
Attachment Theory And Its Effect On Violence

Infant attachment helps develop many aspects that influence behavior later in life. In many circumstances, attachment trauma can make people more vulnerable to additional trauma, including violence later in life. Gang Violence is a very common phenomenon that effects a large number of people. Exposure to this type of lifestyle and violence can be very detrimental to children and young adults, especially, later in life. A literature review will be conducted to determine the history of circumstances surrounding gang violence. As well as the relevant effects of attachment and violence on children and young adult's development and success.

Attachment is an innate system in the brain that evolves to influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures for children (Siegel, 1999). Attachment theory offers a biosocial explanation throughout a lifespan of how close relationships form, are maintained, and develop. The theory also explains how relationships can influence the people involved in them, sometimes permanently. The earliest stages of attachments are established by seven months of age. Almost all infants become attached to someone. However, attachment relationships are only formed with a few people. These attachments are formed through social interactions between the infant and these people. They help develop specific organizational changes in an infant's behavior and brain function. The human brain's ability to adapt decreases with age. The brain is most able to accommodate a wide range of environments and interactions early in life. At the brain level of an infant, attachment allows their immature brain to use the mature functions of the parent's brain to organize their own understandings. However, as the brain becomes more mature and developed, it is less able to adapt to new challenges.

The idea of core propositions suggests that experience with relationships earlier in life create internal working models and attachment styles that affect later attachment relationships. The internal working model creates an infant's basis of personality, their expectations about the self, other people and relationships between themselves and others. While receiving care, infants learn what care to expect. This model determines what information is attended to, what memories are recalled and what behavior should be exhibited. This model develops an infant's expectations about their own behavior and other's behavior, their lovability and worthiness, the emotional availability of others and their ability to provide protection. In addition, the attachment adaptations of adult caregivers influence the attachment bond their children have with them. Although working models and attachment orientations are relatively stable over time, they can change with new relationships. Basically, attachment influences complex functions which then influence interactions with the world and community. Throughout life, when people seek emotional intimacy or experience distress they will either behave in a socially appealing way, send distress signals meant to draw attention or concern to them or actively seek out specific people for things they believe a close relationship should provide. These behaviors are usually established from attachment relationships at a young age. This is why attachment has been linked to the negative social interactions

There are many examples of the benefits of secure attachment. For instance, studies report the positive impacts of attachment on executive function, empathy, social communication skills, self-control, emotional and behavioral regulation, sociability, cognitive abilities, compliance with

parents, comfort, reduced anxiety and fear, executive functions, stress responses, higher self-esteem, reduced depression, healthier stress responses and improved peer relationships. Disrupted attachment can be correlated with behavioral problems such as delinquency. Disrupted attachment has also been used as an indicator of aggression, antisocial behavior, externalizing delinquency, serious deviance and violence (Savage, 2014).

Without safe and healthy early relationships, the brain does not form as it should. This can lead to distinctions in learning and behavior. Important risk factors for disrupted attachment include: emotional and physical neglect, physical or sexual abuse, separation or changes from primary caregiver, traumatic experiences such as the death of a parent or a disaster, maternal depression, maternal use of drugs or alcohol, undiagnosed, isolating painful illness such as colic or ear infections. Attachment trauma is a disruption of a child's ability to form strong bonds with their care providers. Attachment trauma can influence developmental, social, psychological and behavioral problems in children that can persist through adolescence and adulthood. Disrupted attachment can cause toxic stress for children. Toxic stress is strong and lengthy activation of the body's stress management systems. Toxic stress is principally harmful during serious periods of development. For instance, toxic stress impairs the developing brain. This can lead to learning, behavior, and physical and mental health complications throughout life. Disrupted attachment can be correlated with behavioral problems such as delinquency. Disrupted attachment has also been used as an indicator of aggression, antisocial behavior, externalizing delinquency, serious deviance and violence (Savage, 2014).

There are many links that show that extreme attachment problems may influence physical aggression and violent behavior. As mentioned before, infants develop trust when they realize that their attempts to get care are responded to by their parent or caregiver. Lack of response from their caregiver results in the infant's lack of trust which can lead to a working model of relationships characterized by disappointment, anger, chaos and insecurity. There is research to suggest that most people restrain from participating in malicious behavior because they understand their effect on others. We are able to consciously identify with the feelings that our actions will cause to others.

Children who are unable to comprehend mental states lack the ability to understand their own emotions. Furthermore, they are sometimes more willing to disregard how their actions will affect others, they lack empathy. Studies have shown that children with secure attachment exhibit "better emotional understanding" than insecurely attached children. This lack of empathy is a common characteristic of serious violent offenders. (Thompson, 2008). A study was conducted that exhibits this. In this study, authors compared attachment representations of offenders from two groups; those who committed crimes against property and those who committed violent crimes. Those in the group who committed violent crimes described "extremely disturbed attachment representations, often accompanied by a history of abuse". They were also not able to show any ability to understand the mental states or emotions of others (Saltaris, 2002).

According to multiple studies, peer rejection is another experience that has been linked to aggression and violent behavior. Successful peer relationships in childhood stem from secure attachment. Insecure attachments are correlated with peer rejection and antisocial behaviors. One specific study showed that the associations between peer relationships and early attachment grow in strength as children get older (Thompson, 2008).

Another characteristic that influences behavior is emotionality. Furthermore, emotionality influences violent behavior. Positive and responsive caregiving fosters positive emotionality. Neglect and ignorance foster negative emotionality which creates frustration, sadness, anger, and depression. Emotion is very important in early attachment. For instance, unresponsive parenting can lead to anger in an infant which can be directed at others (Cassidy, 2008).

Gangs and Gang Violence are a preventable cause of death as well as injury in the United States. The National Gang Center has defined a gang as a “group that has three or more members generally aged 12–24. Members share an identity, typically linked to a name, and often other symbols. Members view themselves as a gang, and they are recognized by others as a gang. The group has some permanence and a degree of organization. The group is involved in an elevated level of criminal activity.” (Jennings-Bey & Lane et. al, 2015). As of 2003, it was estimated that there were about 30,000 gangs in the United States that fit this criterion, including approximately 850,000 individual gang members. Most individuals enter into gangs during adolescence and cycle through various different gangs throughout their lives. Risk factors for gang membership include: exposure to violence, financial hardships, coming from families living below the poverty line or single-headed households, feeling unsafe in school. In addition, there are risk factors specific to males that make them more vulnerable to gang activity such as family dysfunction or conflict (Quin & Pacella et. al, 2017).

The association between trauma and delinquency are complementary. Trauma increases the risk for delinquent behavior and gang involvement. On the other hand, involvement in antisocial behavior increases risk for further traumatization and exposure to violence. Violent experiences are linked to adverse mental health outcomes amongst gang members. This is relevant because of the high levels of violence they are normally exposed to. Often times, youth with histories of victimization such as depression and substance abuse. Gang members experience increased rates of victimization when compared to youth not involved in gangs. Some youths have turned to gang membership as a way to seek protection. However, gang membership has not been shown to actually lower these rates. Instead, the opposite occurs. Increased violent exposure is correlated with even decreased mental health status among young gang members. Mental health illnesses frequently develop such as post-traumatic stress disorder.

Polyvictimization is defined as “cumulative trauma and ongoing exposure to violence or stressful events” (Finkelhor, Ormrod & Turner, 2009). When exposed to more than one risk factor, children have worsened poor mental health outcomes such as depression and substance abuse and risk of joining a gang. Polyvictimized young adults are more likely to develop mental health issues such as PTSD, depression and substance use. For polyvictimized youths, “mainstream conceptualizations of traumatic events and violent exposure may be normalized” (Finkelhor, Ormrod & Turner, 2009). Their trauma is characterized differently due to their desensitization from various and prolonged exposure. Nevertheless, the negative consequences still have effects on them. Their responsiveness helps to defend them from prompt emotional and psychological afflictions while it also escalates their proclivity violence and aggressive behavior. On the other hand, young adults who are afraid of violence often try to mitigate their concerns by identifying with and forming relationships with “delinquent or gang-involved peers” (Quin & Pacella et. al, 2017). Youth who report fear of harm or violence may attempt to alleviate their anxiety by identifying with delinquent peers which often then leads to gang-involvement (Quin & Pacella et. al, 2017).

Individuals in communities faced with gang related attacks or murders experience physical and

emotional harm that include emotional and physical symptoms. Since most murders occur in locations that are controlled by gangs, it is common for many of the members of these communities to personally know many of the victims of violence. This obviously causes serious physical or emotional harm for them in response to these murders. For many, this involves a lot of grief about death and loss as well as thinking on the event and the criminal, feelings of hopelessness in preventing another murder, secondary trauma, and the doubt or inability to control when additional violence will occur again. The people affected are not just experiencing normal grief. They have increased emotional responses to these deaths due the extreme nature of the violent incidents. This means that traditional grief therapy may not be very helpful to their harmful suffering specifically (Jennings-Bey & Lane et. al, 2015). This argument can be used to promote the idea of therapy geared towards gang related trauma. This is important for those directly involved in gang activity. However, this could also be effective in helping community and family members who are living amongst gang activity or know someone afflicted or involved.

Gangs have exhibited acts of revenge for previous acts as part of their culture for centuries. For instance, in eighteenth century Scotland, twentieth century Sicily, Bosnia and Lebanon and twenty-first century Congo. Many murders in the past and cross-culturally establish revenge for previous acts of violence. "Roger Gould supported and recorded the extent that murder of a social equal such as a gang member is up to eight times more likely to be considered an act of revenge in the United States than due to other causes" (Saltaris, 2002). Gang culture enculturates children into violence as they grow up with it and see it over and over again. This leads these children to continue the cycle.

As mentioned before, they have become desensitized. To them, this is a normal way of life. They are not aware of how this trauma is emotionally affecting them. This circulation of gang violence has been described as rooted in "multiple not importance," an idea including negatively cooperating layers of (unfair treatment based on skin color, age, etc.) and disadvantage. Viewing gang violence from this perspective focuses on the what, where, why and with whom of gang violence. This thought process aids in explanations that show changing exchanges and relationships between things" (Saltaris, 2002).

Although there is a clear link between attachment trauma and more trauma and violence into adulthood, more research definitely needs to conduct amongst gang members and violent offenders. In addition, more support resources need to be made available for families going through traumatic experiences. For instance, parents dealing with substance abuse or who are simply struggling with the responsibilities of parenthood. This would help parents understand the important of attachment as well as how to be successful in their role as caregivers. In addition, research that deals with understanding violent offenders and their origins may help to understand a more direct correlation between attachment trauma as a child and how that manifests in violence later in life.

Gang Violence and membership is a huge Public Health issue. The proficiency of Public Health professionals allows for the understanding of gang violence and membership through its impact on community health and for focus on interventions that can improve this. However, Public Health professionals face several obstacles when trying to implement these types of interventions within communities. Programs and resources designed towards prevention are often lagging. Essentially, the idea of prevention is often minimized in society. Public Health is a cross-disciplinary field. This brings professionals together from multiple different sectors and agencies. This can help communities and populations progress, fund, apply and assess

strategies and interventions that can help keep youth away from gang-involvement and violence. Public Health can also commit to the advancement of research that can help recognize the degree of the issue of gangs and violence in the United States.

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