FAMILY PROCESS

Breaking the Links in Intergenerational Violence: An Emotional Regulation Perspective

JUDITH P. SIEGEL*

The saying "violence begets violence" is an apt descriptor of the cycle of family violence, as children who witness parental violence are at high risk for repeating family violence in their own adult intimate relationships. Neuroscience research suggests that emotional regulation may be an important link in the heritability of family violence, and promotes awareness of the importance of internalizing as well as externalizing responses to stress, neglect, and abuse. This study argues for a trauma-informed approach to identifying children and parents whose symptoms of emotional dysregulation may be otherwise overlooked, and for an expanded approach to treatment that incorporates family systems and emotional regulation strategies.

Fam Proc 52:163–178, 2013

The replication of family violence from one generation to another is a subject of great concern. Although factors such as genetics, social learning, and culturally reinforced beliefs have been identified as potential moderators in perpetuating the cycle (Busby, Holman, & Walker, 2008; Tolman & Bennett, 1990), research contributions from neurobiology suggest that, like other kinds of trauma, family violence may be related to disturbances in emotional regulation. From this perspective, batterers with impairments in emotional regulation would be viewed as lacking the ability to notice, comprehend, and manage escalating emotions, as well as the skills required to resolve differences and problems in constructive, nonviolent ways. Although interventions that strengthen emotional regulation are used in the treatment of PTSD, addiction, and other disorders that are comorbid in populations with family violence, an emotional regulation approach is not typically used in the treatment of batterers, victims, and children who witness parental violence (WPV). This study explores the potential link between disturbances in emotional regulation created by childhood exposure to a family environment that includes witnessing parental violence and the repetition of partner violence in adult intimacy.

A PROBLEM IN NEED OF EXPANDED STRATEGIES

Despite the belief that most American children are provided with ample protection and support, too many home environments fail to recognize the harm that is caused by intimate partner violence. Rates of battering are difficult to establish, but are estimated to occur in 30% of families with children (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2008). Although economic stress and substance abuse may increase the incidence of marital conflict, partner violence occurs across all socioeconomic spheres (Fox, Benson, DeMaris, & van Wyk, 2004). Silvern

*Silver School of Social Work at New York University, New York, NY.

Correspondence concerning this article should be addressed to Judith P. Siegel, Silver School of Social Work at New York University, 1 Washington Square N, New York, NY 10543. E-mail: js13@nyu.edu.

The author would like to thank Drs. Yitzak Frank and Al Gurman for their comments.

Family Process, Vol. 52, No. 2, 2013 © FPI, Inc.
doi: 10.1111/famp.12023

et al. (1995) reported that 37% of the college students in their sample described being exposed to violence between their parents.

Although research has provided extensive information about the harm created by family violence, the services offered to families with IPV have not kept pace with emerging findings. They have also, for the most part, failed to demonstrate efficacy in stopping the violence. Reviews of programs for men who batter indicate a high drop-out rate, resistance to change, and poor outcome (Babcock, Green, & Robie, 2004; Eckhardt, Murphy, Black, & Suhr, 2006). Although battered women may receive counseling, the feminist position on partner abuse works against diagnosing the victim, and unintentionally deprives women who have experienced childhood trauma from receiving therapy that targets related problem areas. The failure to recognize multigenerational consequences in areas such as emotional regulation ultimately impacts the children who WPV, as they typically do not receive counseling unless severe externalizing symptoms develop.

ESTABLISHING THE HERITABILITY OF FAMILY VIOLENCE

Although there is an established literature documenting childhood exposure to family violence in adults who batter or remain involved in violent relationships, efforts to interpret and replicate findings are complicated due to the different kinds and combinations of family violence.

Different Combinations of Exposure and Experience

Children who witness parental violence may be exposed to both female- and male-initiated violence, and situations where one or both parents are abused (Barner & Carney, 2011). Physical abuse is often accompanied by emotional abuse, although not all emotionally abusive relationships culminate in violence. However, as partner violence often occurs in the context of escalating conflict, it is probable that WPV children have been exposed to multiple episodes of parental discord in addition to those that culminate in violence. Children from those families would be exposed to an additional source of stress, as intimate partner conflict and hostility have been found to harm children even in the absence of abuse (Amato, Loomis, & Booth, 1995; Gottman & Katz, 1989; McNeal & Amato, 1998). Exposure to parental conflict has been shown to increase the likelihood of school and peer problems in young children, and depression and alcohol dependence in young adults (Turner & Kopiec, 2006).

Research on the consequences of family violence has also been handicapped by the variability of abuse (Whitfield, Anda, Dube, & Felitti, 2003). For example, the consequences of exposure to abuse vary according to the child's involvement, as children may directly witness parental abuse, or become aware of the incident after it has occurred (Garrido, Culhane, Petrenko, & Taussig, 2011). The age of the child, severity of abuse, frequency of abuse, and the role of the child in the postabuse aftermath all contribute to the impact on the child. Graham-Berman and Perkins (2010) suggest that although the age of first exposure predicts children's behavioral problems, cumulative exposure has the most direct influence on externalizing behavior problems. McDonald, Jouriles, Norwood, ShineWare, and Ezell (2000) found that 48% of the families of children referred for outpatient therapy due to behavioral problems reported domestic violence.

To further confound research activity, many children who are exposed to parental violence experience emotional and/or physical neglect and physical abuse at some point during their childhood. Hamby, Finkelhor, Turner, and Ormod (2010) report that one third of WPV youth experienced maltreatment in the same year as the parental violence occurred, and over half of the grown WPV children report exposure to personal abuse by midadulthood. Witnessing in the absence of physical or sexual abuse is considered a form of

emotional abuse that may lead to difficulty with emotional regulation throughout adulthood and is predictive of adult intimate violence (Burns, Jackson, & Harding, 2010; Holt, Buckley, & Whelan, 2008). However, children exposed to multiple forms of family violence have the highest rates of emotional, cognitive, and psychiatric disorders (Garrido et al., 2011).

The Repetition of Abuse

Despite limitations due to difficulty differentiating different kinds and levels of family violence and the imprecise methodology of existing studies (Thornberry, Knight, & Lovegrove, 2012), it is apparent that children raised in homes with IPV violence have a greater likelihood of repeating and/or re-experiencing relationship violence in their adult lives. In a study of 45,000 adults in relationships, Busby et al. (2008) calculated that whereas 10% of couples with no family of origin violence were violent in their own relationships, 32% of the couples whose parents were violent repeated violence in their own relationship. Iverson, Jimenez, Harrington, and Resick (2011) found that witnessing parental violence was associated with a 2.4 increase in repeating IPV and that witnessing IPV was more powerful than childhood experiences of physical or sexual abuse in predicting IPV. Roberts, Gilman, Fitzmaurice, Decker, and Koenen (2010) report a 2.6 risk ratio between witnessing and perpetrating intimate partner violence, with similar rates reported in women who report IPV (Bensley, Eenwyk, & Simmons, 2003; Forero, 2005). Although Stith, Busch, Lundeberg, and Carlton (2000) challenge reported effect sizes, their meta-analysis of 39 studies supports the premise that growing up in a violent home is significantly related to becoming a victim and/or perpetrating spouse abuse.

CONSEQUENCES OF FAMILY VIOLENCE TO EMOTIONAL REGULATION

There is an extensive body of scholarship that examines how maltreatment and exposure to childhood stress can affect brain development and lead to a range of psychological disorders. Whereas past studies have focused on mood, anxiety, and substance disorders, there is a growing recognition of shared underlying neural dynamics that may explain the tendency toward comorbidity. Kring (2010) suggests that trauma-influenced problems with emotional regulation may manifest in a spectrum of symptoms traditionally categorized as distinct psychiatric disorders. Emotional regulation provides a transdiagnostic perspective that may more accurately identify shared underlying neural impairment.

Neurobiological Consequences of Trauma for Children

The changes in HPA, glucocorticoid, and neuroendocrine systems in children who have witnessed or experienced abuse have been reviewed and summarized in several comprehensive studies (Cicchetti & Toth, 1995; Cohen, Perel, DeBellis, Friedman, & Putnam, 2002; Gunnar & Fisher, 2006). De Bellis (2001) has reviewed psychobiological and brain maturation studies in maltreated children and suggests that "multiple, densely interconnected neurobiological systems are impacted by the acute and chronic stressors associated with childhood maltreatment" (pp. 539). Imaging studies of abused children show a range of malfunctions, including disturbances in frontostriatal circuitry, reduction in brain volume, and reduced white matter in the prefrontal cortex and corpus callosum (Perry, 2009). It is suggested that chronic activation of the HPA system, which is a typical response to exposure to unmitigated stress, influences the production of cortisol and neurotransmitters. Brain cells react to these changes by downregulating the number of receptors, resulting in myelination and synaptic pruning that aid immediate survival, but compromise long-term health (Twardosz & Lutzker, 2010). A large body of scholarship

offers detailed description of disruptions in neural network development created by trauma that ultimately compromise the ability to experience, tolerate, and manage emotional states (Briere, 2002; Gunnar & Fisher, 2006; Perry, 2009; Yates, 2007).

NEUROBIOLOGICAL CONSEQUENCES OF CHILDHOOD TRAUMA FOR ADULTS

Whereas there are few fMRI studies on WPV children, several studies have examined adults with PTSD who report exposure to family violence in childhood.

Dissociation, Alexithymia, and Interoception

A growing body of research points to changes in right brain function, particularly in adults with PTSD who, as children, were sexually or physically abused (Van der Kolk, 2003; Van der Kolk, Van der Hart, & Marmar, 1996). Because the right brain regulates affective experience, it is posited that trauma renders these individuals unable to process and regulate intense positive and negative affective states. Overwhelming affect that could not be processed in childhood leads to functional impairments that complicate emotional processing in adulthood. Schore (2003) notes that individuals with right brain impairment are compromised in their ability to sense and reflect on changes in subjective self-states. This culminates in a heightened state of overwhelming affect that leads either to an emotionally driven outburst or to dissociative withdrawal.

Other studies emphasize the importance of neural networks that connect different aspects of awareness, memory, and cognition in response to specific triggers (Buchanan, 2007; Barrett, Mesquita, Ochsner, & Gross, 2007). States of heightened arousal in response to perceived danger can lead to neural disconnection that disrupts awareness of emotional turbulence as well as cognitive strategies that might ordinarily help de-escalate arousal (Briere & Spinazzola, 2005; Siegel, 2003). In this instance, a trauma survivor who demonstrates evidence of specific activated neural activity and altered neurobiological markers may be completely cut off from awareness of the emotional state that has been aroused. This lack of self-awareness, known as alexithymia or interoception, has been identified in both survivors of trauma as well as addiction-prone adults (Brunner et al., 2000; Frewen et al., 2008). Zlotnick, Mattia, and Zimmerman (2001) report high levels of alexithymia in adults diagnosed with PTSD and Borderline Personality Disorder, and found that self-assessed severity of emotional and physical neglect in childhood was a more potent predictor of alexithymia than physical abuse.

Dimaggio, Vanheule, Lysaker, Carcione, and Nicolo (2009) view alexithymia as a deficit in the cognitive-experiential processing of emotions that gives rise to dysfunctional responses such as panic, numbness, and violent outbursts. Individuals who shut down in response to heightened emotions are not able to monitor escalating states, and may lose their ability to control aggressive urges in a state of high arousal. Finkel, DeWall, Slotter, Oakten, and Foshee (2009) suggest that violent impulses during conflict interactions are quite common, but are typically regulated once they are recognized; failure to identify aggressive impulses may contribute to the failure to control them.

Neuro-Cognitive Mechanisms

Neuroimaging studies on the cognitive mechanisms involved in emotionally rich memory retrieval also suggest that specific cognitive processes play a role in escalating arousal. For example, splitting, flooding, and rumination work to activate and reactivate memories that have the potential to exacerbate emotional distress. Splitting causes events to be experienced in an extreme form, so that unpleasant events are viewed as “all bad”, whereas enjoyable experiences are idealized (Siegel, 2006). Studies with batterers and

women who repeatedly return to IPV relationships show high levels of splitting in both populations that statistically distinguish them from nonclinic populations (Siegel & Forero, 2012). Under the influence of splitting, memories of similar events are activated, according to emotional valence to the immediate situation. Neuroscience research on emotional memories suggests that positive and negative emotional memories are retained in different neural networks, and when revived, add intensity to the current emotional experience (Suvak & Barrett, 2011). As memory networks are stimulated, similar experiences from the past are remembered, and flood the emotional field in ways that complicate the distinction between past and present.

Although not all children who were abused or witnessed parental violence develop full-blown symptoms of PTSD, these neuro-cognitive changes predispose individuals to a range of disturbances that impact emotional stability as well as interpersonal relationships. The impairments in emotional regulation created by exposure to trauma in early life may have lifelong consequences that contribute to the heritability of family violence.

FAMILY ATTRIBUTES

There are additional aspects of family life related to emotional regulation that should be considered in understanding the heritability of family violence. These include disruptions in attachment, compromised parenting in response to the consequences of current and past family violence, and aspects of family relatedness that play a role in establishing emotional well-being in children.

Insecure Attachment Patterns

The importance of attachment patterns between family members has been extensively researched in families who experience trauma. Children who are not securely attached are more likely to develop neural impairments in response to states of emotional dysregulation created by exposure to trauma (Fishbane, 2007). Children who lack healthy attachment are more prone to difficulty being soothed, have more behavioral disturbances, and are at greater risk for developing addictive problems (Hesse, Main, Abrams, & Rifkin, 2003). Toddlers in secure attachment relationships are able to tolerate stressful situations without the cortisol elevation that is produced in children from insecure attachment relationships (Granath et al., 2006). Research based on adult attachment has demonstrated that the mother's attachment style predicts the attachment style of her offspring (Fonagy, Steele, & Steele, 2008). Given the heritability of abuse, it is not surprising that the meta-analysis of maltreating and high-risk families shows an overrepresentation of disorganized and insecure attachment patterns (Cyr, Euser, Bakermans-Kranenburg, & van Uzendoorn, 2010).

The quality of attachment in the parent–child bond is largely determined by the parent's ability to attune to a child's needs and provide a stable, nurturing, and protective response. As a secure attachment is important in establishing trust, children with anxious, avoidant, or disorganized attachment are less likely to develop secure intimate relationships in adulthood (Fosha, 2003). This may contribute to escalated aggression between partners, as Monson, Fredman, and Dekel (2010) have identified the importance of perceived safety and trust as a cognitive moderator to aggression in intimate relationships.

Unhealthy attachment patterns are more prevalent in men who perpetrate IPV, with insecure attachment being particularly problematic (Kesner & McKenry, 1998). Men with avoidant attachment styles and borderline personality disorder are also at high risk for perpetuating IPV (Mauricio, Tein, & Lopez, 2007). Impaired attachment and a history of WPV are related to aggression and abuse in adolescent dating, with anxious attachment

predicting boys' aggression and anxious and avoidant anxiety moderating girls (Grych & Knsfogel, 2010).

A family systems approach allows attachment to be seen not only as a relationship function between caretaker and child that predisposes the child to inherit a level of trust in intimate dependency but as a dynamic that influences all family members in the system. Caffery and Erdman (2000) draw on the work of Byng-Hall to suggest that unmet attachment needs of one family member affects the way that attachment needs in others can be met. Parents who feel threatened by rejection or family violence may be too preoccupied with securing their own attachment needs to focus on their child. It is also possible that unmet attachment needs in a parent who endures IPV may be displaced onto the parent–child relationship in ways that create parentification or triangulation.

Compromised Parenting

Gottman and Katz (1989) and Siegel and Hertzell (2004) have reviewed parenting practices that help create secure attachment and emotionally stable children. Not surprisingly, the parenting strengths that are highlighted require that parents be emotionally attuned and able to tolerate a range of emotional states in themselves and other family members. Conversely, parents who are preoccupied with personal problems or highly reactive are not able to fully attend to their young children. Given that parents who engage in family violence have a high incidence of comorbidity with diagnosable emotional disorders, they may be compromised in their ability to provide the aspects of parenting that are most valuable in influencing healthy emotional development (Morris et al., 2007). For example, many women who have been battered suffer from PTSD and depression. Graham-Berman, Gruber, Howell, and Girz (2009) found that three quarters of their sample of mothers housed in a domestic violence shelter were significantly depressed. Both PTSD and depression have been associated with impaired parenting and higher levels of adjustment problems in children (Downey & Coyne, 1990; Ashman et al., 2002). Although symptomatic women may recover once physical violence has ceased, women who experience psychological abuse have long-standing problems with PTSD, anxiety, and depression that do not abate (Blasco-Ros, Sanchez-Lorente, & Martinez, 2010). Men who batter have high levels of comorbidity with substance abuse, PTSD, depression, anxiety, and personality disorders (Klosterman et al., 2010; Turner & Kopiec, 2006).

Although it is relevant to acknowledge the symptoms associated with diagnosable emotional disorders, a family perspective shifts the focus from the individual to the specific ways that impaired emotional processing can affect parenting. Adults who struggle with emotional disorders are invariably compromised in their ability to parent, particularly with regards to modeling and coaching emotional regulation skills. For example, depression typically creates emotional withdrawal, irritability, and a negative perspective. It is not surprising that depressed mothers are less playful and more critical of their offspring (Goodman & Gotlib, 1999). Depressed mothers are less able to provide consistent maternal warmth, a dynamic that is recognized as an important buffer against the harm of exposure to trauma (Gagne, Drapeau, Saint-Jacques, & Lepine, 2007; Granath et al., 2006).

Parents with PTSD may become emotionally reactive and enraged by events that are not understandable to family members who do not share the same repertoire of emotionally tinged triggers, and in a state of heightened anxiety, would become unable to focus on a child's needs. Parents who are inebriated or substance impaired are less able to attend to parenting responsibilities (Forrester & Harwin, 2011; Kelley et al., 2010). Their children may also be called upon not only to manage their own physical and emotional needs but to provide care for younger siblings or even for the parents whose abuse has compromised their ability to function.

Intimate relationships with IPV do not produce happy parents. Given their own lack of security and fulfillment, parents who are battered may be preoccupied and overwhelmed with stress that translates into more irritability and less patience with misbehaving children. Harsh parenting is more likely to occur in families with family violence, and is a time-varying predictor in mothers who are involved in IPV (Kim, Pears, Fisher, Connelly, & Landsverk, 2010). Research has noted that harsh, cold, and inconsistent parenting is related to higher levels of aggression in children, and more likely to occur to highly stressed, unstable families (Tracy & Johnson, 2006). It has also been noted that harsh parenting may disrupt the development of security and self-regulatory skills in children (Bradley & Corwyn, 2008).

Thus, the impairments in processing and tolerating emotions that underlie comorbid disorders and marital dissatisfaction in adult populations with IPV may contribute to parenting limitations that ultimately compromise resilience and the development of emotional processing skills in their offspring (De Bellis, 2001). Given their own symptoms of distress, they are less able to provide the warmth, attunement, and stability required for optimal child development (Davidson, 2000; Stroufe, 2000).

System Dynamics

A systemic perspective of the heritability of family violence also recognizes dynamics that may cause children to be reacted to or placed in family roles that work against ideal emotional development (Gagne et al., 2007; Struge-Apple, Skibo, & Davis, 2012). When adults who are not able to self-soothe turn inappropriately to their offspring for comfort, the children are promoted into roles with responsibilities that preclude age-appropriate needs, or the expectation that their needs will be noticed or responded to by others (Hooper, 2007). It is not uncommon for children to attempt to protect a parent who is being threatened or victimized (Amato et al., 1995; Cummings & Davies, 2010). Unfortunately, children who conclude that a parent is not capable of self-protection will not easily trust that parent to provide protection to them. Children who witness parents demonstrating uncontrolled aggression may also experience vicarious identification that changes their level of trust and security toward the aggressive parent. Their beliefs about respect, trust, and conflict resolution, current and future, all become endangered (Crawford & Wright, 2007; Siegel, 2000).

Children who are raised with family violence may be triangulated into their parents' intimate relationship, leading to unhealthy alliances and a tendency toward self-blame (Grych, Raynor, & Fosco, 2004; Kerig & Swanson, 2010). WPV children may also experience parental rejection or spillover aggression subsequent to parental conflict. Margolin (2004) has found that families reporting interparental aggression show lower levels of father-to-child empathy and higher levels of mother-to-child negative affect following hostile marital conversations. Rejection has been identified as an important emotional disregulator (Eisenberger & Lieberman, 2004), and may undermine the emotional climate that is required to build self-esteem.

The Emotional Climate

Morris et al. (2007) speak about the importance of the emotional climate that dominates the family atmosphere. Although most young children who are exposed to parental conflict become tense and emotionally aroused (Cummings & Davies, 1994), family cohesion and a sense of safety can mediate against the adverse consequences of IPV (Owen, Thompson, Shaffer, Jackson, & Kaslow, 2009). Cummings and Schatz (2012) stress the importance that emotional security has on child development, and cite the elevated risks for children raised in homes with distressed marriages. Although the bulk of their

research focuses on security as an emotional regulator, it is also possible that children exposed to parental conflict or who WPV experience emotional disruption in the form of trauma contagion. Therapists who work with trauma victims note that family members of individuals with PTSD may acquire trauma symptoms as a form of emotional contagion or by-product of constant exposure (Nelson & Wampler, 2007; Sautter, Glynn, Thompson, Franklin, & Han, 2008; Dinshtein et al., 2011). Thus, exposure to persistent, heightened negative emotion in the family may weaken resilience and compromise emotional development in the children.

INTERVENTIONS

Current Approaches to Batterers, Victims, and WPV Children

Despite the fact that family violence occurs between family members, prevailing treatment interventions are delivered, for the most part, to individuals, or groups composed of nonfamily members. Men who initiate IPV are typically referred to batterer intervention programs that provide group psycho-education or cognitive-behavioral strategies. In a recent analysis of programs for children exposed to IPV, only two studies included fathers, and both delivered psycho-educational interventions emphasizing the harm inflicted on offspring (Rizo, Macy, Ermentrout, & Johns, 2011).

More extensive services exist for abused women with children, but interventions tend to provide support through individual or group sessions, with additional parenting education offered in some agencies (Graham-Bermann & Hughes, 2003; Rizo et al., 2011). Although treatment offers support and ways to strengthen competency and resilience, political concerns have influenced the exclusion of therapies that target diagnosable disorders such as anxiety and depression.

Children who have been identified as being traumatized by WPV may be referred to individual or group treatment, but due to a general lack of awareness of the damage created for children who witness, they are only referred in response to pronounced externalizing symptoms (Jouriles et al., 2001). This is a major point of concern, as internalizing and dissociative symptoms are just as prevalent in traumatized children, and are less likely to be identified as indicators of trauma (Siegel, 2012). Although disorders that develop in adulthood can be linked to internalizing symptoms (Cloitre, Miranda, Stovall-Mclough, & Han, 2005), only the children who display disruptive aggressive behavior or conduct disorder receive treatment.

Alternative Treatment Approaches

The scarcity of interventions that are based on emotional regulation is not related to the availability of models that have demonstrated promising results in individual, family, and group treatment approaches with other trauma-related problems.

Dialectical behavioral therapy

Dialectical Behavioral Therapy (DBT) has been used successfully in group and individual interventions with individuals diagnosed with substance abuse as well as those who have borderline personality disorder (Linehan, 1993; Robins & Chapman, 2004). DBT provides attunement, validation, and mindfulness techniques that help individuals acknowledge and tolerate stressful emotional states while finding ways to de-escalate and work more productively with triggers. This enhances the ability to process emotional information related to self or others, and reflect on emotional information instead of acting out (Baird et al., 2005; Levine et al., 1997).

Mindfulness

Mindfulness has been found to help individuals who struggle with personality disorder, aggressive behavior, and substance abuse (Baer & Huss, 2008; Burke, 2009). Mindfulness strategies include learning to become grounded by focusing on bodily sensations in the moment. Participants learn to accept sensations, thoughts, and physical experiences without judgment. The ability to be fully engaged in the moment with heightened observation has been found to reduce anxiety and emotionally charged reactions to past events and future worries. Mindful strategies have achieved therapeutic benefits in a range of settings that work with adult populations (Davis & Hayes, 2011; Keng, Smoski, & Robins, 2011) as well as children (Coholic & LeBreton, 2009; Greenberg & Harris, 2012).

Yoga and breathing strategies

Yoga and breathing interventions have also been used to reduce symptoms of PTSD, anxiety, and depression. Brown and Gerbarg (2005) have advocated the use of yogic breathing in the treatment of stress-related disorders and PTSD, and contributed to a successful intervention offered to trauma survivors of the South-East Asia tsunami (Descilo et al., 2010). In a randomized study comparing stress reduction in employed adults, yoga was found to be equally effective as cognitive-behavioral therapy in reducing symptoms of stress (Granath et al., 2006).

Integrated approaches to individual trauma survivors

Affect regulation techniques are fundamental to several established psychotherapeutic approaches to trauma survivors, such as ATRIUM (Miller & Guidry, 2001), BEAR (Horenczyk, 2012), Seeking Safety (Cohen et al., 2002; Najavits, 2002), and TARGET (Ford, Albert, & Hawke, 2009). Models incorporating emotional regulation techniques are also proving effective in the treatment of aggressive children who have been traumatized (Saxe, Ellis, & Kaplow, 2007). Although a discussion of the differences among these approaches is beyond the scope of this study, each provides strategies to improve awareness and tolerance of emotions through exercises such as measuring emotional states, learning to identify feelings, and working with breathing to recover from dysregulation. Cognitive strategies are often employed to challenge underlying beliefs and revived memories that escalate emotional arousal. Victims may also be encouraged to rework the trauma narrative to erase self-blame.

Integrated approaches to traumatized families

A number of parenting interventions incorporating attachment and emotional regulation principles have been developed for children at high risk of parental neglect or abuse (Beebe, 2010; Slade, 2006). Some of these approaches emphasize the importance of attunement between parents and young children, and include shared viewing of taped interactions to help parents 'see' and understand their children from a different perspective. Behaviors that may have triggered harsh or rejecting responses from parents become neutralized as parents learn new ways to soothe and respond to their children.

Parenting strategies are also incorporated in work with families whose children have been exposed to combat. Through sessions with dyads consisting of mother and child, father and child, and the parents together, the therapist is able to observe how the child's behavior changes in the presence of each parent. It also allows the therapist to note parenting behaviors and interactions that may be camouflaged in a wider family environment or concealed in parenting sessions that rest entirely upon the parents' self-report (Harel & Jochanan, 2012; Van Horn and Lieberman, 2009). Interventions focus on improving the attachment bond between caretakers and children by raising

attunement, strengthening mentalizing functions, and generating interparental support. In play activities with the child and parent, the therapist is able to ask each parent how he/she understands their child's behavior at any given moment. Parents who demonstrate discomfort with a child's play theme may be struggling to control similar emotions in themselves that have not been addressed (Hesse et al., 2003). Through facilitating awareness and opportunities to discuss shared emotional memories, families are able to process and integrate provocative material that may otherwise remain diverted or repressed.

Family models have also been used for couples who struggle with PTSD. Beardslee et al. (2011) and Dekel and Monson (2010) help couples understand heightened emotional responses to triggers that are not shared or understood by partners who have not experienced combat. Helping partners learn to speak openly and relate in ways that restore connection have reduced emotional reactivity and levels of stress. Couples with childhood abuse have also been helped through dyadic interventions (Maltas & Shay, 1995; Siegel & Geller, 2000). Most recently, Emotion-focused therapy has been found helpful for distressed couples that include a partner with a history of childhood abuse (LeBow, Chambers, Christensen, & Johnson, 2011).

DISCUSSION

In an era of burgeoning treatment options for traumatized individuals, couples, and families, the victims and perpetrators of family violence are typically deprived of strategies that have proven useful to others. This remains so despite attempts to generate interest in the efficacy of DBT and mindfulness, models that have prevailed in the treatment of other trauma-related disorders. It has been over a decade since Fruzzetti and Levensky (2000) provided a rationale and description of ways to implement DBT in treatment of batterers. The Mindful approach to batterer treatment proposed by Rathus, Cavuoto, and Passarelli (2006) has also been neglected despite promising results in reducing emotionally based aggression.

Couples with IPV are rarely seen in conjoint treatment, even though the rationale and indications for efficacy have been repeatedly stated (Fals-Stewart & Clinton-Sherrod, 2009; Stith & McCollum, 2011; Stith, Rosen, & McCollum, 2003). Goldner (1998) argued that it was possible to work effectively with IPV couples without endangering the victim or obscuring the perpetrator's responsibility to end the abuse. Despite her observations that these couples are ensconced in a powerful connection that can only be addressed through conjoint sessions, providers who offer counseling for IPV have not embraced a couples format. Goldner also noted that many IPV couples refuse therapy unless they can be seen together. DeBoer and colleagues suggest that many of the couples who are referred to the traditional group therapy option decide to pursue couples therapy on their own and conceal the abuse from the therapist (DeBoer, Rowe, Frousakis, Dimidjian, & Christensen, 2012; McCollum, 2012).

Proponents of the traditional approaches cite concerns about ensuring the safety of the victim, as well as obscuring the batterer's responsibility for assaultive behavior that is too frequently blamed on the victim. However, critics of existing services note that beyond safety concerns, stagnation in the field of family violence has more to do with politics and turf protection (Dutton & Corvo, 2006).

As a result of this exclusionary stance, the potential efficacy of emotional regulation interventions in the interruption and prevention of intergenerational family abuse remains speculative. However, in light of the mounting evidence of the effects of trauma on emotional regulation, it is time that family therapists give more consideration to this perspective in their treatment and research activities.

Given recent research findings, some forms of family violence may be viewed as an outcome of emotional dysregulation created by exposure to family violence, as well as a condition that creates problems with emotional regulation in children who witness, and thus perpetuates the chain of intergenerational family violence. Accordingly, efforts to provide treatments that strengthen security and improve family emotional regulation could serve as a vehicle of prevention, particularly to WPV children who internalize their distress.

Interventions that help family members explore and tolerate emotional reactions can be implemented in individual, couple, family, or couple-group approaches that uphold a systemic view of IPV. Although all approaches to IPV must assess the potential for violence and ensure that the victim is protected from harm, conjoint sessions would allow the therapist to witness and intervene in the specific dynamics that lead to escalating emotions. Therapists who recognize the importance of emotional regulation can help the couple become aware of physical indicators of emotional arousal and learn ways to downregulate emotional tension. Systemic exploration of emotional dysregulation would also allow for identification of the triggers that produce emotional reactivity and the meaning that is attributed to a partner's communication. Although techniques that address splitting, flooding, and rumination have not yet been tested in a couples format, they have proven helpful to women who return to IPV relationships (Siegel & Forero, 2012).

Parents with IPV enact and create disruptive dynamics that are particularly harmful to children who witness. Given the growing consensus of the importance of emotional regulation to psychological health, interruption of family dynamics that disrupt emotional regulation should become the domain of all therapists (Southam-Gerow & Kendall, 2002). Of particular importance is the need for professionals who work with WPV children to become more familiar with the spectrum of symptoms of emotional dysregulation so that children who internalize can receive early intervention. Therapists who work with individuals or couples who report high levels of conflict should routinely assess for IPV. They should also consider ways of expanding the treatment focus to include the children. This may lead to work on emotional coaching and/or more consistent and affectionate parenting approaches. At minimum, parents can be helped to think about the effect of the conflict on their children, and invited to share memories of their own exposure to parental discord to strengthen awareness and sensitivity.

All family members can benefit from learning to process their emotional responses in more adaptive ways. Interventions that help family members tolerate and explore emotional reactions, challenge disruptive cognitive processes, and promote attunement through enhanced communication are options that can be offered in conjoint family sessions, or with different constellations of family members. Although litigated batterers are mandated to agency programs that typically do not include strategies for emotional regulation, other family members may benefit from a more inclusive range of therapies. Given the large numbers of families with IPV, and the relatively small number that seek help through the courts or agencies identified as providing abuse treatment, it is likely that many family therapists are already treating couples and families who struggle with the potential or aftermath of abuse. Whereas abuse is a serious issue that needs to be properly screened and monitored, treatment options need to expand to meet the needs of families in distress.

It is understandable that clinicians who provide services to battered women and their children must attend to the most pressing needs and are restricted by heavy case loads and limited resources. It may also be challenging for therapists to access information regarding previous violence given the tendencies for many trauma victims to minimize events that are too painful to process (Tracy & Johnson, 2006). However, whether partner violence is suspected or confirmed, past or present, all family members can be provided

with opportunities to develop the stability that comes with enhanced emotional regulation. Techniques that strengthen emotional regulation may provide an important protective function to those caught in the cycle of abuse, and help reduce emotionally related aggression and its consequences for all family members. When family violence is viewed through a systemic lens that highlights emotional regulation, there are ample opportunities to break the links.

REFERENCES

Amato, P. R., Loomis, L. S., & Booth, A. (1995). Parental divorce, marital conflict and offspring well-being during early adulthood. *Social Forces*, *73*(3), 895–915.

Babcock, J. D., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, *23*(8), 1023–1053.

Baer, R. A., & Huss, D. B. (2008). Mindfulness and acceptance-based therapy. In J. LeBow (Ed.), *Twenty-first century psychotherapies* (pp. 123–166). Hoboken, NJ: John Wiley.

Barner, J. R., & Carney, M. M. (2011). Interventions for intimate partner violence: A historical review. *Journal Family Violence*, *26*, 235–244.

Barrett, L. F., Mesquita, B., Ochsner, K. N., & Gross, J. J. (2007). The experience of emotion. *Annual Review Psychology*, *58*, 373–403.

Beardslee, W., Lester, P., Klosinski, L., Saltzman, W., Woodward, K., Nash, W. et al. (2011). Family-centered preventive intervention for military families: Implications for implementation science. *Prevention Science*, *12*(4), 339–348.

Beebe, B. (2010). Mother-infant research informs mother-infant treatment. *Clinical Social Work Journal*, *38*(1), 17–36.

Bensley, L., Eenwyk, J. V., & Simmons, K. W. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal Preventive Medicine*, *25*(1), 38–44.

Blasco-Ros, C., Sanchez-Lorente, S., & Martinez, M. (2010). Recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone: A longitudinal study. *BMC Psychiatry*, *19*(1), 98.

Bradley, R. H., & Corwyn, R. F. (2008). Infant temperament, parenting and externalizing behavior in first grade: A test of the differential susceptibility hypothesis. *Journal of Child Psychology and Psychiatry*, *49*(2), 124–131.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, J. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed.). Newbury Park, CA: Sage.

Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of Traumatic Stress*, *18*(5), 401–412.

Brown, R., & Gerbarg, P. (2005). Sudarshan kriya yogic breathing in the treatment of stress, anxiety and depression: Part 1- neurophysiologic model. *Journal of Alternative and Complementary Medicine*, *11*, 189–201.

Burke, C. A. (2009). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal Child and Family Studies*, *19*(2), 133–144.

Burns, E. E., Jackson, J. L., & Harding, H. G. (2010). Child maltreatment, emotion regulation and posttraumatic stress: The impact of emotional abuse. *Journal of Aggression, Maltreatment & Trauma*, *19*, 801–819.

Busby, D. M., Holman, T. B., & Walker, E. (2008). Pathways to relationship aggression between adult partners. *Family Relations*, *57*, 72–83.

Caffery, T., & Erdman, P. (2000). Conceptualizing parent-adolescent conflict: Applications from systems and attachment theories. *The Family Journal*, *8*(1), 14–21.

Cicchetti, D., & Toth, S. (1995). A developmental psychopathology perspective on child abuse and neglect. *Journal of American Academy of Child and Adolescent Psychiatry*, *34*, 541–565.

Cloitre, M., Miranda, R., Stovall-Mclough, C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy*, *36*, 119–124.

Cohen, J. A., Perel, J. M., DeBellis, M. D., Friedman, M. J., & Putnam, F. W. (2002). Treating traumatized children: Clinical implications of the psychobiology of Posttraumatic Stress Disorder. *Trauma Violence & Abuse*, *3*(2), 91–108.

Coholic, D., & LeBreton, J. (2009). Mindfulness-based practices in group work with children and youths in care. In S. F. Hick (Ed.), *Mindfulness and social work* (pp. 121–134). Chicago, IL: Lyceum.

Crawford, E., & Wright, M. O. (2007). The impact of childhood psychological maltreatment on interpersonal schemas and subsequent experiences of relationship aggression. *Journal of Emotional Abuse*, *7*(2), 93–116.

Cummings, E. M., & Davies, P. T. (1994). *Children and marital conflict: The impact of family dispute and resolution*. New York, NY: Guilford.

Cummings, E. M., & Davies, P. T. (2010). *Marital conflict and children: An emotional security perspective*. New York: Guilford.

Cummings, E. M., & Schatz, J. N. (2012). Family conflict, emotional security, and child development: Translating research findings into a prevention program for community families. *Clinical Child and Family Psychology Review*, *15*, 14–27.

Cyr, C., Euser, C. V., Bakermans-Kranenburg, M. J., & van Uzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, *22*, 87–108.

Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, *48*(2), 198–208.

Dawson, G., Ashman, S. B., & Carver, L. J. (2000). The role of early experience in shaping behavioral and brain development and its implications for social policy. *Development & Psychopathology*, *12*, 695–712.

De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. *Development and Psychopathology*, *13*, 539–564.

DeBoer, K. M., Rowe, L. S., Frousakis, N. N., Dimidjian, S., & Christensen, A. (2012). Couples excluded from a therapy trial due to intimate partner violence: Subsequent treatment-seeking and occurrence of IPV. *Psychology of Violence*, *2*(1), 28–39.

Dekel, R., & Monson, C. M. (2010). Military-related post-traumatic stress disorder and family relations: Current knowledge and future directions. *Aggression and Violent Behavior*, *15*, 303–309.

Descilo, T., Vedamurtachar, A., Gergarg, P. L., Gangadhar, B. N. et al. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami. *Acta Psychiatry Scandanavia*, *121*(4), 289–300.

Dimaggio, G., Vanheule, S., Lysaker, P. H., Carcione, A., & Nicolo, G. (2009). Impaired self-reflection in psychiatric disorders among adults: A proposal for the existence of a network of semi independent functions. *Consciousness and Cognition*, *18*, 653–664.

Downey, G., & Coyne, J. C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, *108*(1), 50–76.

Dutton, D. B., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, *11*, 457–483.

Eckhardt, C. I., Murphy, C., Black, D., & Suhr, L. (2006). Intervention programs for perpetrators of intimate partner violence: Conclusions from a clinical research perspective. *Public Health Reports*, *121*(4), 369–381.

Eisenberger, N., & Lieberman, M. D. (2004). Why rejection hurts: A common neural alarm system for physical and social pain. *Trends in Cognitive Science*, *8*, 294–300.

Fals-Stewart, W., & Clinton-Sherrod, M. (2009). Treating intimate partner violence among substance-abusing dyads: The effect of couples therapy. *Professional Psychology: Research and Practice*, *40*(3), 257–263.

Finkel, E. J., DeWall, C. N., Slotter, E. B., Oakten, M., & Foshee, V. A. (2009). Self-regulatory failure and intimate partner violence perpetration. *Journal of Personality and Social Psychology*, *97*, 483–499.

Fishbane, M. (2007). Wired to connect: Neuroscience, relationship and therapy. *Family Process*, *46*, 395–412.

Fonagy, P., Steele, H., & Steele, M. (2008). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, *62*(5), 891–905.

Ford, J. D., Albert, D., & Hawke, J. (2009). Prevention and treatment interventions for traumatized children: Restoring children's capacities for self-regulation. In D. Brom, R. P. Horenczyk, & J. D. Ford (Eds.), *Treating traumatized children: Risk, resilience and recovery* (pp. 357–385). New York, NY: Routledge.

Forero, R. (2005). *Why do they return? Psychological determinants of the battered woman's decision to return to the batterer*. New York University Dissertation Publication Number 3159083 (ISBN #9780496924). UMI Company, Ann Arbor, MI.

Forrester, D., & Harwin, J. (2011). *Parents who misuse drugs and alcohol: Effective interventions in social work and protection*. West Sussex, UK: John Wiley & Sons.

Fosha, D. (2003). Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (pp. 221–281). New York: W. W. Norton.

Fox, G. L., Benson, M. L., DeMaris, A. A., & van Wyk, J. (2004). Economic distress and intimate violence: Testing family stress and resources theories. *Journal of Marriage and the Family*, *64*(3), 793–807.

Frewen, P. A., Lanius, R. A., Dozois, D. J., Neufeld, R. W., Pain, C., & Hopper, J. (2008). Clinical and neural correlates of alexithymia in post traumatic stress disorder. *Journal of Abnormal Psychology*, *117*(1), 171–181.

Fruzzetti, A. E., & Levensky, E. R. (2000). Dialectical behavior therapy for domestic violence: Rationale and procedures. *Cognitive and Behavioral Practice*, *7*(4), 435–447.

Gagne, M., Drapeau, M., Saint-Jacques, M. C., & Lepine, R. (2007). Links between parental psychological violence, other family disturbances and children's adjustment. *Family Process*, *46*(4), 523–542.

Garrido, E. F., Culhane, S. E., Petrenko, C. L., & Taussig, H. N. (2011). Psychosocial consequences of intimate partner violence (IPV) exposure in maltreated adolescents: Assessing more than IPV occurrence. *Journal Family Violence*, *26*(7), 511–518.

Goldner, V. (1998). The treatment of violence and victimization in intimate relationships. *Family Process*, *37*(3), 263–286.

Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of mothers: A developmental model for understanding mechanisms of transmission. *Psych Review*, *106*(3), 458–490.

Gottman, J. M., & Katz, L. F. (1989). Effects of marital discord on young children. *Developmental Psychology*, *25*(3), 373–381.

Graham-Berman, S. A., & Hughes, H. M. (2003). Intervention for children exposed to interparental violence (IPV): Assessment of needs and research priorities. *Clinical Child and Family Psychology Review*, *6*(3), 189–204.

Graham-Berman, S. A., & Perkins, S. (2010). Effects of early exposure and lifetime exposure to intimate partner violence (IPV) on child adjustment. *Violence and Victims*, *25*(4), 427–439.

Graham-Berman, S. A., Gruber, G., Howell, K., & Girz, L. (2009). Factors discriminating among profiles of resilience and psychopathology in children exposed to intimate partner violence. *Child Abuse & Neglect*, *33*, 648–660.

Granath, J., Ingvarsson, S., von Thiele, U., & Lundberg, U. (2006). Stress management: A randomized study of cognitive behavioral therapy and yoga. *Cognitive Behavior Therapy*, *35*(1), 3–10.

Greenberg, M. T., & Harris, A. R. (2012). Nurturing mindfulness in children and youth: Current state of research. *Child Development Perspectives*, *6*(2), 161–166.

Grych, J. H., & Kinsfogel, K. M. (2010). Exploring the role of attachment style in the relation between family aggression and abuse in adolescent dating relationships. *Journal of Aggression, Maltreatment & Trauma*, *19*(6), 624–640.

Grych, J. H., Jouriles, E. N., McDonald, R., Norwood, W. D., & Swank, P. R. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology*, *68*(1), 84–94.

Grych, J. H., Raynor, S. R., & Fosco, G. M. (2004). Family processes that shape the impact of interparental conflict on adolescents. *Development and Psychopathology*, *16*, 649–665.

Gunnar, M. R., & Fisher, P. A., and the EESPN (2006). Bringing basic research on early experience and stress neurobiology to bear on preventive interventions for neglected and maltreated children. *Development and Psychopathology*, *18*, 651–677.

Hamby, S., Finkelhor, D., turner, H., & Ormod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, *34*, 734–741.

Harel, J., & Jochanan, S. (2012). *A short empirically supported psychotherapy model for war traumatized parent-child dyads. Workshop at trauma through the life cycle from a strengths-based perspective*. Jerusalem: Hebrew University of Jerusalem.

Hesse, E., Main, M., Abrams, K. Y., & Rifkin, A. (2003). Unresolved states regarding loss or abuse can have "second generation" effects: Disorganizing, role inversion, and frightening ideation in the offspring of traumatized, non-maltreating parents. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (pp. 57–106). New York: W. W. Norton.

Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, *32*, 797–810.

Hooper, L. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal: Counseling and Therapy for Couples and Families*, *15*(3), 217–223.

Horenczyk, R. P. (2012). *Building emotional and affect regulation (BEAR)*. Herzog, Israel: Center for the Treatment of Psycho-trauma.

Iverson, K. M., Jimenez, S., Harrington, K. M., & Resick, P. A. (2011). The contribution of childhood family violence on later intimate partner violence among robbery victims. *Violence & Victims*, *26*, 73–87.

Jouriles, E. N., McDonald, R., Spiller, L.. C., Norwood, W., Swank, P. R., Stephens, N. et al. (2001). Reducing conduct problems among children of battered women. *Journal of Clinical and Consulting Psychology*, *69*, 774–785.

Kelley, M. L., Klostermann, K., Doane, A. N., Mignone, T., Lam, W. K. K., Fals-Stewart, W. et al. (2010). The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes. *Aggression and Violent Behavior*, *15*, 76–82.

Keng, S.-L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*, *31*(6), 1041–1056.

Kerig, P. K., & Swanson, J. A. (2010). Ties that bind: Triangulation, boundary dissolution, and the effects of interparental conflict on child development. In M. S. Schulz, M., K. Pruett, P. K. Kerig, & R. D. Parke (Eds.), *Strengthening couple relationships for optimal child development* (pp. 59–76). Washington, DC: APA.

Kesner, J. E., & McKenry, P. C. (1998). The role of childhood attachment factors in predicting male violence toward female intimates. *Journal Family Violence*, *13*(4), 417–432.

Kim, H. K., Pears, K. C., Fisher, P. A., Connelly, C. D., & Landsverk, J. A. (2010). Trajectories of maternal harsh parenting in the first 3 years of life. *Child Abuse & Neglect*, *34*, 897–906.

Kring, A. M. (2010). The future of emotion research in the study of psychopathology. *Emotion Review*, *2*(3), 225–228.

LeBow, J., Chambers, A. L., Christensen, A., & Johnson, S. M. (2011). Research on the treatment of couple distress. *Journal Marital and Family Therapy*, *38*(1), 145–168.

Maltas, C., & Shay, J. (1995). Trauma contagion in partners of survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, *65*(4), 529–539.

Margolin, G. (2004). Children's exposure to violence: Exploring developmental pathways to diverse outcomes. *Journal of Interpersonal Violence*, *20*, 72–81.

Mauricio, A. M., Tein, J. Y., & Lopez, F. G. (2007). Borderline and antisocial personality scores as mediators between attachment and intimate partner violence. *Violence and Victims*, *22*, 139–157.

McCollum, E. E. (2012). A different set of choices: Comment on DeBoer, Rowe, Frousakis, Dimidjian, and Christensen. *Psychology of Violence*, *2*(1), 40–41.

McDonald, R., Jouriles, E. N., Norwood, W., ShineWare, J., & Ezell, E. (2000). Husbands' marital violence and the adjustment problems of clinic-referred children. *Behavior Therapy*, *31*, 649–665.

McDonald, R., Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R., & Green, C. E. (2006). Estimating the number of American children living in partner-violent families. *Journal Family Psychology*, *20*, 137–142.

McKinney, C. M., Caetano, P., Ramisetty-Mikler, S., & Nelson, S. (2008). Childhood family violence and perpetration and victimization of intimate partner violence: Findings from a national population-based study of couples. *Annals of Epidemiology*, *19*, 25–32.

McNeal, C., & Amato, O. R. (1998). Parents' marital violence: Long-term consequences for children. *Journal of Family Issues*, *19*(2), 123–139.

Miller, D. (2002). Addictions and trauma recovery: An integrated approach. *Psychiatric quarterly*, *73*(2), 157–170.

Monson, C. M., Fredman, S. J., & Dekel, R. (2010). Post-traumatic stress disorder in an interpersonal context. In J. G. Beck (Ed.), *Interpersonal processes in the anxiety disorders: Implications for understanding psychopathology and treatment* (pp. 179–208). Washington, DC: American Psychological Association.

Monson, C. M., & Fredman, S. J. (2012). *Cognitive-Behavioral conjoint therapy for PTSD: Harnessing the powers of relationships*. New York: Guilford.

Morris, A. S., Silk, J. S., Steinberg, L. et al. (2007). The role of the family context in the development of emotion regulation. *Social Development*, *16*(2), 361–388.

Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and Substance Abuse*. New York, NY: Guilford Press.

Nelson, B. S., & Wampler, K. S. (2007). Systemic effects of trauma in clinic couples: An exploratory study of secondary trauma resulting from childhood abuse. *Journal of Marital and Family Therapy*, *26*(2), 171–184.

Owen, A. E., Thompson, M. P., Shaffer, A., Jackson, E. B., & Kaslow, N. J. (2009). Family variables that mediate between Intimate Partner Violence and child adjustment. *Journal of Family Violence*, *24*, 433–445.

Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, *14*, 240–255.

Rathus, J. H., Cavuoto, N., & Passarelli, V. (2006). Dialectical behavior therapy (DBT): A mindfulness-based treatment for intimate partner violence. In R. A. Baer (Ed.), *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications* (pp. 333–359). Burlington, MA: Academic Press.

Rizo, C. F., Macy, R. J., Ermentrout, D. M., & Johns, N. B. (2011). A review of family interventions for intimate partner violence with a child focus or child component. *Aggression and Violent Behavior*, *16*, 144–166.

Roberts, A. L., Gilman, S. E., Fitzmaurice, G., Decker, M. R., & Koenen, K. C. (2010). Witness of intimate partner violence in childhood and perpetration of intimate partner violence in adulthood. *Epidemiology*, *21*(6), 809–818.

Sautter, F., Glynn, S., Thompson, K. E., Franklin, C. L., & Han, X. (2008). A couple-based approach to the reduction of PTSD avoidance symptoms. Preliminary findings. *Journal of Marital and Family Therapy*, *35*, 343–349.

Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York: Guilford.

Schore, A. N. (2003). Early relational trauma, disorganized attachment, and the development of a predisposition to violence. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (pp. 168–207). New York: Norton.

Siegel, D. J. (2003). An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body and brain* (pp. 1–56). New York: W.W. Norton.

Siegel, D. J., & Hertzell, M. (2004). *Parenting from the inside out*. New York: Penguin.

Siegel, J. P. (2000). *What children learn from their parents' marriage*. New York, NY: Harper Collins.

Siegel, J. P. (2006). Dyadic splitting in partner relational disorders. *Journal Family Psychology*, *20*(3), 418–422.

Siegel, J. P. (2012). Denial, dissociation and emotional memories. *Couple and Family Psychoanalysis*, *2*(1), 49–64.

Siegel, J. P., & Forero, R. M. (2012). Splitting and emotional regulation in partner violence. *Clinical Social Work Journal*, *40*(2), 224–230.

Siegel, J. P., & Geller, J. (2000). The reenactment of abuse in the marital relationship: Theoretical and clinical considerations. *Journal of Family Social Work*, *4*(2), 57–74.

Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E. et al. (1995). Restospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self esteem among college students. *Journal Family Violence*, *10*(2), 177–202.

Slade, A. (2006). Representation, symbolization and affect regulation in the concomitant treatment of a mother and child. In C. Wachs & L. Jacobs (Eds.), *Parent-focused child therapy: Attachment, identification and reflective functions* (pp. 261–285). Northvale, NJ: Jason Aronson.

Southam-Gerow, M. A., & Kendall, P. C. (2002). Emotion regulation and understanding: Implications for child psychopathology and therapy. *Clinical Psychology Review*, *22*, 189–222.

Stith, S. M., Busch, A. L., Lundeberg, K., & Carlton, R. (2000). The intergenerational transmission of spouse abuse: A meta-analysis. *Journal Marriage and the Family*, *62*, 640–654.

Stith, S. M., & McCollum, E. E. (2011). Conjoint treatment of couples who have experienced intimate partner violence. *Aggression and Violent Behavior*, *16*(4), 312–318.

Stith, S. M., Rosen, K. H., & McCollum, E. E. (2003). Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy*, *29*(3), 407–426.

Sturge-Apple, M. l., Skibo, M. A., & Davies, P. T. (2012). Impact of parental conflict and emotional abuse on children and families. *Partner Abuse*, *3*(3), 379–400.

Stroufe, L. A. (2000). Early relationships and the development of children. *Infant Mental Health Journal*, *21* (1–2), 67–74.

Suvak, M. K., & Barret, L. F. (2011). Considering PTSD from the perspective of brain process: A psychological construction approach. *Journal Traumatic Stress*, *24*(1), 3–24.

Thornberry, T. P., Knight, K. E., & Lovegrove, P. F. (2012). Does maltreatment beget maltreatment? A systematic review of the intergenerational literature. *Trauma Violence Abuse*, *13*(3), 135–152.

Tolman, R. M., & Bennett, L. W. (1990). A review of quantitative research on men who batter. *Journal of Interpersonal Violence*, *5*, 87–118.

Tracy, E. M., & Johnson, P. J. (2006). The intergenerational transmission of family violence. In N. B. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 113–134). New York, NY: Guilford.

Turner, H. A., & Kopiec, K. (2006). Exposure to interparental conflict and psychological disorder among young adults. *Journal Family Issues*, *27*(2), 131–158.

Twardosz, S., & Lutzker, J. R. (2010). Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and Violent Behavior*, *15*, 59–68.

Van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics*, *12*, 293–317.

Van der Kolk, B., Van der Hart, O., & Marmar, C. R. (1996). Dissociation and information processing in posttraumatic stress disorder. In B. A. van der Kolk, A. C. McFarlane & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 303–327). New York, NY: Guilford.

Van Horn, P., & Lieberman, A. F. (2009). Using dyadic therapies to treat traumatized young children. In D. Brom, R. Pat-Horenczyk, & J. D. Ford (Eds.), *Treating traumatized children: Risk, resilience and recovery*. New York, NY: Routledge.

Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of Intimate Partner Violence in adults? Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, *18*, 166–185.

Yates, T. M. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. *Journal of Emotional Abuse*, *7*(2), 9–34.

Zlotnick, C., Mattia, J. I., & Zimmerman, M. (2001). The relationship between posttraumatic stress disorder, childhood trauma and alexithymia in an outpatient sample. *Journal of Traumatic Stress*, *14*(1), 177–188.