts. Violence and oppression is concealed when language is used to obscure, misinterpret, and misconstrue the reality and severity of the act. For example, Coates and Wade suggest the term "residential schools" is an illustration of how Canada has concealed colonialism and oppression of Indigenous people. The word "residential", derived from the word "residence" is defined as "the place, especially the house, in which a person lives or resides".

The word “school” is defined as, “an institution for educating children” (Merriam-Webster, 2019). This language implies that Indigenous children actively and voluntarily participated in an educational experience where they were encouraged to live, when in fact; these children were forcefully appropriated from their families, and subjected to genocidal abuse and violent acts. This language does not accurately represent the brutality and inhuman acts these children and their families experienced, but rather conceals and suppresses the violence. When violence is concealed, the perpetrator’s responsibility is mitigated and the victim’s resistance is concealed and the victim is often blamed and pathologized (Todd & Wade, 2004).

Mitigating Responsibility

Coates, Todd, and Wade report that language is used to obscure and mitigate perpetrator’s responsibility. The mitigation of perpetrator’s responsibility is achieved by the common use of agentless, passive constructs. When this construct is utilized, it becomes unknown who the agent is and implies that it is either insignificant to specify an agent or that the agent should remain unknown. For example, a statement like, “great men sometimes do bad things” does not specify who the agent is and to whom the agent acted against, and instead leaves it open for interpretation. Not only does this mitigate the perpetrator’s responsibility, but also conceals the perpetrator’s violence and suppresses the victim’s resistance. Moreover, a statement such as, “most of it wasn’t really her fault” suggests that the responsibility does not lie solely with the perpetrator, but also the victim (Todd & Wade, 2004, p. 148). The word “really” excuses the perpetrators actions and implies “...the question of responsibility is more a matter of perspective... than a matter of fact” (Todd & Wade, 2004, p. 148). Finally, a perpetrator’s responsibility is mitigated by the focus on extenuating circumstances such as alcohol, drugs, sexual urges, strong emotions, pathology, or experiences. By focusing on extenuating

circumstances, it implies that the perpetrator was compelled by a force beyond their control and suggests that their violent action was non-deliberate (Coates & Wade, Telling it like it isn't: obscuring perpetrator responsibility for violent crime, 2004).

Unfortunately, women, children and minorities characteristically encumbrance the responsibility for violent acts that transpire in their lives. Too often, they are expected to enact change within themselves or their environment rather than a social issue. For example, Amnesty International published a report responding to the oppression and violence experienced by Indigenous women in Canada. The report titled *Report on the Stolen Sisters*, details Canada's stance concerning the murdered and missing Indigenous women. This report demonstrates how Canadian society places responsibility of violence against Indigenous women on the women themselves by suggesting Indigenous women's vulnerabilities account for their victimization (Fast & Richardson/Kinewesquao, 2019). This corresponds with the common idea that women and children should enroll in classes and groups to acquire strategies to protect and defend themselves against violent perpetrators. "... [T]his approach neglects the responsibility of the perpetrators, and implicitly accords them impunity or power in the system" (Fast & Richardson/Kinewesquao, 2019, p. 5). Historically, this approach has been tirelessly practiced yielding fruitless results.

Blaming or Pathologizing the Victim

Research indicates that blaming victims of violence contributes to a deep, prolonged suffering whereas; positive social responses contribute to a quicker, stable and more cooperative recovery. Unfortunately, literature suggests that at least half of victims who disclose violence will receive some sort of blame for their experience (Fast & Richardson/Kinewesquao, 2019). Western culture stigmatizes victims by suggesting they are weak or unclean and often imply that

victims of violence are responsible for the violence inflicted on them. Society scrutinizes people's age, culture, socioeconomic status, self-esteem, gender, and ethnicity, as well as their abilities to create boundaries and be assertive. Taking this approach is similar to saying "if you weren't irritating you wouldn't be hit" or "if you just followed the rules you wouldn't be ostracized from the family" or "if you weren't so beautiful you wouldn't experience unwanted sexual attention". For women, children, and minorities who live in an environment of power imbalance, defying or challenging individuals in power can be viewed as an invitation for chastisement, condemnation, or assault. "When power relations are imbalanced to the advantage of the perpetrator, a refusal to comply does not tend to open space for mutual discussion, exploration, and solution-finding; instead, the result is often the resistance of the victim" (Fast & Richardson/Kinewesquao, 2019, p. 11)

Victims of violence can be blamed by means of labels such as mental health diagnoses or effects-based classification of behaviour. Therapists specifically, are guilty of pathologizing victims by labelling them as "mentally ill" or "disordered". This approach suggests for example, that a person's violent assault is a result of them being "depressed" or "anxious". This view places responsibility and blame on the victim implying that if they did not have a diagnosis this violent act may not have transpired (Fast & Richardson/Kinewesquao, 2019).

As presented, it is undeniably apparent that the use of language infiltrates our world and collective experiences. Too often society uses systematic and prejudicial discursive operations of language that consistently harm victims of violence and benefit perpetrators. These operations distort accounts of violence, violate the rights of victims, and continue to promote unjust and ineffective social responses to violence. Coates and Wade suggest that words are not just words, but hold immense power (Language and Violence: Analysis of Four Discursive Operations,

2007). RBP offers alternative discursive options when responding, recounting or discussing violent assaults. These discursive options honour victim's resistance, reveal perpetrator's violence, illuminate perpetrator's responsibility, and dispute blaming and pathologizing of victims (Todd & Wade, 2004). The following highlights ways in which people can best support victims of violence moving through their healing process to reclaim their dignity, and accept the interpersonal challenge of developing closeness and connection with others.

Restoring Connection through Response Based Practice

Response based practice looks at how an individual responded to a situation versus how their experience has influenced them. Response based practice encourages the individual to express how they responded to violence rather than how they were affected by violence (Wade, *Small Acts of Living: Everyday Resistance to Violence and Other Forms of Oppression*, 1997). RBP integrates several key tenets to support victims of violence through their healing process. One of the core concepts and central goals of RBP is to re-assert the dignity of the victim. Every culture has a concept of dignity, as it is believed to be central to individual and collective well-being. Our sense of dignity evolves through our experienced social interactions and social responses. These social interactions and social responses establish our beliefs regarding self-respect and respect from others, self-esteem, social-esteem for others, our understanding of inclusivity and autonomy, as well as, our physical and psychological integrity. Because social interactions and social responses play a fundamental role in the development of our dignity, it comes as no surprise that much of our social life is organized on the preservation of dignity.

Unsurprisingly, insults or violation to our dignity can have catastrophic consequences. Victims of violence experience violation of dignity in various ways such as, humiliation, objectification, degradation or dehumanization. These experiences can be a response to the

perpetrator's violent act or can be a response to the social response that the victim obtains from others. For many victims the loss of dignity is the foremost affront, the most lasting and agonizing injury. RPB acknowledges the loss of dignity experienced by victims of violence and recognizes the detrimental effects that it can have.

Fortunately, researchers suggest several ways in which others can support victims of violence to regain dignity. Response based practice suggests simply using descriptive language, providing victims with maximum choice and using basic courtesies when conversing is a great place to start. Wade proposed that dignity could be reclaimed by instilling control within in the victim. This is done by giving the victim freedom to discuss what they like and by avoiding criticism and opinions. Finally, acknowledging victims pre-existing skills and developing abilities can instill dignity. Highlighting a victim's strengths can generate confidence, mastery and control within the victim (Wade, Response-Based Practice, 2015).

Another way in which others can support victims of violence is by holding space for the victims to accurately, and fairly recount their experience. As previously mentioned, language can be used to distort and misconstrue violent and oppressive acts. Coates and Wade propose that by exposing language as lateral, using accurate descriptions of violent acts, exploring ways in which the victim resisted to those actions. Uncovering resistance allows the victim to see that they were not a passive participant in their experience, but rather, exposes both the victim and the perpetrator as active decision-makers. Shifting the focus also implies that the problem lies within the social world and not within the victim. This is essential as providing the victim with ways in which they resisted can instill a sense of agency and control within the victim; it allows the victim to understand the many ways in which they resisted. (Todd & Wade, 2004)

Response based practice highlights the power in language and implies that our words, structure and their context influence conversation. Todd and Wade (2004) proposed that therapist's choice of words in session could immensely influence a client's healing process. They suggest asking questions like, "how did that make you feel?", "why do you think that happened?" and "how did that affect you?" suggests to the victim that they were passive in their response to violence. Instead, Todd and Wade encourage therapists to ask questions such as "how did you respond", "what did you do", "what were you thinking", "what else did you do?", "what went through your mind?" and "would it be fair to say you resisted this mistreatment?" Todd and Wade suggest that these questions invite the victim to speak from an active position, bringing attention to their resistance. Wade also suggests that it is imperative that when discussing a victim's experience, the conversation is victim centered. Ensuring the conversation is victim centered provides the victim with a sense of agency and control (2004).

In addition, Wade implies that both passive and active language possess the ability to be positive or negative in tone. For example, stating that a victim has poor self-esteem, self-worth or boundaries would be negative, passive statements as they imply negative traits outside an individual's control. On the other hand, stating that a victim frequently falls into a cycle of violence or has a history of choosing abusive men would imply a negative, active statement. In these examples, the victim is viewed as having the potential to be influenced or changed by the other individual. Todd and Wade suggest that RBP attempts to move towards positive active language by clarifying responses, disputing negative statements, and recasting effects as responses. An example of a positive active statement would be "your yearning to preserve your dignity is apparent in the ways you resisted to the violence" (Todd & Wade, 2004).

As noted above, RPB presents a proactive and socially accountable view on violence and therapy. By supporting victims in revealing their violence experience, clarifying the offender's responsibility, revealing the victim's resistance and contesting the blame of the victim, victims of violence are able to moving through their healing process to reclaim their dignity. In the words of Allan Wade, "this is not the province of experts: It is a human rights 'witnessing' practice that we are all qualified to perform and already do at coffee shops and kitchen tables" (2015).

In conclusion, this capstone indicates that childhood interpersonal violence continues to be a concern affecting a substantial proportion of the population, and as a result of these violent experiences, individuals can struggle in adulthood with regards to intimacy and connection with others. This capstone also revealed however, that these struggles are not permanent and through response-based practice, victims of violence can be supported to reclaim their dignity, reconnect with others and move beyond their violent experience. Through this practice, victims can begin to experience themselves as strong, capable and active in responding to their violent experience. By blending an understanding of language, resistance and social responses, RBT promotes social intervention through the formation of positive social responses (Richardson/Kinewesquao & Bonnah, 2015).

Relevant Terms

For a better understanding of this project, the following terms are defined operationally.

Attachment Behavior- specific observable actions the infant uses to achieve proximity with their caregiver

Attachment System- a disposition that keeps an infant oriented toward closeness with their caregiver

Attachment- a deep and enduring emotional bond that connects one person to another across time and space

Child Interpersonal violence - any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual interpersonal violence, or exploitation, or an act or failure to act which presents an imminent risk of serious harm

Child- in Canada, the definition of a child varies according to the province. For this project, a child is defined as a person under the age of 19 years

Interpersonal Violence- the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation

Primary Caregiver- the parent who has the greatest responsibility for the daily care and rearing of a child

Resistance- any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance

References

- Afifi, T., MacMillan, H., Boyle, M., & Taillieu, T. (2014). Child Abuse and Mental Disorders in Canada. *Canadian Medical Association Journal*, *186*(9), 1-9.
- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (2015). *Patterns of Attachment*. New York, NY: Psychology Press.
- American Professional Society on the Abuse of Children. (1995). *Guidelines for the psychosocial evaluation of suspected psychological maltreatment in children and adolescents*. Chicago.
- as cited by Lewis, J. (2010). *About Women's History: bell hooks Quotes*. Retrieved from. Retrieved from http://womenshistory.about.com/od/quotes/a/bell_hooks.htm
- Barbaro, N., Boutwell, B. B., Barnes, J. C., & Shackelford, T. K. (2017). Rethinking the transmission gap: What behavioral genetics and evolutionary psychology mean for attachment theory: A comment on Verhage et al. *Psychol Bull*, *3*(1), 107-113.
- Behrens, K. Y., Hesse, E., & Main, M. (2007). Mothers' attachment status as determined by the Adult Attachment Interview predicts their 6-year-olds' reunion responses: A study conducted in Japan. *Developmental Psychology*, *43*(6), 1553.
- Berger, L. M. (2007). Socioeconomic factors and substandard parenting. *Soc. Serv. Rev*, *81*, 485-522.
- Bowlby, J. (1966). *Child care and the growth of love* (2 ed.). Harmondsworth: Penguin Books.
- Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory* (Vol. 393). Taylor & Francis.
- Cancian, M., Yang, M. Y., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Soc. Serv. Rev*, *87*, 417-437.

- Carriere, J., & Richardson, C. (2009). From Longing to Belonging: Attachment Theory, Connectedness, and Indigenous Children in Canada. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services: Voices from the prairies* (pp. 49-67). Regina, SK: Canadian Plains Research Center.
- Coates, L., & Wade, A. (2004). Telling it like it isn't: obscuring perpetrator responsibility for violent crime. *Discourse & Society*, 15(5), 3-30.
- Coates, L., & Wade, A. (2007). Language and Violence: Analysis of Four Discursive Operations. *Journal of Family Violence*, 22(7), 511-522.
- Definitions of Child Abuse and Neglect*. (2018, 09 24). Retrieved from Canadian Red Cross: <http://www.redcross.ca/how-we-help/violence-bullying-and-abuse-prevention/educators/child-abuse-and-neglect-prevention/definitions-of-child-abuse-and-neglect>
- Residential. (2019). *Merriam-Webster*. <https://www.merriam-webster.com/dictionary/residential>
- Duschinsky, R. (2015). The Emergence of the disorganized/disoriented (D) attachment classification. *History of Psychology*, 18(1), 32-46.
- Duschinsky, R., Greco, M., & Solomon, J. (2015). The Politics of Attachment: Lines of Flight with Bowlby, Deleuze and Guattari. *Theory, Culture & Society*, 32(7-8), 173-195.
- Evans, C. B., & Burton, D. L. (2013). Five Types of Child Maltreatment and Subsequent Delinquency: Physical Neglect as the Most Significant Predictor. *Journal of Child & Adolescent Trauma*, 6(4), 231-245.

- Fast, E., & Richardson/Kinewesquao, C. (2019). VICTIM-BLAMING AND THE CRISIS OF REPRESENTATION IN THE VIOLENCE PREVENTION FIELD. *International Journal of Child, Youth and Family Studies*, 10(1), 3-25.
- Finzi, R. C. (2000). Attachment styles in maltreated children: a comparative study. *Child Psychiatry and Human Development*, 31(2), 113 – 128.
- Harlow, H. F., & Zimmermann, R. R. (1958). The development of affective responsiveness in infant monkeys. *Proceedings of the American Philosophical Society*(102).
- Harris, D L; Winokeur, H R. (2015). *Principles and practice of grief counselling*. Springer Publishing Company.
- Hawkins, A. L., & Haskett, M. E. (2014). Internal working models and adjustment of physically abused children: the mediating role of self-regulatory abilities. *Journal of Child Psychology and Psychiatry*, 55(2), 135–143.
- Howe, T. R. (2011). Disorganized/Disoriented Attachment. In S. Goldstein, & J. A. Naglieri, *Encyclopedia of Child Behavior and Development*. Boston, MA: Springer.
- Kayastha, P., Hirisave, U., Natarajan, G., & Goyal, G. (2010). Security of attachment in children and adolescents-An Indian experience. *Asian J Psychiatr*, 3(4), 173-176.
- Levert-Levitt, E., & Sagi-Schwartz, A. (2015). Integrated Attachment Theory. In *International Encyclopedia of the Social & Behavioral Sciences* (pp. 228-234).
- Liu, C., Chen, X., Song, P., Lu, A., Wong, L., Zhang, X., & Huang, Z. (2018). Relationship between childhood emotional abuse and self-esteem: A dual mediation model of attachment. *Social Behavior and Personality*, 46(5), 793-800.

- Main, M., & Solomon, J. (1986). Discovery of new, insecure-disorganized/disoriented attachment pattern. In *M. Yogman & T. B. Brazelton* (pp. 95-124). Norwood, NJ: Ablex.
- McConnell, M., & Moss, E. (2011). Attachment across the life span: Factors that contribute to stability and change. *Australian Journal of Educational & Developmental Psychology, 11*, 60-77.
- McLeod, S. (2018, 08 05). *Mary Ainsworth*. Retrieved 09 24, 2018, from Simply Psychology: <https://www.simplypsychology.org/mary-ainsworth.html>
- Muller, R. T. (2008). Childhood physical abuse, attachment, and adult social support: test of a meditational model. *Canadian Journal of Behavioural Science, 40*(2), 80-89.
- National Clearinghouse on Family Violence. (2012). *Public Health Agency of Canada*. Retrieved April 09, 2019, from Child Maltreatment in Canada: <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/children/child-maltreatment-canada.html#Typ>
- Neckowaya, R., Brownlee, K., & Castellana, B. (2007). Is Attachment Theory Consistent with Aboriginal Parenting Realities? *First Peoples Child & Family Review, 3*(2), 65-74.
- Neimeyer, R. A., Harris, D. L., Winokuer, H. R., & Thornton, G. F. (Eds.). (2011). *Grief and bereavement in contemporary society: Bridging research and practice*. Routledge.
- O'Connor, N. (1956). The evidence for the permanently disturbing effects of mother child separation. *Acta Psychologica, 12*, 174-191.
- Pedersen, G., Eikenaes, I., Urenes, Ø., Skulberg, G. M., & Wilberg, T. (2015). Experiences in Close Relationships – Psychometric properties among patients with personality disorders. *Personality and Mental Health, 9*, 212.

- Renoux, M., & Wade, A. (2008). Resistance to violence: a key symptom of chronic mental wellness. *Context* 98, 2-4.
- Richardson/Kinewesquao, C., & Bannah, S. (2015). Taking Children's Resistance Seriously: A Response-Based Approach to Children Experiencing Violence. In J. Carrière, & S. Strega, *Walking This Path Together Anti-Racist and Anti-Oppressive Child Welfare Practice* (2 ed., pp. 193-217). Winnipeg, MB: Fernwood Publishing.
- Riggs, S. A. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *Journal of Aggression Maltreatment & Trauma*, 19, 5-51.
- Riggs, S. A., & Kaminski, P. (2010). Childhood emotional abuse, adult attachment, and depression as predictors of relational adjustment and psychological aggression. *Journal of Aggression, Maltreatment & Trauma*, 19, 75-104.
- Salcuni, S. (2015). New frontiers and applications of attachment theory. *Frontiers in Psychology*, 6, 273.
- Símonardóttir, S. (2016). Constructing the attached mother in the “world's most feminist country”. *Women's Studies International Forum*, 56, 103-112.
- Skoczeń, I., Głogowska, K., Kamza, A., & Włodarczyk, A. (2018). The Experiences in Close Relationships Scale-Revised Child version: Reliability and structural validity of the Polish adaptation. *European Journal of Developmental Psychology*, 1.
- Todd, N., & Wade, A. (2004). Coming to terms with violence and resistance: From a language of effects to a language of responses. In T. Strong, & D. Pare, *Furthering Talk: Advances in the Discursive Therapies* (Strong, T; Pare, D ed.). New York, NY: Kluwer Academic/Plenum.

- Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., . . . Horoyd, J. (2010). *Canadian incidence study of reported child abuse and neglect – 2008: Major findings*. (Ottawa: Public Health Agency of Canada).
- Unger, J. M., & De Luca, R. V. (2014). The relationship between child abuse and adult attachment styles. *Journal of Family Violence, 29*, 223-234.
- Wade, A. (1997). Small Acts of Living: Everyday Resistance to Violence and Other Forms of Oppression. *Contemporary family therapy, 19*(1), 23-39.
- Wade, A. (2015, 01 07). *Choose Your Words Carefully: Talking About Victimization*. Retrieved 03 21, 2019, from Government of Canada:
https://www.victimswweek.gc.ca/symp-colloque/past-passe/2010/presentation/awad_1.html
- Wade, A. (2015). Response-Based Practice. In E. S. Neukrug, *The SAGE Encyclopedia of Theory in Counselling and Psychotherapy* (pp. 895-896). Thousand Oaks, CA: SAGE Publications, Inc.
- WHO. (1996). *Violence: A Public Health Priority*. Global Consultation on Violence and Health. Geneva: World Health Organization.
- Wisdom, C. S., Czaja, S. J., Kazakowski, S. S., & Chauhan, P. (2017). Does adult attachment style mediate the relationship between childhood maltreatment and mental and physical health outcomes? *Child Abuse & Neglect, 76*, 533-545.
- Yumbul, C., Cavusoglu, S., & Geyimci, B. (2010). The effect of childhood trauma on adult attachment styles, infidelity tendency, romantic jealousy and self-esteem. *Procedia Social and Behavioural Sciences, 5*, 1741-1745.