

Theoretical Basis for Family Violence

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INTRODUCTION

A number of different psychological theories address the causes of family violence (FV). The most popular theories all acknowledge the abuse of power and control by the abusers, although the role of power and control varies by theoretical orientation. In this chapter, we focus on four main theoretical categories: (1) psychoanalytic theories of FV, (2) social theories of FV, (3) cognitive behavioral theories of FV, and (4) family and systems theories of FV. Psychoanalytic theories focus on individual internal psychological processes that create a need to be abusive or to accept abusive behavior. Social theories focus on how aggression, abuse, and violence are learned and transferred by individual members of the family to others within the family. Cognitive behavior theories also focus on how aggression, abuse, and violence are learned and transferred among individuals, but these theories further attempt to explain why abusive behaviors are sometimes transmitted from generation to generation while other times they are not. Finally, family and systems theories focus on the interactions between family members and the shared responsibility for the events that occur within the family system.

Some theories of FV have been left out of the review in this chapter, so we will briefly mention a few of them here. For instance, the feminist perspective regarding FV focuses on patriarchal societies that foster a patriarchal family structure in which men are expected to have power over women.¹

Similarly, historical and ecological approaches to FV suggest that violence against women and children has always been present, noting that certain groups become targets within certain societies.² Finally, although there are various cultural theories of FV,³⁻⁷ we have decided to conceptualize cultural considerations as an overarching umbrella under which all other theories of FV fall. In other words, it is impossible to understand FV in the absence of a cultural understanding of the individuals involved in the behaviors in question.

PSYCHODYNAMIC THEORIES OF FAMILY VIOLENCE

Three psychodynamic theories are discussed: object relations theory, attachment theory, and a theory called violence as trauma.

Object Relations Theory

Object relations theory suggests that humans are motivated from their earliest childhood by the need for significant relationships with others;⁸ “others” are referred to as “objects” within object relations theory. To reduce the potential for confusion, we simply refer to “objects” as “others” or “other individuals” in this chapter. Fairbairn⁸ suggests that these early relationships, in addition to playing a role in psychic development, form the enduring psychological “templates” for all of the individual’s future relationships. In essence, object relations theory proposes that individuals develop mental representations of themselves, other individuals, and the relationships between themselves and others beginning in infancy and childhood; these mental representations carry over and influence interpersonal relationships throughout life.⁸⁻¹¹ Many prominent object relations theorists suggest that the child’s early experiences in his or her relationship with the primary caregiver set the stage for the development of stable, enduring, internalized mental representations of oneself, others, and the emotional experiences that are attached to the relationship between the oneself and others.¹²⁻¹⁶

The first years of life are extremely important for individuals to ensure the development of adequate emotional health in later life.¹¹ Individuals who lacked sufficient nurturing during infancy and childhood may find it difficult to maintain healthy self-esteem, regulate their emotional responses, and manage anxiety in later life. Unmet dependency needs in childhood persist into adulthood, often accompanied by a sense of rage that one’s needs were not met. As a result, the search to fulfill dependency needs as an adult becomes both desperate and demanding,¹ which could lead to relationships in which one is either an abuser or a victim.^{9,10,17,18} For example, evidence

suggests that at least some men who commit intimate partner violence (IPV) did not receive adequate nurturing in the first years of development.^{11,17} Dutton et al¹⁸ found that becoming an adult perpetrator of IPV was significantly correlated with violence in the family of origin, as well as with parental rejection. In contrast, it has been argued that individuals who become victims of violence in adolescent and/or adult relationships, and who continue to maintain those relationships despite the violence, do so because of internal defenses that are employed during early development in an abusive, neglectful, or inconsistent relationship with the primary caregiver.^{9,10,17} The development and utilization of defenses during infancy and childhood is highly adaptive, in that doing so allows for survival within an abusive family situation.⁹ However, when these defenses are carried over into adolescent or adult relationships, they are maladaptive and prevent the individual from effectively recognizing the presence or absence of abuse in relationships and further promote maintenance of a relationship with someone who resembles the abusive primary caretaker from infancy and childhood.^{9,10}

Attachment Theory

Unlike the emphasis placed on the individual's mental representation of a relationship in the object relations theory, attachment theory emphasizes reciprocity between individuals within a relationship. Attachment is defined as a reciprocal, enduring emotional tie between an infant and a caregiver, with both parties actively contributing to the quality of the relationship.¹⁹ According to the early attachment theorists, Bowlby²⁰ and Ainsworth,²¹ an infant develops a "working model" of what can be expected from his or her primary caregiver. If the caregiver continues to respond in expected ways, the infant's model holds up; however, if the caregiver's responses become consistently unpredictable, the infant is forced to revise his or her model, and the security of the attachment changes.²¹ The basic concept underlying the theory of attachment is that adults have the power to both protect and provide a sense of security for their children. At times when the child feels threatened, exhausted, or ill, he or she will turn to the caregiver for security and protection.²² Once the attachment bond is formed, it ensures that the secure base of the relationship is in place. One of the key features of such a secure base is the relationship between security and exploration. A child with secure attachment can explore the environment, but when the child feels threatened, attachment behaviors are activated, and the child will seek out the secure caregiver.²² Children build a representation of their own worthiness based on their experiences and perceptions of the caregiver's ability, availability, and willingness to provide care and protection.²³ Over time the child

is able to use the symbolic representations of important attachment figures to feel secure without the presence of the caregiver. However, not all attachments are positive. Although secure attachments are preferred and most common (60–75%), avoidant, ambivalent, and disorganized/disoriented attachments can also develop within parent–child relationships that are less predictable.¹⁹

Attachment theory explains that child abuse results in insecure and anxious attachment, which can be avoidant, ambivalent, or disorganized.²⁴ Anxious attachment can be viewed as a marker for later social and emotional problems and is most likely to occur in situations of maltreatment.²⁵ Unfortunately, distorted patterns of relating to others lay the foundation for the child’s model of the world, influence how the child responds, and may prevent the child from developing a positive internal model of self.^{26,27} Research findings suggest that antisocial behavior may be linked with early adverse family experiences, especially with patterns of insecure attachment.^{28,29} Several studies also have shown that insecure attachment occurs more often in populations of children who have experienced physical abuse or neglect.^{30–34} Moreover, attachment theory may explain the perpetuation of child maltreatment from one generation to the next.³⁵

Violence as Trauma

The theory of violence as trauma has contributed a great deal to our understanding of how an individual incorporates internal defenses into his or her personality structure^{36–39} and has clarified how those defenses affect interpersonal relationships.^{36,38,40,41}

The theory of violence as trauma suggests that victims of abuse process this experience as a traumatic event, much like the response of individuals who suffer from post-traumatic stress disorder.^{42–44} It is important to understand how an individual victim processed the information of the trauma into memory because the trauma may affect the way in which future information is processed, including how events are coded, stored, and sequenced.⁴⁵ Trauma also may disrupt how information is managed because sensory stimuli enter the brain’s limbic system.⁴⁶ When the limbic system is overridden due to high levels of stress and trauma, the inability to handle the stressors can cause the individual to switch to survival techniques known as psychological numbing.⁴⁶

The psychobiology of post-traumatic stress offers an explanation for why victims of abuse seem to experience abusive situations repeatedly. These individuals appear to have a compulsion to repeat the trauma due to the inability to integrate their memories of abuse, as well as to incorporate their abusive experiences, into their larger memory structure.⁴⁷ In this model,

the trauma is repeated emotionally, behaviorally, physiologically, and via the neuroendocrine (i.e., fight-or-flight patterns) pathways for abused individuals.⁴⁷ In this theory, victims of abuse emotionally repeat the trauma by aligning themselves with people who will continue to abuse them in some way. They repeat the trauma behaviorally through repetition, re-enactment, and displacement of the abusive experience.⁴⁵ In addition, victims physiologically continue the trauma by re-experiencing the bodily memory of the abuse, most often in the form of pain.⁴⁶ The traumatic replay of an abusive event in the memory releases chemicals in the brain that override the fight-or-flight system.⁴⁷ As a result, victims remain vulnerable to further situations of abuse because they are unable to defend themselves.⁴⁸

SOCIAL THEORIES OF FAMILY VIOLENCE

The social theories of FV focus on processes that are created via interactions with others in one-to-one relationships or in larger groups. Four social theories are discussed: control theory, resource theory, exosystem factor theory, and social isolation theory.

Control Theory

Control theory is based on the concept that many family conflicts result from an individual's need to obtain and maintain power and control within a relationship(s). The motivation underlying the abuser's behavior is the power and control that she or he is able to exert over other members of the family.⁴⁹ The more powerful members of families (e.g., fathers, parents, husbands) often use the threat or use of force or the threat or use of violence to obtain compliance from less powerful family members (e.g., children, wives).⁵⁰ Threats, force, and violent behaviors are intended to prohibit the less powerful members of the family from engaging in behavior that the controlling individual does not want, while establishing a demand for "desirable" behaviors to occur.⁵⁰ In addition, the abuser may feel the need to gain control over how other family members think and feel.⁴⁹ Abusers, in an effort to maintain control over other members of the family, may use many forms of intimidation, such as coercion, isolation, economic abuse, and denial of personal blame.⁴⁹ The victim(s) typically learn how to respond to the various forms of intimidation, although the struggle to challenge the abuse/abuser may become too overwhelming or dangerous for the victim(s). As a result, the victim(s) may begin to modify his/her/their own behavior, slowly giving up control in order to survive and avoid continued abuse. Isolating the victim from any social contacts may be the most harmful form

of intimidation the abuser uses because the possibility of escape for the victim(s) is greatly reduced in the absence of social support.⁴⁹

In addition to seeking to explain why some family members are violent, control theory also seeks to explain why other people are *not* violent.⁵¹ Whereas some individuals are desperate to obtain power, others are controlled by the fear of punishment, as well as their bonds to other people and/or institutions. In fact, research in FV has discovered that men who have strong attachments to significant others and fear negative reactions from these individuals are less likely to abuse their wives than men without these attachments.⁵² Similarly, men who value attachments to home, work, and community may view the threat of arrest for spousal abuse as a significant disincentive from engaging in such behavior.⁵³

Resource Theory

Resource theory suggests a relationship between wealth and violence.⁵⁰ This theory proposes that force and violence are resources that can be used to resolve conflicts, although in modern society these resources are often used as a last resort.⁵⁰ For example, men with high income and social standing have access to a wide variety of resources with which to control their wives' behavior (in addition to violence), whereas men with limited or no wealth and resources may resort to physical force or violence more quickly.⁵⁴

Exosystem Factor Theory

Exosystem factor theory also includes the notion of the importance of resources. This theory focuses on life stressors, which are considered to be specific life events or experiences that are perceived by the individual as exceeding his or her resources.⁵⁵ According to this theory, stressors, or life events, can serve as predictors of FV. Stressors/life events may include experiences such as job loss, an extramarital affair, moving to a new home, or daily hassles such as traffic and paying bills. There may be a direct relationship between husband-to-wife violence and the perception and frequency of stressors.⁵⁶

Stress results in FV only when other specific factors are present, including a personal history of growing up in a violent family, low marital satisfaction, and social isolation.^{55,57} Violence is only one of many possible stress responses, however.⁵⁵ For example, despite the evidence of a positive association between number of stressors experienced in a year and the rate of child abuse, a number of intervening variables also play a role in the relationship.⁵⁷ Stress is related to child abuse among individuals who had

learned to use violence during childhood and who also believed that hitting family members was justified.⁵⁵ However, when these factors were not present, the relationship between stress and abuse was minimal. Therefore, stress is an important but not essential factor for predicting FV.⁵⁵

Social Isolation Theory

Social isolation has been identified as an intervening variable between stressors/life events and FV.⁵⁵ Social isolation theory posits that child abuse and neglect are associated with isolation of the parent-child relationship from social support systems.⁵⁸ Based on this perspective, understanding child maltreatment requires looking beyond high-risk families to neighborhoods and larger systems that have higher rates of child maltreatment. Garbarino and Sherman⁵⁹ studied communities that were matched on socioeconomic status (SES) and race, but had differing rates of reported child maltreatment. They found that in high-risk neighborhoods, family problems were considerably worse when families were isolated rather than part of a community. A subsequent study of communities in the Chicago area indicated that the areas with the highest rates of child maltreatment had greater social disorganization in the form of crime, along with a lack of availability of social services and support networks and minimal to no knowledge regarding the resources that do exist.⁶⁰

COGNITIVE/BEHAVIORAL THEORIES OF FAMILY VIOLENCE

Cognitive and behavioral theories focus on individual-level factors that contribute to FV. In this section, four cognitive/behavioral theories are discussed: social learning theory, behavior genetics theory, the theory of reactive aggression, and the theory of learned helplessness.

Social Learning Theory

Social learning theory maintains that individuals learn social behaviors by observing and imitating other people.^{61,62} Imitation of models is the most important element in how children learn. This process can be seen in the development of language, aggression, and moral decision-making.¹⁹ Social learning theory posits that individuals become aggressive toward family members because their aggressive behaviors are learned through operant conditioning and observing behavior in role models.⁵⁵ Operant conditioning is the strengthening of behaviors through positive and negative reinforcement, as

well as the suppression of behaviors through punishment.⁵⁵ In fact, corporal punishment may be chosen as a discipline method simply because it typically brings about children's compliance with parental demands.⁶³ However, research points to both short- and long-term negative effects associated with physical punishment, such as increased physical aggressiveness, antisocial behavior, poor parent-child relationships during childhood,^{63,64} and aggression, criminal behavior, mental health problems, and partner or spousal abuse in adulthood.^{63,65}

Social learning theory attempts to explain the presence of intergenerational transmission of violence. It is proposed that, while growing up, children receive feedback from others regarding their own behaviors, from which they begin to develop standards for judging their behavior and seek out models who match these standards.⁶² Children who grow up in violent/abusive families may learn violent/abusive behaviors, imitate those behaviors, and then repeat those behaviors in future relationships. Several studies have indicated that individuals who were abused in childhood are at greater risk for abusing their own children in adulthood.^{66,67} In addition, men who observed their fathers abusing their mothers when they were children are at an increased risk for abusing their wives.^{68,69} Finally, researchers have found that young adults who observed and experienced abuse when they were children are more likely to be in an abusive intimate relationship as either abuser or victim.^{70,71}

Behavioral Genetics

Behavioral genetics theory posits that genetic factors, in addition to factors associated with social learning, may explain the similarities found among family members and their use of violence.⁷² A review of the behavioral genetics literature demonstrated that the characteristics of aggression and antisocial behavior seem to be genetically influenced.⁷² Although individuals may have a genetic predisposition toward engaging in aggressive behavior, the form of aggression they engage in will vary based on differences in non-shared environmental influences, such as stress and exposure to violence. Both heredity and environment impact the perpetuation of FV from one generation to the next.^{72,73}

Reactive Aggression

The theory of reactive aggression focuses on emotional and cognitive processes leading to behavioral responses. This theory posits that the following events occur when an individual experiences an unpleasant situation:

(1) an aversive stimulus results in a negative emotional response, (2) the negative emotional response then leads to an urge to hurt others or thoughts of hurting others, and (3) the urge to hurt results in aggressive behavior unless inhibiting factors are present.⁷⁴

The theory of reactive aggression has been suggested in FV in several studies. Some researchers have described a positive correlation between parental self-reports of anger and the use of physical discipline with their children, as well as the risk for child abuse in their families.⁷⁵ In addition, one study classified a group of men who abuse their spouses as “borderline/cyclical batterers.”⁷⁶ These men have been observed to react with rage when they perceive or are faced with actual rejection or abandonment by their spouses. Once these men experience emotional pain, they are overcome with the desire to hurt, and thoughts about hurting, their spouses. The desire and thoughts may be immediately followed by rage and violent behaviors toward their spouses unless something happens to derail them (e.g., arrival of the police in response to a call from a neighbor or a knock on the door from an unexpected visitor). The reaction to aggress when faced with situations of pain and anger aids in our understanding of why FV occurs and may increase our ability to combat the cognitive distortions that underlie some of the aggressive and abusive behaviors in which individuals engage, as explained by this theory.

Learned Helplessness

The theory of learned helplessness sheds light on reasons why victims of FV often choose to stay in somewhat unpredictable and volatile family relationships. The theory of learned helplessness was originally proposed to explain the loss of will that accompanies repeated barriers to escape from an aversive situation.⁷⁷ By chance, while studying depression in experiments with dogs, Seligman⁷⁷ discovered that sometimes dogs would “learn” that their behaviors did not bring about the expected or desired outcome in situations where barriers (electric shock) were present. As a result, the dogs would stop engaging in the behavior even once the barriers were removed. Much like the dogs that “learned” to be helpless after being subjected to electric shocks with no ability to escape, battered women may fall into the same pattern.⁷⁸ Experiencing repeated beatings or other abuse may lead a woman to become passive because she feels that nothing she does will result in a positive outcome. This theory of violence is controversial because many women in a violent relationship do maintain a sense of dignity, learn skills to survive, and may even fight back.⁷⁹

FAMILY AND SYSTEMS THEORIES OF FAMILY VIOLENCE

Family and systems theories focus on the family unit and attempt to explain individual behaviors within the context of interpersonal relationships, family systems, and larger societal systems, as well as how these relate to the formation and maintenance of FV.

Three family and system theories are discussed in detail: family systems theory, family life cycle theory, and microsystem factor theories (including the sub-theories of intrafamilial stress and dependency relations). The cycle of violence theory is one of the most popular theories for explaining FV and is described in full detail in Chapter 3.

Family Systems Theory

Family systems theory is based on the idea that each individual should be viewed not in isolation but in terms of the interactions, transitions, and relationships within the family.⁸⁰ The focus of assessment and intervention shifts from one individual to the patterns of relationships among all individuals in a family group.⁸¹ A central tenet of this theory is that what affects one individual affects the entire family system and what affects the family system affects each member as well.⁸² Family systems theory provides a framework for observing and understanding general characteristics of human relationships, individual functioning within the nuclear family, ways in which emotional problems are transmitted to the next generation, as well as the transmission of behavioral patterns over multiple generations, which is particularly important when attempting to understand FV.⁸³ Additionally, it is important to remember that the family system is a sub-system within larger systems, such as the community,⁸¹ which interact with and influence one another and contribute to the maintenance of particular patterns of behavior.

Family Life Cycle Theory

The family life cycle theory posits that, to understand families, we must examine transitions in the family experience. At its early inception, family life cycle theorists divided family development into discrete stages, with specific tasks to be performed at each stage.^{84,85} These stages tend to coincide with family members entering and exiting due to marriage, death, the addition of a child, or a young adult leaving the parental home.⁸² Carter and McGoldrick⁸⁶ expanded this model to include a multigenerational point of view, as well as a cultural perspective. They suggested that the family life cycle

includes approximately six stages: single young adulthood, joining of families (the new couple), families with young children, families with adolescents, families launching children and moving on, and families in later life. Family life cycle theory adds two important concepts to our understanding of individual development, which might aid in understanding how and why FV occurs and is often repeated: (1) families often must reorganize to accommodate the growth and change of their members, and (2) development in any generation of the family may have an impact on one or all of the family's members.⁸¹

However, although many variations of lifestyles, family formations, and behaviors exist, it is important to note that life cycle transitions of any form can result in stress experienced by the family system. Changes in life cycle stages are critical transition points for families and their individual members.⁸⁴⁻⁸⁶ When a family system is inflexible and unable to adapt and maintain balance between stability and change, it may become dysfunctional.⁸² In addition, the stress that results from life cycle transitions can lead to violence within the family system. In fact, the most dangerous time in a FV relationship occurs during marital/partner separation when serious physical harm or death is more likely to occur.²

Microsystem Factor Theories

FV and abuse also have been conceptualized in terms of an ecological model that includes causes within the family unit and causes that pertain to cultural factors and any systemic factor in between.^{87,88} Microsystem factor theories place emphasis on stresses that inherently exist within the family as a social structure. The microsystem consists of the interactions between the developing individual and the immediate settings (e.g., home, school) where the individual interacts with others.⁵⁵ The two microsystem factor theories that are discussed next are intrafamilial stress theory and dependency relations theory.

Intrafamilial Stress Theory

Intrafamilial stress includes factors such as having more children than the parents can afford, overcrowded living conditions, and having children with disabilities.⁵⁵ This theory posits that these situations can place a significant burden on the family system, particularly in terms of time and resources, which may contribute to violent behavior. The ecological perspective indicates that intrafamilial stress and beliefs regarding parenting also may interact. For instance, the association between parental stress and the risk of child abuse varies as a result of the parent's belief in implementing corporal punishment.⁸⁹

Dependency Relations Theory

Dependency relations theory is based on the concept that victims of abuse are dependent on their abusers (which is not true in some situations). The role of dependency in FV has been found in child, elder, and spousal abuse.⁹⁰ Children remain dependent on their abusers because they tend to be smaller and weaker than adults and are unable to escape from an abusive family or violent neighborhood or support themselves. Some elderly become frail, sick, dependent, and difficult to care for, which results in stress for their caregivers and dependency on their abusers.^{90,91} Even some well-meaning caregivers, who are most often relatives, may lose control when under stress and become abusive toward their elderly family members.⁹¹ Additionally, like children, some older people may become dependent on family members for basic care, which may be a risk factor for abuse.⁹² In spousal abuse, economic dependency may be a reason that explains why many women stay in abusive marriages.⁹³ Maltreated wives may have little or no income of their own and thus may believe that they would not be able to support themselves or their children if they were to leave the abusive relationship.⁹³ Dependence may be exacerbated in immigrant women who may be afraid of being alone in a foreign country and also may fear bringing perceived shame on their families if they were to divorce their abusers (Chapter 10).⁹⁴

Although this chapter has provided an overview of some theories that are thought to help explain the development, existence, and maintenance of FV, no single theory in and of itself is likely sufficient to explain this phenomenon. Complex behaviors, complicated thinking patterns, individual psychologies, and the interactions among individuals and systems all can play a role in FV.

REFERENCES

1. Bograd M. Power, gender and the family: feminist perspectives on family systems therapy. In: Dutton-Douglas MA, Walker LEA, eds. *Feminist Psychotherapies: Integration of Therapeutic and Feminist Systems*. Norwood, NJ: Ablex; 1988:118–133.
2. Walker LEA. Assessment of abusive spousal relationships. In: Kaslow FW, ed. *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. New York, NY: Wiley; 1996.
3. Boyd-Franklin N. *Black Families in Therapy: A Multisystems Approach*. New York, NY: Guilford Press; 1989.
4. Flores MT, Carey G. *Family Therapy with Hispanics: Toward Appreciating Diversity*. Boston, MA: Allyn & Bacon; 2000.
5. McGoldrick M, Giordano J, Pearce JK. *Ethnicity and Family Therapy*. 2nd ed. New York, NY: Guilford Press; 1996.

6. Minuchin P, Colapinto J, Minuchin S. *Working with Families of the Poor*. New York, NY: Guilford Press; 1998.
7. Walters M, Carter B, Papp P, Silverstein O. *The Invisible Web: Gender Patterns in Family Relationships*. New York, NY: Guilford Press; 1988.
8. Fairbairn WRD. *An Object Relations Theory of the Personality*. London, United Kingdom: Tavistock; 1952.
9. Blizard RA, Bluhn AM. Attachment to the abuser: Integrating object relations and trauma theories in treatment of abuse survivors. *Psychotherapy*. 1994; 31(3):383–390.
10. Cogan R, Porcerelli JH, Dromgoole K. Psychodynamics of partner, stranger, and generally violent male college students. *Psychoanal Psychol*. 2001;18:513–33.
11. Zosky DL. The application of object relations theory to domestic violence. *Clin Soc Work J*. 1999;27:55–69.
12. Kernberg OF. *Object Relations Theory and Clinical Psychoanalysis*. Northvale, NJ: Jason Aronson; 1984.
13. Kernberg OF. *Internal World and External Reality: Objects Relations Theory Applied*. Northvale, NJ: Jason Aronson; 1985.
14. Kernberg OF. *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press; 1986.
15. Masterson JF. *Psychotherapy of the Borderline Adult: A Developmental Approach*. New York, NY: Brunner/Mazel; 1976.
16. Masterson JF. *The Narcissistic and Borderline Disorders: An Integrated Developmental Approach*. New York, NY: Brunner/Mazel; 1981.
17. Cogan R, Porcerelli JH. Object relations in abusive partner relationships: An empirical investigation. *J Pers Assess*. 1996;66:105–115.
18. Dutton DG, Starzomski A, Ryan L. Antecedents of abusive personality and abusive behavior in wife assaulters. *J Fam Violence*. 1996;11:113–132.
19. Papalia DE, Olds SW, Feldman RD. *Human Development*. 11th ed. Boston, MA: McGraw-Hill; 2010.
20. Bowlby J. Maternal care and mental health. *Bull World Health Organ*. 1951;3:355–534.
21. Ainsworth MDS. *Infancy in Uganda: Infant Care and the Growth of Love*. Baltimore, MD: Johns Hopkins University Press; 1967.
22. Holmes J. Attachment theory and abuse: A developmental perspective. In: McCluskey U, Hooper C, eds. *Psychodynamic Perspectives on Abuse: The Cost of Fear*. London, United Kingdom: Jessica Kingsley; 2000:40–53.
23. Bowlby J. *Separation: Anxiety and Anger*. Harmondsworth, United Kingdom: Penguin; 1973. *Attachment and Loss*; vol 2.
24. Crittenden PM, Ainsworth M. Child maltreatment and attachment theory. In: Cicchetti D, Carlson V, eds. *Child Maltreatment, Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York, NY: Cambridge University Press; 1989.
25. Lewis M, Feiring C, McGuffog C, Jaskir J. Predicting psychopathology in six-year olds from early social relations. *Child Dev*. 1984;55:123–136.
26. Bowlby J. On knowing what you are not supposed to know and feeling what you are not supposed to feel. In: Bowlby J, ed. *A Secure Base*. London, United Kingdom: Routledge; 1988.

27. Crittenden PM. Family and dyadic patterns of functioning in maltreatment. In: Browne K, Davies C, Stratton P, eds. *Early Prediction and Prevention of Child Abuse*. Chichester, United Kingdom: Wiley; 1988.
28. Cicchetti D, Lynch M. Towards an ecological/transactional model of community violence and child maltreatment: consequences for children's development. *Psychiatry*. 1993;56:96–118.
29. Smallbone SW, Dadds MR. Attachment and coercive sexual behavior. *Sex Abuse*. 2000;12(1):3–15.
30. Bowlby J. Violence in the family as a disorder of the attachment and caregiving systems. *Am J Psychoanal*. 1984;44(1):9–27.
31. Carlson V, Cicchetti D, Barnett D, Braunwald K. Disorganized/disoriented attachment relationships in maltreated infants. *Dev Psychol*. 1989;25:525–531.
32. Dutton DG, Painter S. Traumatic bonding: the development of emotional attachments in battered women and other relationships of intermitted abuse. *Victimology*. 1991;6:139–155.
33. Lyons-Ruth K, Connell D, Zoll D. Patterns of maternal behavior among infants at risk for abuse: relations with infant attachment behavior and infant development at 12 months of age. In: Cicchetti D, Carlson V, eds. *Child Maltreatment, Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. New York, NY: Cambridge University Press; 1989.
34. Main M, Goldwyn R. Predicting rejection of her infant from mother's representation of her own experience: implications for the abused–abuser intergenerational cycle. *Int J Child Abuse Negl*. 1984;8:203–217.
35. Morton N, Brown KD. Theory and observation of attachment and its relationship to child maltreatment: a review. *Child Abuse Negl*. 1998;22:1093–1105.
36. Fine CG. The cognitive sequelae of incest. In: Kluft RP, ed. *Incest-Related Syndromes of Adult Psychopathology*. Washington, DC: American Psychiatric Press; 1990.
37. Herman JL, van der Kolk BA. Traumatic antecedents of borderline personality disorder. In van der Kolk BA, ed. *Psychological Trauma*. Washington, DC: American Psychiatric Press; 1987.
38. Landecker H. The role of childhood sexual trauma in the etiology of borderline personality: considerations for diagnosis and treatment. *Psychotherapy*. 1992;29(2):234–242.
39. Rieker PR, Carmen EH. The victim-to-patient process: the disconfirmation and transformation of abuse. *Am J Orthopsychiatry*. 1986;56(3):360–369.
40. Gunderson JG, Sabo AN. The phenomenological and conceptual interface between borderline personality disorder and PTSD. *Am J Psychiatry*. 1993;150:19–27.
41. Kluft RP. Clinical presentations of multiple personality disorder. *Psychiatr Clin North Am*. 1991;14(3):605–630.
42. Putnam FW. *Diagnosis and Treatment of Multiple Personality Disorder*. New York, NY: Guilford; 1989.
43. Spiegel D. Multiple personality as a post-traumatic stress disorder. *Psychiatr Clin North Am*. 1984;7:101–110.
44. van der Kolk BA, Perry JC, Herman JL. Childhood origins of self-destructive behavior. *Am J Psychiatry*. 1991;149(12):1665–1671.

45. Burgess AW, Hartman CR, Kelley SJ. *Assessing Child Abuse: The TRIADS Checklist*. Instructional handout sheet presented at: Forensics Mental Health conference; 1990; Tampa, FL.
46. Brown SL. *Counseling Victims of Violence*. Alexandria, VA: American Association for Counseling and Development; 1991.
47. van der Kolk BA. The trauma spectrum: the interaction of biological and social events in the genesis of the trauma response. *J Traumatic Stress*. 1990;1:273–290.
48. van der Kolk BA, Greenberg MS, Boyd H, Krystal J. Inescapable shock, neuro-transmitters and addiction to trauma: toward a psychobiology of post-traumatic stress. *Biol Psychiatry*. 1985;20:314–325.
49. Bostock DJ, Auster S, Bradshaw RD, Brewster A, Chapin M, Williams C. Family violence. *American Academy of Family Physicians Home Study Self-Assessment Program* (Serial No. 274); 2002.
50. Goode WJ. Force and violence in the family. *J Marriage Fam*. 1971;33:624–636.
51. Loseke D. Through a sociological lens: the complexities of family violence. In: Loseke D, Gelles R, Cavanaugh M, eds. *Current Controversies on Family Violence*. 2nd ed. Thousand Oaks, CA: Sage; 2005.
52. Lackey C, Williams KR. Social bonding and the cessation of partner violence across generations. *J Marriage Fam*. 1995;57:295–305.
53. Sherman LW. *Policing Domestic Violence: Experiments and Dilemmas*. New York, NY: Free Press; 1992.
54. Anderson KL. Gender, status, and domestic violence: an integration of feminist and family violence approaches. *J Marriage Fam*. 1997;59:655–669.
55. Malley-Morrison K, Hines DA. *Family Violence in a Cultural Perspective: Defining, Understanding, and Combating Abuse*. Thousand Oaks, CA: Sage; 2004.
56. Cano A, Vivian D. Life stressors and husband-to-wife violence. *Aggression Violent Behav*. 2001;6:459–480.
57. Straus MA. Stress and physical child abuse. *Child Abuse Negl*. 1980;4:75–88.
58. Garbarino J. The human ecology of child maltreatment. *J Marriage Fam*. 1977;39:721–736.
59. Garbarino J, Sherman D. High-risk neighborhoods and high-risk families: the human ecology of child maltreatment. *Child Dev*. 1980;51:188–198.
60. Garbarino J, Kostelny K. Child maltreatment as a community problem. *Child Abuse Negl*. 1992;16:455–464.
61. Bandura A. *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall; 1977.
62. Bandura A. Social cognitive theory. In: Vasta R, ed. *Annals of Child Development*. Greenwich, CT: JAI; 1989.
63. Gershoff ET. Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychol Bull*. 2002;128:539–579.
64. Straussberg Z, Dodge KA, Pettit GS, Bates JE. Spanking in the home and children's subsequent aggression toward kindergarten peers. *Dev Psychopathol*. 1994;6:445–461.
65. MacMillan HM, Boyle MH, Wong MY-Y, Duku EK, Fleming JE, Walsh CA. Slapping and spanking in childhood and its association with lifetime prevalence of psychiatric disorders in a general population sample. *Can Med Assoc J*. 1999;161:805–809.

66. Jackson S, Thompson RA, Christiansen EH, et al. Predicting abuse-prone parental attitudes and discipline practices in a nationally representative sample. *Child Abuse Negl.* 1999;23:15–29.
67. Kaufman J, Zigler E. Do abused children become abusive parents? *Am J Orthopsychiatry.* 1987;57:186–192.
68. Corvo K, Carpenter E. Effects of parental substance abuse on current levels of domestic violence: a possible elaboration of intergenerational transmission processes. *J Fam Violence.* 2000;15:123–137.
69. Dutton DG. Male abusiveness in intimate relationships. *Clin Psychol Rev.* 1995;15:567–581.
70. Cappell C, Heiner RB. The intergenerational transmission of family aggression. *J Fam Violence.* 1990;5:135–152.
71. Marshall LL, Rose P. Premarital violence: the impact of family of origin on violence, stress, and reciprocity. *Violence Victims.* 1990;5:51–64.
72. Hines DA, Saudino KJ. Intergenerational transmission of intimate partner violence: a behavioral genetic perspective. *Trauma Violence Abuse.* 2002;3:210–225.
73. Saudino KJ, Hines DA. Etiological similarities between psychological and physical aggression in intimate relationships: a behavioral genetic exploration. *J Fam Violence.* 2007;22:121–129.
74. Berkowitz L. The goals of aggression. In: Finkelhor D, Gelles RJ, Hotaling GT, Straus MA, eds. *The Dark Side of Families: Current Family Violence Research.* Beverly Hills, CA: Sage; 1983:166–181.
75. Whiteman M, Fanshel D, Grundy JF. Cognitive-behavioral interventions aimed at anger of parents at risk of child abuse. *Soc Work.* 1987;32:469–474.
76. Douglas KS, Dutton DG. Assessing the link between stalking and domestic violence. *Aggression Violent Behav.* 2001;6:519–546.
77. Seligman M. *Helplessness: On Depression, Development, and Death.* New York, NY: W. H. Freeman; 1975.
78. Walker LE. *The Battered Woman.* New York, NY: Harper & Row; 1979.
79. Downs DA, Fisher J. Battered woman syndrome: tool of justice or false hope in self-defense cases? In: Loseke D, Gelles R, Cavanaugh M, eds. *Current Controversies on Family Violence.* 2nd ed. Thousand Oaks, CA: Sage; 2005.
80. Gurman AS, Kniskern DP. *Handbook of Family Therapy.* Vol 1. New York, NY: Brunner/Mazel; 1981.
81. Nichols MP, Schwartz RC. *Family Therapy: Concepts and Methods.* 6th ed. Boston, MA: Pearson/Allyn & Bacon; 2004.
82. McBride JL. Family behavioral issues. *American Academy of Family Physicians Home Study Self-Assessment Program* (Serial No. 285); 2003.
83. Bowen M. *Family Therapy in Clinical Practice.* Northvale, NJ: Jason Aronson; 1992.
84. Duvall E. *Family Development.* Philadelphia, PA: Lippincott; 1957.
85. Hill R, Rodgers R. The developmental approach. In: Christiansen HT, ed. *Handbook of Marriage and the Family.* Chicago, IL: Rand McNally; 1964.
86. Carter EA, McGoldrick M, eds. *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives.* 3rd ed. Boston, MA: Allyn & Bacon; 1999.
87. Garbarino J. The consequences of child maltreatment: biosocial and ecological issues. In: Gelles RJ, Lancaster J, eds. *Child Abuse and Neglect.* Hawthorne, NY: Aldine de Gruyter; 1987:200–325.

88. Heise LL. Violence against women: an integrated, ecological framework. *Violence Against Women*. 1998;4:262–290.
89. Crouch JL, Behl LE. Relationships among parental beliefs in corporal punishment, reported stress, and physical child abuse potential. *Child Abuse Negl*. 2001;25:413–419.
90. Finkelhor D, Dzuiba-Leatherman J. Victimization of children. *Am Psychologist*. 1994;49:173–183.
91. Pillemer K. Abuse is caused by the deviance and dependence of abusive caregivers. In: Loseke D, Gelles R, Cavanaugh M, eds. *Current Controversies on Family Violence*. 2nd ed. Thousand Oaks, CA: Sage; 1993.
92. Steinmetz SK. The abused elderly are dependent: abuse is caused by the perception of stress associated with providing care. In: Loseke D, Gelles R, Cavanaugh M, eds. *Current Controversies on Family Violence*. 2nd ed. Thousand Oaks, CA: Sage; 2005.
93. Wallace H. *Family Violence: Legal, Medical, and Social Perspectives*. 3rd ed. Boston, MA: Allyn & Bacon; 2002.
94. Dasgupta SD. Women's realities: defining violence against women by immigration, race, and class. In: Bergen RK, ed. *Issues in Intimate Violence*. Thousand Oaks, CA: Sage; 1998:209–219.



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