The Role of Attachment in Treating Partner-Violent Men

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Introduction

Intimate partner violence (IPV) affects 30% of women and 10% of men (13; 5). In the 1980s, activists in Duluth, Minnesota created a batterer intervention program (BIP) for men in an effort to stop abuse from happening. Unfortunately, research into the Duluth model indicates that it lacks effectiveness in reducing abusive actions, despite the fact that it is the predominant model for treatment (1; 6). Effectiveness could be improved by implementing motivational interviewing techniques before and throughout treatment (2; 3; 4; 7; 10; 11) and prioritizing the bond between therapist and client through attachment (12).

Attachment

Attachment is defined as an emotional connection between two people, characterized by the presence or absence of sensitivity, acceptance, and collaboration. Inconsistent or no emotional care from a caregiver leads to an "insecure" or uncertain attachment to them, which is understood in adulthood as falling into two dimensions: anxiety (negative view of oneself) and avoidance (negative view of others; 12).

	Duluth Model	Motivational Interviewing
Facilitator/Therapist	Facilitators "keep the men focused for 2 hours in each group on themselves and their use of violence against women, rather than on their partners or relationships." (9, p. 29)	Therapist "reflectively listens, provides support, and develops a collaborative relationship." (4, p. 7) These characteristics closely mirror those of a secure attachment: sensitivity, acceptance, and collaboration.
Clients	Group members aim to "understand that [their] acts of violence are a means of controlling [their] partners' actions, thoughts, and feelings…" (9, p. 30)	Group members aim to acknowledge personal responsibility, have positive influence toward other group members, and possess positive views of the program and other members (10).
Statistical Outcomes	Research has found no statistically significant difference in recidivism rates for men who completed a Duluth model intervention compared to those who dropped out or were terminated prematurely ($\chi^2(1) = .03$, $p = .87$; 6, p. 10).	Perpetrators' self-reports of both the bond with the therapist and their overall attitudes toward treatment reflected significantly high correlations, where r ranges from .60 -- .83 (3).

Therapeutic Attachment

Wallin (2007) states that "the therapist, then, maybe a new attachment figure in relation to whom the patient can develop fresh patterns of attachment." (p. 57) This can most effectively be achieved in an empathetic relationship with the client and a demonstration sensitivity, acceptance, and cooperation. Anxious clients may appear to be making progress in an effort to please the therapist. Avoidant clients may be resistant to engage in therapy. Therapists should carefully consider client attachment in these instances and work to heal the clients' bonds with the therapist, which would then transfer to other relationships. (12)

Integrating Motivational Interviewing

Even considering the criticisms against the Duluth model, it is simply not feasible to do away with such an essential component of the justice system and IPV treatment. Therefore, it is necessary to consider possible modifications to current BIPs as opposed to suggesting entirely new methods of treatment. Current clinicians and facilitators involved in treating partner-violent men should consider using an integrated treatment approach; Lawson et al. (2012) propose one which combines motivational interviewing and attachment strategies. Clients would attend individual motivational interviews before entering into a group which prioritizes a "corrective emotional experience." (7, p. 194)

Conclusion

As the topic of IPV is uncomfortable for many people to discuss or even think about, it is important to spread awareness not only of its prevalence, but of the treatment modalities that attempt to reduce it. Using motivational interviewing and attachment techniques could improve batterer-intervention programs (2; 3; 4; 7; 10; 11; 12).

References

1. Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention, 22*(2), 153-160.https://doi.org/10.5093/in2013a18
2. Bohall, G., Bautista, M., & Musson, S. (2016). Intimate Partner Violence and the Duluth Model:An Examination of the Model and Recommendations for Future Research andPractice. *Journal of Family Violence, 31*(8), 1029-1033. https://doi.org/10.1007/s10896-016-9888-x
3. Boira, S., del Castillo, M. F., Carbajosa, P., & Marcuello, C. (2013). Context of treatment and therapeutic alliance: Critical factors in court-mandated batterer intervention programs. *The Spanish Journal of Psychology, 16*, 13. https://doi.org/10.1017/sjp.2013.43
4. Butters, R. P., Droubay, B. A., Seawright, J. L., Tollefson, D. R., Lundahl, B., & Whitaker, L. (2021). Intimate Partner Violence Perpetrator Treatment: Tailoring Interventions to Individual Needs. *Clinical Social Work Journal, 49*(3), 391-404. https://doi.org/10.1007/s10615-020-00763-y
5. Centers for Disease Control and Prevention. (2020, June 1). *Intimate partner violence, sexual violence, and stalking among men.* Violence Prevention. Retrieved October 26, 2022 from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/men-ipvsvandstalking.html
6. Herman, K., Rotunda, R., Williamson, G., Vodanovich, S. (2014). Outcomes from a Duluth model batterer intervention program at completion and long term follow-up. *Journal of Offender Rehabilitation, 53*(1), 1-18, https://doi.org/10.1080/10509674.2013.861316
7. Lawson, D. M., Kellam, M., Quinn, J., & Malnar, S. G. (2012). Integrated cognitive–behavioral and psychodynamic psychotherapy for intimate partner violent men. *Psychotherapy*, *49*(2), 190–201. https://doi.org/10.1037/a0028255
8. Murphy, C. M., PhD., & Meis, L. A., M.A. (2008). Individual Treatment of Intimate Partner Violence Perpetrators. *Violence and Victims, 23*(2), 173-86. https://doi.org/10.1891/0886-6708.23.2.173
9. Pence, E., & Paymar, M. (1993). Education groups for men who batter: The Duluth Model. (pp. 1-65) New York: Springer. ISBN 0-8261-7990-8
10. Santirso, F. A., Lila, M., & Gracia, E. (2020). Motivational Strategies, Working Alliance, and Protherapeutic Behaviors in Batterer Intervention Programs: A Randomized Controlled Trial *The European Journal of Psychology Applied to Legal Context, 12*(2), 77-84. https://doi.org/10.5093/ejpalc2020a7
11. Skeem, J. L., Louden, J. E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*(4), 397-410. https://doi.org/10.1037/1040-3590.19.4.397
12. Wallin, D. J. (2007). *Attachment in Psychotherapy*. Guilford Press.
13. World Health Organization. (2021, March 9) *Violence against women*. Retrieved October 26, 2022 from https://www.who.int/news-room/fact-sheets/detail/violence-against-women