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The Relationship Between Family-of-Origin Experience and Current Family Violence: A Test of Mediation by Attachment Style and Mental Health Symptom Distress

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The purpose of this study was to examine whether the presence of substance abuse, physical, sexual, and emotional abuse, and mental illness in the home or family-of-origin is predictive of variance in current family violence perpetration. Additionally, a secondary purpose of this study was to examine whether mental health symptom distress and attachment style mediated the relationship between the presence of traumatic experiences in one's family-of-origin and current family violence perpetration. The results suggested that difficult family-of-origin experiences may predict variance in current family violence indirectly through mental health symptom distress and anxious attachment.

INTRODUCTION

Violence is an unacceptable, but common aspect of family relationships and has an impact on child and adult functioning as well as human developmental trajectories. There has been substantial recent documentation of the

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cyclical intergenerational transmission of violent behaviors, particularly of the connection between family-of-origin violence and intimate partner violence perpetration and victimization (Edwards et al., 2013; Markita & Lieberman, 2013; Robboy & Anderson, 2011; Siegel, 2013). However, many of these studies have located small effect sizes between family-of-origin violence and current dyadic relationship violence which suggests the presence and possibility of a multitude of mediating or moderating variables that more clearly explain the process by which violence is transmitted (Stith et al., 2000). The aim of this study is to apply attachment theory to explore how attachment styles, and mental health symptom distress operate as potential mediators between a history of specific negative family-of-origin experiences in one's life and current self-reported family violence. The discreet family-of-origin experiences of interest in this study include: substance abuse, physical abuse, sexual abuse, and mental illness.

The aggregate of negative family-of-origin experiences has not only been shown to directly and positively associate with the likelihood of violence in adult relationships through conditioning and cognitive approval, but potentially serve as indirect facilitators of violence because they prompt the organization of maladaptive emotion regulation strategies (Skowron, & Dendy, 2004). For instance, Flemke (2009) studied 37 incarcerated females investigating triggers for rage. They discovered that having experienced physical and sexual abuse, feeling unprotected by care-givers and having observed domestic violence in their home were all correlates of the level of rage these women experienced in adulthood. Early family-of-origin stressors and traumas relate to the appraisal of later relationship safety and mental health symptom distress which contribute to dysfunctional emotional regulation during perceived threats relating to partner violence (Flemke, 2009; Katz, 2007).

FAMILY-OF-ORIGIN EXPERIENCES, MENTAL HEALTH, AND FAMILY VIOLENCE

Over the years, studies have reported higher rates of mental health disorders among family violence offenders relative to subjects in comparison groups (Kessler, Molnar, Feurer, & Appelbaum, 2001; Krueger, Moffitt, Caspi, Blese, & Silva, 1998). Furthermore, family violence offenders tend to have had higher frequencies of difficult, abusive, or traumatic experiences within their own families of origin (Widom & Maxfield, 2001). Researchers have also noted that being abused as a child has been linked to higher levels of individual mental health symptom distress, including specific disorders such as anxiety and depression as compared with those who have not experienced abuse as a child (Malinosky-Rummell & Hansen, 1993). Anxiety and depression

connected with childhood abuse and violence have been identified as risk factors for violence perpetration (Dixon, Brown, & Hamilton-Giachritsis, 2005; Fuller & Wells, 2003). These findings suggest that the presence of abuse and trauma in early life predicts both mental health symptom distress and violence later in life.

Not only do family-of-origin traumas appear to be connected with mental health symptom distress but interpersonal trauma has also been shown to explain variance in the ability to regulate emotion, and negative cognitions of self, others and the world (Lilly & Lim, 2012). Stevens et al. (2013) noted that child abuse had a direct relationship with emotion regulation difficulties, low social support, and later interpersonal violence which all in turn predicted post-traumatic symptoms in adulthood. In order to identify and properly organize predictors of variation in family violence, both mental health symptom distress and relational emotional regulation strategies must be understood as critical components of self-control in moments of interpersonal distress.

ATTACHMENT STYLE AND FAMILY VIOLENCE

Attachment theory has been used to explain relational behaviors in the context of stress and how individuals utilize proximity and distance with others to soothe emotional discomfort and arousal; the theory has since been applied to adult relationships (Mikulincer & Shaver, 2011). From an attachment perspective, couple or family violence can be viewed as an exaggerated form of protest against perceived partner unavailability or lack of responsiveness (Bartholomew & Allison, 2006; Mayseless, 1991). Controlling and abusive behavior is thus theoretically aimed toward preventing a partner's perceived withdrawal or departure (Pistole & Tarant, 1993).

Essentially, those with avoidant or anxious attachment styles often either misidentify or exaggerate the actions of others in conflict as signals of aggression or rejection eliciting escalation and a self-perpetuating maladaptive interaction cycle (Kobak, Ruckdeschel, & Hazan, 1994). For instance, Wood, Werner-Wilson, Parker, and Perry (2012) found that individuals with higher levels of attachment anxiety watching images of a couple in conflict tended to perceive fewer positive interactions and more intensity in the interaction. Additionally, insecurely attached couples are more likely to respond in a defensive or aggressive way to one another while emotionally aroused rather than offering a vulnerable and honest response during conflict (Kobak, Ruckdeschel, & Hazan, 1994). As such, anxious or avoidant regulation tactics in addition to being automatic and cyclical are emotionally incongruent in the sense that they function to cloak and attempt to cope with fears, hurts, and other vulnerable emotions. Johnson (2003) has suggested

that the resultant emotion regulation behaviors of insecure attachment could be linked to the perpetration of situational couple violence, a typology of violence characterized by episodes of violence encouraged by emotion disregulation.

Research and theoretical literature have provided a solid foundation for establishing a connection between traumatic experiences in the family-of-origin and the development of maladaptive emotion regulation strategies (Grossmann, Grossman, & Waters, 2005). The connection between insecure attachment styles and violence has also been established (Mikulincer, 1998). A similar pattern for the role of individual mental health symptom distress as it associates with both traumatic family-of-origin events and violence perpetration has also been established (Kessler, Molnar, Feurer, & Appelbaum, 2001; Krueger, Moffitt, Caspi, Blese, & Silva, 1998). As such, it is the purpose of this study to investigate how home or family-of-origin experiences predict variation in the propagation of current family violence through mental health symptom distress and insecure attachment styles.

METHOD

Participants for this study were individuals in committed relationships receiving therapy services at a family therapy training clinic in the Southeastern United States. The rationale for selecting participant currently involved in a committed relationship stems from the authors' interest in applying concepts of adult attachment and current family violence. A total of 282 individuals (males = 157, females = 125) were included in this study. None of these individuals were paired couples. The reason for excluding partners from analysis was due to a small available sample of couples with which to perform dyadic analyses. Cases with missing data (less than 10% of total cases) were also deleted using the listwise deletion technique. Reasons for seeking therapy were varied among the sample, and included relationship therapy, behavioral problems, depression and anxiety, and general life concerns (See Table 1 for demographic information). There are no official clinical cutoff scores for the adapted CTS items or the avoidant and anxious attachment subscales of the ECR used in this study; 70% of participants reported perpetrating some form of violence against current family members. Similarly, 67% of participants reported higher anxious attachment scores than avoidant attachment scores.

Intake packets comprised of several measures were administered to participants prior to their first, fourth, eighth, and twelfth sessions. These data were collected during a four-year period from 2002 to 2006. Data for the current study was taken from intake packets given at the first session only before any therapy sessions had been conducted.

TABLE 1 Sample Characteristics Separated by Sex

	Males (n = 157)	Females (n = 125)
Age		
17–29	47.5%	55.2%
30–39	33.3%	33.9%
40–49	15.5%	7.4%
50 or above	4.6%	3.4%
Race		
White	81.6%	79.8%
African American	14.7%	14.3%
Hispanic/Non-White	2.5%	3.0%
Asian	1.2%	3.0%
Income		
Less than $10,000	19.5%	22.0%
$10,001 to $20,000	22.0%	18.9%
$20,001 to $30,000	17.6%	17.6%
$30,001 to $40,000	15.1%	17.0%
Over $40,000	25.8%	24.5%
Education		
GED/High School	40.0%	40.0%
Vocational/Associate's	19.4%	16.4%
Bachelor's Degree	24.8%	13.9%
Master's Degree	7.2%	13.3%
Other	8.5%	5.5%

Measures

Family-of-Origin Experiences

Five items were used to assess whether various discreet events had taken place in the home of the participant growing up. Participants were asked to respond "yes" or "no" to each item, indicating whether or not specifically: substance abuse, physical, sexual, and emotional abuse, and mental illness occurred in the home or family in which they were raised.

Attachment Style

The Experience in Close Relationships (ECR-R; Fraley, Waller, & Brenner, 2000) was used to assess attachment style. The ECR-R is a 36-item instrument comprised of two subscales that measure both avoidant and anxious attachment styles. Participants were asked to indicate their agreement with each item on a 7-point Likert style scale ranging from 1 (*disagree strongly*) to 7 (*agree strongly*). The items were then summed from each subscale to create a total score for each participant on both anxious and avoidant attachment styles. Both subscales of the ECR-R have been shown to have high test-retest reliability (α = .94–.95) (Fraley, Waller, & Brenner, 2000). Chronbach's alpha for the current sample including men and women was .90 for Avoidant Attachment and .92 for Anxious Attachment.

Mental Health Symptom Distress

The Symptom Distress subscale of the Outcome Questionnaire – 45 (Lambert et al., 1996) was used to measure individual Symptom Distress. The Symptom Distress scale is comprised of 25 items measuring common mental health problems. Participants are asked to report the frequency of their experience with item on a 6-point Likert style scale ranging from 0 (*never*) to 5 (*almost always*). The items were then summed to create a total score for each participant. The overall OQ-45 and Symptom Distress scale have demonstrated high internal consistency, with alphas above .90 (Lambert et al., 1996). Chronbach's alpha for the current sample for both men and women was .86.

Current Family Violence

Six items adapted from the Psychological Aggression and Physical Assault scales of the Revised Conflict Tactics Scale (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) were used to assess for the perpetration of current family violence. While the CTS-2 is designed to report on violence between partners in a romantic relationship, the items used in this study were adapted to measure reports of violence perpetrated against family members, which could include intimate partners. Participants reported how frequently they had perpetrated certain aggressive and violent acts toward a family member within the last year on a 6-point Likert scale, ranging from 0 (*never*) to 5 (*more than once a month*). The Chronbach's alpha for the altered measure in the current sample was sufficient at $\alpha = .82$.

RESULTS

Structural equation modeling (SEM) was used to conduct both comparative model testing and multiple group analyses of the research questions using AMOS 16.0 (Arbuckle, 1999). Means, standard deviations, and Pearson correlations were computed between study variables and are presented in Table 2. Most notably, family-of-origin experience was not correlated with current family violence for men or women, as such, mediation between traumatic family-of-origin experience and current family violence was not tested.

Confirmatory factor analysis (CFA) was used to test the measurement models for both the family-of-origin experience and current family violence constructs prior to fitting the structural models. The latent variables of Family-of-Origin Experiences and Current Family Violence were constructed using the five family-of-origin items and six items adapted from the CTS2, respectively. Model fit indices for both family-of-origin experience measurement model ($\chi^2 = 10.368$ (5), $p = .065$, TLI = .962, CFI = .981, RMSEA = .062) and current family violence measurement model ($\chi^2 = 10.888$ (4), $p = .028$,

TABLE 2 Means, Standard Deviations, Factor Loadings, and Bivariate Correlations of All Study Variables

	Males (n = 157)		Females (n = 125)		
Variable	*M* (SD)	Factor Loading	*M* (SD)	Factor Loading	
Family-of-Origin Exp.	1.20 (1.37)		1.47 (1.54)		
Substance Abuse		.586		.586	
Physical Abuse		.780		.780	
Sexual Abuse		.422		.422	
Emotional Abuse		.741		.741	
Mental Illness		.410		.410	
Anxious Attachment	48.77 (17.80)		69.58 (11.16)		
Anxious Attachment	67.52 (25.48)		72.19 (18.99)		
Symptom Distress	37.24 (11.74)		40.59 (12.12)		
Current Family Violence	3.08 (3.89)		3.89 (4.84)		
Smashed something		.626		.626	
Threatened to hit		.752		.752	
Threw at family member		.675		.675	
Pushed, grabbed, shoved		.728		.728	
Hit family member		.777		.777	
Hit family member w/object		.507		.507	
Variable	1.	2.	3.	4.	5.
1. Family-of-Origin Exp.	—	.17	.22*	.28**	.15
2. Avoidant Attachment	−.09	—	.10	.16	−.02
3. Anxious Attachment	.16*	.11	—	.34***	.18*
4. Symptom Distress	.18**	.25**	.55***	—	.19*
5. Current Family Violence	.06	.08	.26**	.29***	—

Note. Correlations for males are shown in the bottom half of the matrix, with correlations for females shown in the upper half.
*$p < .05$. **$p < .01$. ***$p < .001$.

TLI = .965, CFI = .986, RMSEA = .070) demonstrated good fit. All factor loadings for the latent variables were moderate to high (see Table 2).

In order to explore the presence of a direct or indirect association of family-of-origin violence and current family violence perpetration through attachment style and mental health symptom distress, a structural model including direct and indirect paths was fit to the data.

This model demonstrated adequate fit according to Byrne (2001): ($\chi^2 = 100.277$ (54), $p < .001$, TLI = .937, CFI = .956, RMSEA = .055). Significant path coefficients were observed between family-of-origin experience and both anxious attachment and symptom distress ($\beta = .20$, $p < .01$, and $\beta = .24$, $p < .01$), anxious attachment and current family violence ($\beta = .15$, $p < .05$), and symptom distress and current family violence ($\beta = .16$, $p < .05$). Additionally, a significant bidirectional correlation was observed between anxious attachment and symptoms distress ($r = .45$, $p < .001$). The path between family-of-origin and current family violence was not significant ($\beta = .10$, $p = .17$). This was also true for the avoidant attachment variable, which was not related to any of the model variables.

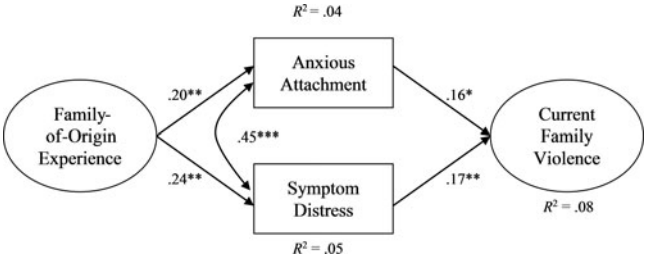

FIGURE 1 SEM results for model with Family-of-Origin Experience, Anxious Attachment, and Symptom Distress as predictors and Current Family Violence as the dependent variable (N = 282). $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

In the alternative model, the paths between family-of-origin experience and current family violence, family-of-origin experience and avoidant attachment, and avoidant attachment and current family violence were removed due to there being no significant relationship. This model also demonstrated good fit ($\chi^2 = 102.391$ (55), $p < .001$, TLI = .936, CFI = .955, RMSEA = .055). Paths between family-of-origin experience and both anxious attachment and symptom distress ($\beta = .20$, $p < .01$, and $\beta = .24$, $p < .01$), anxious attachment and current family violence ($\beta = .16$, $p < .05$) remained significant. This is also true for symptom distress and current family violence ($\beta = .17$, $p < .05$). The bidirectional correlation between anxious attachment and symptom distress also remained significant with no change in the values.

Comparative model testing was conducted to determine whether the removal of the structural paths significantly harmed overall model fit. The delta chi-square test yielded a figure below the critical value at the .05 level ($\Delta\chi^2 = 2.11$, $df = 1$), indicating that the alternative, or indirect path model should be selected as the final model due to the assumption of parsimony (see Figure 1). As a final step, bootstrapping was used to test the indirect effect of family-of-origin experience on current family violence, indicating this relationship was significant ($\beta = .07$, $p < .01$, $SE = .03$).

DISCUSSION

The purpose of this study was to explore insecure attachment style and mental health symptom distress as possible mediators through which specific negative family-of-origin experiences associate with reports of current family violence. First, it is important to note that there were no significant direct associations found in our study between family-of-origin experiences and current family violence perpetration. Our results suggest only that insecure attachment style and mental health symptom distress may be links for

an indirect association between these two variables. Specifically, family-of-origin experience is positively associated with both anxious attachment and mental health symptom distress. In turn, both anxious attachment style and mental health symptom distress positively explain variance in current family violence in this sample. This is consistent with previous research which has demonstrated that mental health distress connected with anxiety and depression are predictive of the perpetration of aggression and violence in intimate relationships (Kessler, Molnar, Feurer, & Appelbaum, 2001; Krueger, Moffitt, Caspi, Blese, & Silva, 1998). The findings also support extant literature linking insecure attachment style and intimate violence (Mikulincer, 1998). Our results serve as potential evidence of a complex process of emotion regulation that takes place within and between individuals highlighted by Johnson (2003). In other words, it may be that having an anxious attachment style may serve as a process by which family-of-origin negative experiences associate with current family violence perpetration.

Limitations

Notwithstanding the contributions of the current study, there are several limitations. One of the most salient issues with self-report data in studies of violence is the likelihood that violent individuals underreported their behaviors. If this was the case, the role of the predictors in the model in explaining variation in violence could change meaning. Additionally, although this study contributes important information regarding family violence, the recipient of the violent acts was unspecified with the measure used in this sample. Understanding whether the participant perpetrated violence against a partner, child, or multiple members of the family would be important in understanding how attachment style and mental health symptom distress may actually contribute to violence. Additionally the measure of difficult family-of-origin experiences was general simplistic and quite broad in scope. A tally of specific events occurring in childhood was summed. This form of analyzing the events lacks the specificity likely required to identify the magnitude of the trauma. Prior research establishes that the severity of the event is a more important predictor of the lifelong impact of a trauma rather than occurrence of the trauma (Ketring & Feinauer, 1998). However, as an initial step in understanding links between such experiences, attachment style, mental health symptom distress, and current family violence, the findings begin to illuminate a picture worth investigating further.

Furthermore, this study was cross-sectional in nature; measurement across time would undoubtedly add complexity to the model that would closer reflect an accurate explanation of variance in current family violence. The lack of a longitudinal approach also means that events which occurred during the time an individual left home and then did or did not perpetrate violence are not examined. There are undoubtedly other time-sensitive

variables which would help explain the variance of current attachment insecurity, mental health symptom distress, and ultimately the perpetration of violence. It should also be noted that this study utilized data from a clinical population and results may not generalize to other populations.

Clinical Implications

The results of this study offer several clinical implications. First, clinicians may be remiss to neglect an assessment of the major events of the client family-of-origin. It could be that un-processed or unaddressed traumas have contributed to attachment beliefs and fears which encourage behavioral cycles conducive to violence in the family. Behavioral cycles and arousal patterns are solidified over time and need to be addressed for therapy to be effective (Kobak, Ruckdeschel, & Hazan, 1994).

Secondly, severe mental health symptom distress certainly warrants careful monitoring and interventions aimed at immediate symptom alleviation. This is especially true in cases where violence is present. Immediate and effective symptom distress alleviation could serve to enhance and protect the safety of clients and support them in times of crisis (Loughran, 2011). Whatever improvement can be achieved in targeted treatment of attachment insecurity and mental health symptom distress will perhaps create the chance for an ultimately lessened likelihood of the perpetuation of violence in future generations.

Third, psychological symptom distress and insecure attachment beliefs may exist concurrently among individuals who are involved in current family violence. Because variation in violence has been explained by an anxious attachment style which suggests that aggression is in fact a protest of unavailability and rejection (Bartholomew & Allison, 2006; Mayseless, 1991), perceived rejection may spark insecurities which engage a partner in violent activity to discourage withdrawal from the other (Pistole & Tarant, 1993). We suggest that clinicians should focus on working with anxious clients to develop emotion regulation strategies that support a sense of differentiation, personhood, and worth (Perez, 1997).

Future Research

More complex information and analysis techniques will be required to account for the experiences, attachment, symptom distress, and family violence perpetration of partners or other family members. Such studies would provide insight into the complexity and dynamics of family violence. Increased understanding of the context in which symptom distress and insecure attachment are developed and how they influence violence perpetration could be obtained by researching other potential mediators and moderators of the family-of-origin experiences and current family violence.

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