

Assessment and Treatment of Sex Offenders: A Handbook

Edited by

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1

Overview

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Sexual offending is a worldwide phenomenon, for example in England and Wales the latest statistics, from Jansson, Povey and Kaiza (2007) for the years 2006–2007, report that the police recorded 57,542 sexual offences (which is just under 1% of all of the recorded crime for this period). Of these reported crimes, just over three-quarters (43,755) are classified as serious sexual offences, i.e., rape, sexual assault and sexual activity with children. The other (less serious) sexual offences consist of unlawful sexual activity with mostly ‘consenting’ adults such as exploitation of prostitution and soliciting. The number of male offenders convicted of sexual offences in the UK has increased over the past 20 years. In 1996 the Home Office reported an increase in prison population in 1994 of 161% for convicted rapists and 93% for those convicted of other sexual offences between 1984 and 1994. The number of convictions for rape increased by 84% between 1992 and 2002 (Councell, 2003). From a statistical review of the prison population in 2002, it can be calculated that the total number of male prisoners serving a sentence for sexual offences in the UK has risen by an average of 68% from 3,146 in 1992 to 5,283 in 2002. In October 2007 the Ministry of Justice recorded the prison population in England and Wales as 81,812 (a 2% rise on 2006), of which 7,428 had been convicted of committing sexual offences (Ministry of Justice, 2007). Compared to the number of prisoners convicted of committing sexual offences in 2006 (6,855), this represents an increase of 8.4%, a rise greater than that of the general prison population. Craig, Browne, Stringer and Hogue (2008) recently estimated the UK sexual reconviction rate (16 follow-up studies, $n = 7,189$) as 5.8% at a two-year follow-up, 6.9% up to four years, and 17.4% at six years or more of follow-up. Sexual reconviction rates have been shown to differ between those who received a custodial sentence compared to those who did not receive a custodial

sentence but were sentenced to probation or community supervision for committing sexual offences. Essentially, those sentenced to imprisonment would be expected to have committed more serious offences than those who received probation orders. For the prison sample ($n = 5,915$), the UK sexual reconviction rate showed an average of 6.0% up to a two-year follow-up (range 1.2 to 10.3%), 7.8% up to a four-year follow-up (range 4.3 to 12%), and 19.5% for six or more years of follow-up (range 8.5 to 25%) (Craig *et al.*, 2008). The UK sexual reconviction rate for the non-custodial samples ($n = 1,274$) showed an average of 5.7% up to a two-year follow-up (range 4 to 7.1%), 5.9% up to four years (range 2 to 5.5%), and 15.5% at six years or more follow-up. The trend was for those sentenced to prison to exhibit a higher sexual reconviction rate than those supervised in the community (Craig *et al.*, 2008).

Sexual offenders are a heterogeneous group with a number of subgroups including adolescent offenders, female offenders, offenders with learning disabilities, and offenders with mental health problems. While the vast majority of sex offences are committed by adult male perpetrators (Ministry of Justice, 2007), Lovell (2002) estimates that around a third of all sexual offences are committed by juveniles. Adolescent sex offenders are defined as adolescents from age 13 to 17 years who commit illegal sexual behaviour. Research in this area has risen dramatically over the last decade and it has been recognised that adolescents accounted for nearly 16% of all forcible rapes and 17% of all other sex offences in 1995 (Righthand & Welch, 2001). Approximately one-third of sexual offences against children are committed by teenagers and those offences against children under 12 years of age are typically committed by boys aged between 12 and 15 years (Snyder & Sickmund, 1999). In the United States in 1995, 16,100 adolescents were arrested for sexual offences (excluding rape and prostitution) and approximately 18 adolescents per 100,000 were arrested for forcible rape (Sickmund, Snyder & Poe-Yamagata, 1997). In England and Wales in 2007, of the young adults (20 years and below) sentenced to imprisonment (7,444), 334 had been convicted of committing sexual offences (Ministry of Justice, 2007).

Although sexual offences are most often committed by male perpetrators, evidence does exist for the presence of a small number of female sex offenders. Currently female sexual offenders account for less than 1% of sex offenders in prison, (Jansson *et al.*, 2007); however, this figure can be regarded as a severe underestimate of the actual number of women who sexually abuse. This is illustrated by figures from ChildLine, from April 2002 to March 2003, which indicate that those children calling about being abused sexually by a female was 12%. As for sexual offenders who have mental health problems, the latest published figures reported by Lockmuller, Beech and Fisher (2008), were 94 individuals admitted to a psychiatric hospital in 2004, with 403 (12% of the total psychiatric population) detained patients at end of December 2004.

An additional subgroup of sexual offenders is the intellectually disabled (ID) sex offender. It is only in recent years that this subgroup of sexual offenders has been the focus of research which has led to the development of a range of psychometric measures for this client group (see Craig, Stringer & Hutchinson, in press). Although

the true prevalence rate of sexual offending by men with ID is difficult to establish (Murphy, 2007), McBrien, Hodgetts and Gregory (2003) found that 41% of a sample of adults with ID referred to a local authority engaged in challenging behaviours defined as ‘sex-related’, of which 17% had police contact and 4% were convicted of sexual offences. After reviewing the literature on sexual reconviction rates for sexual offenders with ID, Craig and Hutchinson (2005) estimate the reconviction rate for sex offenders with ID to be 6.8 times that of non-ID sex offenders at two years, and 3.5 times that at four years follow-up. While there is a great deal of overlap between ID and non-ID sex offenders, there are also some important differences between these two groups. Like mainstream sex offenders, sex offenders with ID display deviant sexual arousal and cognitive distortions (Broxholme & Lindsay, 2003) and are often deficient in sexual knowledge and skills (Craig, Stringer & Moss, 2006). Other issues, however, are more idiosyncratic to the ID population such as limited knowledge of laws relating to sexual behaviour having implications for the assessment of risk of sexual recidivism (Craig, in press).

When describing sexual offenders we are actually describing an extremely diverse group; ranging from people who as far as we know have confined themselves to downloaded abusive images from the Internet to individuals who have carried out contact sexual offences against children and/or adults, to those who have killed as part of a sexual assault. Table 1.1 describes the most well-known types of sexual offender,

Table 1.1 Types of sexual offenders and suggested potential motivations (from Lockmuller, Beech & Fisher, 2008 reprinted by kind permission of Willan Publishing)

Offence Type	Victim	Motivation (examples only)
Child Abuse (can be non-contact through to penetrative)	Child, related or unrelated, male or female, age specific. Some offenders ‘cross over’ between sex, age and relatedness	<ul style="list-style-type: none"> - Primary or fixated sexual interest in children (paedophilia) - Preferred partner is not available - Belief in entitlement to sex
Rape	Adult, male or female, who does not give permission to commit penetrative sexual acts	<ul style="list-style-type: none"> - Sexual - Anger - Sadistic (or a combination of above)
Sexual Murder	Anyone who is murdered during commission of sexual offence	<ul style="list-style-type: none"> - Murdering to prevent disclosure of sexual offence - Find murder arousing
Internet Offences (there may be different types of Internet offenders but it is unclear at this time)	Most commonly children – content of illegal sexual material downloaded from the Internet ‘child pornography’	<ul style="list-style-type: none"> - Direct contact offences – motivation to sexually offend but have not done so yet

(Continued)

Table 1.1 Continued

Offence Type	Victim	Motivation (examples only)
Exhibitionism (non-contact offence)	Anyone who is exposed to the offender's genitals from a distance	<ul style="list-style-type: none"> - Compulsively drawn to collect indecent images of children with no intention of engaging in contact offences - Need for but fear of intimacy - Stress relief - Can influence the degree of risk of more serious contact offences presented by the offender

most of which are described in the book, and the putative motivations for why such individuals carry out these types of offences.

In terms of work with sex offenders, the practitioner is often required to assess the risk they present or provide effective interventions. Hence, the aim of this book is to gather together in one place recent thinking regarding the assessment and treatment of these diverse groups of sexual offenders from a number of leading researchers and practitioners in the field, with the specific aim of providing workers in the field with an overview of up-to-date assessment and treatment approaches.

However, this is not a 'how-to-do' book on assessment and treatment as such, for that we would recommend our companion book entitled *Assessing Risk in Sex Offenders: A Practitioner's Guide* by Leam Craig, Kevin Browne and Anthony Beech (2008) also published by Wiley. What we hope to have achieved in gathering together the chapters in this volume, is to add further information to those already well versed in assessment and treatment approaches, as well as acting as a starting-off point for those new to the field who want to get an idea of what assessment and treatment of sexual offenders is all about.

STRUCTURE OF THE BOOK

The book itself is divided into a number of sections as follows:

Introduction

The second chapter in the introductory section of this book is by Jackie Craissati on attachment theory. We have included this chapter because we think that this concept is incredibly important when thinking about the aetiology of sexual offending behaviours as well as about attachment styles and implications for treatment, as an individual's attachment style can be seen as a set of enduring characteristics for making sense of

one's life experiences and interactions with others (Young, Klosko & Weisharr, 2003). Ward, Hudson and Marshall (1996) argue that this is how expectations are developed about interpersonal relationships in that individuals may see themselves as worthy and deserving of another's attention, or conversely as worthless and undeserving of anybody's attention. Secure attachments give rise to internal working models of others as safe, helpful and supportive (Baldwin, 2005), while insecure attachment causes the individual to become highly socially ranked, and is especially focused on the power of others to control or reject them (Gilbert, 2005). Therefore, attachment difficulties may represent a key determinant in explaining why some forms of interpersonal violence and abuse occur, as well as thinking about effective treatments for abusers. The remainder of the book is structured as follows:

Part One: Risk Assessment

This part of the book deals with current risk assessment frameworks. In Chapter 3 Franca Cortoni examines factors associated with sexual recidivism. Here, she outlines those historical (static risk) factors that have been identified as being predictive of future offending, together with an outline of some of the better known actuarial risk assessment instruments (i.e., the Sex Offender Risk Appraisal Guide (SORAG; Quinsey *et al.*, 2008), the Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR; Hanson, 1997), and Static-99 (Hanson & Thornton, 2000)), that combine these items into scales that can usefully assess sexual offenders' level of problems. She also outlines the latest thinking about both the assessment of psychological problems related to future offending (i.e., dynamic risk assessment) and the importance of assessing situational and contextual risk factors (acute dynamic risk factors). The other chapter (Chapter 4) in this section, by Leam Craig, Anthony Beech and Leigh Harkins, examines these ideas in more detail as well as looking at the limitations of risk instruments, and posing the question of whether risk assessment needs to be put on a firmer theoretical footing from the work of Beech and Ward (2004), and Ward and Beech (2004), with the answer that this would, in our opinion, certainly advance thinking in the field.

Part Two: Approaches to Offender Assessment

This part of the book deals with specific assessment approaches. First, in Chapter 5 Douglas Boer, Jo Thakker and Tony Ward look at case formulation as has been informed by theory, and the risk assessment concepts outlined in Part One of the book. The following chapters cover in greater detail assessment using psychometrics, attentional-based measures, the penile plethysmograph and the polygraph. In Chapter 6 Leam Craig and Anthony Beech specifically examine how psychometric measures can assess psychological problems (dynamic risk), i.e., the deviant sexual interests, pro-offending attitudes, socio-affective difficulties and self-regulation sets of problems identified by Thornton (2002). The concept of psychological deviance is also

outlined, as originally defined by Beech (1998), and broadened by Thornton (2002). Expanding on this we also consider the risk assessment properties and accuracy in predicting sexual reconviction using the psychological deviance index as an indicator of risk. In Chapter 7 Carmen Gress and Richard Laws outline exciting developments in the assessment of sexual interests using attentional-based methodologies. While in Chapter 8 Yolanda Fernandez reports up-to-date information and casts a critical eye over that old warhorse of assessment, the penile plethysmograph (PPG). In Chapter 9 Don Grubin describes the use of the polygraph to manage risk in sexual offenders. The polygraph itself has been around for a long time like the PPG, however, it is fair to say that it is mainly through Don Grubin's work that the polygraph is starting to be considered seriously as a tool to manage risk in the UK. Finally in this section, in Chapter 10 Liam Marshall and Matt O'Brien examine the measurement of sexual addiction with particular emphasis on examining sexual addiction in those who use the Internet for sexual purposes.

Part Three: Assessments for Specific Populations

It is fair to say that much of the theorising on assessment that has been developed, has been around those who commit contact sexual offences against children, hence in Part Three we have aimed to provide an overview of assessments for differing client groups such as: rapists and sexual murderers, Internet sexual offenders, intellectually disabled sexual offenders; sexual offenders with a coexisting personality disorder, and juvenile sexual offenders. In Chapter 11 Jean Proulx and Eric Beauregard report a motivational typology of sexual aggressors of women. Here, they note the evidence, which has also been reported elsewhere (Beech, Fisher & Ward, 2005; Beech, Ward & Fisher, 2006; Fisher & Beech, 2007), of three basic types of this kind of offender: sadistic, angry, and opportunistic, that cut across the categories rapist or sexual murderer. These findings are incredibly important both for assessment purposes and also because they have implications of what to do about treating offenders with different motivations. For example, sexual offenders with a sadistic motivation to their offending could be problematic on standard treatment programmes where a major component of therapy is making offenders aware of the distress caused to their victims. For offenders who are anger motivated, these, and other, data would suggest that offence-focused work may be better targeted towards anger and hostility problems, as well as schema-focused work around these men's long-standing grievance schemas about women. While, for sexually motivated offenders there is a willingness to undertake sexual assaults to satisfy their sexual urges and a general failure to control such deviant sexual thoughts and behaviours, schema-focused work related to getting the offender to control his actions would seem to be useful.

In Chapter 12 David Middleton describes current approaches to the assessment of those who use the Internet for sexual purposes. This chapter is particularly interesting in that it not only describes how such an assessment can be carried out, but also examines whether ideas from Ward and Siegert (2002) regarding the aetiological

pathways of contact sexual offending can be applied to Internet offenders (which David Middleton argues clearly can be); and whether there is clear evidence of crossover from viewing images to the commission of contact sexual offences (which is not so clear). In Chapter 13 Bill Lindsay and John Taylor describe the assessment of risk in intellectually disabled sexual offenders with particular regard to the static and dynamic risk assessment described in Chapter 3. In Chapter 14 Todd Hogue describes the assessment of sexual offenders with a dangerous and severe personality disorder in the Peaks Unit at Rampton Hospital. Here, he describes the assessment of this type of sexual offender with particular interest being paid to the relationship of personality disorder and risk. Following this, in Chapter 15 Robert Prentky, Ann Pimental, Deborah Cavanaugh and Sue Righthand describe risk assessment procedures when working with juvenile sexual offenders with particular regard to the Juvenile Sex Offender Assessment Protocol-II [J-SOAP-II] (Prentky & Righthand, 2003) which is a risk assessment procedure that contains scales measuring the dynamic risk areas of *Sexual Drive/Preoccupation* and *Impulsive/Antisocial Behaviour*, as well as an *Intervention* scale; and a putative strengths factor of *Community Stability*.

Part Four: Interventions

This part of the book contains four chapters that describe interventions with sexual offenders. In Chapter 16 Tony Ward, Rachael Collie and Patrice Bourke provide an overview of current models of offender rehabilitation with particular regard to the 'What Works' (Andrews & Bonta, 2003; McGuire, 1995) risk, need, responsivity model that has been the dominant paradigm in work with sexual offenders since the early 1990s; and the more recent 'Good Lives' model developed by Tony Ward and colleagues (e.g., Ward & Gannon, 2006; Ward & Mann, 2004; Ward, Mann & Gannon, 2007) which is more of a strengths-based approach to treatment than the *What Works* approach and may be the way forward in terms of the future of interventions; it is certainly starting to take in work with offenders in the UK. In Chapter 17 Bill Marshall, Matt O'Brien and Liam Marshall describe interventions to modify sexual deviance. This area is of course very important when working with sexual offenders, as it has been found that sexual deviance (typically measured by the penile plethysmograph, see Chapter 8) is the strongest dynamic risk predictor of future sexual recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). Hence, the importance that must be placed on the modification of deviant sexual preferences in sexual offenders. In Chapter 18 Ruth Mann and Bill Marshall describe the most up-to-date advances in treatment of sexual offenders. Here, they particularly focus on the areas of pro-offending thinking (cognitive distortions), victim empathy work, relapse prevention, treatment style and therapeutic processes, risk assessment and treatment planning, and what would be the recommended content for a comprehensive treatment package for sexual offenders. While in the final chapter of this section (Chapter 19), Hilary Eldridge and Donald Findlater describe a community-based approach to working with sexual offenders. They also briefly describe the innovative Stop it Now! public

education campaign targeting: offenders and potential offenders; friends and family of offenders and potential offenders; parents and carers of young people with sexually worrying behaviour, in order to give adults the sound information they need to recognise worrying thoughts, attitudes and behaviour in themselves or others and enabling them to take steps that will protect a child.

Part Five: Interventions for Specific Populations

In this section we have gathered together a number of authors who describe treatment approaches for working with specific populations. In Chapter 20 Glynis Murphy and Neil Sinclair describe community interventions for intellectually disabled sexual offenders, in particular describing the Sex Offender Treatment Services Collaborative in Intellectual Disabilities (SOTSEC-ID) approach to treatment. Glynis and Neil report the results of one of the first attempts to develop and standardise a treatment protocol designed for sexual offenders with ID in the UK. Although this client group has been previously neglected in the literature, the SOTSEC-ID model does appear to be a promising model of treatment for men with ID and sexually abusive behaviour.

In Chapter 21 Tanya Garrett and Brian Thomas-Peter describe interventions with sexual offenders with mental illness. They begin by considering the prevalence of this client group and go on to describe the therapy interfering behaviours typically encountered. They draw attention to the limitations of using a standard treatment model with sexual offenders with mental illness and describe an alternative 'modular' programme for psychiatric patients who have a history of sexual offending.

Continuing with the theme of working with special populations, in Chapter 22 Lawrence Jones offers a detailed examination of the strategies and pitfalls when working with personality disordered sexual offenders. Lawrence reminds us that because of the heterogeneity and complexity in this population, formulation-based interventions need to be informed by a wide range of theoretical perspectives and are inevitably complex. He begins by exploring the differing personality features associated with different sexual offences (e.g., rape, sexual homicide, child abuse, psychopathic sexual offending and sadistic offending) and goes on to consider a number of treatment approaches when working with sexual offenders with personality disorders. He outlines the threats to effective treatment and describes the successes of a number of intervention approaches that he has been involved in, including the development of Therapeutic Communities.

Both Chapters 23 and 24 describe working with adolescent sexual offenders. Phil Rich notes, and goes into detail about, the complexities and needs of this group. He begins by highlighting the need to understand sexually reactive children and sexually abusive adolescents compared to adult sexual offenders, and the ways that we actually define and provide treatment for these different populations. He distinguishes between adolescent and adult sexual offenders and considers how the development of adult behaviour, psychopathology and personality disorder can help us to understand

sexually abusive behaviour in adolescents. In developing an effective treatment programme, he considers adolescent brain development and maturation which he links to the development of empathy and morality. These, he argues, form the basis of an integrated and multifaceted model of treatment approach. Continuing with the theme of juvenile sexual offenders, in Chapter 24 Elizabeth Letourneau, Charles Bor-duin and Cindy Schaeffer describe a multisystemic therapeutic (MST) approach to the treatment of problematic sexual behaviours. Before reviewing the treatment outcome literature, they present an overview of the correlates of problem sexual behaviour in youths and go on to describe an alternative, ecologically-based intervention for youth with criminal and non-criminal sexual behaviour problems. They suggest that adolescent sexual offenders are embedded in multiple systems relating to family problems, peer relationships and academic difficulties in school and the goals of MST are to empower parents with the skills and resources needed to independently address the difficulties in raising adolescents and empower adolescents to cope with familial and non-familial problems. In support of this approach, they describe the results of two clinical trials with encouraging results.

While, in the final chapter of this section (Chapter 25), Hannah Ford describes both the assessment and the treatment of female sexual offenders, a commonly overlooked group of sexual offenders. She aims to outline some of the potentially broad-ranging needs of these women and questions whether directly applying assessment procedures for male offenders to females is appropriate. She describes the characteristics of female sexual offenders and pays particular attention to the assessment of risk and factors associated with sexual recidivism. She goes on to describe the identification of treatment needs in this client group and reviews the associated difficulties often reported by female sexual offenders including childhood victimisation, relationship and mental health difficulties and how these impact on risk and treatment need. She questions whether certain features of treatment programmes can potentially repeat negative aspects of women offenders' lives and how this might be attended to.

Part Six: Policy and Practice

The final section of the book describes important policies and practices in working with sexual offenders. It begins with Chapter 26, by Kevin Browne, who describes strategies to prevent sexual abuse in the family. Identified as a global phenomenon, the extent, detection, assessment and management of sexual offences committed in the family home, and their prevention is also considered. Here, the following are considered: (1) the sexual abuse of children by parents, siblings and relatives, as well as sexual assault on intimate adult partners; (2) educational approaches targeting vulnerable families and offenders with known risk factors; (3) working with sexually abusing families through assessment, separation, rehabilitation or transition to a new family. Browne concludes that the treatment of offenders is perhaps the most effective way of protecting children on a long-term basis.

Reports to the police of sexual assault in the UK have more than doubled over the last 20 years. Therefore, in Chapter 27 Kevin Browne continues by reviewing police work with sex offenders, particularly detection, management and assessment. He describes how the police deal with cases of sexual assault, false allegations, corroboration of witness statements and child protection referrals. The work of specialist units and strategies for proactive intelligence gathering is also described, together with ways in which known sex offenders are managed in the community. Recent developments of police involvement in Multi-Agency Public Protection Arrangements (MAPPA) are reviewed, in terms of their activities in public protection panels, risk assessment, management, disclosure and notification. The limitations of current policies are that they focus selectively on known or convicted sex offenders. He concludes that there is a necessity to collect and maintain intelligence on alleged sex offenders, as well those cautioned or convicted, for the prevention and detection of sexual assaults on children and adults.

Despite the limitations that only one in ten alleged sex offenders is convicted of a sex offence, it is important to consider the community strategies for managing high-risk offenders and the contribution of MAPPA as a small number of offenders ('the critical few') can harm a large number of victims. Hence, in Chapter 28 Hazel Kemshall and Jason Wood critically describe the development of MAPPA and their associated legislation in the UK. Improvements are identified in the allocation of offenders to the appropriate level of risk management; the full completion of risk assessment tools in all cases; clearer mechanisms for recording risk assessments and risk management decisions, a case review system that is matched to the risk management plans and dedicated resources for the coordination and administration of MAPPA. They conclude that current risk management strategies have provided effective and consistent partnership working practices across agencies for the prevention of recidivism in high-risk sex offenders.

Finally, Dennis Doren in the last chapter of the book (Chapter 29) describes how actuarial risk assessments are used in USA courtrooms, and how they have been incorporated into the legal and justice systems. The chapter begins by describing actuarial risk assessment instruments relevant to the courtroom and the circumstances in which they are considered of relevance to the courts. Issues around the judicial consideration of actuarial information are examined, and these issues are discussed in detail. In conclusion, Doren offers some comments concerning the future utility of actuarial information in the courts.

REFERENCES

- Andrews, D.A. & Bonta, J. (2003). *The psychology of criminal conduct* (3rd edn). Cincinnati, OH: Anderson.
- Baldwin, M.W. (2005). *Interpersonal cognition*. New York: Guilford.
- Beech, A.R. (1998). A psychometric typology of child abusers. *International Journal of Offender Therapy and Comparative Criminology*, 42, 319–339.

- Beech, A., Fisher, D. & Ward, T. (2005). Sexual murderers' implicit theories. *Journal of Interpersonal Violence*, 20, 1366–1389.
- Beech, A.R. & Ward, T. (2004). The integration of etiology and risk in sexual offenders: A theoretical framework. *Aggression and Violent Behavior*, 10, 31–63.
- Beech, A., Ward, T. & Fisher, D. (2006). The identification of sexual and violent motivations in men who assault women: Implications for treatment. *Journal of Interpersonal Violence*, 21, 1635–1653.
- Broxholme, S.L. & Lindsay, W.R. (2003). Development and preliminary evaluation of a questionnaire on cognitions related to sex offending for use with individuals who have mild intellectual disabilities. *Journal of Intellectual Disability Research*, 47, 472–482.
- Cuncell, R. (2003). The prison population in 2002: A statistical review. Research Development and Statistics Directorate: Findings Report 228, Home Office. Available from: The Research Development and Statistics Directorate, Communication Development Unit, Room 264, Home Office, 50 Queen Anne's Gate, London, SW1H 9AT, UK. Available electronically from: <http://www.homeoffice.gov.uk/rds/pdfs2/r228.pdf>
- Craig, L.A. (in press). Controversies in assessing risk and deviancy in sex offenders with intellectual disabilities. *Psychology, Crime and Law*.
- Craig, L., Browne, K.D. & Beech, A.R. (2008). *Assessing risk in sex offenders: A practitioner's guide*. Chichester: John Wiley & Sons, Ltd.
- Craig, L.A., Browne, K.D., Stringer, I. & Hogue, T.E. (2008). Sexual reconviction rates in the United Kingdom and actuarial estimates. *Child Abuse and Neglect*, 32, 121–138.
- Craig, L.A. & Hutchinson, R. (2005). Sexual offenders with learning disabilities: Risk, recidivism and treatment. *Journal of Sexual Aggression*, 11, 3, 289–304.
- Craig, L.A., Stringer, I. & Hutchinson, R. (in press). Core assessment of adult sex offenders with a learning disability. In M. Calder (Ed.), *The complete guide to sexual abuse assessments* (2nd edn). Willan.
- Craig, L.A., Stringer, I. & Moss, T. (2006). Treating sexual offenders with learning disabilities in the community: A critical review. *International Journal of Offender Therapy and Comparative Criminology*, 50, 369–390.
- Fisher, D. & Beech, A.R. (2007). Identification of motivations for sexual murder. In J. Proulx & M. Cusson (Eds), *Sexual murderers: A comparative analysis and new perspectives* (pp. 175–190). Chichester: John Wiley & Sons, Ltd.
- Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial approach. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 9–74). London: Routledge.
- Hanson, R.K. (1997). *The development of a brief actuarial risk scale for sexual offence recidivism*. (User Report 1997–04.) Ottawa: Department of the Solicitor General of Canada. Available electronically from: www.sgc.gc.ca/epub/corr/e199704/e199704.htm.
- Hanson, R.K. & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348–362.
- Hanson, R.K. & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73, 1154–1163.
- Hanson, R.K. & Thornton, D. (2000). Improving risk assessment for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, 24, 1, 119–136.
- Jansson, K., Povey, D. & Kaiza, P. (2007). Violent and sexual crime. In S. Nicholas, C. Kershaw & A. Walker (Eds), *Crime in England and Wales 2006/07* (4th edn) (pp. 49–65). London: Home Office.
- Lockmuller, M., Fisher, D. & Beech, A.R. (2008). Sexual offenders with mental health problems: epidemiology, assessment and treatment. In K. Soothill, M. Dolan & P. Rogers (Eds), *Handbook of forensic mental health* (pp. 442–475). Uffculme, Devon: Willan.
- Lovell, E. (2002). Children and young people who display sexually harmful behaviour. London: NSPCC.
- McBrien, J., Hodgetts, A. & Gregory, J. (2003). Offending behaviour in services for people with learning disabilities in one local authority. *Journal of Forensic Psychiatry & Psychology*, 14(2), 280–297.
- McGuire, J. (Ed.) (1995). *What works: Reducing offending – Guidelines from research and practice*. Chichester, UK: John Wiley & Sons, Ltd.

- Ministry of Justice (2007). Population in custody: Monthly tables October 2007 England and Wales. Available electronically from: <http://www.justice.gov.uk/docs/population-in-custody-oct07.pdf>
- Murphy, G.H. (2007). Intellectual disabilities, sexual abuse and sexual offending. In A. Carr, J. McEvoy, P. Noonan-Walsh & G. O'Reilly (Eds), *Handbook of intellectual disability and clinical psychology practice* (pp. 831–866). London: Routledge.
- Prentky, R.A. & Righthand, S. (2003). Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) Manual. Bridgewater, MA: Justice Resource Institute.
- Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C. (1998). *Violent offenders: Appraising and managing risk*. Washington DC: American Psychological Association.
- Righthand, S. & Welch, C. (2001). Juveniles who have sexually offended: a review of the professional literature. US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from: http://www.ncjrs.org/html/ojjdp/report_juvsex_offend/.
- Sickmund, M., Snyder, H. & Poe-Yamagata, E. (1997). *Juvenile offenders and victims: 1997 update on violence*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H.N. & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 139–153.
- Ward, T. & Beech, A.R. (2004). The etiology of risk: A preliminary model. *Sexual Abuse: A Journal of Research and Treatment*, 16, 271–284.
- Ward, T. & Gannon, T. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, 11, 77–94.
- Ward, T., Hudson, S.M. & Marshall, W.L. (1996). Attachment style in sex offenders: A Preliminary Study. *Journal of Sex Research*, 33, 17–26.
- Ward, T. & Mann, R. (2004). Good lives and the rehabilitation of offenders. A positivist approach to sex offender treatment. In P.A. Linley & S. Joseph (Eds), *Positive psychology in practice* (pp. 598–616). Chichester: John Wiley & Sons, Ltd.
- Ward, T., Mann, R. & Gannon, T.A. (2007). The good lives model of rehabilitation: Clinical implications. *Aggression and Violent Behavior*, 12, 2, 208–228.
- Ward, T. & Siegert, R.J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime and Law*, 8, 319–351.
- Young, J.E., Klosko, J.S. & Weisharr, M.E. (2003). *Schema therapy: A practitioner's guide*. London: Guilford Press.

2

Attachment Problems and Sex Offending

JACKIE CRAISSATI

INTRODUCTION

Sexual offending is an interpersonal crime, there is always a perpetrator and a victim, and their relationship – however fleeting and distorted – is central to any understanding of the crime. Such a relationship may be purely symbolic, held in the perpetrator's mind within or outside of conscious awareness (Doctor, 2003). For example, an indecent exposé may hold expectations of the victim's response, perhaps hoping for an expression of shock mutating into fascination and admiration, a fantasy of potential seduction which is most unlikely to have any bearing on the reality of the situation. The offence relationship may have an objective reality, with a clear targeting of the victim based on his or her characteristics. This can sometimes be seen in incestuous abuse, in which the offending commenced with an emotional closeness and identification between the perpetrator and child victim which is controlled and distorted by the former transforming the relationship into sexualised contact and abuse. Alternatively, the offence relationship may represent – for the perpetrator – a displacement of painful emotional states such as fear of abandonment, rage and humiliation, that have their origin in actual experiences originating in early life or in failed adult romantic relationships; the offence may represent an attempt by the perpetrator to regain control and self-esteem by reversing and re-enacting such experiences (Rosen, 1979). Thus, whatever the nature of the sexual offending, the offence always represents a failure of the perpetrator to achieve intimacy – integrating both emotional and sexual needs – in pro-social ways. This presupposes that any understanding of sexual offending needs to trace the pattern of relationships within the perpetrator's life, with a particular understanding of the cognitive and affective states of mind which relate to interpersonal functioning.

This chapter therefore aims to consider the relevance of attachment theory to the development of adult relationship patterns, considering the current state of knowledge regarding the development of early attachment in childhood and adolescence, its link to romantic or courtship behaviours, and the implications for antisocial behaviour – sexual offending in particular. There is no intention to provide a complete theoretical model for sexual offending – which is clearly understood to encompass an extraordinarily diverse group of offenders, behaviours, motivations and risks – but rather to provide a core grounding in key ideas which have applicability to the assessment of aetiology, risk, and treatment approaches in this group of offenders. Indeed, attachment theory has enormous popularity as a model because of its accessibility of ideas, and its integrative nature – combining a biological, social and cognitive understanding of human behaviour – which is compatible with a wide variety of theoretical perspectives.

The chapter inevitably restricts itself to an overview of the subject, with reference to the evidence base where it is available and of central relevance. The literature, to date, is almost exclusively focused on mainstream western societies, and may or may not be relevant to more culturally diverse populations of sex offenders where there are significant differences to expectations of parenting practices, adolescent rites and romantic attachments. Furthermore the attachment literature for sex offenders makes little reference to specific findings for female or learning disabled sex offenders, which also fall beyond the scope of this chapter. For the interested reader, there are key texts which are highly informative. These include: Felicity de Zulueta's (2006) updated book, *From Pain to Violence*; Phil Rich's (2006) book on *Attachment and sexual offending* in juvenile sexual offenders; Beech and Mitchell's (2005) paper on neurobiological perspectives on attachment problems in sexual offenders; and Stephen Smallbone's chapter (2006, pp. 93–108) on an attachment revision of Marshall and Barbaree's integrated theory on the aetiology of sexual offending.

ATTACHMENT THEORY

Definition

It is perhaps appropriate to commence with a consideration of the term 'attachment' and the potential for confusion in the way that it is used (Rich, 2006). Attachment theory is based on a very specific and unique relationship: the attachment relationship and attachment bond between a child and primary caregiver (Bowlby, 1969). All other close relationships are referred to as affiliative relationships (Rich, 2006). However, attachment is also used to describe a sense of social connection that one individual has to another and the sense of social relatedness or belonging that an individual has to a larger reference group (Rich, 2006). This definition includes the child – caregiver relationship, but also friendships and other affiliative bonds (and the wider society), as well as later romantic attachments and relationships with one's own children (Bartholomew & Horowitz, 1991).

Infant Attachment

Any consideration of attachment theory must start with Bowlby (1969, 1973, 1980) who postulated that the primary function of early object relationships is to provide the infant with a sense of security in environments that induce fear. Bowlby believed that infants are genetically predisposed to form attachments at a critical point in their first year of life in order to increase their chance of survival. Since the attachment relationship is not present at birth, evolutionary processes favoured the development of behaviours in the infant – smiling and crying – which attract a positive response from the caregiver. The infant needs to explore and learn from the environment while seeking out and maintaining protective proximity to the attachment figure during times of danger, thus protecting the infant from physical and psychological harm. Threat (when the baby is alarmed or anxious) activates the attachment system. Bowlby proposed that the quality of attachment was dependent upon the appropriateness and promptness of the adult's response to these contact-seeking signals of the infant, that is, infants become securely attached to caregivers who consistently and appropriately respond to their attachment behaviours. On the basis of these interactions between the infant and caregiver, self – other representations develop, which he termed 'internal working models', which reflect the child's cumulative experience of sensitivity on the part of that caregiver. Bowlby assumed that this attachment system remained a central organiser of interpersonal behaviour throughout the life span.

These ideas were developed still further by Bowlby's colleague, Mary Ainsworth (e.g., Ainsworth *et al.*, 1978) who observed that insensitively parented one-year-olds tended either to avoid the caregiver after a brief period of separation ('anxious-avoidant'), or refuse to be comforted by her on her return ('anxious-resistant'). In contrast, sensitively parented children sought comfort from the caregiver following brief separation. That is, insensitive parenting (usually mothering in early research studies) did not lead to no attachment at all, but to an insecure attachment to the caregiver. These observations formed the basis of the Strange Situation Test, a laboratory procedure to assess infant attachment around 12 months of age, which produced levels of stress in the infant sufficient to activate the infant's attachment behavioural system. In non-clinical samples, around two-thirds of infants are placed in the secure category, 22% are classified as anxious-avoidant, and 12% as anxious-ambivalent (Ainsworth *et al.*, 1978).

When maternal patterns of caregiving behaviour and infant patterns of attachment were explored (Ainsworth *et al.*, 1978), mothers of securely attached infants were found to be sensitive and responsive, with the infant's needs being met promptly and appropriately. These maternal attributes were elaborated further, to include six characteristics:

- Sensitivity-insensitivity
- Acceptance-rejection
- Cooperation-interference
- Accessibility-ignoring

- Emotional expression
- Maternal rigidity.

Mothers of anxious-avoidant infants tend to be more rejecting, angry and intrusively over-involved. Mothers of anxious-ambivalent infants are characterised by being withdrawn, uninvolved, and inconsistent in their parent style. The infant responses to these categorisations are shown in Table 2.1.

A disorganised category was developed later by Main and Solomon (1990) to distinguish a group of insecurely attached infants who did not appear to have a coherent attachment strategy and demonstrated extremely disturbed and disorganised behaviour in relation to the attachment figure, which comprised alternating approach/avoidance behaviours, prolonged freezing, apprehensiveness, helplessness, and depressive behaviours. The caregivers of such children are perceived to be frightened (as a result of unresolved experiences of loss or trauma in parental development), or to behave in a frightening and threatening manner, thus creating a seemingly unresolvable conflict for the child, as the parent is simultaneously a source of distress and a source of comfort (described in Burk & Burkhart, 2003). Disorganised/disorientated attachment styles are associated with persistence of disturbance in internal mental states, and the development of interactional behaviours characterised by control and lack of social reciprocity.

An important component of secure attachment is the development of reflective functioning (Fonagy, 1999). The caregiver demonstrates reflective functioning by the capacity of giving meaning to the infant's experiences, sharing and predicting his or her behaviour; the persistent failure of the caregiver to recognise the child's subjective state in infancy impairs their reflective functioning. As Fonagy explains, the initial representation of the self is dependent on "my caregiver thinks of me as thinking, therefore I exist as a thinker". This developmental acquisition enables people to understand each other in terms of mental states and intentions, and it is the key to developing a sense of agency and continuity as well as enabling us to interact successfully with others (de Zulueta, 2006). Insecure attachment styles – particularly disorganised type – are associated with significant impairments in reflective functioning.

Subsequent researchers have pointed to the role of the infant in the formation of attachment, specifically investigating infant temperament and its influence on the quality of attachment. The findings have been mixed, and it is probably reasonable to conclude that the attachment relationship is a bidirectional process, with the mother (and other central caregivers) exerting the most influence, and infants responding in a way that serves to maintain the mother's behaviour (Crittenden, 1988).

Psychobiological Processes

Having described the basis of attachment theory in terms of cognitive and social psychological processes, it is important to pause at this stage to consider the psychobiological underpinnings of this theory. Brain function is a highly complex and

Table 2.1 Categorisations of attachment

Infant Strange Situation behaviour	Adult Attachment Interview: adult states of mind	Bartholomew & Horowitz (1991): close relationships	Brennan, Clark & Shaver (1998): adult romantic attachment
<p><i>Secure</i> Explores room and toys with interest in pre-separation episodes. Shows signs of missing parent during separation, often crying by the second separation. Obvious preference for parent over stranger. Greet parent actively, usually initiating physical contact. Usually some contact maintaining by second reunion, but then settles and returns to play.</p> <p><i>Avoidant (A)</i> Fails to cry on separation from parent. Actively avoids and ignores parent on reunion. Little or no proximity or contact seeking, no distress, and no anger. Response to parent appears to be unemotional. Focuses on toys or environment throughout procedure.</p>	<p><i>Secure/autonomous (F)</i> Coherent, collaborative discourse. Valuing of attachment, but seems objective regarding any particular relationship. Description and evaluation of attachment-related experiences are favourable or unfavourable.</p>	<p><i>Secure (A)</i> It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.</p>	<p><i>Secure</i> Low on avoidance (not avoiding intimacy, comfortable with closeness & not overly self-reliant), and low on anxiety (little preoccupation, jealousy or fear of abandonment, little fear of rejection). Use touch to express affection, endorses affectionate sexual behaviours, experiences positive emotions following sex.</p>
	<p><i>Dismissive (Ds)</i> Not coherent. Dismissing of attachment-related experiences and relationships. Normalising ("excellent, very normal mother"), with generalised representations of history unsupported or actively contradicted by episodes recounted. Transcripts also tend to be excessively brief.</p>	<p><i>Dismissive (D)</i> I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.</p>	<p><i>Dismissive-avoidant</i> Highly avoidant but low levels of anxiety in intimate relationships. Compulsively self-reliant, avoiding touch in relationships, low levels of negative emotions following sex, most likely to endorse promiscuous sexual behaviours.</p>

(Continued)

Table 2.1 Continued

Infant Strange Situation behaviour	Adult Attachment Interview: adult states of mind	Bartholomew & Horowitz (1991): close relationships	Brennan, Clark & Shaver (1998): adult romantic attachment
<p><i>Resistant or ambivalent (C)</i> May be wary or distressed even prior to separation, with little exploration. Preoccupied with parent throughout procedure, may seem angry or passive. Fails to settle and take comfort in parent or reunion, and usually continues to focus on parent and cry. Fails to return to exploration after reunion.</p>	<p><i>Preoccupied (E)</i> Not coherent. Preoccupied with or by past attachment experiences/relationships, speaker appears angry, passive or fearful. Sentences often long, grammatically entangled, or filled with vague usages (“and that”). Transcripts often excessively long.</p>	<p><i>Preoccupied (C)</i> I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.</p>	<p><i>Preoccupied (ambivalent)</i> Low levels of avoidance but high levels of anxiety in intimate relationships. Use touch to express emotion and seek care, but desires more touch than receives. Endorses affectionate sexual behaviours, but some negative emotions following sex.</p>
<p><i>Disorganised, disoriented (D)</i> Displays disorganised and/or disoriented behaviours in the parent’s presence, suggesting a temporary collapse of behavioural strategies (e.g., freezing or clinging whilst leaning away with gaze averted). Infant will ordinarily otherwise fit A, B or C.</p>	<p><i>Unresolved, disorganised (U/d)</i> During discussions of loss/abuse, individual shows striking lapse in the monitoring of reasoning or discourse, e.g., may briefly indicate a belief that a dead person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech. Otherwise fits D, E or F.</p>	<p><i>Fearful (B)</i> I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.</p>	<p><i>Fearful-avoidant</i> Highly avoidant (avoiding intimacy, discomfort with closeness, self-reliant) and highly anxious (preoccupied, jealous, fearful of abandonment & rejection) in intimate relationships. A lack of touch in relationships, and high levels of negative emotions after sex.</p>

Comments:

Comments:

Comments:

Based on semi-structured interview & multiple measures of attachment.

Four short statements, as forced-choice, and Likert rating of four statements.

Can rate close, romantic, or specific relationships.

Continuous ratings on two dimensional model of positive/negative self & other model.

Comments:

36 item self-report, Likert scale, questionnaire (ECR) based on romantic attachments.

Two dimensions of high/low avoidance and high/low anxiety.

Four clusters associated with different attitudes to touch and sex within relationships.

specialised area, but a broad summary of current thinking can be derived from de Zulueta (2006) and Beech and Mitchell (2005). Infants are not born with the capability of regulating their arousal and emotional reactions, soothing or comforting themselves, or maintaining psychophysiological homeostasis; it is the caregiver's response to the infant's distress signals – holding, caressing, smiling, feeding and giving meaning – which enables attunement to take place, enabling the modulation and reduction of cortisol levels in relation to specific stressors. Cortisol levels are used as a measure of adrenocortical activation, which is a traditional measurement of stress (de Zulueta, 2006). The neuropeptides – oxytocin and vasopressin – are also implicated, in their actions both as hormones and as neurotransmitters (Beech & Mitchell, 2005). Cortisol levels are raised in the infant when separated briefly (that is, the infant is stressed) and endogenous opiates are involved in the development of secure attachments to the caregiver. If attachment theory is understood, biologically, as a regulatory theory, then the orbitofrontal area – close to the limbic system, connected to the autonomic system, and largely located in the right hemisphere – is the focus for the acquisition of specific forms of knowledge which can regulate interpersonal behaviour, modulating and regulating social and emotional behaviours (particularly the perception of internal emotional states and the emotional states of others. Thus secure attachment can be understood as providing a neurobiological buffer against stress, as well as promoting the development of attunement with others, a capacity for reflection and empathic perception (Fonagy, 1999).

Insecure attachment – particularly disorganised attachment – but also chronic childhood abuse, is associated with two separate psychobiological response patterns – hyperarousal (the fight or flight response activated by the sympathetic component of the autonomic nervous system) and dissociation (freezing activated by the parasympathetic component) (Van Ijzendoorn, Schuengel & Bakermans-Kranenberg, 1999). In traumatic states of helplessness, endogenous opiates are released to produce numbing of pain (Lyons-Ruth & Jacobvitz, 2003). With no caregiver to restore equilibrium, these chronic stress states can cause severe damage to the right hemisphere cortical limbic circuits, which in turn, are associated with other alterations in brain function, resulting in long-term problems with the regulation of emotions, capacity to play and fantasise, and to form future attachments. Low cortisol in particular, as a consequence of chronic stress, is associated with emotional withdrawal states in general (Beech & Mitchell, 2005).

This model would suggest that the neurobiological consequences of insecure attachment in early life renders the individual more vulnerable to the effects of later experiences of abuse – including sexual abuse – resulting in greater difficulties in resolving post traumatic stress responses (de Zulueta, 2006).

Stability of Attachment over the Lifespan

Researchers have also investigated the predictive stability of early attachment categorisations (Fonagy *et al.*, 1997; Green & Goldwyn, 2002). Follow-up studies showed that early insecure relations preceded moodiness, depression and aggression in preschool

years, and primary school. However, even securely attached infants could develop behavioural problems if the interactional patterns between mother and child were unsupportive, inconsistent, uninvolved and confused at three and a half years; and conversely insecurely attached infants were less likely to develop subsequent behavioural problems if their interactions with their mother were warm, supportive and appropriate. Thus subsequent variations in the parent – child relationship, and family circumstances, appear to be critical in determining whether the developmental pathway is continued, diluted or abandoned (Fonagy *et al.*, 1997). These findings support some of the criticisms of attachment theory, that is, it overemphasises early relationships, oversimplifies the complexities of attachment categorisation, pays insufficient attention to interactional maintaining factors which influence continuity (and discontinuity), and does not account for the important influence of secondary attachment figures (Brown & Wright, 2001).

Brown and Wright (2001) suggest that insecure attachment is neither a necessary, nor a sufficient cause of later pathology, rather attachment should be conceptualised within a risk/vulnerability model for psychopathology. Although insecure attachment proved to be a risk factor for the later development of psychopathology, its high base rate in the normal population has reduced its predictive value (Green & Goldwyn, 2002). For example, it has been suggested that attachment history should be considered alongside child characteristics, parental management style and family ecology. Nevertheless, research suggests that avoidant attachment patterns tend to be associated with later antisocial and externalising problems; ambivalent patterns with social withdrawal in middle childhood and anxiety disorders in late adolescence (summarised in Green & Goldwyn, 2002). Disorganised attachment is associated with a wide range of specific later effects, including poor peer interactions and behavioural difficulties (particularly oppositional behaviour).

Adolescence is characterised by biological, mental and social change, and is therefore a time when the self – other dialect is particularly strong. Puberty is the final period of rapid neurological change in human development, and predominant attachment patterns in the adolescent become sexualised (Brown & Wright, 2001), marking a period of sensual physical closeness with another which has not been experienced since the mother – infant dyad over a decade previously. This idea is developed in the section on attachment and sex offending below. Cognitive maturation results in many young people changing their understanding of themselves, their parents and the world generally, and experimenting with alternative ideas and behaviours, thus adolescence is a time when internal working models are transferred to peers (social group functioning) and social institutions. This is a period of consolidation in attachment when insecure patterns can be reversed or become entrenched (Brown & Wright, 2001). Insecurely attached adolescents are less able to integrate and reorganise models because information is selectively attended to with the defensive exclusion of information, or considered unreliable, so discrepancies in the model being used are not identified, preventing integration taking place.

By adulthood, internal working models have been adjusted and modified, but essentially they are likely to be self-perpetuating because of the biasing effect on incoming information and the tendency for individuals to both select and create environments

that confirm their existing beliefs. The work on romantic bonds in adulthood has been based on the premise: that there will be similar attachment patterns among adults as among children; that these romantic relationships will function in similar ways, in terms of mate selection, secure base and safe haven behaviour, avoidant attachment and defence mechanisms; and that attachment patterns are stable from infancy to adulthood. Researchers have found a correspondence between infant attachment styles and the categorisation of adult romantic attachments (Hazan & Shaver, 1987, 1994) with around two-thirds of adults being classified as securely attached. These adult classifications are moderately stable, but may change in response to changes in personal circumstances, such as losing a partner, or experiencing a supportive and loving relationship (Hazan & Shaver, 1994). Hazan and Shaver (1987) – and subsequently Bartholomew and Horowitz (1991) – developed models of adult attachment which are based on a dimension of anxiety and avoidance, and positive and negative internal models of self and other, respectively. These models are described further in the section on measuring attachment, and are represented in relation to the Strange Situation and adult attachment categorisations, in Table 2.1.

THE RELATIONSHIP OF ATTACHMENT TO EXPERIENCES OF ABUSE AND TRAUMA

It is important to distinguish experiences of abuse, that are perpetrated by primary caregivers, in infancy (neglect and emotional abuse) and are therefore integral to the formation of insecure attachment bonds, from later childhood experiences of abuse perpetrated by a primary caregiver (usually the father) who was not abusive at the time that early attachment bonds were formed in infancy. This complicated structure is not adequately addressed in the literature, and there is little or no data on the attachment patterns found in children who have been physically or sexually abused. However, there is a body of work on trauma experiences in personality disorder, particularly borderline type (e.g., Bateman & Fonagy, 2004). Both physical and sexual abuse are reported more commonly than normal subjects in personality disordered populations, but only borderline patients consistently report high levels of sexual abuse (well over two-thirds of most samples) (Bateman & Fonagy, 2004).

The relationship between secure attachment (as a buffer) and insecure attachment (as a vulnerability/risk factor) has already been described in relation to later abuse (in the section on stability of attachment over the lifespan). Both biologically and psychologically, the impact of insecure attachment is to predispose the older child and adult to post traumatic stress responses to later trauma. It is not necessarily the traumatic event itself, which cannot be overcome, but the impact of associated features such as the personal meaning of the event, the ability to disclose and be believed or validated, to activate effective social support mechanisms. Trauma leads to a partial collapse of interpersonal interpretive function, disorganisation of attention, poor stress regulation, and reduces the capacity for reflective function (Fonagy, 1999).

With regard to offenders – and sexual offenders in particular – the research evidence seems to suggest that the family backgrounds of violent and sexual offenders are characterised by neglect, violence and disruption, although it has been difficult to find clear and consistent distinctions between rapists and violent offenders, both of whom tend to be comparable in terms of physical and sexual abuse experiences, and in terms of more behavioural maladjustment at school (Haapasalo & Kankkonen, 1997). Child molesters tend to report the highest levels of sexual victimisation in childhood, and these are associated with poor family relations (Dhawan & Marshall, 1996). Sexual victimisation is also associated with sex offenders who began their sexually coercive behaviour in adolescence rather than as adults, and similarly with earlier onset of masturbation (Smallbone & McCabe, 2003).

Craissati and colleagues (Craissati, McClurg & Browne, 2002b; Craissati & Beech, 2004, 2006) explored the role of key adverse developmental experiences in sex offenders in a series of studies across London. They found that around half of all child molesters (and a quarter of rapists) reported sexual victimisation, although this figure dropped when the methodology was based on probation file information rather than clinical interview. They also found that sexually victimised sex offenders were significantly more likely to engage in a range of psychosexually disturbed behaviour in adulthood. Sexually abused offenders were also much more likely to report emotional abuse in childhood (92% versus 43%) and behavioural disturbance (73% versus 33%).

Furthermore, when childhood attachment experiences were measured, using the Parental Bonding Instrument (Parker, Tupling & Brown, 1979, see below), child molesters reported high levels of maternal affectionless control (low care and high overprotection) associated with developmental experiences of sexual, emotional or physical abuse; the only significant finding with rapists was that both maternal and paternal affectionless control was associated with behavioural disturbance in childhood (Craissati, McClurg & Browne, 2002a). Overall, levels of emotional and physical abuse, and childhood behavioural disturbance ranged between 30–50% with similarities between rapists and child molesters. All forms of abuse – but emotional abuse and behavioural disturbance in particular – were associated with a diagnosis of personality disorder in adulthood (Craissati, Webb & Keen, 2008). The researchers found that higher scores on a number of risk prediction instruments were associated with emotional abuse, behavioural disturbance, or any one type of abusive experience in childhood; and these key developmental variables could enhance the accuracy of risk prediction when considered together with a static risk prediction tool (Craissati & Beech, 2006).

MEASURING ATTACHMENT

Inevitably, there are an enormous number of attachment-related assessment measures, too numerous to mention (e.g., Bartholomew & Shaver, 1998). Closer scrutiny, however, reveals that many have similarities, and are based on the original classificatory systems of Ainsworth and Main & Solomon's original attachment model. The choice

of assessment approach largely depends on the task and its purpose: whether some form of ‘objective’ picture is required regarding the nature of the attachment between parent and child or between a couple; or whether it is important to assess an individual’s perception of his/her attachment to a caregiver, whether or not it has become a distorted and selective set of memories. It may also be interesting to administer a psychometric assessment measure of attachment which can be applied pre- and post-treatment, based on the premise that conscious perceptions of attachment and bonding may become more accurate, balanced or realistic as a result of therapeutic change.

For many situations, clinically-based approaches will suffice, with attention paid throughout the interview to patterns of attachment in the offender’s background, encompassing early experiences and adolescence, adult relationships and the relational aspects of the offending behaviour. Observational approaches are most common in child-centred services, where parent – child interactions can be assessed; clearly the Strange Situation is the most famous example of a standardised observational approach which has been adapted for research purposes. However, interviews with couples, and attention to the dynamics of the patient – therapist relationship, can also provide key attachment-related observational material.

Psychometric Assessment

Psychometric measures fall into two categories: the semi-structured interview approaches, and self-report questionnaire. The most commonly used of the former, includes the Adult Attachment Interview (AAI; George, Kaplan & Main, 1987). A comparison of classificatory systems is outlined in Table 2.1. Semi-structured interview approaches are sometimes thought to be superior to self-report questionnaires on the basis that they may search out more detailed qualitative information which allows for a more robust rating of attachment, not simply predicated on the respondent’s conscious appraisal of his attachment relationships (Ward, Hudson & Marshall, 1996). However, they do require more time and expertise to administer and score, which is not always available to a wide range of practitioners.

The Relationships Questionnaire (RSQ; Bartholomew & Horowitz, 1991) is a single item measure made up of four short paragraphs, each describing a prototypical attachment pattern as it applies in close adult peer relationships. Participants are then asked to rate their degree of correspondence to each prototype on a seven-point scale. This then provides a profile of an individual’s attachment feelings and behaviour. The RSQ has some flexibility as it can be worked in terms of general orientations to close relationships, or to a specific relationship, or romantic relationships. The ratings provide a continuous profile although it can also be used to categorise participants (see Table 2.1) on the basis of a model of self – positive or negative – and a model of the other – positive or negative. The validation of this instrument relies on ratings obtained from the Peer Attachment Interview, and subsequent validation of the attachment dimensions were based on multiple measures of attachment (Brennan, Clark & Shaver, 1998). Therefore, although the instrument can be used as self-report,

it is more likely to be valid when used to summarise a broader based attachment assessment.

The Adult Attachment Interview (AAI) is a one-hour structured semi-clinical interview which focuses on early attachment experiences and their effects. Subjects are asked for five adjectives to describe their relationship to each parent during childhood, and then for memories which support the choice of each adjective. They are asked whether they felt closer to one parent, or rejected during childhood, whether parents had been threatening with them and why parents may have behaved as they did during childhood; and how these experiences may have affected the development of their personality. The interview is transcribed verbatim, and the assessment is rated from the discourse record. The assessment is based on a set of nine-point rating scales which address: childhood experience with each parent, the client's current state of mind in relation to this experience, and the overall coherence of the transcript and any lapse in reasoning. Rational discourse is considered to be high in quality (evidenced), quantity (succinct yet complete), relevant, and clear and orderly. Four final classifications are possible, as described in Table 2.1.

The AAI has been widely used and validated (Fonagy, Steele & Steele, 1991), and although there are criticisms of it, it does appear to show a high concordance with observational studies. For example, in as many as 80% of cases, infant attachment classification can be predicted on the basis of adult attachment classification made before the birth of the child (Fonagy, 1999). It has been used with offending populations, property offenders being found to be dismissing or preoccupied in their classification, whilst violent offenders were more likely to be unresolved or cannot classify categorisation (Fonagy *et al.*, 1997).

Of the numerous self-report measures, perhaps one of the more commonly used in adolescents and adults to rate their perception of the bonding experiences as children with their parents, is the *Parental Bonding Instrument* (Parker, Tupling & Brown, 1979). The PBI comprises 25 self-report questions scored in two dimensions: *care* ranges from affection and empathy to indifference and emotional coldness; *control/overprotection* ranges between intrusion and prevention of independence to independence and autonomy. Participants can then be classified into one type of four attachment bonds, as reported for each parent: optimal bonding (high care, low protection), affectionate constraint (high care, high protection), affectionless control (low care, high protection), and weak bonding (low care, low protection)

The PBI has been used with sexual offenders by Craissati, McClurg and Browne (2002a), who compared child molesters and rapists finding that the affectionless control style of parental bonding was highly prevalent in child molesters; a subsequent comparison study with normal controls and a violent, non-sexual group of offenders, reported by Craissati (2003), found that rapists were almost as likely to rate their parents as providing optimum bonding as the control group – particularly for their mothers – and that there was a lack of significant differences between groups overall. This may represent expected distortions in the self-report style of rapists and child molesters, or suggest some problems with the psychometric properties of the PBI, or difficulties with the study sample. However, it would indicate that

although the PBI provides interesting results, it should be used with caution for the time being.

The *Inventory of Parent and Peer Attachment* (IPPA; Armsden & Greenberg, 1987) is the most commonly used of the adolescent attachment self-report instruments, and is based on the conceptual framework of attachment theory. It comprises three sets of 25 questions, in 'mother', 'father', and 'peer' categories, regarding how well each of these figures serves as a source of psychological security. Subscale scores are available for trust (degree of mutual trust), communication (quality of communication), and alienation (extent of anger and alienation), with a total attachment score for either high or low security. The authors of the IPPA conclude that self-esteem and satisfaction with life are highly related to the quality of parent and peer relationships, and adolescents classified as high security appear well adjusted. As yet, there is no normative data reported for the IPPA with adolescents, as compared with juvenile sex offenders (Rich, 2006), although Rich notes that there are studies underway to compare juvenile sex offenders with non-sexual juvenile delinquents on the IPPA.

Perhaps the most commonly recommended scale for assessing romantic attachment is the *Experiences in Close Relationships* (ECR; Brennan, Clark & Shaver, 1998). This is a 36 item self-report questionnaire which is based on two subscales: avoidance (or discomfort with closeness and discomfort depending on others) and anxiety (or fear of rejection and abandonment). The two dimensions yield four types of classification which are closely allied to Bartholomew and Horowitz's categories, which are in turn, linked to the AAI categories (see Table 2.1). The psychometric properties of the ECR appear to be somewhat more robust than those for the RQ, perhaps because it relies on a wide range of questions drawn from numerous romantic attachment questionnaires to underpin its two-dimensional structure. Interestingly, the original report on the ECR examined the association between the attachment categories and two subscales for touch (51 items, four constructs – using touch to express affectionate proximity, desiring more physical contact, touch aversion, and using touch to assure a haven of safety) and sex (47 items relating to sexual behaviour and emotions following sexual activities). These findings are of particular relevance to sexual offenders, and are detailed briefly in Table 2.1.

ATTACHMENT AND ITS LINK WITH ANTISOCIAL BEHAVIOUR AND ADULT OFFENDING

There is now a strong body of evidence identifying the link between childhood disruptive behaviour problems (conduct disorder), adolescent delinquency and later antisocial behaviour in adulthood, although this trajectory is by no means predetermined and many behaviourally disordered children (and delinquent adolescents) do not progress to adult antisocial acts (Fonagy *et al.*, 1997). Continuity of such behaviours over the lifespan has been shown to be related to poor parental attachment (Fergusson & Lynskey, 1998); Le Blanc (1992) explored the complex relationship between family bonding, structural socio-economic family factors, later delinquency

and adult offending. He found that structural factors determined the quality of family bonding which was, in turn, a central cause of delinquency in terms of the acceptance, or rebuttal, of constraints (regulations, supervision and discipline); family functioning and delinquent behaviour during the second part of adolescence was essential to an explanation of adult criminality.

Chapple (2003) explored the model of the intergenerational transmission of violence – a widely accepted causal explanation for the connection between parental violence and adolescent violence. In particular she explored the difference between poor attachment to parents and a lack of parental control. She defined attachment as connectedness and found in her study that: adolescent ‘dating’ violence was far higher for those who were weakly attached to their violent parents; delinquency was lowest in those children who were securely attached to conventional parents (exerting parental controls); and parental attachment had a negative effect on the perceived likelihood of dating violence regardless of whether the respondent witnessed inter-parental violence or not.

Fonagy (1999) also proposed that a disorganised attachment system – coupled with a history of abuse in childhood and an absent male parental figure – provided an explanatory model for relationship violence in adulthood. Reder and Duncan (2001) suggest that anxiously attached men tend to enter partnerships with equally anxiously attached women, and together they enact recurrent cycles of proximity-seeking followed by aggressive distancing behaviour. They conceptualise these difficulties as unresolved care and control conflicts, and suggest that some aspects of parental child abuse may relate to crisis interactions between the parent and child, in which the child’s crying infers a need for extra comforting but he/she rejects the parent’s efforts, and the child’s need for care is experienced as demanding and controlling of the parent.

It is also important to note, as described above, that there is an established link between early attachment problems and vulnerability to subsequent abusive experiences in childhood; and a link between childhood abuse and later criminality. Thus, what is the nature of the relationship between the development of attachment in early life and later antisocial – particularly violent – behaviour? Bowlby (1944) postulated from early on that psychopathy, violence and crime were primarily related to disorders of attachment and represented distorted attempts at interpersonal emotional exchanges. Insecure attachment in childhood – particularly detached or disorganised types – is associated with unresponsive, rejecting parenting, such that the infant internalises working models in which relationships are generally viewed as characterised by anger, mistrust, chaos and insecurity; disruptive behaviours emerge as strategies to maximise parental attention; normal self-protective infant and toddler expressions of anger turn to aggression when parental insensitivity is pervasive, and are clearly dysfunctional as aggression threatens to break apart the attachment bond. Thus anger and aggression lie at the root of all insecure attachment. Fonagy *et al.* (1997) suggest that the attachment system may be involved in both predatory and affective acts of violence; whereas in the former case the individual seeks the object, and the purpose of such proximity seeking is primarily destructive, in the latter case, proximity triggers an intense defensive reaction of a violent kind.

For the delinquent adolescent, the early absence of a strong attachment to the parent may have been masked by the adult's physical capacity to control the child, and the absence of parental control through emotional ties may not become clear until early adolescence, when the life task is to transfer bonds to peers and social institutions (such as school), and there is a need for strongly internalised controls through morality, empathy, caring and commitment (Fonagy *et al.*, 1997). It has already been established (see above) that insecure early attachments are associated with poor empathy and perspective-taking ability, and it may be that a key component of crimes against the person is that awareness of the mental state of the other (the potential victim) must be blocked in order to inflict harm; thus mentalising ability is a prerequisite to socialisation.

ATTACHMENT IN SEXUAL OFFENDERS

There has been a flurry of research in the last 10 years exploring the nature of attachment in sexual offenders, with attempts to delineate pathways from attachment experiences in early life, through to adult intimacy and linking these to broad typologies of sexual offending behaviour. Some broadly consistent findings have emerged, although there continues to be some complex and contradictory evidence which would urge caution in oversimplifying the model.

As outlined in the introduction, all sexual offending necessitates an understanding of issues of emotional loneliness (when intimate relationships are ultimately emotionally unfulfilling), poor self-esteem, and fear of intimacy (in which adult relationships themselves or emotional commitment to relationships are avoided) (Marshall, 1993). More recent developments in theoretical perspectives include additional general themes within relationships of difficulties with emotional regulation and personality dysfunction, self-definition and perspective taking (Burk & Burkhart, 2003); work by Baker and Beech (2004) and Baker, Beech and Tyson (2006) has examined the relevance of disorganised attachment styles and their relationship to dissociation and early maladaptive schemas in sex offenders.

The role of the internal working model is to act as a bridge between early attachment experience and these adult intimacy problems. Studies of attachment styles in sex offenders – when compared to violent and non-violent offenders – tend to show both general and specific links (Smallbone and colleagues, 1998, 2000, 2001, 2003), that is, all offenders report greater levels of insecure attachments than non-offender controls; sexual and violent offenders report greater levels of insecure attachments than other offenders; coercive sexual behaviour in non-offenders is associated with greater levels of insecure childhood attachment, even when antisociality and aggression are controlled for, as well as greater levels of adult attachment avoidance. If we then explore differences within sex offender groups, there is evidence that rapists tend to endorse emotional and behavioural patterns consistent with avoidant or dismissive attachment, to report idealised versions of parental experiences; and are more likely to have been physically abused by a family member than were child molesters; while

child molesters tend to endorse emotional and behavioural patterns consistent with preoccupied or fearful patterns of attachment, to report dependent and problematic relationships with their mothers, and are more likely to have been victims of childhood sexual assault than rapists (Burk & Burkhart, 2003; Craissati, McClurg & Browne, 2002a, 2002b; Ward, Hudson & Marshall, 1996).

These findings are underpinned by Smallbone's (2006) theoretical model which builds on Bowlby's premise that attachment, sexuality and parenting are the three most important social behavioural systems for species survival. Here, Smallbone places a particular emphasis on the pathway to sexual offending, identifying the way in which sexual drive, sexual attraction and mate selection have evolved to direct mating, reproduction and parenting. *Sexual drive* motivates humans to seek sexual contact with non-specific others, that is, humans are biologically prepared to respond sexually to a very broad range of potential sexual stimuli (Fisher *et al.*, 2002). *Sexual attraction* (romantic passion) has the purpose of directing sexual drive toward a more restricted range of objects, that is, it provides for courtship behaviour to be focused on specific kinds of individuals. *Mate selection* is thought to have evolved for the purpose of cooperating with reproductive mates to ensure the survival of offspring, but has the additional benefits of promoting personal benefits including mutual support, happiness and intimacy.

In psychosocial terms, the task of organising the three systems presents significant developmental and social challenges. Early problematic attachment environments tend to be associated with early-onset puberty, opportunistic or coercive sexual behaviour, many short-term unstable pair bonds, and low levels of parental investment (Smallbone, 2006). His attachment conceptualisation of sexual offending emphasises problems in the development of capacities for behavioural restraint, with a reduced capacity for empathy and perspective taking, difficulties in emotional self-regulation and the development of a coercive interpersonal style – all of which should act as deterrents for the reining in of powerful emotions of distress, sexual drive and sexual attraction. In this way a distressed male may direct his own attachment behaviour toward a child, bringing him into a more intense emotional interaction and a more physical interaction with the child; in turn this may cue cognitive, affective and sensory sexual responses which, if not restrained, may in turn precipitate overt sexual behaviour.

Ward *et al.* (1995) develop a theoretical perspective with an emphasis on attachment styles and associated features of sexual offending behaviour. They suggest that anxious/ambivalently attached sex offenders – who lack self-confidence and tend to seek the approval of others – seek attachments with individuals who they can control and who admire them (vulnerable women and children), but their inability to satisfy their intimacy needs in adult relationships will make them likely to become emotionally dependent upon their relationships with children. Such offenders would be unlikely to be aggressive or use coercion because of their concerns for the victim's enjoyment.

Fearful/avoidantly attached sex offenders – who desire emotional contact with others but are so afraid of rejection that they avoid establishing emotionally intimate relationships with adults – develop significant intimacy and social skills deficits

which then makes it very difficult to develop romantic adult relationships, even if so desired. Sexual activity then becomes an indirect means of making contact with others, and they will seek impersonal sexual contacts with others. Such sex offenders are more likely to be very self-focused during their offending, to have poor victim empathy, to involve minimal personal contact with the victim, and to use coercive (but not aggressive) behaviours if necessary to achieve their sexual goals (the child/adult's cooperation). (See also Baker & Beech, 2004; Baker, Beech & Tyson, 2006).

Dismissing/avoidantly attached sex offenders – primarily driven by a desire to maintain a sense of autonomy and independence – are likely to seek relationships or social contacts that involve minimal levels of emotional or personal disclosure. Therefore, although they also seek impersonal sex, it is more likely to be characterised by a degree of hostility, in order to maintain a distance and aloofness from others. Tending to blame others for their lack of intimacy, they may well direct their hostility towards the gender of their preferred adult partners and to be profoundly uninterested in the feelings of others. Their offences are likely to be characterised by the expression of non-instrumental aggression, often seen in rape offences.

IMPLICATIONS FOR THE MANAGEMENT AND TREATMENT OF SEX OFFENDERS

The theme of attachment will be alluded to repeatedly throughout this book, whether in a discussion of dynamic risk factors (see Chapters 3 & 4) or in considering treatment. However, some general observations can be made here, which clearly emerge from the above discussion.

Sex offenders who are managed in the community in England and Wales necessarily form a relationship with their local public protection agencies in the form of the Multi-Agency Public Protection Arrangements (MAPPA; National Probation Service, 2003); see Chapter 28. For, subject to lifelong registration under the Sex Offenders Register (1997 Sex Offender Act), this is inevitably an enduring relationship over time, despite inevitable changes of personnel within the agencies. It is reasonable to assume that attachment patterns – established in early life and relevant to their offending – will be replicated within their relationship to the MAPPA. Insecure patterns may result in excessive dependency on professionals, an expectation of rejection with associated selective attention to perceived rejection or slights, or conversely dismissive, non-compliant attitudes in which the offender resorts to habitual strategies of secretive and manipulative behaviours for survival. Anticipating and understanding these core features of an offender will inform the management plan, and without such an understanding, the MAPPA is vulnerable to being drawn into the offender's inner world, unconsciously re-enacting the role of collusive or abusive parental figure.

The central question regarding attachment as it relates to sex offender interventions/programmes is that of responsiveness to treatment (treatability) that is, should

attachment be understood as a static factor, firmly established in early life and something which needs to be managed in adulthood; or should attachment be understood as a rather more dynamic factor, open to permutation as a result of adult life experiences and treatment interventions. The more recent work on treatment approaches for personality disordered individuals – including offenders (Dowsett & Craissati, 2008) – would suggest that attachment and its implications are central to mainstream approaches. Furthermore, as suggested in the introduction to this chapter, attachment models transcend particular theoretical approaches, integrating key ideas emerging from traditional psychoanalytical but also cognitive behavioural approaches. For example, attending to the patient – therapist relationship is a core feature of schema focused therapy (Young, Klosko & Weisharr, 2003), an important component of Dialectical Behaviour Therapy (Linehan, 1993), and a fundamental pre-requisite of formal psychoanalysis.

The relevance of attachment models to sex offender treatment falls broadly into two areas: process and content. In terms of process, there is good evidence to suggest that non-specific characteristics of therapists are crucial to the positive outcome of treatment; with sex offenders, Beech and Fordham (1997) found that successful treatment groups (associated with greater positive pre-post treatment change) were more cohesive, well organised, encouraged the open expression of feelings, produced a sense of group responsibility, and instilled a sense of hope in the group members brought about by good leadership style. Subsequently Marshall *et al.* (2003) found that empathy, warmth, directiveness and reward, were key features of successful therapists with sex offenders. This would suggest that attention to ideas of good enough parenting – consistency, positive empathic regard, modelling reflection and flexibility, adherence to safe boundaries, and interest in the offender's individual path to developing a pro-social sense of self – are all ways in which problems with the early formation of attachment patterns can be revisited and repaired. This is supported by wider evidence that internal representational models of attachment can be altered and repaired by the repeated and consistent experience of exposure to positive caregiving (Morton & Browne, 1998), and, for example, that the experience of therapy in insecurely attached mothers was central to their ability to break the cycle of abuse with their own children (Morton & Browne, 1998).

In terms of content, there is an established evidence-base that identified higher risk and/or more 'deviant' sexual offenders (see Chapter 6) have greater treatment need. This is reflected in the development of programmes – such as the Extended Sex Offender Treatment Programme within the England and Wales criminal justice system (Mann, 2004) – which attends to developmental experiences and core beliefs (schema), as well as more pervasive adult traits such as emotional regulation and perspective taking which are impaired as a result of attachment problems. The aim is to engage sex offenders in the task of achieving insight into the development of their attachment difficulties, improving their 'reflective functioning', and enabling them to develop skills in improving their capacity for forming and maintaining adult relationships, and/or broadening the range of ways in which meaningful interpersonal bonds can be created without a narrow focus on sexual gratification (Ward & Marshall, 2004).

Finally, there is growing interest in the potential for medication – specifically SSRIs (selective serotonin re-uptake inhibitors) which raise synaptic 5HT levels, with a range of beneficial effects. These include improvements in feelings of emotional isolation and low mood, a diminution of sexual appetitive behaviour, and a reduction in impulsivity, but also may increase brain plasticity with an associated increased capacity for behaviour to be modified (if applied in conjunction with psychological treatment interventions) (Beech & Mitchell, 2005).

CONCLUSIONS

The current resurgence of interest in attachment theory is associated with a compelling body of research, which has been reviewed in this chapter. Furthermore, it is no surprise to find that attachment problems are central to an understanding of sex offenders and their offending behaviour. The model provides continuity between early childhood experiences, the traumatic impact of later abusive events, difficulties in achieving stable, emotionally fulfilling romantic relationships, and proposes a general pathway to sexual offending which is compatible with the theory. There are implications for attachment problems and sexual offending, in terms of providing an accessible conceptual framework within which practitioners and agencies can enhance the effectiveness of their treatment and management interventions.

REFERENCES

- Ainsworth, M., Blehar, M., Waters, E. & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- Armsden, G.C. & Greenberg, M.T. (1987). The inventory of parent and peer attachment: Relationships to well-being in adolescence. *Journal of Youth and Adolescence*, *16*, 427–454.
- Baker, E. & Beech, A. (2004). Dissociation and variability of adult attachment dimensions and early maladaptive schemas in sexual and violent offenders. *Journal of Interpersonal Violence*, *20*, 1–18.
- Baker, E., Beech, A. & Tyson, M. (2006). Attachment disorganization and its relevance to sexual offending. *Journal of Family Violence*, *21*, 221–231.
- Bartholomew, K. & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226–244.
- Bartholomew, K. & Shaver, P. (1998). Methods of assessing adult attachment: Do they converge? In J.A. Simpson & W.S. Rholes (Eds), *Attachment Theory and Close Relationships* (pp. 46–76). New York: Guilford Press.
- Bateman, A. & Fonagy, P. (2004). *Psychotherapy for borderline personality disorder: Mentalization-based treatment*. Oxford: Oxford University Press.
- Beech, A.R. & Fordham, A. (1997). Therapeutic climate of sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment*, *9*, 219–237.
- Beech, A.R. & Mitchell, I.J. (2005). A neurobiological perspective on attachment problems in sexual offenders and the role of selective serotonin re-uptake inhibitors in the treatment of such problems. *Clinical Psychology Review*, *25*, 153–182.
- Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home lives. *International Journal of Psychoanalysis*, *25*, 19–52.
- Bowlby, J. (1969). *Attachment and loss. Volume I: Attachment*. London: Hogarth Press.

- Bowlby, J. (1973). *Attachment and loss. Volume II: Separation: Anxiety and anger*. London: Hogarth Press.
- Bowlby, J. (1980). *Attachment and loss. Volume III: Loss, sadness and depression*. New York: Basic Books.
- Brennan, K.A., Clark, C.L. & Shaver, P.R. (1998). Self-report measurement of adult attachment: An integrative overview. In J.A. Simpson & W.S. Rholes (Eds), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.
- Brown, L.S. & Wright, J. (2001). Attachment theory in adolescence and its relevance to developmental psychopathology. *Clinical Psychology and Psychotherapy*, 8, 15–32.
- Burk, L.R. & Burkhart, B.R. (2003). Disorganized attachment as a diathesis for sexual deviance. Developmental experience and the motivation for sexual offending. *Aggression and Violent Behavior*, 8, 487–511.
- Chapple, C.L. (2003). Examining intergenerational violence: Violent role modeling or weak parental controls? *Violence and Victims*, 18, 143–161.
- Craissati, J. (2003). *Risk, Reconviction and their relationship to key developmental variables in a complete urban sample of child molesters and rapists*. PhD Thesis. University of Birmingham, UK.
- Craissati, J. & Beech, A. (2004). The characteristics of a geographical sample of convicted rapists: sexual victimization and compliance in comparison to child molesters. *Journal of Interpersonal Violence*, 19, 225–240.
- Craissati, J. & Beech, A. (2006). The role of key developmental variables in identifying sex offenders likely to fail in the community: An enhanced risk prediction model. *Child Abuse and Neglect*, 30, 327–339.
- Craissati, J., McClurg, G. & Browne, K. (2002a). The parental bonding experiences of sex offenders: A comparison between child molesters and rapists. *Child Abuse and Neglect*, 26, 909–921.
- Craissati, J., McClurg, G. & Browne, K. (2002b). Characteristics of perpetrators of child sexual abuse who have been sexually victimised as children. *Sexual Abuse: A Journal of Research and Treatment*, 14(3), 225–240.
- Craissati, J., Webb, L. & Keen, S. (2008). The relationship between developmental variables, personality disorder and risk in an urban community sample of child molesters and rapists. *Sexual Abuse: A Journal of Research and Treatment*. In press.
- Crittenden, P. (1988). Relationships at risk. In J. Belsky & T. Nezworski (Eds), *Clinical Implications of Attachment* (pp. 136–174). Hillsdale, NJ: Lawrence Erlbaum Associates.
- de Zulueta, F. (2006). *From Pain to Violence* (2nd edn). Chichester: John Wiley & Sons, Ltd.
- Dhawan, S. & Marshall, W.L. (1996). Sexual abuse histories of sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 8, 7–15.
- Doctor, R. (2003) (Ed.). *Dangerous patients: A psychodynamic approach to risk assessment and management*. London: Karnac.
- Dowsett, J. & Craissati, J. (2008). *Managing personality disordered offenders in the community: A psychological approach*. Hove, UK: Routledge.
- Fergusson, D.M. & Lynskey, M.T. (1998). Conduct problems in childhood and psychosocial outcomes in young adulthood: A prospective study. *Journal of Emotional and Behavioral Disorders*, 6, 2–18.
- Fisher, H.E., Aron, A., Mashek, D. *et al.* (2002). Defining the brain systems of lust, romantic attraction and attachment. *Archives of Sexual Behavior*, 31, 413–419.
- Fonagy, P. (1999). Male perpetrators of violence against women: An attachment theory perspective. *Journal of Applied Psychoanalytic Studies*, 1, 7–27.
- Fonagy, P., Steele, M. & Steele, H. (1991). Maternal representations of attachment during pregnancy predicts the organization of infant–mother attachment at one year of age. *Child Development*, 62, 891–905.
- Fonagy, P., Target, M., Steele, M. & Steele, H. (1997). The development of violence and crime as it relates to security of attachment. In J. Osofsky (Ed.), *Children in a violent society* (pp. 150–177). New York: Guilford Press.

- George, C., Kaplan, N. & Main, M. (1987). *The Attachment Interview*. Unpublished manuscript, University of California, Berkeley.
- Green, J. & Goldwyn, R. (2002). Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood. *Journal of Child Psychology and Psychiatry*, *43*, 835–846.
- Haapasalo, J. & Kankkonen, M. (1997). Self-reported childhood abuse among sex and violent offenders. *Archives of Sexual Behavior*, *26*, 421–431.
- Hazan, C. & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*, 511–524.
- Hazan, C. & Shaver, P. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, *5*, 1–22.
- Le Blanc, M. (1992). Family dynamics, adolescent delinquency, and adult criminality. *Psychiatry*, *55*, 336–353.
- Linehan, M.M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Lyons-Ruth, K. & Jacobvitz, D. (2003). Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy & P.R. Shaver (Eds), *Handbook of attachment: Theory, research and clinical applications* (pp. 520–554). New York: Guilford Press.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganised/disoriented during Ainsworth strange situations. In M.T. Greenberg, D. Cicchetti & E.M. Cummings (Eds), *Attachment in the pre-school years: Theory, research and intervention* (pp. 121–160). Chicago: University of Chicago Press.
- Mann, R. (2004). Innovations in sex offender treatment. *Journal of Sexual Aggression*, *10*, 141–152.
- Marshall, W.L. (1993). The role of attachments, intimacy, and loneliness in the etiology and maintenance of sexual offending. *Sexual and Marital Therapy*, *8*, 109–121.
- Marshall, W.L., Fernandez, Y., Serran, G.A. et al. (2003). Process issues in the treatment of sexual offenders: A review of the relevant literature. *Aggression and Violent Behavior*, *8*, 205–234.
- Morton, N. & Browne, K.D. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. *Child Abuse and Neglect*, *22*, 1093–1104.
- Parker, G., Tupling, H. & Brown, L.B. (1979). A parental bonding instrument. *British Journal of Medical Psychology*, *52*, 1–10.
- Reder, P. & Duncan, S. (2001). Abusive relationships, care and control conflicts and insecure attachments. *Child Abuse Review*, *10*, 411–427.
- Rich, P. (2006). *Attachment and sexual offending*. Chichester: John Wiley & Sons, Ltd.
- Rosen, I. (1979). The general psychoanalytical theory of perversion: a critical and clinical case study. In I. Rosen (Ed.), *Sexual deviation* (2nd edn) (pp. 65–78). Oxford: Oxford University Press.
- Smallbone, S.W. (2006). An attachment-theoretical revision of Marshall and Barbaree's Integrated theory of the etiology of sexual offending. In W.L. Marshall, Y.M. Fernandez, L.E. Marshall & G.A. Serran (Eds), *Sexual offender treatment: Controversial issues* (pp. 93–108). Chichester: John Wiley & Sons, Ltd.
- Smallbone, S.W. & Dadds, M.R. (1998). Childhood attachment and adult attachment in incarcerated adult male sex offenders. *Journal of Interpersonal Violence*, *13*, 555–573.
- Smallbone, S.W. & Dadds, M.R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse: A Journal of Research and Treatment*, *12*, 3–15.
- Smallbone, S.W. & Dadds, M.R. (2001). Further evidence for a relationship between attachment insecurity and coercive sexual behavior in nonoffenders. *Journal of Interpersonal Violence*, *16*, 22–35.
- Smallbone, S.W. & McCabe, B. (2003). Childhood attachment, childhood sexual abuse, and onset of masturbation among adult sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *15*, 1–9.
- Van Ijzendoorn, M.H., Schuengel, C. & Bakermans-Kranenberg, M.J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, *11*, 225–250.

- Ward, T., Hudson, S. & Marshall, W.L. (1996). Attachment style in sex offenders: A preliminary study. *The Journal of Sex Research*, 33, 17–26.
- Ward, T., Hudson, S.M., Marshall, W.L. & Siegert, R. (1995). Attachment style and intimacy deficits in sexual offenders: A theoretical framework. *Sexual Abuse: A Journal of Research and Treatment*, 7, 317–335.
- Ward, T. & Marshall, W. (2004). Good lives, aetiology and the rehabilitation of sex offenders: A bridging theory. *Journal of Sexual Aggression*, 17, 153–169.
- Young, J.E., Klosko, J.S. & Weishaar, M.E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.