

The Impact of Intimate Partner Violence on Interpersonal and Intrapersonal Relationships: The Role of Childhood Attachment



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Intimate partner violence (IPV) has consistently been shown to have deleterious effects on survivors' interpersonal and intrapersonal relationships. Despite the negative outcomes of IPV, distress after IPV varies widely, and not all IPV survivors show a significant degree of distress. The present study examined the impact of IPV on adult attachment and self-esteem, as well as the moderating role of childhood attachment on the relationships between IPV, adult attachment, and self-esteem using path analysis. A total of 1,708 adult participants were included in this study. As hypothesized, we found that IPV survivors had significantly higher levels of anxious and avoidant adult attachment than participants without a history of IPV. Additionally, childhood attachment buffered the relationship between IPV and self-esteem. We did not find that childhood attachment moderated the relationship between IPV and adult attachment. These results provide insight on attachment-based interventions that can mitigate the negative effects of IPV on people's perceptions of self.

Keywords: intimate partner violence, childhood attachment, adult attachment, self-esteem, moderation

More than 10 million adults experience intimate partner violence (IPV) victimization annually in the United States (Black et al., 2011); therefore, it undoubtedly remains a prominent public health concern. IPV victimization has been consistently associated with deleterious effects on survivors' physical and mental health. It is well established that IPV survivors demonstrated increased risks for chronic pain, injury, insomnia, disabilities, post-traumatic stress disorder, depression, and suicidality (Burke et al., 2005; Gilbert et al., 2023; Matheson et al., 2015; McLaughlin et al., 2012). Historically, empirical studies on trauma and violence have focused on psychopathology and symptoms (McLaughlin et al., 2012; Sayed et al., 2015). However, there is limited research on exploring the link between IPV victimization and intrapersonal and interpersonal relationship outcomes. Attachment theory (Bowlby, 1969) not only provides a rich theoretical framework for conceptualizing an individual's psychopathology, but also establishes a foundation for understanding the intrapersonal and relational sequelae of IPV (Levendosky et al., 2012; Sutton, 2019). IPV survivors often experience a violation of trust and a sense of betrayal in the aftermath and develop ineffective coping mechanisms (e.g., distancing themselves emotionally), which could potentially impact their new intimate relationships (St. Vil et al., 2021).

Despite the negative outcomes of IPV victimization, the levels of distress following such incidents can vary (Scott & Babcock, 2010). Although evidence has implicated numerous risk factors related to IPV victimization (e.g., childhood trauma, gender inequity; Jewkes et al., 2017; Meeker et al., 2020), limited effort has been put forth to recognize protective factors that contribute to IPV survivors' coping and healing processes. Childhood attachment has been proposed as a potential protective factor for IPV survivors' coping with traumatic experiences and a moderator for buffering the negative psychological outcomes of IPV (Pang & Thomas, 2020), which provides a meaningful foundation for us to further investigate childhood attachment as a moderator buffering relational outcomes. To our knowledge,

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no study to date has investigated the potential moderating role of childhood attachment security on the association between IPV, interpersonal outcomes (e.g., adult attachment), and intrapersonal outcomes (e.g., self-esteem) in a non-clinical sample. Understanding the moderating role of childhood attachment can potentially provide further directions toward protecting survivors from negative outcomes and creating interventions that foster healthier interpersonal relationships. In tackling the gaps in the literature, we aim to: (a) investigate the impact of IPV on adult attachment and self-esteem; and (b) examine the moderating role of childhood attachment on the relationships between IPV, adult attachment, and self-esteem.

Theoretical Framework – Attachment Theory

Attachment theory (Bowlby, 1969) offers an explanation of how the relationship between children and their primary caregiver(s) develops and how it impacts children's subsequent developmental process. According to Bowlby (1973), children develop mental representations of themselves and others, known as internal working models, through their interactions with their primary caregiver(s). Children with secure attachment are more likely to form positive self-perceptions and relationships with others (Bowlby, 1969). In contrast, children who develop insecure attachment are more likely to struggle with coping with distress and form poor relationships with others, resulting from caregivers responding to their needs insensitively.

Although evidence suggests the continuity of attachment from childhood to adulthood (Bowlby, 1969), there are distinctions between these two variables based on individuals' attachment needs, developmental stages, and characteristics of different relationships. As children grow into adolescents and emerging adults, they often continue to maintain connections with their primary caregivers while exploring new social roles outside of the family and forming close relationships with peers and romantic partners to develop adult attachment (Moretti & Peled, 2004). Secure adult attachment is generally characterized by flexibility, the ability to work independently and cooperatively with others, the ability to seek support from intimate partners, and the capacity to manage loss in a healthy manner (Brennan et al., 1998). Adult romantic relationships are thought to be underlined by two fundamental attachment-related dimensions: anxiety and avoidance. Adults with anxious attachment tend to experience worry and fear regarding abandonment or rejection by their partner, leading them to seek constant reassurance and validation from their partner. On the other hand, avoidant-attached individuals often feel uncomfortable with being close to their partner, which can lead them to withdraw from intimacy and emotional closeness in the relationship (Brennan et al., 1998). Thus, understanding the similarities and differences of attachment categories as well as dynamics of the attachment system is warranted (Lopez & Brennan, 2000).

Childhood Attachment, IPV Victimization, and Adult Attachment

Various researchers have extensively investigated the significant association between attachment developed with romantic partners and its involvement in IPV dynamics (Bradshaw & Garbarino, 2004; Duru et al., 2019; Levendosky et al., 2012). However, most studies explored the relationship between adult attachment and IPV perpetration (Gormley & Lopez, 2010; McClure & Parmenter, 2020). Specifically, individuals with insecure attachment present intense fear of abandonment or rejection and activate their aggressive behaviors to control their partners (Gormley & Lopez, 2010). Regarding IPV victimization circumstances, few studies have examined attachment security among IPV survivors. Specifically, simultaneously exploring attachment with primary caregivers in childhood and attachment with romantic partners in adulthood could capture the complexity of the impact of IPV victimization experiences on relational and emotional outcomes. Ponti and Tani (2019) investigated both childhood

attachment and adult attachment among 60 women who experienced IPV and indicated that the attachment to the mother could influence IPV victimization both directly and indirectly through the mediation effect of adult attachment with romantic partners. In other words, attachment with the mother could serve as a protector for not entering a violent romantic relationship or healthily managing the aftermath of traumatic experiences.

Childhood attachment has been identified as a potential moderator that may contribute to the variations of the healing process among IPV survivors in a small but growing number of studies (e.g., Scott & Babcock, 2010). Pang and Thomas (2020) examined the moderating role of childhood attachment on the relationship between exposure to domestic violence in adolescence and psychological outcomes and adult life satisfaction with a sample of 351 adult college students. They found that childhood attachment moderated the relationship between IPV exposure and adult life satisfaction but not psychological outcomes. This study provides empirical support for the moderating role of childhood attachment on early IPV exposure and later adult psychological and relationship outcomes. Given the context in which IPV occurs in the intimate relationships, not addressing the association between childhood attachment and adult attachment together would not fully capture the complexity of the attachment process in the adult population. It is possible that the relationship between IPV victimization and adult attachment security would be attenuated in conditions of childhood attachment. Therefore, the moderation effect of childhood attachment in the context of IPV needs to be empirically substantiated.

Childhood Attachment, IPV Victimization, and Self-Esteem

Self-esteem generally refers to a person's overall evaluation and attitude toward themselves (Rosenberg, 1965). Experiencing IPV was found to have detrimental effects on an individual's self-esteem; IPV survivors often have lower levels of self-esteem than non-abused individuals (Childress, 2013; Karakurt et al., 2014; Tariq, 2013). Experiencing IPV (e.g., emotional and psychological abuse) can lead to feelings of worthlessness and hopelessness, making it difficult for survivors to maintain autonomy and make decisions that are in their best interest (Tariq, 2013). IPV survivors consistently reported feeling burdened with a sense of guilt, shame, and self-blame for being victimized (Lindgren & Renck, 2008). Unfortunately, this can contribute to a vicious cycle, as survivors who have low self-esteem are less likely to take steps to leave abusive relationships (Karakurt et al., 2014), which leads to further victimization (Eddleston et al., 1998). Understanding the link between IPV victimization and self-esteem is crucial, as rebuilding self-esteem can also help survivors develop stronger relationships with others, gain strength toward ending abusive relationships, reduce risks of mental health problems, and feel more empowered to seek help and support (Karakurt et al., 2022).

The development of the self can be seen to unfold in the context of attachment and the internalization of important others' perceptions and expectations. Numerous studies have shed some light on the association between childhood attachment and self-esteem, suggesting that secure attachment with primary caregivers can serve as a key protective factor for developing higher levels of self-esteem (Shen et al., 2021; Wilkinson, 2004). In contrast, individuals who reported insecure attachment with their primary caregivers tended to demonstrate lower levels of self-esteem (Gamble & Roberts, 2005). However, interpersonal trauma such as IPV can produce long-term dysfunctions of self (Childress, 2013). Although no study has directly explored the moderating role of childhood attachment buffering the relationship between IPV and self-esteem, several studies have indicated that parental support serves as a moderator role in the relationship between interpersonal violence and self-esteem (Duru et al., 2019). Indeed, if a person had secure attachment experiences in childhood, they may have developed a positive sense of self-worth and the belief that they deserve love and

respect, which could buffer the negative effects of IPV on their self-esteem. Considering the existing literature and theoretical explanations as a whole, it seems reasonable to postulate that childhood attachment might serve as a potential moderator of the association between IPV and self-esteem.

Taken together, the literature consistently supports the significance of exploring protective factors contributing to IPV survivors' healing process, yet no study to date has investigated the potential moderating role of childhood attachment on the association between IPV, adult attachment, and self-esteem in a non-clinical diverse sample. In tackling these gaps, we pose two research questions (RQs):

RQ1: How is IPV associated with adult attachment and self-esteem?

RQ2: How does childhood attachment moderate the relationships between IPV, adult attachment, and self-esteem?

We hypothesized that: 1) IPV victimization is significantly positively associated with adult attachment (i.e., anxious attachment, avoidant attachment) and negatively associated with self-esteem; 2) Childhood attachment moderates the relationship between IPV victimization and adult attachment (i.e., anxious attachment, avoidant attachment); and 3) Childhood attachment moderates the relationship between IPV victimization and self-esteem.

Method

Sampling Procedures

With approval from the university IRB, research recruitment information was posted on various social media platforms (e.g., Facebook, Craigslist, university announcement boards). Individuals who were 18 years of age or older and able to fill out the questionnaire in English were eligible for the study. Participants were directed to an online Qualtrics survey to voluntarily complete the informed consent and the measures listed in the following section. At the end of the survey, participants were prompted to enter their email addresses to win one of 10 \$15 e-gift cards. Their email addresses were not included for data analysis.

Participants

Of the 2,373 voluntary adult participants who took the survey, 1,708 (71.76%) individuals were retained for the final analysis, including 507 (29.68%) participants who experienced IPV in adulthood and 1,191 (69.73%) participants without a history of IPV in adulthood. We eliminated participants who either did not consent to the study ($n = 36$, 1.51%), were younger than 18 years old ($n = 33$, 1.39%), or did not complete 95% of the survey questions ($n = 596$, 25.11%). We examined whether those who were excluded from the sample because of missing or invalid data differed from those who were retained. There was a significant difference in age between the included sample ($M = 28.89$, $SD = 12.38$) and excluded sample ($M = 32.10$, $SD = 13.51$); $t(2,255) = -3.48$, $p = 0.001$. Therefore, excluding participants with missing data was less likely to significantly impact our results. Table 1 shows that 76.23% of the participants were female. The age range of the sample was broad, from 18 to 89 years old, with an average age of 30.

Table 1*Demographic and Key Variables Information (N = 1,708)*

Variables	N	Percent	Range	M(SD)
Childhood attachment	1,708	100%	1–5	3.34(0.92)
IPV status	1,698	99.41%	0–1	
IPV	507	29.68%		
Non-IPV	1,191	69.73%		
Self-Esteem	1,704	99.77%	3–40	26.98(7.46)
Anxious Attachment	1,708	100%	1–7	4.11(1.26)
Avoidant Attachment	1,708	100%	1–7	3.71(1.16)
Control Variables				
Gender	1,683	98.54%		
Male	381	22.31%		
Female	1,302	76.23%		
Household Income	1,514	88.64%		
Less than \$5,000	183	10.70%		
\$5,000–\$9,999	96	5.60%		
\$10,000–\$14,999	119	7.00%		
\$15,000–\$19,999	83	4.90%		
\$20,000–\$24,999	98	5.70%		
\$25,000–\$29,999	78	4.60%		
\$30,000–\$39,999	128	7.50%		
\$40,000–\$49,999	141	8.30%		
\$50,000–\$74,999	239	14.00%		
\$75,000–\$99,999	143	8.40%		
\$100,000–\$149,999	139	8.10%		
\$150,000 or more	67	3.90%		

Measures***Childhood Attachment***

The parental attachment subscale of the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987) was used to measure childhood attachment. Participants rated their attachment to their parent(s) or caregiver(s) who had the most influence on them during their childhood. The subscale consists of 25 items divided into three dimensions, including 10 items on Trust (e.g., “My mother/father trusts my judgment”), nine items on Communication (e.g., “I can count on my mother/father when I need to get something off my chest”), and six items on Alienation (e.g., “I don’t get much attention from my mother/father”). Participants rated the items using a 5-point Likert scale ranging from 1 (*almost never or never true*) to 5 (*almost always or always true*). Responses were averaged, with a higher score reflecting more secure childhood attachment. This subscale has demonstrated relatively high internal consistency, with a Cronbach’s alpha of .93 (Armsden & Greenberg, 1987), and construct validity (Cherrier et al., 2023; Gomez & McLaren, 2007). In the present study, the Cronbach’s alpha coefficient for this subscale was .96.

Intimate Partner Violence

Participants' experiences of IPV were assessed through the question "Have you ever experienced intimate partner violence (physical, sexual, or psychological harm) by a current or former partner or spouse since the age of 18?" Responses were coded as 1 = *Yes*, 0 = *No*.

Adult Attachment

Adult attachment was measured using the Experience in Close Relationships Scale (ECR; Brennan et al., 1998). The ECR consists of 36 items with 18 items assessing each of the two dimensions: anxious attachment (e.g., "I worry about being abandoned") and avoidant attachment (e.g., "I try to avoid getting too close to my partner/friends"). To reduce confounding factors with childhood attachment with their parent(s) or primary caregiver(s), we only assessed adult attachment with close friends and/or romantic partners. Responses were rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Two scores were computed by averaging items on each subscale, with a higher score reflecting a higher level of anxious or avoidant attachment. Two subscales demonstrated high construct validity in various studies (Gormley & Lopez, 2010; Ponti & Tani, 2019) and a relatively high consistency for anxiety ($\alpha = .91$) and avoidance ($\alpha = .94$; Brennan et al., 1998). Cronbach's alpha coefficients for the present study were .93 for anxiety and .92 for avoidance.

Self-Esteem

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item self-report measure of overall feelings of self-worth or self-acceptance (e.g., "I am satisfied with myself"). All items were coded using a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Items were summed, with a higher score indicating a higher level of self-esteem. RSES has been frequently used in various studies, demonstrating high reliability and validity (Brennan & Morris, 1997; Rosenberg, 1979). The Cronbach's alpha for the present study was .89.

Control Variables

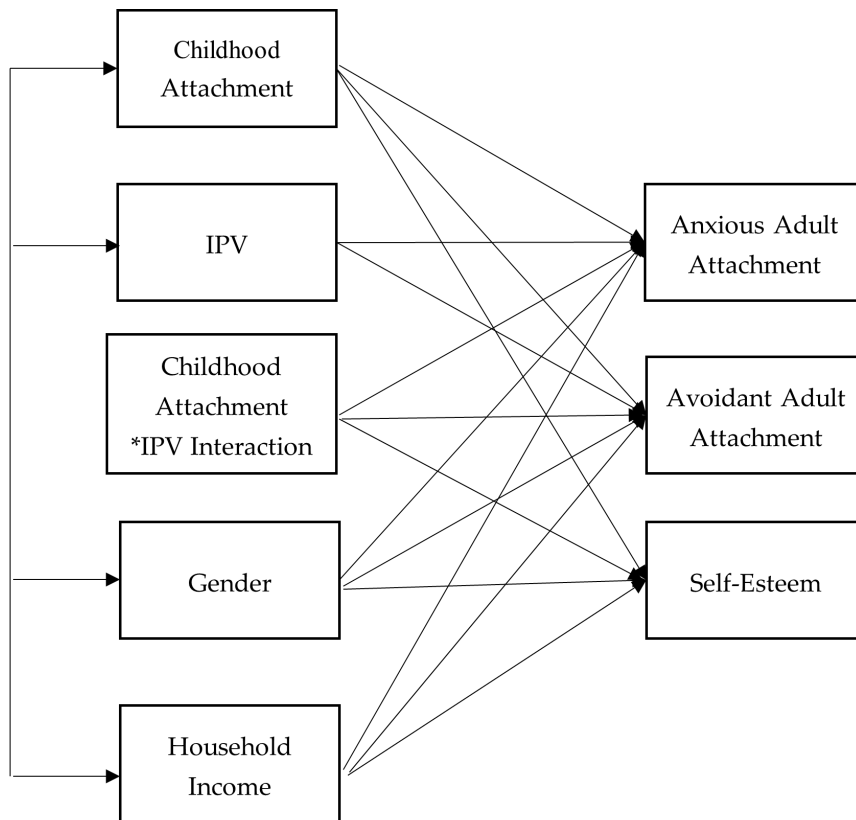
To make more accurate estimates, we included control variables that are potentially associated with IPV exposures, such as gender and household income. Gender was dummy coded as 1 = *Male*, 2 = *Female*.

Data Analysis

We used SPSS 27 for data preparation and *Mplus* 8 for data analysis. Missing data were treated with the full information maximum likelihood in *Mplus* as recommended (Acock, 2005). We examined all the bivariate relationships between all the variables within our study including IPV, childhood attachment, adult attachment (anxious and avoidant attachment), self-esteem, and control variables (i.e., gender and household income). We conducted path analysis to examine the moderating role of childhood attachment between IPV, self-esteem, and adult attachment (see Figure 1). We computed an interaction term by multiplying the predictor (IPV) and the moderator (childhood attachment). A moderation relationship is identified if the interaction item significantly predicts the dependent variables (Baron & Kenny, 1986). The goodness of model fit was evaluated by recommended indices with a non-significant chi-square value, RMSEA < .08, CFI > .90, TLI > .90, and SRMR < .05 (Hooper et al., 2008).

Figure 1

Path Analysis: Moderating Effect of Childhood Attachment on the Relationship Between IPV, Self-Esteem, and Adult Attachment



Results

Descriptive statistics and bivariate correlations of the study variables are demonstrated in Tables 1 and 2. Our model demonstrated good fit to the data, with $\chi^2(4) = 41.90$, $p = .001$, RMSEA = .07, 90% CI [.05, .08], CFI = .99, TLI = .99, SRMR = .02.

The standardized coefficients of the path model revealed that IPV survivors tended to have higher levels of anxious adult attachment ($b = .67$, $p < .001$) and avoidant adult attachment ($b = .62$, $p < .001$), and lower levels of self-esteem ($b = -.29$, $p < .001$) compared with participants without a history of IPV (see Table 3). Individuals with more secure childhood attachment tended to have lower levels of anxious adult attachment ($b = -.38$, $p < .001$) and avoidant adult attachment ($b = -.31$, $p < .001$), and higher levels of self-esteem ($b = .22$, $p < .001$). We found that childhood attachment buffered the relationship between IPV and self-esteem ($b = .12$, $p < .001$). Specifically, IPV survivors with more secure childhood attachment demonstrated higher levels of self-esteem. Although the moderation effect was statistically significant, the magnitude of the effect was small. Moreover, IPV survivors with more secure childhood attachment did not demonstrate significant differences on anxious or avoidant adult attachment compared to participants without a history of IPV.

Table 2*Bivariate Correlation Matrix of Variables*

	1	2	3	4	5	6	7
1. Anxious Adult Attachment	-						
2. Avoidant Adult Attachment	.40***	-					
3. Self-Esteem	-.18***	-.15***	-				
4. Childhood Attachment	-.45***	-.47***	.18***	-			
5. IPV	.26***	.54***	-.17***	-.31***	-		
6. Gender	-.10***	-.06**	.14***	-.01	-.08***	-	
7. Household Income	.03	.08***	-.05*	-.08**	-.06*	-.01	-

* $p < .05$ (two-tailed). ** $p < .01$. *** $p < .001$.

Table 3*Unstandardized and Standardized Path Coefficients (Standard Errors) for Path Analysis*

Parameter Estimates		Anxious Adult Attachment	Avoidant Adult Attachment	Self-esteem
Childhood Attachment	Unstandardized	-.37(.01)***	-.33(.02)***	.26(.04)***
	Standardized	-.38(.01)***	-.31(.02)***	.22(.03)***
IPV	Unstandardized	.61(.01)***	.62(.02)***	-.33(.04)***
	Standardized	.67(.01)***	.62(.02)***	-.29(.03)***
IPV*Childhood Attachment Interaction	Unstandardized	.00(.00)	.01(.01)	.10(.02)***
	Standardized	.01(.01)	.01(.01)	.12(.02)***
Control Variables				
Gender	Unstandardized	-.03(.01)**	-.08(.03)**	.18(.06)**
	Standardized	-.02(.01)**	-.04(.01)**	.07(.02)**
Household Income	Unstandardized	.01(.00)***	.01(.00)***	-.02(.01)**
	Standardized	.02(.01)***	.04(.01)***	-.06(.02)**

* $p < .05$ (two-tailed). ** $p < .01$. *** $p < .001$.

Female participants tended to have lower levels of anxious ($b = -.02, p < .01$) or avoidant adult attachment ($b = -.04, p < .01$), and higher levels of self-esteem ($b = .07, p < .01$). Individuals with higher household income reported higher levels of anxious adult attachment ($b = .02, p < .001$), avoidant adult attachment ($b = .04, p < .001$), and lower levels of self-esteem ($b = -.06, p < .01$).

Discussion

Although most existing literature predominantly focuses on revealing how the attachment style of the IPV perpetrators may influence their behavior (Velotti et al., 2018), our study contributes to the field by exploring the potential association between IPV victimization and adult attachment. Using a non-clinical sample, this study identified a positive association between IPV victimization and adult insecure attachment, including both anxious and avoidant dimensions. Meanwhile, a negative association was observed between IPV victimization and self-esteem. These findings concur with the tenets of attachment theory, which posits that individuals who experienced IPV would have a sense of betrayal of trust within intimate relationships. Rather than serving a secure attachment base in intimate adult relationships, IPV experience altered internal models of self as a victim and the other as perpetrator if the individuals stay in the abusive relationships for long enough (Levendosky et al., 2012). IPV survivors may adopt maladaptive coping strategies to mitigate the distress stemming from such intimate relationships. Consequently, these individuals might manifest anxious or avoidant attachment (Levendosky et al., 2012). At the same time, our results indicating reduced self-esteem among IPV victims resonates with previous studies, underscoring the detrimental effects of IPV on self-esteem (Childress, 2013; Karakurt et al., 2014). Enduring undeserved maltreatment from partners can persistently undermine an individual's sense of self-efficacy and competency (Tariq, 2013).

Our findings do not identify childhood attachment as a significant moderating factor between IPV victimization and insecure attachment in adulthood. There is currently no study to compare with this finding, as the present study is the first to investigate the moderating role of childhood attachment on the relationship between adult IPV victimization and adult attachment.

Although previous research implied that childhood attachment can mitigate the adverse effects of IPV on psychological health and adult life satisfaction (Pang & Thomas, 2020), those studies assessed IPV experiences during an individual's childhood. Nevertheless, we speculate that IPV targets an individual's sense of security, which is predominantly influenced by adult romantic relationships (Dutton & White, 2012). This IPV-related sense of security distinguishes itself from childhood attachment, which primarily arises from interactions between parents and children. For instance, the fear associated with intimate relationships and feelings of betrayal, as a result of sustained physical and emotional abuse from an intimate partner, may not be readily alleviated by the sense of security instilled by one's primary caregivers during childhood. Survivors who were abused by their partner may attempt to manage their distress by deactivating their attachment system, which would reflect more insecure working models of self and others, less self-confidence, and lack of trust in others (Kobayashi et al., 2021).

Conversely, our research determined that childhood attachment acts as a moderator between IPV victimization and self-esteem, aligning with previous studies showing parental support as a vital protective mechanism for the self-esteem of individuals subjected to interpersonal violence (Duru et al., 2019). As posited by attachment theory, secure childhood attachment fosters a robust self-concept, equipping individuals with the belief that they are valuable and deserving of love (Bowlby, 1969). This foundational belief may serve as an effective counterbalance, attenuating the damage to self-esteem precipitated by IPV. We acknowledge that although the moderating effect of childhood attachment on the relationship between IPV victimization and self-esteem was statistically significant, the magnitude standardized coefficients were fairly low. One possible explanation could be that when transitioning to adulthood, individuals expand their social relationships with their peers, romantic partners, and offspring, which may increasingly take on their attachment

organizations (Allen et al., 2018; Guarnieri et al., 2015). Future studies could further explore the level of effectiveness of childhood attachment mitigating the negative impact of IPV experience on interpersonal and intrapersonal outcomes in adulthood.

Limitations and Future Directions

Although the present study adds important contributions to the literature on IPV victimization and attachment, several limitations must be acknowledged. First, the dichotomous question of IPV could not fully capture all of the complexity of IPV victimization experiences. Future research should consider other factors related to IPV, including severity of the violence, types of IPV, age of onset, frequency, and duration. Second, retrospective reporting of childhood attachment with the primary caregiver(s) may lead to bias, or distortion in the recall of traumatic events from family of origin. However, previous studies have shown that retrospective reports only have a small amount of bias and that it is not strong enough to invalidate the results for adverse childhood experiences (Hardt & Rutter, 2004).

A growing body of literature has identified adult attachment as a risk factor of IPV (Doumas et al., 2008); here, we were not able to determine the causal relationship between adult attachment and IPV. We did conduct a path analysis using childhood attachment and adult attachment to predict IPV and self-esteem, but the model did not demonstrate a good fit. It is possible that attachment and IPV do not have a simple causal relationship; other childhood trauma experiences may contribute to the complexity of the IPV (Li et al., 2019).

Finally, not knowing the types of attachment in childhood limited our exploration regarding the changes of attachment styles from childhood to adulthood. The cross-sectional design of assessing childhood attachment and adult attachment concurrently did not provide sufficient evidence to determine the cause and effect. Bowlby (1969) believed that there is a continuity between childhood attachment and adult attachment over the life course. An individual's security in adult relationships may be a partial reflection of their experiences with primary caregivers in early childhood (Ammaniti et al., 2000). However, one of the common misconceptions about attachment theory is that attachment is always stable from infancy to adulthood (Hazan & Shaver, 1994). It is possible that adults' attachment patterns would change if their relational experiences were disturbed by relational trauma such as IPV (West & George, 1999) or childhood trauma (Shen & Soloski, 2024), which partially explains that childhood attachment is not a significant moderator between IPV and adult attachment from our findings. Future research could conduct longitudinal studies to examine the changes of attachment and how childhood trauma and IPV influences attachment over time.

Implications

The findings of the present study provide insights that may inform clinical interventions for adult survivors who have experienced IPV to rebuild trusting interpersonal relationships and relationships with self. First, IPV experiences were significantly associated with anxious and avoidant adult attachment. During a traumatic experience, such as IPV, the attachment security system is activated, and survivors are in a surviving mode and tend to seek protection. Unfortunately, IPV involves power, control, and betrayal within an intimate relationship, which may damage internal working models of self and others if they stay for long enough (Levendosky et al., 2012). Thus, clinical interventions could focus on altering survivors' negative internal working models to increase security within non-abusive close relationships. Close friends and family members could remain as a secure base for IPV survivors while they rebuild their personal and social lives that IPV have damaged. Additionally, therapeutic relationships could potentially serve as a secure base for survivors to explore their attachment behaviors. Survivors with avoidant attachment demonstrate deactivation attachment

behaviors (Brenner et al., 2021), such as minimizing the impact of their trauma experiences, having a tendency to perceive and present themselves as strong, or avoiding discussing their trauma experiences to avoid the possible pain (Muller, 2009). Therefore, clinicians need to hold a safe space to challenge survivors with avoidant attachment to reactivate their attachment systems, such as by validating their avoidance and ambivalence or facilitating conversations to turn toward trauma-related experiences and emotions instead of turning away. Survivors with anxious attachment, on the other hand, demonstrate hyperactivation attachment behaviors, including fear of rejection and abandonment, hypersensitivity to and preoccupation with relationships and intimacy, utilization of negative emotional regulation strategies, as well as difficulties with leaving abusive relationships (Kural & Kovacs, 2022; Velotti et al., 2018). Clinicians could teach anxious-attached survivors some effective coping strategies, including self-regulation skills, creating boundaries, establishing safety plans, maintaining relationships with others, and increasing self-compassion (Rizo et al., 2017), which may help them to perceive themselves as worthy, lovable, and less dependent on others.

Furthermore, group counseling is a powerful way to learn about trusting oneself and others and to improve interpersonal relationship skills. Clients' attachment patterns will be activated through interactions with the group members and the facilitators. Clients with anxious attachment tend to react to group members' rejections, while clients with avoidant attachment tend to demonstrate withdrawal behaviors (e.g., disengagement; Zorzella et al., 2014). Therefore, when working with these clients, clinicians should stimulate the change of internal working models by using the group as a secure base to foster corrective emotional exchanges that challenge group members' maladaptive beliefs about themselves and others (Marmarosh et al., 2013).

One of the important findings of the current study is that childhood attachment with the primary caregiver(s) buffered the relationship between IPV and self-esteem. From a clinical point of view, the result may bring hope for adult survivors of interpersonal violence regarding their healing process; primary caregivers could still serve as a secure base to offer a crucial opportunity to strengthen the internal working models that would positively affect later adjustment. Counselors could assess survivors' attachment with their primary caregivers and give them autonomy to determine if it is beneficial to get their non-abusive primary caregivers involved in the treatment to provide support. Although the moderation result from the present study was statistically significant, the magnitude of moderating effect was small. During adulthood, individuals expand their relationship networks with their peers (e.g., friends) and romantic partners, as these relationships become more central in their daily life (Guarnieri et al., 2015). Therefore, the effectiveness of childhood attachment mitigating the adverse effect of IPV in adulthood clinically needs to be further investigated.

Conclusion

The present study empirically examines the moderation role of childhood attachment on the association between IPV, adult attachment, and self-esteem. Specifically, we found that childhood attachment was a significant moderator buffering the relationship between the experience of IPV and self-esteem. A theoretical and empirical understanding of the role of attachment in the context of IPV has implications for researchers and clinicians working with survivors and their families.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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