



Attachment Theory & Adult Offender Development

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**“If relationships are where things go wrong,
then relationships are where they are
going to be put right.”**

(Howe, 2011, IX)

Development of normative sexuality



- 1. Learning about intimacy through interaction with peers**
- 2. Understanding of roles and relationships in/outside family**
- 3. Adapting body scheme to physical changes**
- 4. Adjusting to erotic feelings & experiences**
- 5. Learning about societal standards, norms and practices**
- 6. Understanding reproductive processes**

The point:

- Trauma, poor role modeling, abuse, delinquent peers, and some disabilities interfere with these learnings**

What is a Sex Offender??

- Sex Offending is a Legal Term: Child Molestation- pedophilia: CSC
- Pedophilia, Paraphilia, Sexual Abuse of a child, Sexual Abuse of an adult....

Who are Sex Offenders

A wide range of behaviors



Rape, Child Molestation "hands-on" offenses	Exhibitionism, Voyeurism "hands-off" offenses
Force Penetration, fondling	Manipulation, no overt force Exposure
Felony offenses	Misdemeanor/ gross misdemeanor offenses

Who are Sex Offenders



Who are sex offenders?

- Sex offenders come in all shapes and sizes, there is no single profile of a “sex offender”
Men and Women who offend are not a heterogeneous group
 - unique circumstances vs generic traits
- Range of offense behaviors
- Several typologies (e.g. Groth, Prentky/Knight)
- Because of the diversity, the label “sex offender” is not representative



The Legal System vs. Treatment

- Sexual Offending is a Legal Term - child molestation – pedophilia - CSC
- The legal system asks “Did a crime happen and did you do it?”
- Treatment asks “How and Why did these behaviors take place and what needs to change so the harming behavior does not reoccur?”
- Treatment pays attention to individual differences while remaining thoughtful about group dynamics

Abusive Interactions

How do you define abuse?

Without Consent

Unequal

With Coercion

Abusive behavior does NOT just occur without forethought: Patterns with antecedents (thought & feelings)

Patterns that are Compensatory or Retaliatory functions

Most concerned in terms of using sexual behavior in a dysfunctional way



Sexually deviant behavior can include the following:

- sexual contact with a person **under the age of consent**
- sexual contact with a person who is **unable to give consent** (e.g., mental capacity, drugs/alcohol, etc.)
- sexual contact that entails the **use of force**, aggression, threats, physical harm, bribes, money, etc.
- sexual contact that is **harmful or degrading**

Abusive Sex vs. Healthy Sex

- **Not freely chosen**
 - **Dishonest**
 - **Exploitive**
 - **Irresponsible**
 - **Disrespectful**
 - **Lowers self-esteem**
- **Mutual**
 - **Honest**
 - **Equal**
 - **Responsible**
 - **Respectful**
 - **Builds self-esteem**

What's missing?

- Common deficits- even though individual issues contribute to cycle, the common deficits are associated with all cycles
 - » Acting out instead of using more effective communication
 - » Lack of Empathetic deterrence, failure to recognize harm
 - » Sense of responsibility for one's own actions and harm (+ causes accountability)

The Universal Goals

address these deficits

in daily interactions, assessments, group and functioning if taught and reinforced

Normative Healthy Attachment

- discomfort
- hot/cold
- hungry
- happy
- afraid
- angry
- tired
- wet



- eye contact
- cooing
- crying
- smiling
- reaching
- grasping
- approaching
- following

Availability
Sensitivity
Responsiveness
Consistency



- prolonged gazing
- kissing
- cuddling
- fondling
- high voicing
- rocking
- rhythmic contact

- seek closeness & reciprocity
- frustration tolerant
- high intimacy
- long lasting relationships
- high levels of commitment
- high relationship satisfaction
- stress resilient
- fewer physical & psychological problems
- less aggressive, more cooperative
- high belonging

- Secure attachment
- trust
 - safe/secure
 - regularity
 - easier to comfort
 - more affectionate

Attachment Problems



Unresponsive to Comforting

- severe illness
- premature birth
- surgeries/pain
- hyperactive
- hospitalizations
- colicky
- autistic
- FAS/FAE

Insecure Attachment

- untrusting
- fearful
- angry

- mental illness
- postpartum depression
- attachment disordered
- chemical abuse
- physical illness
- multiple caretakers
- frequent moves
- criminal behavior
- preoccupation
- separation/divorce
- death
- PDD

- physical abuse
- domestic violence
- absence
- neglect
- inconsistency
- over/under stimulate
- over/under attentive
- rejecting



History

Early Life Experiences

(Perceived as helplessness or lack of control)



Trigger

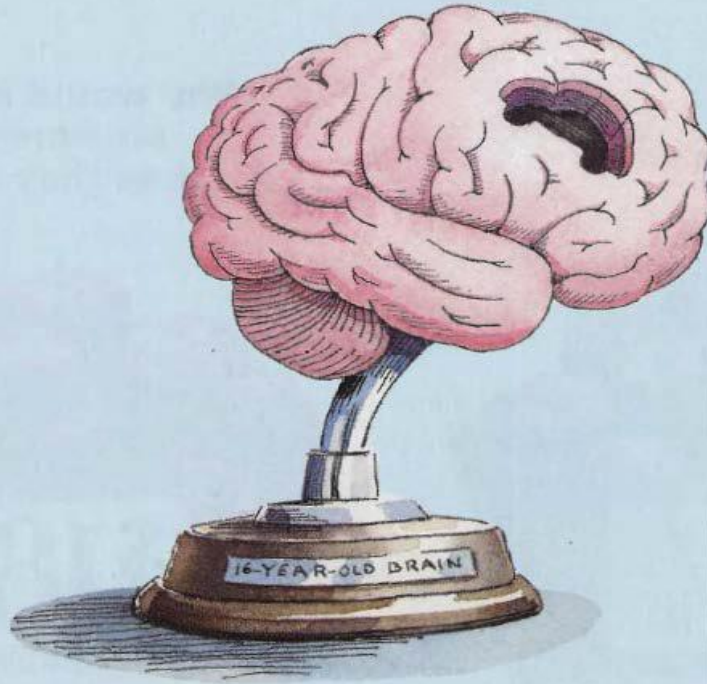
Situation reminiscent of
helplessness

“Poor Me” → Cycle

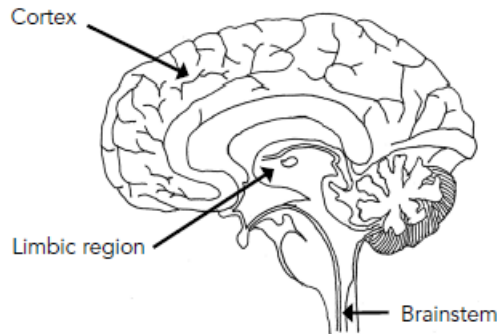
Why do most 16-year-olds drive like they're missing a part of their brain?



BECAUSE THEY ARE.



Fight, Flight, Freeze: The High Road and the Low Road



- The limbic region (the ‘emotional brain’) elaborates processes such as exploration, feeding, aggressive dominance displays, and sexuality.

- The emotional circuits operate up to 40 times faster than the cognitive circuits. (Hence, the *six second rule* – ie. ‘*count to six*’)

Why Bother?

(What's this got to do with 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 and abuse 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?

- Understanding attachment theory improves our understanding of the sexual offending
- Sexual and violent offending contains within it a relationship between the perpetrator and victim – real, symbolic, enduring, fleeting – which mirrors the underlying attachment problems for the offender

Traits

- Offenders with attachment problems are more likely to be hypervigilant to 'shaming' (problems with disclosure)
- Say one thing and do another (failure of mentalizing)
- Display antagonism towards authority
- Engage in excessive or irrational lying and disclosures
- Be rule breakers (paradoxical response to heavy handed conditions)
- Fare badly in standard treatment programming
- Increased likelihood of co-morbidity (or hx of DX)
- Increased likelihood of failure/drop out/non-compliance

Typical developmental pathways leading to harmful sexual behavior 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:Idealizing mother.)
- Mocked and shamed for seeking comfort.
- Abandonment, lack of supervision, separation from attachment figure(s).
- Feeling singled out for mistreatment.

Attachment Behavior and Sexual Behavior

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

Attachment behavior

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

Sexual behavior

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

Insecure Attachment



**Anger
Resentment
bitterness**



**Pornography,
Popular media,
Culture, Role
modeling**



**Social isolation & few friends
Low social skills
Lack female peer relations
Loner/loneliness
Expect/elicit rejection
Lack confidence
Fear closeness
Devoid of pleasure
Chronically deprived**



**Faulty
Beliefs**



**Self-Stimulation: physical but not
emotional gratification**



**Anger, bitterness
resentment,
cynicism**



Developing an Offense Pattern



**Masturbation fantasies:
power, control, no
interpersonal skill required**



**Self-reinforcing cycle of
escalation**

**Unsuccessful,
emotionally
unsatisfying
relationships**



Internal Working Model & Types of Attachment

		Self	
		+	-
Others	+	Secure	Preoccupied Anxious- Ambivalent
	-	Avoidant- Dismissive	Avoidant- Fearful

Adjustment: low self efficacy, low confidence, emotionally expressive & labile, intense, too close too fast, inconsistent, dominating, controlling, unsatisfactory intimacy, jealousy, obsessive, compulsive, idealizing, oversensitive, shame prone, deficient problem solving, dislike authority & rules, self-defeating,

Offenders: nonthreatening, seek immature victims, groom over time, quasi-romantic relationships, borderlines

Adjustment: self blame, not seek or accept help, fear rejection, fear disclosure & closeness, lack trust, emotionally aware but unexpressive, passive, superficial intimacy, not recall childhood, hypervigilant

Offenders engage in impersonal, single contact sex, acquaintance rape, cruising

Adjustment: uncaring, avoid closeness, non-disclosing, high confidence, aloof, indifferent, impatient, shallow, vain, hostile, arrogant, grandiose, reject treatment, selfish, controlling, vengeful

Offenders: coercive & assaultive, no guilt, remorse, shame; narcissistic, psychopathic

(Bartholomew, Shaver, et al.)

Crittenden's 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 organize in the face of it.

(Crittenden and Claussen 2000)

- Faced with (perceived) danger we seek safety
- Faced with (perceived) distress we seek comfort
- Faced with (perceived) isolation we seek proximity
- Faced with (perceived) chaos we seek predictability
(this can include that which is familiar)

Through the attachment lens, we can see many sexual offenses as a desperate (and ultimately self-defeating) attempt to achieve comfort, find safety or avoid feeling abandoned, in chaos or in emotional distress.

Attachment/Intimacy

Theorists adhering to a single facet model of etiology address different types of problematic attachments that may lead individuals to have a variety of problems related to intimacy in adult relationships, and that ultimately these intimacy deficits may lead individuals to engage in sexually abusive behavior.

For example, theorists have suggested that insecurely attached persons may want to be emotionally close to others but avoid it out of fear of being rejected or hurt. In turn, some of these individuals may attempt to establish “romantic” or close relationships with children (with whom they may feel more “safe”) and they may ultimately have inappropriate sexual contact with them. Those with dismissive attachment styles may have no desire whatsoever to become close or intimate with others and may even harbor negative, angry, and hostile feelings toward others, such as adult women. And subsequently they may act out their anger or hostility in sexually aggressive ways.

Treatment Approaches and Etiology

Integrated Theory: According to this influential theory, sexual offending behaviors are the “result of a combination of biological, developmental, environmental and cultural influences, individual vulnerabilities, and situational factors.” csom-2008

- negative developmental influences that occur early in life, such as maltreatment or exposure to violence in the home, have a significant impact on one’s ability to form close, meaningful relationships. And
- problem solving, emotional management, self–esteem, self–control, and other important coping skills and qualities are negatively affected as well.

Attachment theory has a crucial role in relation to seven core tasks:

- Engagement with clients
- Assessment and observation
- Decision making and planning
- Intervention and reflective practice
- Collaboration and co-operation
- Management and supervision
- Dealing with stress and building resilience.

Challenges/tasks

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 organize their thinking about people and relationships; 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.
 - Honor the client's story while 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 characterize
 - their attachment figures as 'all good' or 'all bad'. This will reinforce faulty beliefs

Five key elements needed in all attachment-based approaches to treatment

- Assessment**
- Danger in the past**
- Danger in the present**
- Relationships and sexuality**
- Information processing**

Cautionary Tales

- Avoid use of labeling, as in 'he is avoidant' or 'he has a preoccupied attachment style.'**
- Become aware of your attachment style and the role that plays in the process**
- Become aware of the theory of reenactment: You play the role: the client reenacts the attachment model: engages where he was stuck**
- Assess Risk and degree the attachment may impact the motivating factors or etiology of offending patterns (look at typology relation)**