Attachment and Sexual Offending

Clark Baim

www.changepointlearning.com

email: cbaim@hotmail.com

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A Key Dilemma in Working with People Who Have Committed Sexual Offences

How to work humanely and effectively with people who are often thought about as the *modern equivalent of folk-devils*?

How does that affect issues of trust, therapists' sensitivity and responsiveness, and the clients view of themselves, the aims of treatment and their hopes for the future?

Some key issues

- How we understand the client and their offence.

- How we communicate with them.

- How we target treatment and offer *sensitively responsive* intervention that is also *purposefully eclectic and trauma-informed.*

- How the clients experience treatment.

- How we negotiate the power imbalances that are inherent in criminal justice interventions.
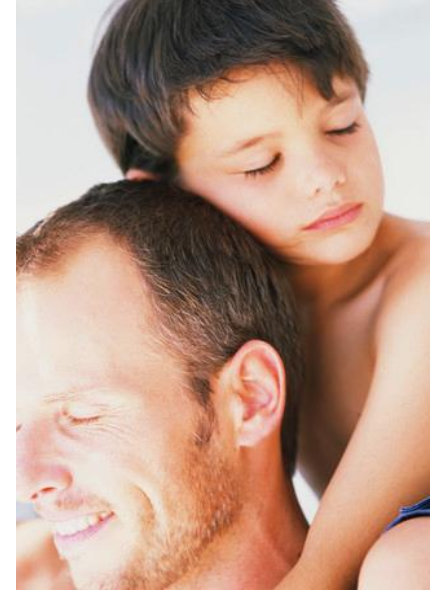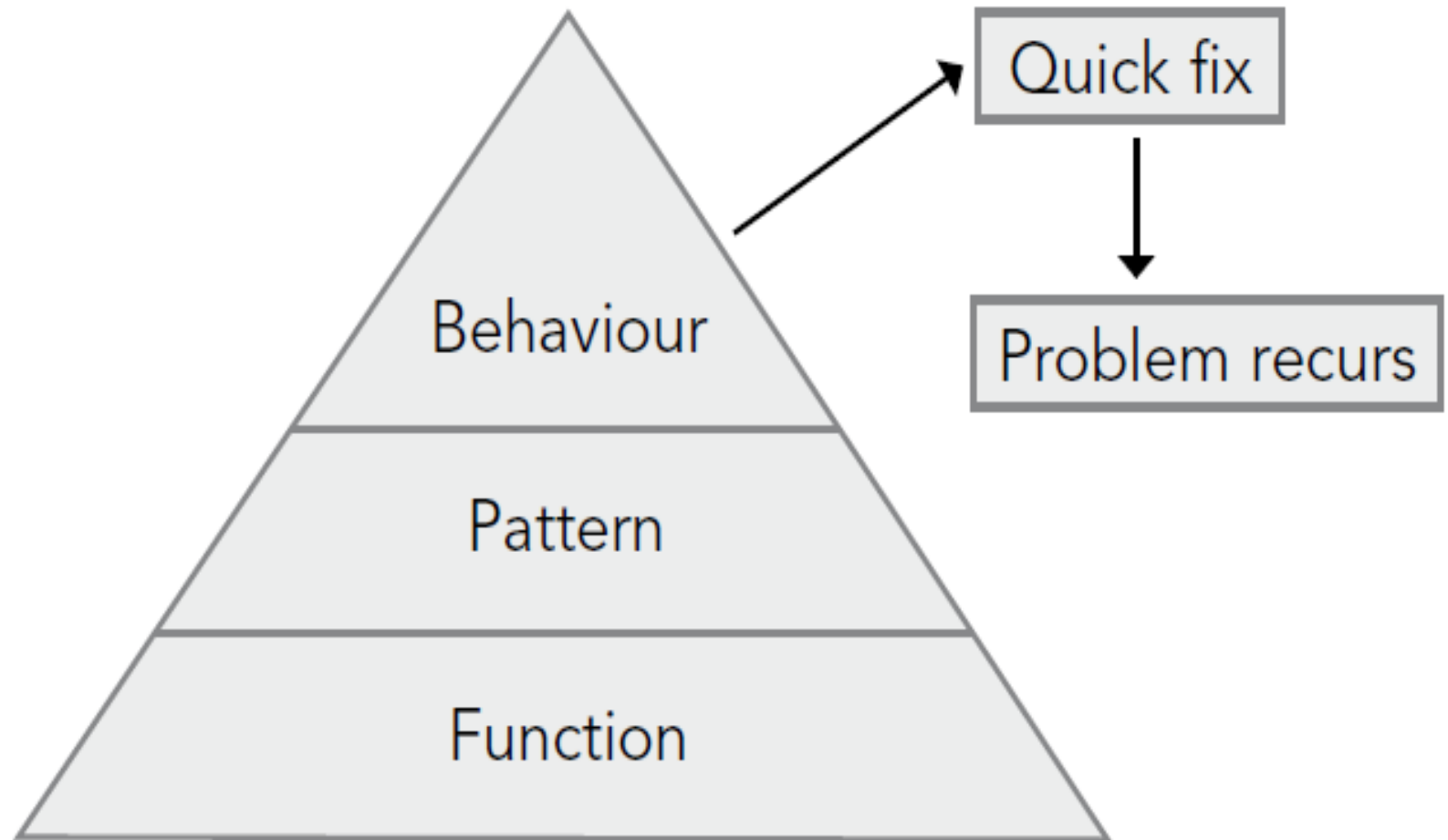
"If relationships are where things go wrong, then relationships are where they are going to be put right." (Howe, 2011, IX)
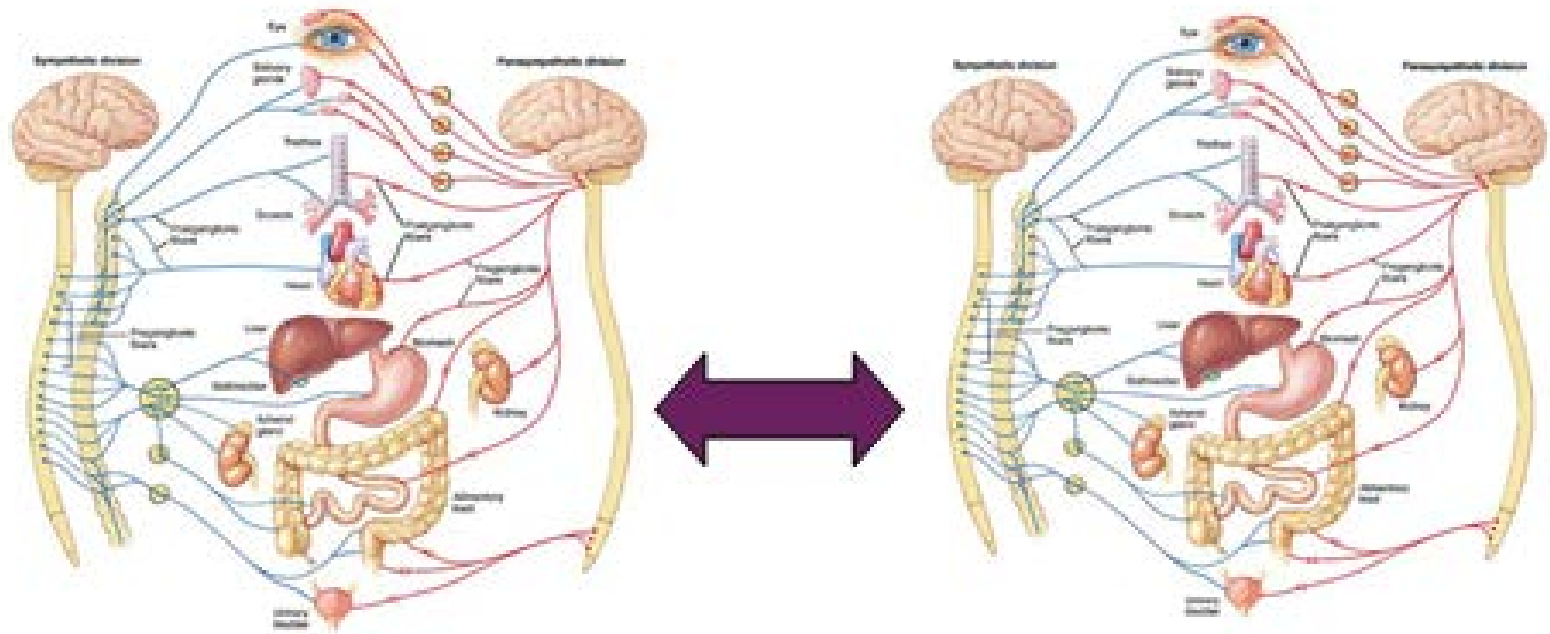
Behaviour (symptom), pattern and function (meaning)

The *Bio-Psycho-Social* Approach
(*Interpersonal Neurobiology*)

We Affect Each Other

Theories and Approaches Typical in Sexual Offending Treatment

- Cognitive Behavioural Theory
- Motivational Interviewing / Cycle of Change
- Risk, Needs, Responsivity Model
- Skills practice and problem-solving
- The Self-regulation Model / Pathways
- Groupwork using psycho-educational and / or group psychotherapy principles
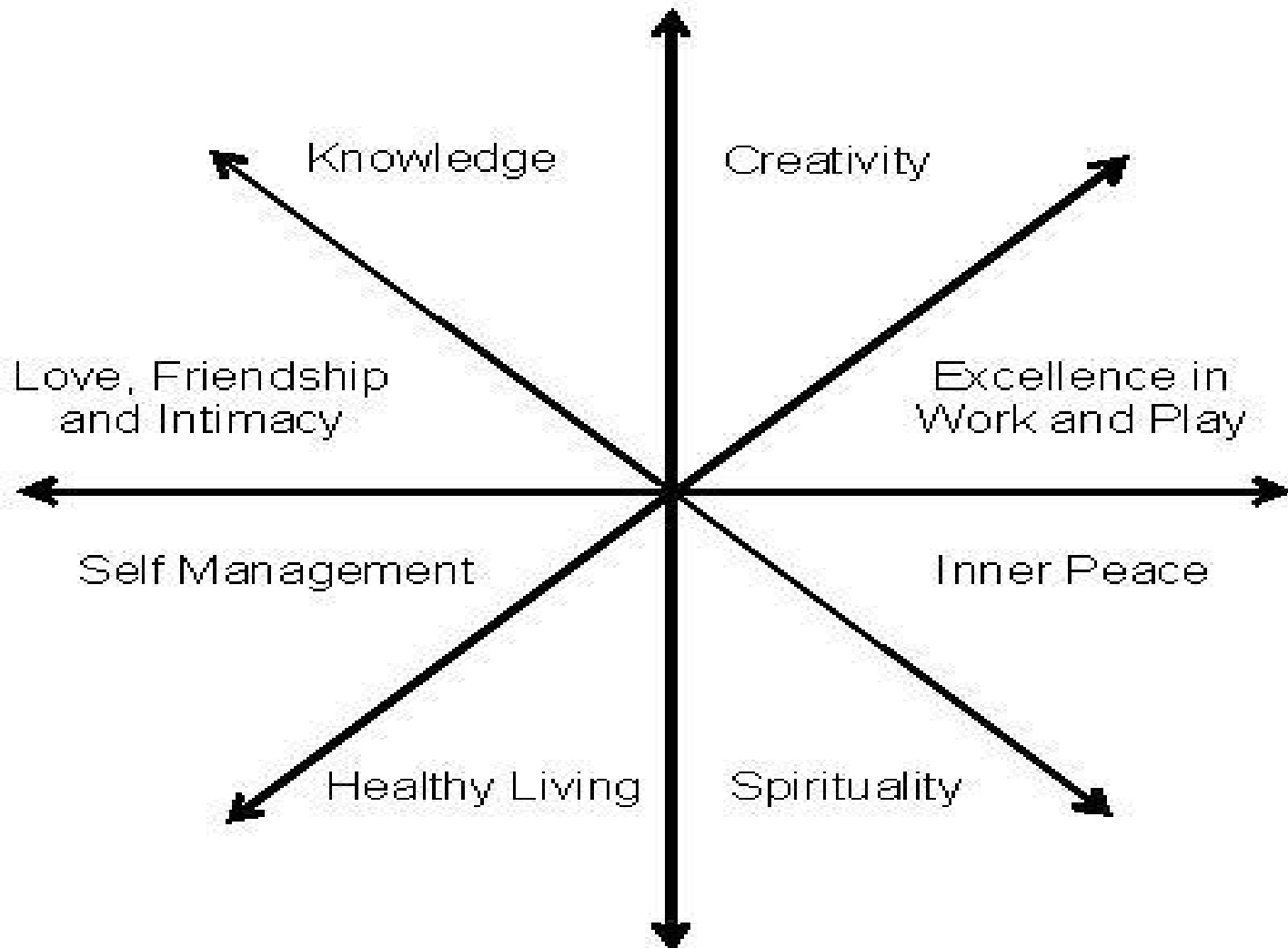- Reflective supervision

Theories and Approaches That Are Increasingly Being Used / Piloted

- Bio-Psycho-Social approach
- The Good Lives Model
- Desistance Theory
- Building 'social capital'
- Multi-modal learning, including visual / auditory / kinaesthetic ('brain friendly') ways of learning
- Social Learning Theory
- Positive psychology / Strengths-based working / Resilience theory
- **Attachment Theory and the DMM**
- Psychodynamic theory and Systemic theory
- Mindfulness and Self-compassion
- Trauma-informed treatment approaches
- Mentalisation; emotional / social self-awareness (RF)
- Interpersonal / relational approaches (intimacy skills)
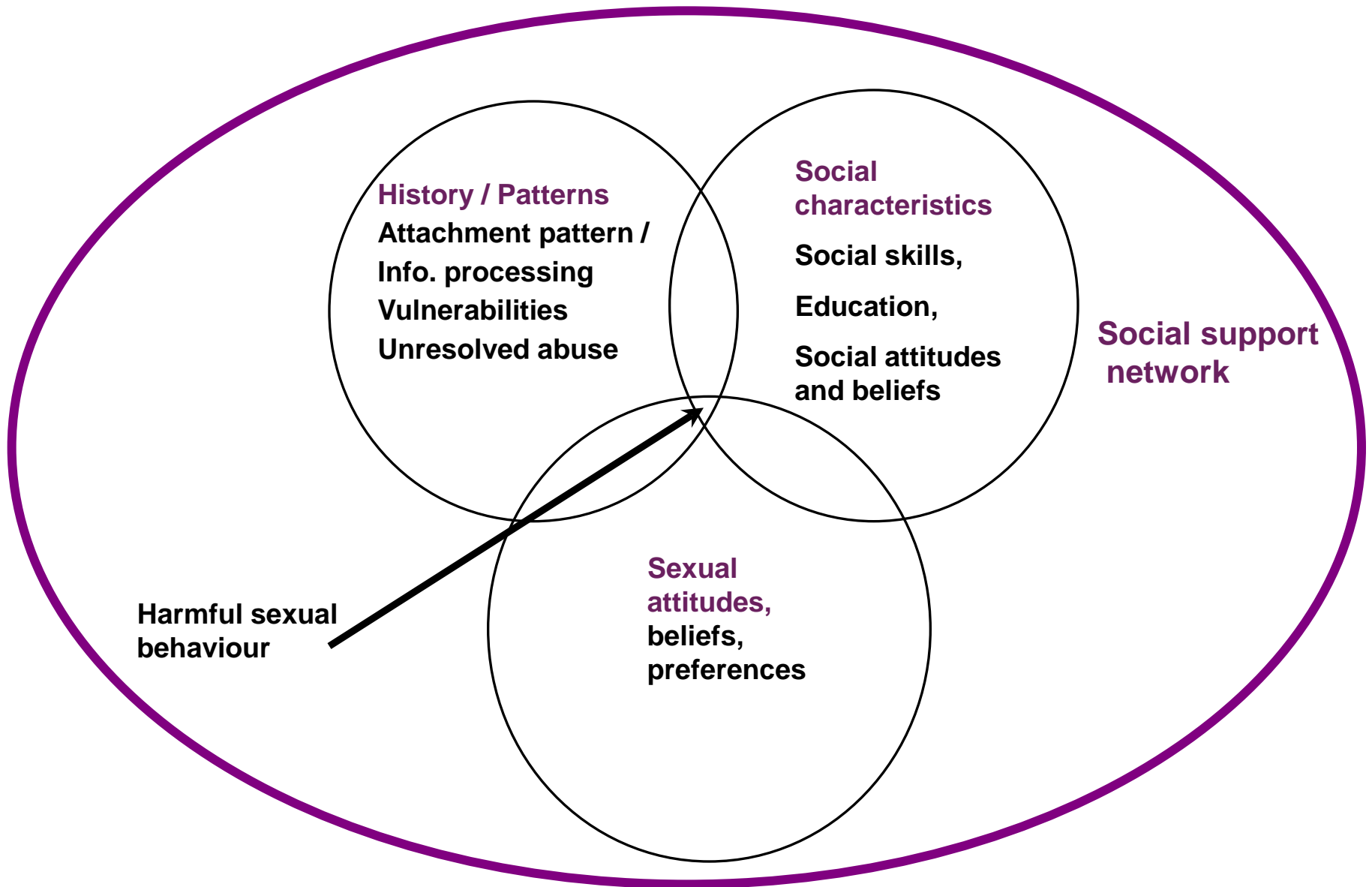- Ecological – Transactional Model (without using the term)

Approaches that are losing prominence or being used in more targeted ways

- Offence-focused work

- 'Confessional' approach

- Victim empathy

- Relapse prevention

- Fantasy-focused work

- Medication and medical intervention

- Classroom approach

Good Lives Model

Harmful Sexual Behaviour in Context

History / Patterns
**Attachment pattern /
Info. processing
Vulnerabilities
Unresolved abuse**

**Social
characteristics**

Social skills,

Education,

**Social attitudes
and beliefs**

**Social support
network**

**Harmful sexual
behaviour**

**Sexual
attitudes,**
**beliefs,
preferences**

Integrated Model of Sexual Offending

This integrative approach incorporates proximal and distal factors such as:

- insecure parent-child attachment;
- childhood abuse of all types, including sexual, physical, emotional and verbal abuse, and neglect;
- witnessing domestic violence (including parental rape);
- inconsistent discipline;
- disrupted early attachments, e.g. by being taken into state care, or living with non-parental relatives;
- socio-cultural influences;
- early exposure to pornography;
- sexual interests that become conditioned through masturbation or other sexual practices;
- poor emotional and behavioural coping;
- sexual compulsiveness;
- poor capacity for emotional intimacy;
- insecure attachment in adulthood (e.g. fear of abandonment, fear of rejection, fear of closeness, ambivalence towards relationships);
- failure to successfully negotiate the challenges of adolescent peer relationships and sexual relationships;
- failure to achieve satisfactory goals in life.

Marshall, W., Marshall, L., Serran, G. and Fernandez, Y. (2006) *Treating Sexual Offenders,* London: Routledge, pp. 13-15.

Typical developmental pathways leading to harmful sexual behaviour in boys / men

- Lack of family intimacy and comfort.
- Psychological maltreatment.
- Bullying attacks / physical threats and abuse by parent (s), esp. father / stepfather.
- Witnessing violence against their mother. (Later: Idealising mother.)
- Mocked and shamed for seeking comfort.
- Abandonment, lack of supervision, separation from attachment figure(s).
- Feeling singled out for mistreatment.

Typical developmental pathways leading to harmful sexual behaviour in boys / men

- Display relatively few acting-out problems (internalise problems instead).

- Deep, pervasive shame and self-doubt. Self as unlovable, incompetent, unworthy.

- No best friend / poor peer group relations.

- Abuse / bullying by peers (i.e. as a way of being included).

- Precocious sexual activity in adolescence (e.g. to achieve the closeness and comfort missing in childhood / in the home.)

- In some cases, but not in the majority of cases, sexual abuse in childhood may also feature.

Crittenden's Dynamic-Maturational Model of Attachment and Adaptation
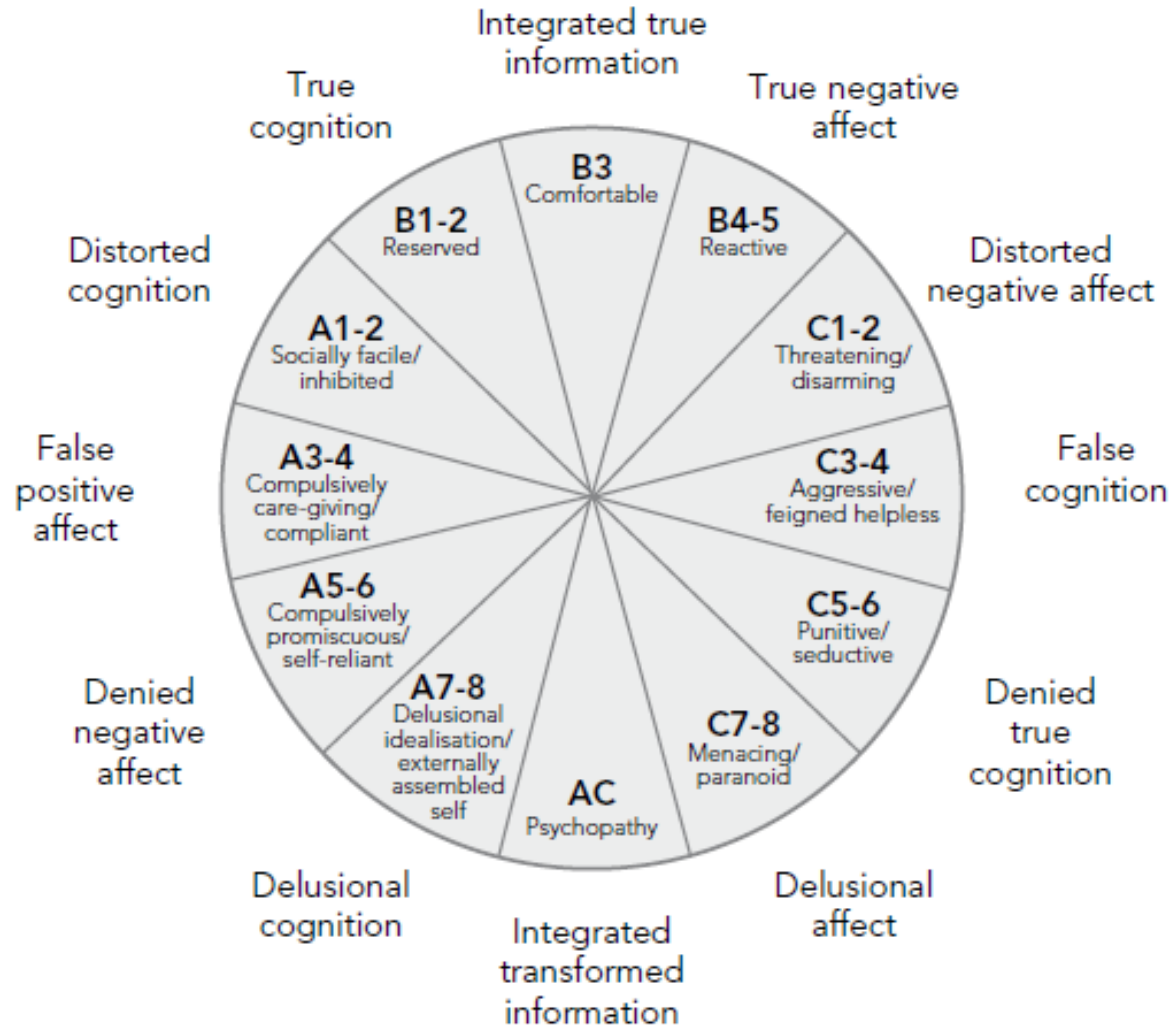
DMM Definition of Attachment

*Attachment is a **lifelong inter-personal strategy** to respond to **threat/danger** which reflects an **intra-personal strategy** for **processing information.*** **Attachment is a theory about danger and how we organise in the face of it.**
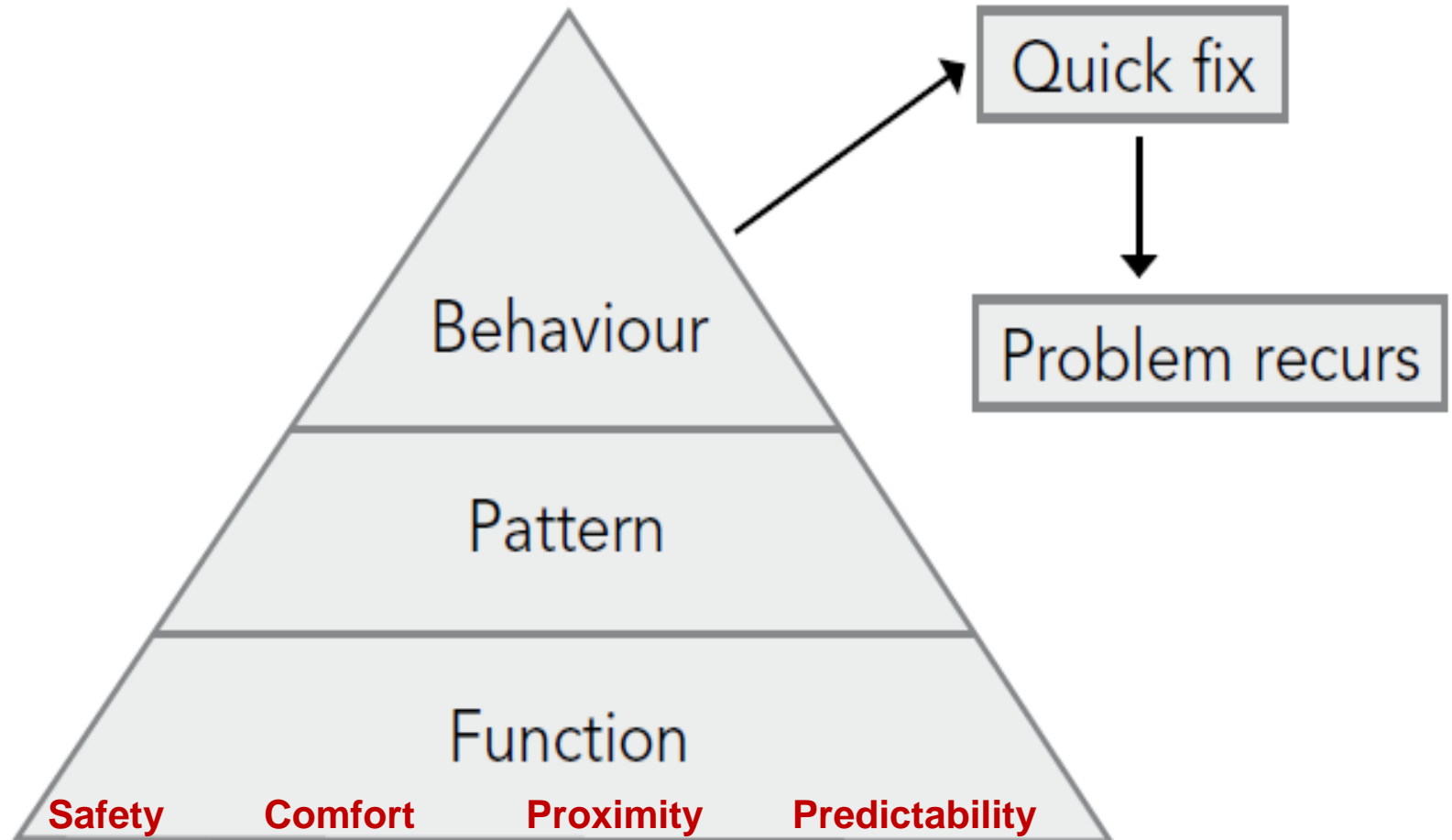
(Crittenden and Claussen 2000)

Faced with (perceived) *danger* we seek <u>SAFETY</u>

Faced with (perceived) *distress* we seek <u>COMFORT</u>

Faced with (perceived) *isolation* we seek <u>PROXIMITY</u>

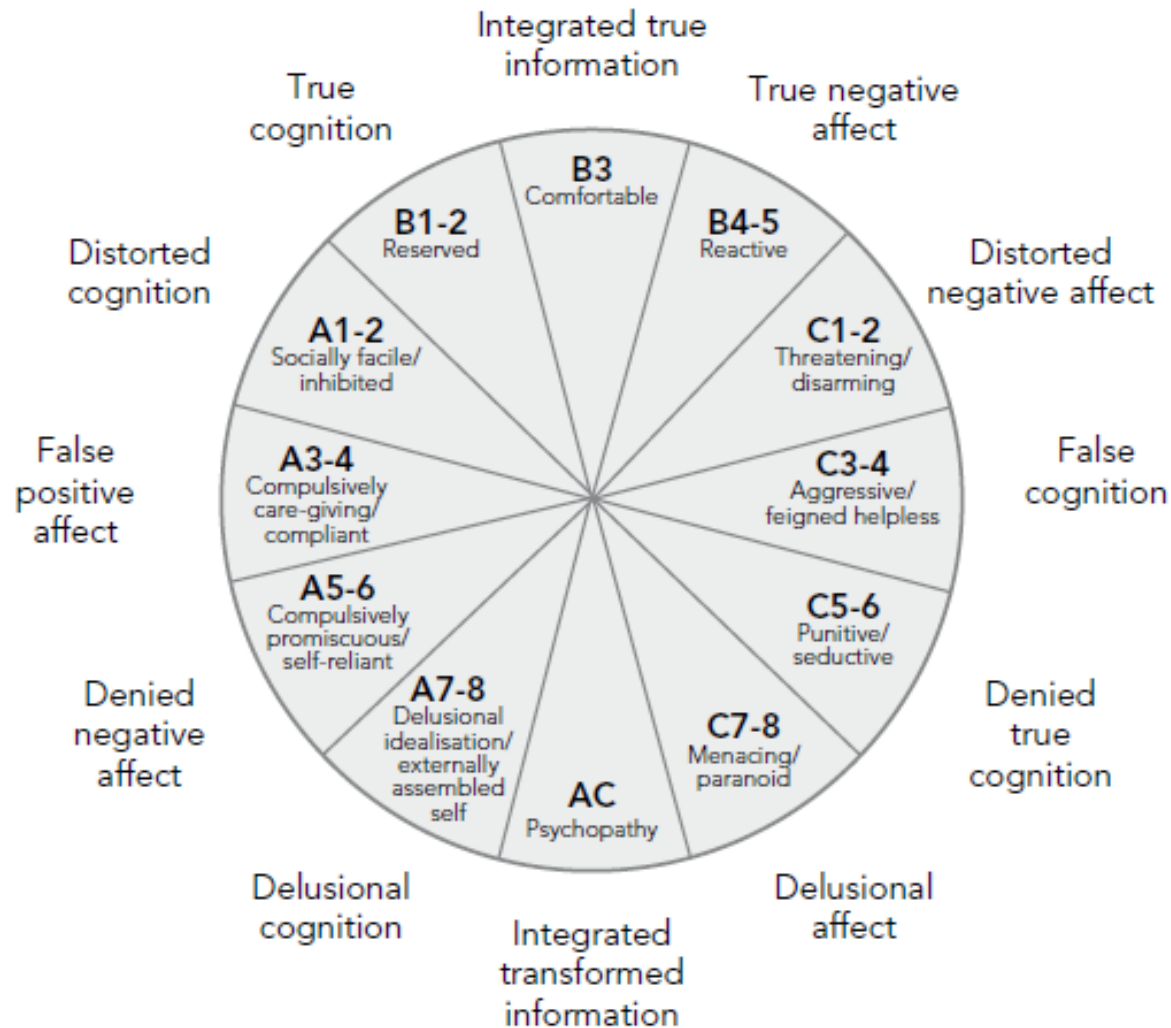**Faced with (perceived) *chaos* we seek <u>PREDICTABILITY</u>**

Meeting normal needs in problematic ways

Information Processing and Sexual Offending

How can 'As' and 'Cs' do such awful things to other human beings?

Crittenden's Dynamic-Maturational Model of Attachment and Adaptation

Attachment Behaviour and Sexual Behaviour

Attachment behaviour

- Holding / Hugging
- Gazing
- Sucking
- Reaching
- Touching
- Caressing
- Kissing
- Following
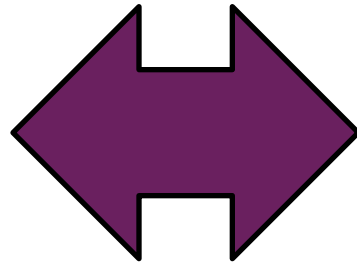
Sexual behaviour

- Holding / Hugging
- Gazing
- Sucking
- Reaching
- Touching
- Caressing
- Kissing
- Following
- **Genital contact**

Crittenden, P. (2008) *Raising Parents. p. 36*

Persecutor

Roles played out in abuse scenarios
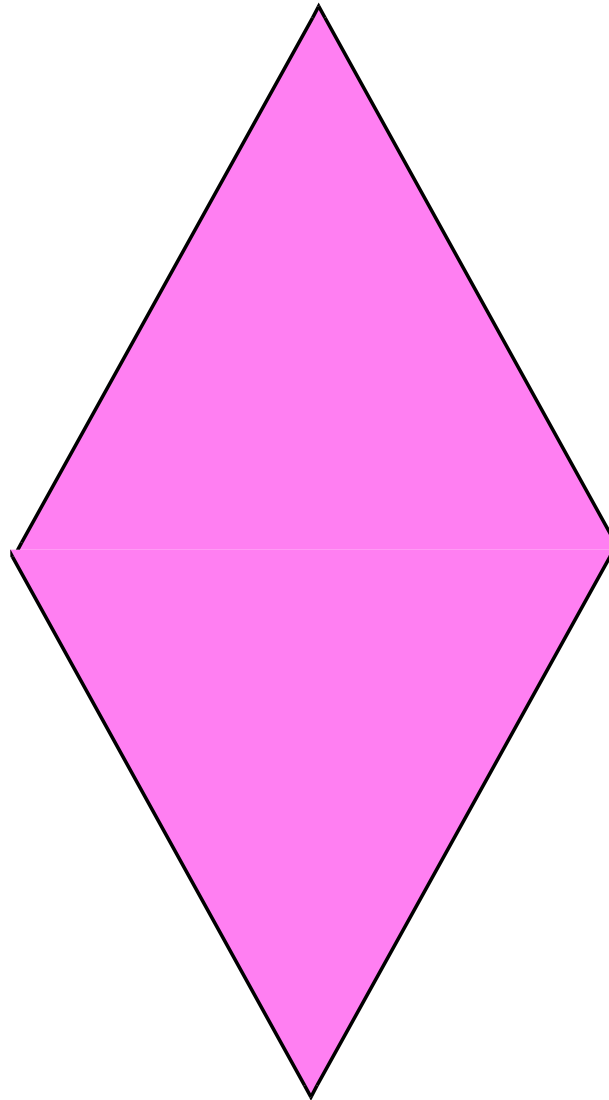
Rescuer

Abandoning Authority

Victim

So, what has attachment theory got to do with sexual offending?

What's going on for you as a worker?

Relational Processes within assessment and treatment

Relational issues at the time of offence (proximal factors)

Contribution to offending of developmental experiences

(distal factors)

Social and professional relationships as a protective factor
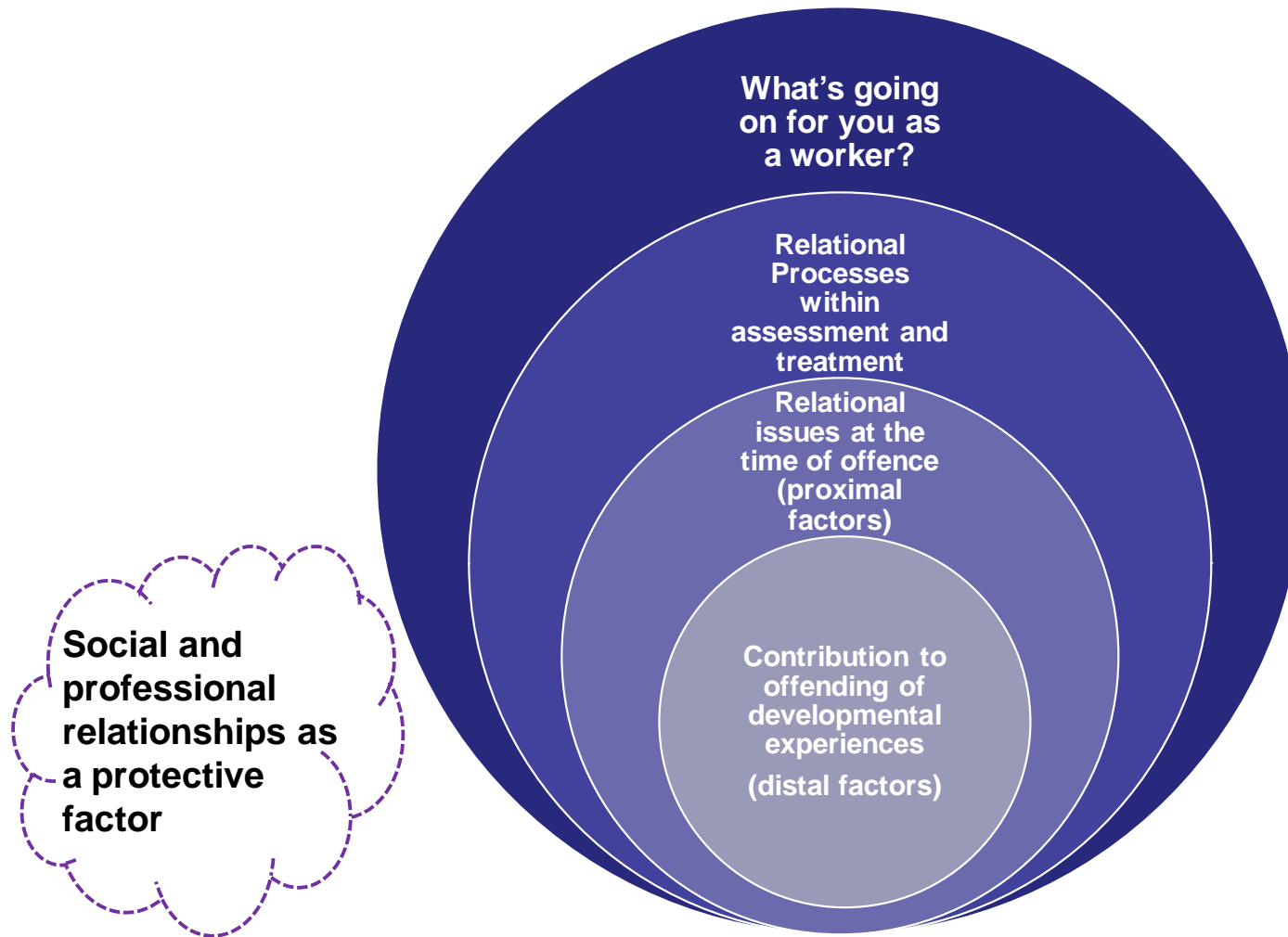
Development of Attachment Strategies

Cognitively Organised: Information outside the body takes priority

'A' Pathway

Predictability

but

non-attuned response

'B' Pathway

Predictable

and

Attuned response

Affectively Organised: Information inside the body takes priority

'C' Pathway

Unpredictability

and

Variably attuned response

Intrusions of Anger, Fear, Sadness, Sexuality / Need for Comfort

Positive Criminology: The Importance of Relationship-based Practice and Acceptance
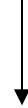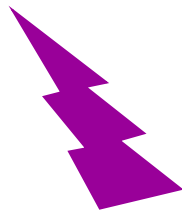
In a qualitative study of 38 imprisoned male sex offenders, Elisha et al. (2013) analysed the changes that these prisoners experienced during their prison time. Most of the participants (30) experienced positive shifts in their attitudes towards their victims and a deeper understanding of the severity of their offences. These same prisoners experienced incarceration as an opportunity to change their lives. Crucial in this process of growth was the role of <u>social acceptance</u> in different kinds of human relationships. The acceptance of these relationships was marked by respect for the sex offender as a person, and also by asking the offender to take responsibility for the crime. This type of acceptance was a necessary condition for sex offenders to find the courage to deal with the consequences of incarceration, to face the consequences of their deeds, and also to learn how to cope with the pain of their own experienced childhood abuse.

Elisha·, E., Idisis, I. and Ronel, N (2013). 'Positive criminology and imprisoned sex offenders: Demonstration of a way out from a criminal spin through acceptance relationships.' *Journal of Sexual Aggression, 19 (1),* 66-80.

Seeing strategies as strengths

- Attachment strategies are not 'good' or 'bad.'

- There are very significant cultural / social variations.

- What appears to be a 'broken' strategy may at one time in the person's life been the only strategy they knew to survive.

A Strategy - summary

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the A strategy (normative to endangering).
Over-regulate / control own negative emotions and **deactivate** attachment behaviours in order to…	Be good.	Superficial / Socially facile / People – pleasing.	I didn't need comfort – everything was fine.
increase attachment figure's acceptance, proximity and responsiveness, via …	Follow the rules.	Inhibited / withdrawn.	My childhood was perfect, but don't ask me for examples.
compliance, care-taking or self sufficiency.	I'm responsible.	Compulsive care-giving.	There was a problem in my childhood but my parents were not to blame.
Plus:	Don't ask, don't challenge, don't feel. (Feelings are dangerous.)	Compulsive compliance.	I solved the problems because I looked after my parents or by being such a good boy/girl.
Use self-representations that self is **strong** and **invulnerable,** and	You can't hurt me / I don't need comfort / This is just business / Just sex.	Compulsive social or sexual promiscuity (can lead to emotionally callous behaviour).	There were problems and my parents were lousy, but I left home and decided I could go it alone.
defensively exclude internal world (feelings and emotions) , in order to … **Avoid negative emotions** that create discomfort.	I don't need other people. / Do as I say and don't cause me to feel uncomfortable emotions.	Compulsive self-reliance (can lead to bullying / controlling behaviour to minimise and avoid negative feelings).	There were serious problems, but I protected myself by anticipating every danger (because no-one else was there to protect me).

Treatment implications for clients using an 'A' strategy

Client's stance

- A core dilemma underpinning the A strategy is fear of emotional intimacy versus fear of isolation.

- More concerned with *what happened* than *how they felt about it.*

- **Core concept:** 'My thinking will keep me safe and help me survive.'

- **Over-arching strategy:** an exterior presentation that inhibits negative affect.

Treatment implications for clients using an 'A' strategy

Worker's stance

- Central therapeutic challenge: to hear and work with the *fearful* (desiring comfort and protection), *sad or angry person* beneath the outwardly positive, neutral or distancing exterior.

- Build trust to overcome suspicion.

- Beware of trying to find a quick fix. Be prepared to stay in 'for the long haul'.

- Honour the client's story whilst eliciting more balanced stories, including painful or difficult emotions.

Treatment implications for clients using an 'A' strategy

Approaches that may help

- Encourage 'I' statements.
- Don't 'attack' their idealised attachment figure – this will usually cause the client to defend them.
- Give 'permission' to the client to reveal their 'shadow' emotions and impulses, without fear of reprisal.
- Unpick the client's assumptions, errors, omissions, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to express true affect, eg. fear, anger, sadness or need for comfort.
- Help client to use active or projective methods (eg. objects, drawing) to externalise issues like shame, guilt and remorse. The 'A' strategy often carries with it a burden of shame, and it may help the client if they are able to 'place' the shame outside of themselves, and perhaps 'give it back' to whom it belongs.

Treatment implications for clients using an 'A' strategy

Approaches that may help

- Encourage client to show him or herself self-compassion.
- Help client to accurately distribute responsibility for events in their past and present.
- Help client to develop intimacy skills, especially skills such as asking for care or comfort, and expressing feelings.
- Help client to develop the skills of mentalisation, self-reflection and emotional self-awareness.
- Teaching problem-solving skills.
- Help client to develop skills of reciprocity in relationships (the goal-directed partnership).
- Help client to identify strengths and build self-esteem.
- Help client to appraise themselves from their own perspective, not that of others.

C Strategy - summary

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the C strategy (normative to endangering).
Hyper-activates attachment behaviour via ... **exaggerating** 'poor me' feelings (cry, whine, etc) or anger in order to... **increase attachment figure's predictability** and **availability**, whilst feeling **resentful** at attachment figure's unpredictability. Plus: **Anxious** that attachment figure will withdraw, but **resists comfort and so ...** remains in **under-regulated, emotionally aroused** state and ... **cognitively disconnects**: no link between attachment figure, words and actions.	Feelings rule, and I am angry!	Threatening.	I cannot predict other people's behaviour or control my own.
	It's not my fault. Things happen to me.	Disarming / Sulking Clinging / Coy.	Let me tell you everything I can think of. It's too complicated, so I cannot draw conclusions about responsibility.
	Pay attention to me or else I will ...	Aggressive / Coercive.	There was a problem and my parents were to blame.
	Look after me or I will be hurt by ...	Feigned helpless.	I am angry / helpless because I am still waiting for them to fix it.
	How dare you ...	Punitive / Defiant / Oppositional.	Other people can't help me, or they hurt me and must be punished (including you).
	Don't hurt me ...	Seductive/ Bullied.	Here is a pseudo-problem that I want you to struggle with (not the real problem) and which can never be solved, but I need to keep people attentive to me. I will seduce or tantalise or scare you into not giving up on me.

Treatment implications for clients using a 'C' strategy

Client's stance

- **A core dilemma underpinning the 'C' strategy** is fear of abandonment versus fear of losing autonomy.

- Less concerned with *what happened* than *how they felt about it.*

- **Core concept:** 'My feelings will keep me safe and help me survive.'

- **Over-arching strategy:** To exaggerate the display of genuinely felt fear or sadness and alternate it with the display of anger (with varying degrees of one presentation being dominant) in order to involve the other person (eg. their attachment figure) in an ongoing, unsolvable, everlasting struggle.

Treatment implications for clients using a 'C' strategy

Worker's stance

- Central therapeutic challenge: when the outward presentation is *fear and desire for comfort*, to hear and address the underlying *anger*. When the outward presentation is *anger,* to hear and address the *underlying fear, vulnerability and desire for comfort.*

- In both cases, to also help the person to organise their thinking about people and relationships and how they think and behave when they feel stressed or threatened in relationships.

- Build trust to overcome suspicion.

- Beware of trying to find a quick fix.

- Honour the client's story whilst helping client to arrive at a more coherent story from uncontained emotion and unstructured narrative. Help client to include a balance of true cognition and affect.

- Avoid colluding with stories that blame others and / or characterise their attachment figures as 'all good' or 'all bad'. This will reinforce the 'C' strategy.

Treatment implications for clients using a 'C' strategy

Approaches that may help

- Create structures and clear boundaries.
- Unpick the client's assumptions, omissions, errors, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to separate their own feelings from those of other people.
- Help client to develop accurate perspective-taking and a view of other people that balances different perspectives.
- Help client to identify exceptions, eg. when their attachment figure behaved differently.
- Help client to make accurate links between their feelings and the events they describe.

Treatment implications for clients using a 'C' strategy

Approaches that may help

- Help client to accurately distribute responsibility for events in their past and present.

- Help client to develop intimacy skills work, especially skills such as asking for care or comfort, and talking about feelings.

- Help client to develop the skills of mentalisation, self-reflection and emotional self-regulation.

- Encourage client to show him or herself self-compassion.

- Help client to develop problem solving skills.

Why Bother?
(What's this got to do with offending?)

- We want programmes to be as effective as they can be in stopping re-offending. To do this, treatment professionals need keys for understanding 'how offenders tick' and how to engage individuals in productive treatment that makes sense to them. Attachment theory offers a powerful key to understanding and better targeting treatment.

- Offending is linked with how individuals regulate deep-seated emotions such as anger, fear, loneliness, sadness, powerlessness and, perhaps most of all, their need for comfort when distressed.

Why Bother?
(What's this got to do with offending?)

- When people are cut off from ('A' strategy) or overwhelmed by ('C' strategy) these emotions, individuals can behave in damaging ways (to self and others) in an attempt to self-regulate and manage these emotions.

- The emotional self-regulation strategies used when individuals commit sexual offences are in most cases an echo of strategies used to protect oneself and meet basic attachment needs in childhood. The distorted beliefs that accompany these strategies (e.g. 'children are to blame for adults' abusive behaviour'; 'I am not responsible for my actions / it's everyone else's fault, not mine;' 'It doesn't do any harm.') are criminogenic.

Why Bother?
(What's this got to do with offending?)

- In general, people using prominent A and / or C strategies do so with little awareness of or insight into the strategy, and are thus 'locked into' a narrow range of strategies.

- Thus a significant **goal of treatment** for people using concerning or endangering A or C strategies is to encourage meta-cognition, reflective function and a wider array of coping strategies to meet life's challenges. The goal is to help people move toward (even if they never reach) the position of 'earned B.' This will provide them with a good deal more *resilience, flexibility of mind* and *insight* into how they can self-regulate their emotions without resorting to harmful behaviour.

Further study

For readers who are interested in further study of the dynamic-maturational model of attachment and adaptation, the following websites may be of interest:

www.iasa-dmm.org
www.familyrelationsinstitute.org

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Much of the material in this presentation is drawn from:

By

Clark   Baim

and

Tony Morrison

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