

**EXPLORING PATHWAYS TO SEX OFFENDING:
CHILDHOOD ABUSIVE HISTORIES, INTERPERSONAL
RELATING AND VICTIM CHOICE IN SEX OFFENDERS**

By

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Abstract

This thesis considers childhood abusive histories and relating style in a sex offender population. The second chapter is a systematic review of the literature that explores relationships between these variables. Childhood abuse was associated with insecure attachment and differences between subtypes of sex offenders were also present. Only one of the included studies indicated a possible pathway from abuse through relating style to victim selection. Due to the heterogeneous methodology of included studies, firm conclusions could not be drawn and therefore a more specific research question was recommended. The third chapter presents a critique of the Person's Relating to Others Questionnaire (PROQ) (Birtchnell, Falkowski & Steffert, 1992). The reliability and validity of the measure is discussed along with its use in research and its benefit for the current study. The fourth chapter explores childhood abuse and relating style, as measured by the Person's Relating to Others Questionnaire in subtypes of sex offenders. Childhood abuse was not related directly to victim choice. Childhood abuse was found to be associated with relating style, with any experience of physical abuse, with or without sexual abuse, increasing total negative relating. Subtypes of sex offenders were also found to relate differently on a number of scales, those with adult victims relating more comparably with violent offenders. A mediational effect of relating style between childhood abuse and victim choice was not found. The research demonstrated the relationship between childhood abuse and interpersonal relating in subtypes of sex offenders, but further research is required before a pathway to sex offending can be identified.

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CHAPTER 1.

INTRODUCTION TO THESIS

Measuring the actual prevalence and incidence of sex offending presents a significant challenge due to problems in under-reporting (Finkelhor, 1991). However, the sex offender population in UK prisons alone is 11,150 (Ministry of Justice, March 2014) and provides an indication of the scale of the problem. The detrimental impact of this behaviour is far reaching, directly for victims, their families and for some of the victims who go on to offend themselves. Widespread research continues to search for answers to increase our understanding of this group of individuals, to better equip us to work with them primarily to reduce victimisation but also to improve the quality of their lives as they learn to live free from offending.

Early childhood experience is an area that has reoccurred within the literature as an important consideration in the pathway to sexually abusive behaviour. Relationships and attachments with caregivers have been argued to be crucial in the development of interpersonal and intimacy skills required for positive relationships (Morton & Browne, 1998). The impact of abusive childhood histories is well documented in preventing the normal development of these skills, and the subsequent attainment of intimacy through maladaptive behaviour (Craissati & McClurg, 1996). Marshall (1989) stated “erratic and rejecting parenting behaviours, which alienate the child from the possibility of forming secure attachment bonds, distinguish the family context in which sexual offenders grow up” (p. 497).

Although childhood abuse, insecure attachment and intimacy skills deficits in sex offenders are reoccurring themes in the existing research, it is less clear if these factors present in the aetiology of sex offending contribute to victim choice. Much less attention has been paid to differences in subtypes of sex offenders and their childhood abusive experiences, attachments and intimacy deficits.

Researching this population in retrospect for childhood accounts presents methodological problems, relying heavily on memory and self-reports. In addition, measuring attachment alone does not provide information on the nature of childhood abusive experiences that may have disrupted attachment formation and subsequent skills development. For research to have a positive influence on sex offender treatment, more knowledge about the origins of their

interpersonal deficits will help individuals gain a fuller insight into their offending; measuring attachment does not seem sufficient to achieve this. What is required is a fresh approach to examining childhood experiences and current relating skills/deficits and the relationship between the two. Birtchnell's relating theory (1996) which bears some resemblance to attachment theory, provides a current measure of relating that can help identify differences on a number of scales between different types of sex offenders and underpins this thesis.

The purpose of this chapter is to introduce the key areas that will be covered in more depth throughout the thesis. First, the introduction will outline important and relevant aspects in the aetiology of sex offending. Second, relating theory will be introduced as an alternative to measuring attachment and single factors and the benefits of doing so. Third, subsequent chapters will be outlined.

1.1 Aetiology of Sex Offending

Many theories have been put forward to explain sex offending. Single factors such as intimacy deficits (Marshall, 1989), empathy deficits (Marshall, Champagne, Brown, & Miller, 1997), and cognitive distortions (Mann & Beech, 2003, Ward & Keenan, 1999) are evidenced as being related to the behaviour of sex offenders. There have been a number of plausible explanations for these, including genetic predispositions (Siegert & Ward, 2003), adverse developmental experiences, such as rejection, childhood abuse and attachment difficulties (Beech & Ward, 2004), and psychological factors, such as empathy deficits, abuse supportive attitudes, interpersonal problems, and emotional skill deficits (Ward & Beech, 2004). Also, acute factors such as substance use and stress (Hanson & Harris, 2000), have been used to explain recidivism in sex offenders.

Theories of sex offending are categorised in levels to distinguish between different types of theory. They are not overly rigid and some theories may fall in between levels. Several levels are presented in the sex offender research. Level I theories are multifactorial (Marshall & Barbaree, 1990), and take into account the core features of sex offending and how they manifest in sexually abusive actions. Level II are single factor theories that expand on the factors identified in Level 1 theories and explain factors such as empathy deficits (Marshall, Hudson, Jones, & Fernandez, 1995). Various processes and structures and their relationship to each other are described. Level III theories are concerned with process, such as offence chain and relapse prevention (Ward, Louden, Hudson, & Marshall, 1995). It has been argued

however that one theory alone does not suffice and an integrated theory of sexual offending (Ward & Beech, 2006) is better placed to provide a comprehensive explanation of sex offending. This accounts for sex offending by examining the combination of neurological and ecological factors that produce clinical factors which manifest in sex offending behaviour.

This thesis will review the contribution of attachment theory to explaining sex offending and explore specifically the potential contribution of relating theory.

1.2 Attachment Theory to Relating Theory

In considering the effect childhood experiences have on interpersonal relating ability, relevant theories have been considered. The theory of attachment was developed by Bowlby (1969, 1973, 1980) and refined by Ainsworth (Ainsworth, 1989, Ainsworth, Blehar, Waters, & Walls, 1978). Attachment is defined by Ainsworth (1969) as an “affectionate tie that one person forms to another specific individual, the first tie most likely to be the mother but may soon be supplemented by attachments to other specific persons” (p. 2). All infants become attached and these attachments form the template for success in future relationships (Ainsworth, 1989; Bowlby 1969, 1973, 1980). A secure attachment encourages the development of necessary intimacy skills for positive relationships, whereas an insecure attachment results in intimacy deficits and either a fear of intimacy or the adoption of maladaptive ways of seeking intimacy (Bowlby, 1969, 1973). From their early experiences, infants develop ‘internal working models’ about their role in relationships and what to expect from others (Bowlby, 1973). These internal working models also guide individuals towards relationships that concur with their expectations and beliefs as formed from their own experiences. This then reinforces the attachment beliefs and subsequent relationship behaviour. Thus adverse experiences will disrupt the formation of a secure attachment and impact on the individual’s interpersonal development necessary for relationships. The current study examined the how these experiences might contribute to offending behaviour.

Previous sex offender research has focussed on attachment theory and the resulting interpersonal deficits from dysfunctional relationships with caregivers in early childhood and beyond. The drawback of this approach in conducting research is the difficulty in retrospectively measuring those attachments accurately and offenders relying on memory for details around their parental relationships (Alexander, 1992). Applications of attachment theory to sex offending behaviour have often investigated elements of interpersonal style, such as empathy and emotional loneliness which has been useful but limited in explaining the

differences in relating of sex offenders, as the focus is on one aspect of relating. Relating theory offers a more comprehensive approach to understanding and measuring relating style.

Birtchnell (1996) considers relating to be what one person does to another, or to several others, and, as such, argues it is an important characteristic of an individual. Relating can apply as much to what happens in an instant as to what happens over the course of a lifetime; so holding a door open for a stranger is as much relating as is going through life needing to help people. A person can relate as much to internalised people (a memory of someone) and to people in the real world. Effective relating is necessary for a healthy existence as humans need to relate and be related to, in order achieve their basic fundamental needs (Birtchnell, 1996).

Relating theory (Birtchnell, 1996) supposes that individuals have an innate disposition towards attaining four principal relating objectives; *upperness* (relating from a position of strength), *lowerness* (relating from a position of weakness), *closeness* (becoming involved), and *distance* (remaining distant). The theory presents relating as occurring along two intersecting axes; a horizontal one, concerning the need for involvement with others (closeness) versus a need for separation (distance), and a vertical one, concerning a need to relate from above, downwards (upperness) versus a need to relate from below, upwards (lowerness) (Birtchnell, 1996). Each of the four positions carries an advantage for the individual, and no position is better or worse, but is described as a state of relatedness, which has its own satisfaction. Each position has its own relating objective with its own motivation or drive (Birtchnell, 1996). There are four intermediate states that result from a blending of a horizontal state and a vertical state. These are called; upper close, lower close, upper distant and lower distant. The four pure states which are called neutral and the four intermediate states are organised into a theoretical structure that is called the interpersonal octagon (Birtchnell, 1996, see Figure 1).

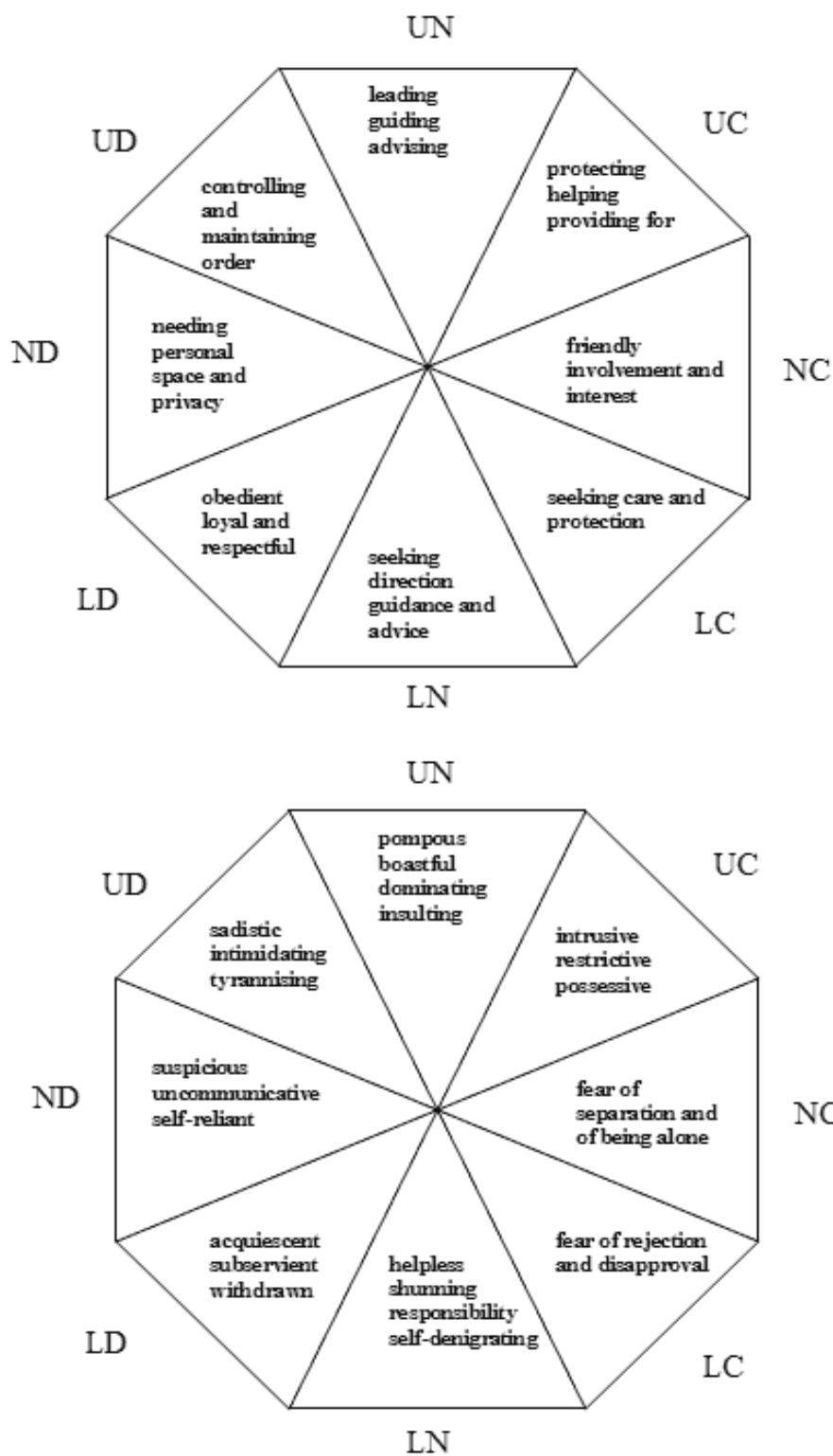


Figure 1: Positive (upper diagram) and negative (lower diagram) forms of relating. The pairs of initial letters are abbreviations for the full names of the octants given in the text. The diagrams first appeared in Birtchnell, J. The interpersonal octagon: An alternative to the interpersonal circle. *Human Relations*, 47, p. 518 and 524. Copyright The Tavistock Institute, 1994. Reproduced by permission from Sage Publications.

It is believed that individuals will develop the confidence and competence to attain any of these states when the demand requires. Attainment is key and those who do not develop the confidence to do that in a positive manner will do so negatively, hence negative relating. The three main forms of negative relating are avoidant, insecure and desperate and will affect the behaviour and interactions of those relating in this way, and are not dissimilar from attachment styles. Negative relating is of great interest to the current study as sex offenders are more likely to demonstrate some of the insecure attachment styles which can be compared to negative relating. Negative relating is more selfish, ruthless, heartless and inconsiderate than positive relating and therefore more readily attributable to the behaviours that might be seen in offenders. However, if this is a skill that can be improved through a therapeutic process, then it has positive implications for treatment offenders, and whilst the four dispositions (Upper, Lower, Distance, Closeness) might be innate, individuals need to develop competence in achieving and maintaining them. Emotions play an important part in the relating process and can be an important indication of whether someone is on course in attaining and maintaining the states of relatedness. One of the objectives of treatment is to eliminate negative relating (Birtchnell, 1996).

Relating theory shares an affinity to attachment theory (Bowlby, 1969, 1973, 1980) in that it is concerned with forming bonds with others and how we subsequently relate as a result of our early experiences. Bartholomew's (1990) four category model of attachment also corresponds with the scales of relating theory. Bartholomew's secure attachment corresponds with the 'positive closeness' of relating theory. Preoccupied and fearful categories correspond with aspects of 'negative closeness' and the dismissive scale is similar to 'negative distant'. However, relating theory differs from attachment theory on a number of important aspects. Aside from making the distinction between adaptive and maladaptive forms of relating, Birtchnell (1996) also argues that Bowlby (1969) and subsequent attachment theorists focus too much on the disadvantages of inadequate or lost attachments and have paid insufficient attention to the equally important process of distancing. This, he suggests, is a process with positive aspects. Relating theory presents distancing as one of four states of relatedness that individuals can attain in a positive way.

Applying relating theory to this research overcomes the problems of measuring attachments and provides an overall rating of relating, along with a breakdown within the eight octants, (Upper Distant, Upper Neutral, Upper Close, Neutral Distant, Neutral Close, Lower Distant, Lower Neutral, Lower Close) providing general and specific information about the

individual's relating style. This allows for a closer examination of interpersonal difficulties presented by sex offenders, and comparisons between subtypes of offenders. This enriches the existing literature on how best to work with individuals who have committed sex offences. If there are large differences between subtypes of sex offenders, this could warrant a review of the treatment offered, tailoring it more specifically according to clusters of negative relating factors that are common to subtypes of sex offenders.

Once established, Birtchnell's (1996) theory became a useful aid to understanding relating behaviour, but it was developed predominantly as a basis for the design of instruments to measure relating. Measuring relating is advantageous as it is not a retrospective assessment and therefore provides a current evaluation of the interpersonal difficulties of sex offenders. A critique of the Person's Relating to Others Questionnaire (Birtchnell, 1996) is presented in chapter 3.

1.3 The Relationship between Childhood Abuse and Victim Choice in Sex Offenders

Childhood abuse can hinder the development of secure attachments and subsequent interpersonal and relating skills (Marshall, 1989). Most sex offenders have a history of childhood abuse (Seto & Lalumiere, 2010), and research shows that sex offenders are more likely to report an insecure attachment style (Ward, Hudson & Marshall, 1996). Therefore, the impact of childhood abuse on their specific relating abilities is an important area of research. Physical or sexual childhood abuse may result in significantly different relating styles, albeit all negative, depending on how these experiences are internalised. Offenders who relate negatively from a position of Upper Distant are likely to be domineering and aggressive, and therefore might be expected to select adult victims over whom they can feel powerful. Offenders relating negatively from Lower Closeness, may fear rejection and be more withdrawn, and may therefore be expected to select a younger victim, who is less likely or unable to reject them. Applying relating theory, will enable an exploration of the relationship between types of abuse in childhood and subsequent relating, and highlight any distinction between subtypes of sex offender, which will have practical implications for treatment.

1.4 Treatment of Sex Offenders

Understanding pathways to sex offending is crucial. The more that is known about the functioning of sex offenders and the likely developmental pathways for sexually abusive behaviour, the more readily treatment can be refined and recidivism reduced. Specific factors

that will increase engagement with treatment and reduce the likelihood of recidivism can be targeted. If an offender can be encouraged to gain a full insight into how the behaviour has developed and manifested, risk management strategies will be more meaningful for them. Group treatment of sex offenders currently occurs with groups of eight to ten, in the community, prisons and hospitals. It follows the principles of the Risk, Need, Responsivity model (Andrews & Bonta, 2003) and the Good Lives model (Ward & Stewart, 2003). The responsivity principle suggests that by addressing personality and cognitive styles such as motivation, learning style, cognitive maturity and psychopathy, treatment can be better matched to the individual. Taking that argument further, should it be discovered that subtypes of sex offenders (adult or child victims) have different relating styles, this too could have implications for treatment design and delivery, and will require a responsive approach.

1.5 Aims of Research

In light of previous research, this thesis aimed to identify the relating style associated with different subtypes of sex offenders; those with adult victims and those with child victims. History of childhood abuse was also considered in identifying any differences and the subsequent impact on competent relating. To achieve this aim the following objectives were formed;

- To identify if type of childhood abusive history influences victim choice
- To explore the relationship between type of abusive history and relating style
- To investigate the relationship between victim choice (adult/child) and negative relating
- To establish if negative relating mediates between childhood abusive history and victim choice in sex offenders.

1.6 Current Research – Summaries of Chapters

Chapter 2 comprises a systematic literature review of attachment and abusive childhood experiences of sex offenders by victim choice. The literature covering all these factors was sparse and to include all relevant material, the questions for the review were broken down initially and brought together at the end. This way all relevant material could be covered. The review was useful in highlighting aspects of relating and interpersonal skills in sex offenders that supported the rationale for the present study, but also in highlighting significant gaps in

our understanding of the pathways to sex offending. The review also identified some of the drawbacks to looking at attachment in retrospect with offenders, and the importance of relevant comparison groups.

Chapter 3 presents a critique of the Person's Relating to Others Questionnaire, (PROQ3) (Birtchnell, 1996). The critique was conducted in the interest of ensuring relating is measured reliably and validly. The aim of this part of the thesis was to assess the reliability, validity and the practical applicability of the tool. The chapter outlines the reasons for development of the measure and the fields in which it has been applied previously. Its limitations are also discussed.

Chapter 4 reports a research project conducted in a therapeutic community prison. The study considered pathways to sex offending behaviour by exploring abusive childhood histories, by type, and the relationship with victim choice. The study considered different relationships between the variables looking at abusive history and negative relating and also victim choice and negative relating. The mediational effect of negative relating between abusive childhood history and victim choice was also explored. The Person's Relating to Others Questionnaire (Birtchnell, 1996) was used to measure total negative relating along with individual items within this measure of relating. A sample of violent and nonviolent nonsex offenders from the therapeutic community were included in the research to draw some comparisons between groups and to be confident any significant findings could be attributed to sex offenders.

Chapter 5 concludes the thesis with a full review of the overall findings. The answers to the questions that have been raised are summarised. All chapters are reviewed at this point, and the implications for future practice are outlined. Additional research questions that this thesis identified are highlighted.

Chapter 2

A Literature Review Following a Systematic Approach

The Relationship between Childhood Abusive Histories, Attachment Style and Victim Choice in Sex Offenders

2.1 Abstract

Aim: This systematic review aimed to identify the relationship between childhood abusive histories, attachment style and victim choice in sex offenders.

Method: Scoping methods were employed to assess the need for the current review. Studies which explored childhood abusive histories, attachment style and victim choice in sex offenders were searched for. This incorporated a systematic approach using inclusion / exclusion criteria and quality assessment of the studies included. Studies were excluded if they failed to demonstrate a high quality assessment score (suggesting they were of poor methodological quality). In total, eight studies of high methodological quality were included.

Results: The review found a strong relationship between insecure attachment style and sex offending, with five of the eight studies supporting this relationship (Lyn & Burton, 2004; Marsa et al., 2004; Sawle & Kear-Colwell, 2001; Simons, Wurtele, & Durham, 2008; Stirpe, 2003). Two of these studies found differences in insecure attachment style between subtypes of sex offender (Simons et al., 2008; Stirpe, 2003) with those who offended against children more likely have an anxious (preoccupied) style and those who offended against adults more likely have an avoidant (dismissive) style. Furthermore, Lyn and Burton (2004) found that sex offenders who targeted children were more likely to have an insecure attachment style than sex offenders who targeted adults.

Two of the eight studies reported significant differences in childhood abusive histories between subtypes of sex offender (Simons, Wurtele, & Heil, 2002; Simons et al., 2008). Two more studies report related findings, but lacked appropriate comparison groups to draw sound conclusions (Reynolds, 2008; Sawle & Kear-Colwell, 2001). One study reported no significant difference in childhood abuse between subtypes of sex offender (Stirpe, 2003).

One of the eight included studies reported significant differences between subtypes of sex offender on both childhood abusive history and insecure attachment style (Simons et al., 2008).

Conclusions: Due to the limited number of studies exploring the relationship between all three variables of interest, the investigation was broken down to establish the sub-relationships between the variables before drawing them together. The review found significant relationships between childhood abuse and victim choice, and between attachment style and victim choice. The study by Simons et al. (2008) provides the strongest support for

the possible mediating effect of attachment between childhood abuse and victim choice. In conclusion, the review highlighted the paucity of studies that explore these variables inclusively, but also reports positive results upon which future research should further explore the mediating effect of attachment between childhood abuse and victim choice in sex offenders.

2.2 Background.

There is much research that has examined the factors that give rise to sexually abusive behaviour and a large body of this research has specifically focussed on the contribution of attachment theory (Bowlby, 1973). Attachment styles and their corresponding intimacy skills or deficits have their bases in parent-child relationships (Marshall, Serran, & Cortoni, 2000). This review explored the association between three variables; childhood abuse, attachment with associated relating skills, and victim choice. The aim was to establish if attachment styles of sex offenders mediate the relationship between childhood abuse and victim choice. The literature was examined following three lines of enquiry: First, for evidence of childhood abuse impacting on attachments. Second, for evidence of a relationship between attachment (and relating skills) and victim choice. Third, for any evidence that there is a mediating effect of attachment on the relationship between childhood abuse and victim choice in sex offenders. The relevance of these three variables will now be considered in more detail.

2.2.1 Attachment

According to Bowlby (1973), the parent-child relationship is significant in developing the necessary skills for future relationships. If the attachment process has been disrupted by negative experiences this will be reflected in how the individual relates to others. Positive childhood experiences and responses from the main caregiver will foster trusting and secure relationships skills, with positive views of self and others. Negative experiences and responses from the main caregiver are likely to result in insecure attachment bonds where required intimacy skills are not developed and the individual may even develop a fear of intimacy (Bowlby, 1969, 1973). Bowlby argues that as a result of their early experiences with care-givers, children will develop internal working models that represent how they perceive themselves and others in relationships. Ward, Hudson, Marshall, and Siegert (1995) also posited that the internal working model determines the level of intimacy skill or deficit. Collins and Read (1993) go further to say that the internal working model is self-perpetuating because individuals select and create environments that will serve to reinforce their expectations of what relationships offer. Beech and Mitchell (2005) review many inter-

relating processes that indeed affect attachment formation, including biological, developmental and socio-cognitive factors, reminding us of the complexity of the area under study. Attachment has been shown to be associated with a wide variety of relationship processes, such as empathy deficits (Joireman, Needham, & Cummings, 2002), and to personality. Secure attachment was found to negatively correlate with personality pathology, and positively correlate with healthy functioning, for example anxious/ambivalent attachment is associated with measures of withdrawal, internalisation and introversion (Nakash-Eiskovits, Duttra, & Western, 2002; Shaver & Brennan, 1992).

This review is concerned with the disruptions in attachment that result in a compromised acquisition of relationship skills in sex offenders. Ward et al. (1995) and Ward, McCormack, and Hudson (1997), propose that different types of insecure attachment, according to Bartholomew's (1990) classification system, have corresponding intimacy deficits that will determine the nature of sex offenders' relationships. For example an individual who has preoccupied attachment, characterised by lack of confidence, feeling unworthy and seeing others as superior, means they are likely to want a partner to admire them, yet unlikely to be able to achieve or sustain this. The individual with an avoidant (fearful) attachment style craves closeness and intimacy on the one hand but on the other hand suffers such heightened anxiety regarding rejection and criticism that they ultimately choose to refrain from relationship opportunities. This in turn encourages a significant paucity of intimacy skills. The avoidant (dismissive) attachment style will look for a relationship that is characterised by little or no emotional involvement as their main aim is to remain free from the commitment of an emotional relationship. These individuals are cynical about relationships and closeness. They can often appear quite hostile as their preference is to remain distant and indifferent, and they can be regarded by others as appearing cold. They are similar to the avoidant (fearful) type in that they may seek impersonal contact but not because they are fearful of rejection, rather that they just do not want emotional closeness.

If insecure attachments are viewed in terms of their corresponding interpersonal deficits, which have been widely acknowledged in the aetiology of sex offending, it is useful to investigate the early experiences that may determine these. As reported in chapter 1, most sex offenders have suffered some sort of child abuse (Seto & Lalumiere, 2010) and are more likely to be insecurely attached. This review explored the early experiences of sex offenders to examine the relationship between the *type* of childhood abuse experienced and subsequent attachment style.

2.2.2 Abusive childhood histories

Factors that can contribute to sex offending can be external (i.e., family history, family relationships, and environmental experience) and internal (i.e., interpersonal skills and functioning). However, as discussed earlier, external factors (e.g., childhood abuse) can influence internal factors (e.g., attachment, relating style) and it is important to consider the impact of abusive history on the development of interpersonal skills, and particularly those necessary to achieve intimate relationships.

There are numerous empirical studies that consider the traumatic events in the histories of sex offenders. Several studies have shown that sex offenders are likely to have suffered some sort of childhood victimisation, including neglect, physical maltreatment, emotional and sexual abuse (Simons et al., 2008). Becker and Stein (1991) suggested that hostile home environments including those characterised by family violence and child abuse, increase the risk of developing sexual interest patterns such as coercion and force, emphasising the importance of early experiences. Both adult and adolescent sex offenders who offend against children are more likely to have a history of childhood abuse (both physical and sexual) compared to adolescent nonsex offenders, adult nonsex offenders and nonoffenders (Seto & Lalumiere, 2010). This would suggest that childhood abuse is a specific risk factor for certain types of sex offending.

The influence of different types of childhood abuse is explained by Simons et al. (2002). This study demonstrates that there are differences in abusive histories between subtypes of sex offenders. They highlight that child sex abusers report more frequent experiences of childhood sexual abuse (70%), than rapists (32%), although Hanson and Slater (1988) found no difference between child sexual abusers and non-sex offenders, and rapists reported more frequent experiences of childhood physical abuse (68%). Similarly, Overholser and Beck (1986) reported that rates of childhood sexual abuse were twice as high among sex offenders with child victims as sex offenders with adult victims. However, it should be noted that Whitaker et al. (2008) found no difference between subtypes of sex offenders in reporting of sexual and physical abuse. It appears that there is some evidence that a relationship between early childhood abuse and victim choice may be present. However, not all sex offenders experience childhood abuse and not all those that experience childhood abuse go on to sexually offend, so it must be explored how childhood victimisation influences the propensity to victimise others.

It has been proposed that different types of abuse promote different types of interpersonal problems, with physical abuse in childhood leading to aggressive and violent behaviours in adulthood, including rape, and sexual abuse in childhood leading to maladaptive sexual behaviours in adulthood (Lee, Jackson, Pattison, & Ward, 2002). A sexually abusive childhood results in emotional needs not being recognised or subordinated, and a physically abusive childhood results in little experience of empathic responding or little opportunity to learn to identify and experience the affective cues of others (Kolko, 2002). It, therefore, appears that different types of abusive history may result in different intimacy deficits.

Pathways to sex offending are of great interest to researchers and practitioners in developing appropriate interventions to reduce future risk. In considering abusive histories and relating skill deficits, it naturally follows to examine if these factors vary according to type of sex offender, particularly those offending against adults or children. In doing so, it can be established not only that early abuse determines relating style, but that relating style determines victim choice.

2.2.3 Victim choice

For most offenders victim choice is not arbitrary and is stable over time (Guay, Proulx, Cusson & Ouimet, 2001). One would predict differences between sex offenders who target children and those who target adults on a number of variables including how they meet their intimacy needs and their interpersonal deficits. It has been considered that interpersonal deficits are closely aligned with attachment styles, and a history of childhood abuse is likely to disrupt early attachments. Simons et al. (2008) made some distinctions between sex offenders with different victims in terms of their attachments and interpersonal deficits. Rapists were found to be more avoidant (insecure attachment style), craving intimacy but having a heightened fear of anxiety which leads them to impersonal sex as a preferred option for intimacy. Sex offenders with child victims presented with anxious insecure attachment characterised by lack of confidence, a view of self as unworthy and others as superior. They are likely to want a partner who will admire them and when unable to achieve this they will seek intimacy from children. Stirpe (2003) found similar differences between sex offender subtypes. Rapists presented as dismissive (insecure attachment style), as also found in Simons et al.'s (2008) study, and sex offenders with child victims presented with a preoccupied attachment style. These differences are supported by Ward et al. (1997) who noted that the differences in interpersonal deficits highlighted above are translated into relationships. Child abusers see others as more worthy, seek reassurance and hold partners in

high regard, and are therefore quite positive about relationships, whereas rapists are more cynical and negative of partners, and likely to be dismissive in favour of maintaining distance.

2.2.4 Summary

Attachment is associated with different relationship processes. Marshall (1989) identified that a failure to form secure attachments restricts the development of intimacy skills. Childhood abusive history disrupts the formation of secure attachments to main caregivers. Most sex offenders have been shown to have a history of childhood abuse and are insecurely attached. In addition, different types of childhood abuse have been shown to determine the style of insecure attachment and corresponding interpersonal deficits in sex offenders. There is also some evidence that the ‘internal working model’ and interpersonal deficits determine the victim choice of a sex offender. It should be considered that attachment style (and corresponding interpersonal deficits) mediate between childhood abusive history and victim choice. A drawback of the existing literature is a shortage of studies that take all these variables into account to explore the relationships between them. This systematic literature review therefore considered the available literature with a view to exploring this relationship further.

2.2.5 Aims and Objectives

This systematic literature review aimed to explore the relationship between childhood abusive histories, attachment style and victim choice in sex offenders. Due to the limited number of studies which have investigated all of these variables together, the review was divided into the following three questions:

1. What does the literature indicate about the relationship between childhood abusive histories and victim choice in sex offenders?
2. Can certain attachment styles predict victim selection in sex offenders?
3. Does attachment mediate the relationship between abusive histories and victim selection in sex offenders?

For the purpose of this review, attachment was considered alongside corresponding interpersonal deficits. Some of the studies featured within the systematic review examined forms of abusive histories additional to sexual and physical, therefore in this review the overarching term “abusive history”, was used to refer to sexual and/or physical abuse only as they are the types of abuse the review was concerned with.

2.3 Method

2.3.1 Scoping Exercise

Before conducting the systematic review, a search of the Cochrane Database of Systematic Reviews, The Centre for Review and Dissemination (DARE), and the Campbell Collaboration library was undertaken to establish if any previous review existed examining the relationship between childhood abusive histories, attachment style and victim choice in sex offenders. No existing reviews were identified. Accordingly, a gap within the current literature was identified which further highlighted the need for the current review.

2.3.2 Sources of Literature

A search was conducted on a number of electronic databases including PsycINFO (1990-2012), PsycARTICLES (1990-2012), MEDLINE (1990-2012), and CINAHL (1990-2012). The searches were conducted between Monday 24th September 2012 and Thursday 27th September 2012.

All searches were repeated on 22nd December 2013 to identify any further publications since the initial search was conducted.

2.3.3 Search Strategy

Initially, a traditional approach to a systematic search was implemented, mapping to subject headings, mesh headings, and exploding of terms. However, searching the literature for articles that included all three variables of interest together returned very little (i.e. abusive history (**AH**), attachment (**A**) and victim choice (**VC**)). In contrast, to search for articles pertaining to any of the three variables of interest resulted in unmanageable returns.

Therefore, it was decided that a more systematic approach would be to break down the search initially in line with the sub-questions to be explored. While this was a lengthy process because large quantities of irrelevant material were generated, it was necessary to increase the chances of including all relevant material. The same search strategy was applied to all four electronic databases and appeared as follows:

1. Sex offender +A+AH

sex offen* OR pe?dophil*, AND attachment, AND 'abusive childhood' OR 'early experience' OR 'sexual abuse' OR etiology

2. **Sex offender +A+AH+VC**

sex offen* OR pe?dophil*, AND attachment, AND 'abusive childhood' OR 'early experience' OR 'sexual abuse' OR etiology, AND victim OR 'victim choice' OR 'victim preference'

3. **Sex offender +A +VC**

sex offen* OR pe?dophil*, AND attachment, AND victim OR 'victim choice' OR 'victim preference'

4. **Sex offender +AH +VC**

sex offen* OR pe?dophil*, AND 'abusive childhood' OR 'early experience' OR 'sexual abuse' OR etiology, AND victim OR 'victim choice' OR 'victim preference'

2.3.4 Study Selection

Having performed the four searches outlined above, a total of 6496 hits were returned which were refined by applying the following filters (Refer to Figure 2):

- Years of 1990-Present
 - Considering the breadth of search variables that was targeted and the likely hits returned, the date range needed to be restricted to ensure the search was both recent and manageable.
- English language only
 - Realistically, it was not possible to include other languages due to the time frame, resources and facilities for translation.
- Removal of conference papers, commentary/opinion papers/articles, case studies, commentary or opinion papers
 - Results reported in conference papers are sometimes different to the full report and other sources do not contain original data.

Once completed, the title and/or abstract of the identified studies were reviewed such that obviously irrelevant studies could be removed (Filter 2). The remaining 144 studies were filtered against the inclusion/exclusion criteria as detailed below by first examining the abstracts in detail, if the information was rich enough. If the abstract was not sufficient, the

full article was accessed. Duplicates and reviews were excluded at this point too (Filter 3). Full texts were obtained for the remaining 25 articles and the inclusion/exclusion criteria were applied by reviewing the full report (Filter 4). Depending on the study design, the appropriate CASP critical appraisal tool (see appendix 1) was applied to the remaining 13 articles.

2.3.5 Inclusion / Exclusion Criteria

Owing to the area this systematic review examined, it was considered unsuitable to generate a PICO framework because the review does not examine, for example, a particular intervention using a comparator. As such, a more tailored approach was incorporated in generating specific inclusion / exclusion criteria. Specifically, the following inclusion criteria were applied:

- Male perpetrators of sex offending (including adults and adolescents)
- Studies must examine a minimum of two of the question variables; attachment, abuse history or victim choice
- Studies that included relating to others as a result of attachment style
- Year of publication 1990-2012
- Written in English

The following exclusion criteria were applied:

- Unpublished doctoral dissertations
- Case studies
- Studies that included female perpetrators of sex offending
- Studies that included offenders with learning disabilities
- Studies that do not define type of childhood abuse

Having refined the studies based on the inclusion / exclusion criteria, a total of 13 studies were considered for review and quality assessment.

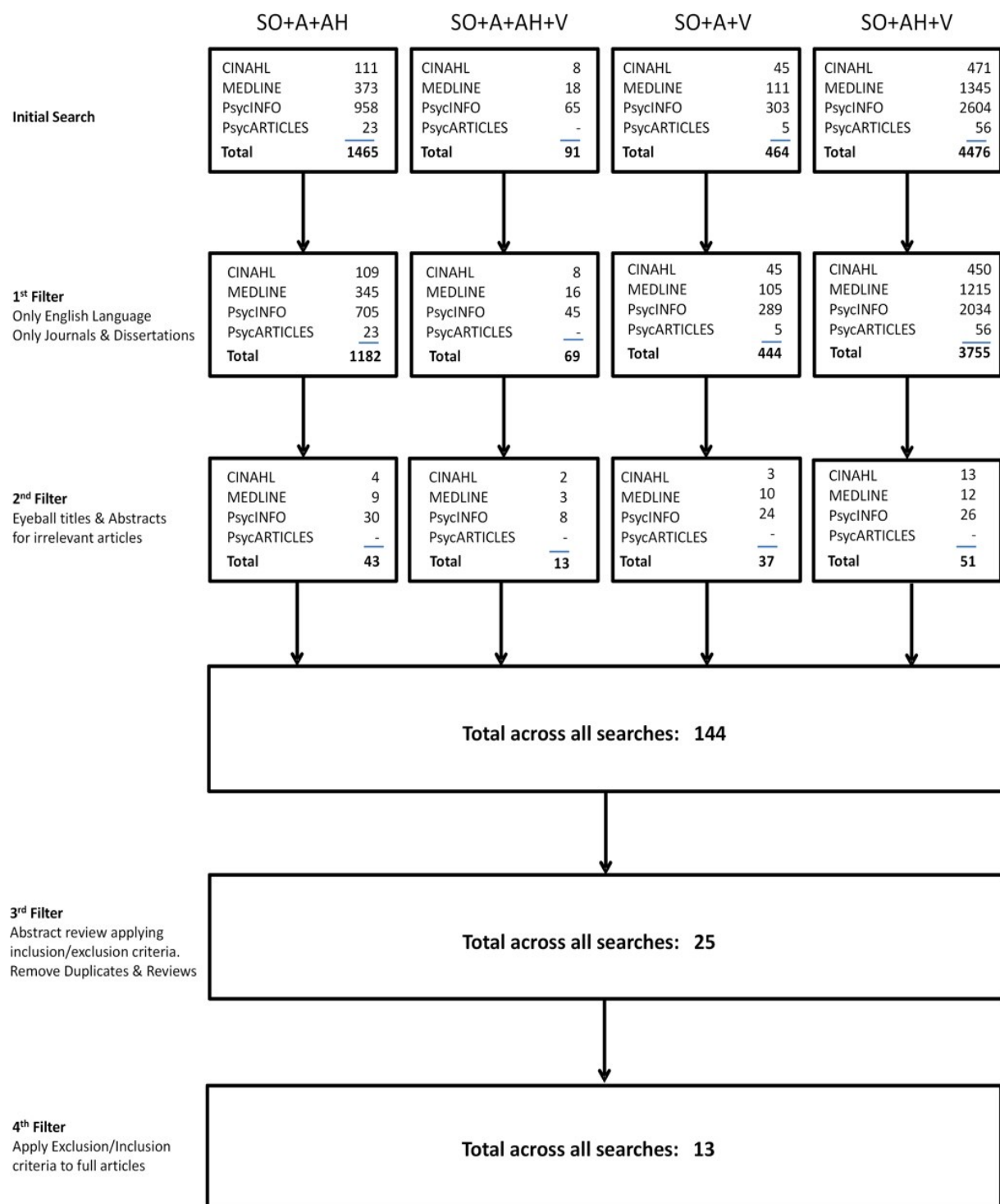


Figure 2: A flowchart of the study selection process:

Note SO = Sex Offenders, A = Attachment, AH = Abusive History

2.3.6 Quality Assessment

Following the inclusion / exclusion stage, the methodological quality of the included studies was assessed. In total there were seven cross sectional studies, five case control studies, and one qualitative study. Quality assessment checklists for qualitative and case control designs were adapted from The Critical Appraisal Skills Programme (CASP, 2010) prior to the review (for all quality assessment checklists see Appendix 1). An assessment checklist was not available for use with cross sectional studies therefore one was devised in accordance with guidelines in the literature (Mann, 2003; von Elm et al., 2007) and the question being addressed by the review. The studies were assessed in relation to the aims of the study; study design, sample selection, performance and measurement of outcomes, and attrition bias. Studies were quality assessed by one researcher.

To assess the quality of the studies, a scoring system was devised incorporating a three-point scale: 0 = “No”, 1 = “Partly”, 2 = “Yes” and any “Unknown” items scored 0 and were still included in the percentage calculations for a more robust assessment. A total score was obtained by summing each item score. Having quality assessed each paper; a total quality assessment score was assigned. Collectively, 13 studies were quality assessed and assigned an overall percentage score so comparisons could be made across study design types. This was considered a large number of studies for inclusion therefore only studies achieving a cut-off score of 70% + were considered of sufficient methodological quality for inclusion. Whilst this may indicate some bias in terms of selection, it does mean that any conclusions and recommendations can be made based on high quality findings / methodologies. Therefore, eight studies in total were carried forward for final analysis (see Table 1 for a summary of their characteristics, strengths and limitations). Appendix 2 details the five studies removed from analysis owing to their poorer methodological quality.

Table 1

Characteristics and quality assessment scores of the eight included studies:

Author/s & Year	Aims & Hypotheses	Study Design & Sample Size	Country of Origin	Recruitment Procedure & Materials	Strengths / Limitations	Quality Assessment Score (%)
1. Lyn, T.S, & Burton, D.L. (2004).	<p>To examine the relationship between attachment and sex offender status.</p> <p>Insecure attachment will be associated with membership in the sex offender group.</p> <p>Attachment status will be reflected in offence characteristics (victim age and relationship to victim).</p>	<p>Cross Sectional: 178 incarcerated male offenders.</p> <p>144 (81%) sex offenders.</p> <p>34 (19%) nonsexual offenders.</p> <p>Participant age 19-75 years.</p> <p>Mean age: 36.5 (<i>SD</i> =11.77) years.</p> <p>Sex offender sub-sample; 17% African American, 69.3% Caucasian and 13.6% Native American, Asian and/or Hispanic.</p>	United States of America (USA): Michigan.	<p>Anonymised surveys collected from a purposive sample of incarcerated offenders.</p> <p>All 900 prisoners received a recruitment letter explaining the project and terms of participation, emphasising the voluntary, confidential and uncompensated nature of their participation and requesting informed consent on this basis.</p> <p>178 prisoners volunteered to participate in the study.</p> <p>Each prisoner was assigned to a category (sex/non-sex offender) based on responses to questionnaire items.</p> <p>Measures: SRDS (Self Report Delinquency Scale, Elliot,</p>	<p><u>Strengths:</u></p> <p>Participants reported on multiple offences rather than just the most recent. This allowed conclusions to be drawn about those that do not have specific patterns of behaviour.</p> <p>Considered literacy levels of the sample.</p> <p>Examined different outcomes such as, sex offender status, attachment and victim characteristics across the same individuals. This is useful in examining offender pathways rather than bringing results of different studies together that look at them separately.</p> <p>One measure (ECRI) used possessed high face validity and internal reliability regarding the constructs it intended to represent.</p>	<p>28 / 32: (88%)</p> <p>22</p>

Huizinga, & Ageton, 1985).

ERCI (Experience in Close Relationship Inventory, Brennan, Clark, & Shaver, 1998).

CPS (Carlson Psychological Survey, Carlson, 1981).

Considered control variables; those offenders who had both adult and child victims. Results were the same when these offenders were excluded in a second analysis.

Limitations:

Voluntary nature, biases sample towards individuals seeking attention and approval. More likely to comply with request to take part.

SDRS measure had a wide range of internal reliability $\alpha = .49$ (general crime) and $.92$ (theft).

Measures used were retrospective.

Uneven sample sizes.

Cross sectional data used so conclusions about causality cannot be made.

Incarcerated offenders only so reduces generalizability and not representative of all sex offenders. Only 144 of available 600 sex offenders volunteered.

2.Daversa, M.T., & Knight, R.A. (2007).	<p>Examine the effects of attachment disruptions, and maltreatment on the aetiology of sex offenders' preferences for younger children.</p> <p>Overall severity of childhood maltreatment contributes to core mediating traits of sexual inadequacy, sexual fantasy and child sexual arousal, which will predict sexual coercion against younger victims.</p>	<p>Case Control:</p> <p>329 juvenile male sex offenders.</p> <p>Age range: 11-22 years.</p> <p>Mean age:15.17 years (<i>SD</i>=.24)</p> <p>Participants were ethnically diverse; Caucasian=56.2% , African American=16.4%, Hispanic=6.4%, Asian=4%, Native American=3.6%.</p> <p>22% had received mental health treatment at least once.</p> <p>41% had received treatment for sexually aggressive behaviour</p>	<p>USA: Maine, Massachusetts, Minnesota, Virginia.</p>	<p>Potential volunteers identified by site personnel, parental consent obtained where required.</p> <p>Participants were convened in small groups to be provided with detailed information including confidentiality.</p> <p>They were advised they would be paid \$18. Data collected over 5 years 1994-1999.</p> <p>Measures:</p> <p>MASA- Multi-dimensional Assessment of Sex and Aggression. (Knight, Prentky, & Cerce, 1994)</p>	<p><u>Strengths:</u></p> <p>Large sample size from different facilities and diverse ethnic backgrounds.</p> <p>Literacy skills accounted for in the procedure.</p> <p>Used a reliable and valid measure (the MASA). High test-retest reliability, 86% of scales equalled or exceeded .70 and 57% exceeded .80. Internal consistency high, 94% of scales $\alpha > .70$ and 80% greater or equal to .80 (Knight et al., 1994)</p> <p>Standardised instrument using structured questions.</p> <p>Study elicits key information about variables related to the review, such as attachment disruption, early maltreatment and victim preference.</p> <p>Findings within the study are consistent with that in the field (Daversa & Knight, 2005).</p> <p><u>Limitations:</u></p> <p>Use of self-report</p>	32 / 44: (73%)
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questionnaire with retrospective data is vulnerable to non-response and other bias such as memory recall.

Sample not randomly selected, therefore there is a lower potential for generalisability.

All incarcerated sex offenders, therefore not representative of all sex offenders. More diverse samples required.

Recruitment method may have influenced participation, offering payment.

No control group

3. Marsa, F., O'Reilly, G., Carr, A., Murphy, P. O'Sullivan. M., Cotter. A., & Hevey, D. (2004)

To understand the attachment styles and psychological profiles of child sex offenders in Ireland.

To compare child sex offenders, violent offenders, nonviolent offenders and community controls on measures of attachment, current emotional loneliness,

Four group comparative cross sectional design.

119 adult males.

29 incarcerated child sex offenders, Age range 19-60, mean 40.0 years, (*SD* =12.4)

Ireland: Dublin

Participants were identified from pre-treatment assessment information and approached to give consent to take part in the study.

Participants were informed that participation would not affect their treatment or privileges within the prison system.

Strengths:

Good use of control groups to examine relationships. Inclusion of violent offenders, non-violent offenders and non- offenders.

Study elicits key information relating to the variables of attachment and child offenders.

23 / 32: (72%)

locus of control and anger management.	30 incarcerated violent offenders, Age range 19-31, mean, 24.0 years, (<i>SD</i> = 3.8)	Where criminal records were not available, decisions to include were based on information from experienced prison officers and prison records.	Consideration of ethical issues and confidentiality.
	30 incarcerated nonviolent offenders, Age range 17-55, mean 29.3 years, (<i>SD</i> = 11.0)	Offenders with insufficient literacy skills to complete the questionnaires were excluded from the study.	Use of reliable measures.
	30 non offenders from community, Age range 17-68, mean 39.8 years, (<i>SD</i> = 17.1)	Participants sat in groups of up to 4 to complete questionnaires to ensure privacy and confidentiality.	<u>Limitations:</u>
		Community participants were paid 10 Euro each for participating.	Small sample.
		Measures: ECRI (Experience in Close Relationship Inventory, Brennan, Clark, & Shaver, 1998)	Community participants were paid to take part, others were not, and this could introduce some bias.
		PBI (Parental Bonding Instrument, Parker, Tupling, & Brown, 1979).	No information on composition of other groups, e.g., did the violent offender group include rapists?
		LOC (The Nowicki-Strickland Locus of Control Scale, Nowicki, 1976, as cited in Salter, 1988).	A control group of adult-victimiser sex offenders would have been useful in distinguishing child sex offenders as a distinct group.
			PBI was only completed by two groups and analysis was hindered by missing data.
			Convenience samples, so not representative of populations from which drawn.
			Dependent variables rely on self-report; therefore validity of variables may have been compromised by response set.

UCLA (The University of California Los Angeles Emotional Loneliness Scale, Russell, Peplau, & Cutrona, 1980).

NAS (Novaco Anger Scale, Novaco, 1994)

PRI (Personal Reaction Inventory, Social Desirability Scale, Beckett, Beach, Fisher & Fordham, 1994).

Demographic questionnaire

Sample biased by literacy skills. Does not tell us about individuals with poor literacy.

No ethnicity information provided. Refers to it as an Irish study, but cannot make assumptions about ethnicity on this.

Retrospective measures used.

4. Reynolds, B. (2008).	<p>To examine specific variables and offenders' early childhood sexual victimisation that may influence the type of victim they chose. Included age, gender and relationship to victim.</p> <p>Also investigated influence of early childhood sexual victimisation on offenders' risk for recidivism.</p>	<p>Case Control.</p> <p>200 male sex offenders.</p> <p>100 offenders with a history of sexual victimisation.</p> <p>100 offenders without a history of sexual victimisation.</p> <p>Age range 16-75</p>	USA: Kentucky	<p>Data collected from the Kentucky State Reformatory Sex Offender Risk unit's archival database.</p> <p>Information about 100 sex offenders with early childhood sexual victimisation and 100 sex offenders without early childhood victimisation was collected.</p> <p>Two groups were matched for years of education</p>	<p><u>Strengths:</u></p> <p>Good sample size matched for education history.</p> <p>Participants included with and without childhood abusive history.</p> <p>Wide age range of participants, increases generalisability</p> <p>Use of reliable actuarial assessment.</p>	38 / 44: (86%)
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at time of conviction.

Ethnic breakdown; 89.8% Caucasian, 8.5% African American, 1.6% Hispanic.

41% of sample was in special education at some point.

completed and participation in special education.

Historical data from interviews and assessments were analysed between groups for differences.

Measures: STATIC 99 (Hanson & Thornton, 1999)

VRAG (Violence Risk Appraisal Guide, Quinsey, Harris, Rice, & Cormier, 1998)

PCL-R (Psychopathy Checklist-Revised, Hare, 1991)

Robust data analyses.

Limitations:

Archival nature of the study limited the quality of information gathered.

The SORA (State, Reformatory Sex Offender Risk Assessment) database had missing data on numerous variables which could decrease the power of the study.

Reliance on actuarial assessments having been scored properly and original assessors having been trained properly.

Groups matched on limited variables therefore more confounding variables possible, e.g. age.

Use of clinical judgement highly unreliable as a method of assessment.

Reliability of participant recall given time passed since incident (10 years on average).

5. Sawle, G., & Kear-Colwell, J. (2001).	<p>To apply attachment theory to 3 samples; convicted male child sex offenders, non-offending victims of sexual assault, and male university students (control).</p> <p>Attachment styles will differ between the child sex offenders and the other groups.</p> <p>Duration of adult sexual relationships will vary according to sexual and other trauma from childhood.</p>	<p>Case control</p> <p>70 adult males.</p> <p>25 convicted child sex offenders, mean age 37.1 years (<i>SD</i>=11.9).</p> <p>22 nonoffending victims of childhood sexual abuse, mean age 32.8 years (<i>SD</i>=14.4).</p> <p>23 male part-time distance-learning university students, mean age 39.0 years (<i>SD</i>=9.4).</p> <p>No significant difference in age between samples.</p> <p>Ethnicities: No information provided.</p>	Australia; New South Wales.	<p>Participants recruited via custodial and community treatment programmes for the offender group, community treatment programmes for the victim group, and course coordinator for students.</p> <p>The two questionnaires were made available to the participants by means of a written request for anonymous participation in the study.</p> <p>Those who volunteered mailed their completed questionnaires directly to the researcher.</p> <p>Questionnaires were completed on an individual basis in their own time.</p> <p>Measures:</p> <p>ASQ (Styles of Attachment, Feeney et al., 1994).</p> <p>CAT (Child Abuse and Trauma scale, Sanders & Becker-Lausen, 1995).</p>	<p><u>Strengths:</u></p> <p>Good use of control group (students) to ensure any differences are representative of the populations.</p> <p>Voluntary participation and anonymity of participants ensured. Anonymity would also allow for individuals who may otherwise feel obliged to take part (because of their circumstances) to choose not to.</p> <p>Variables of childhood sexual experiences clearly defined for the purpose of the research, including age, frequency and intensity.</p> <p><u>Limitations:</u></p> <p>No information on ethnicity of the sample.</p> <p>No information on controlling for literacy ability, especially as completion of the questionnaires was on an individual basis, and incarcerated offenders have a high rate of poor literacy.</p>
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35 / 44:
(79%)

Responses were self-reported and retrospective and subject to memory effects and social desirability. No control for this.

Difficult to draw conclusions about 'relationships as secondary attachment' from incarcerated offenders as formation and maintenance of relationships has been interrupted by being incarcerated. Small sample from which to draw conclusions and unrepresentative sample (e.g. students) which may limit generalisability.

6. Simons, D.A., Wurtele, S.K., & Durham, R.L. (2008).

To identify the distinct developmental experiences associated with child sexual abuse and rape.

Child sexual abusers will report experiencing sexual abuse, early exposure to pornography and early and frequent masturbation.

Rapists will report physical abuse, early exposure to violent media

Case control:
275 incarcerated adult male sex offenders.

Convenience sample:
138 rapists,
137 child sex offenders.

Ethnic composition representative of sex offender

USA: Colorado

Participants were identified through prison records and subsequently recruited from a treatment population of 337 incarcerated sex offenders.

Data were collected from offenders entering into standardised CBT treatment as a condition of their treatment and monitoring programme.

Due to the sensitive nature of the study and the

Strengths:

Large sample size.

Variety of validated assessment measures used. CEBQ and BIDR demonstrate good internal consistency; CEBQ, alpha .82 and BIDR, alpha, .82 and .85 for the two subscales. SHD questionnaire demonstrates good inter-rater reliability. Kappa value, .76

39 / 44: (88%)

and domestic violence.	population:	comprehensive assessment, 57 offenders were excluded with developmental disabilities and chronic mental illness.	Experimenter expectancy effects were controlled for by blinding the first author to the classifications of the offenders during administration of the CEBQ
Hypothesis: both groups will report experiencing emotional abuse and insecure parent-child attachment.	Caucasian, rapists 64%, Child sex offenders 77%.	Offenders volunteered to participate.	<u>Limitations:</u>
	Hispanic, child sex offenders 13%, rapists 21%.	Informed consent was obtained for their information to be used in the present study.	Bias in sample: incarcerated sex offenders on CBT programme which motivates full disclosure. They would therefore differ from offenders not in treatment.
	African American, child sex offenders 6%, rapists 15%.	Of the available population ($n=280$) 5 offenders refused to participate, leaving 275 in the sample.	Sex offenders in treatment in Colorado constitute 15% of sex offenders in the USA, which limits generalizability to the wider sex offending population.
	Pacific Islander, child sex offenders 4%, rapists 0%.	Measures:	Sample included individuals with cross-over offences, but they did not differ significantly from exclusive offenders with respect to number of victims, paraphilias and developmental histories.
	Child sex offenders more likely to be divorced.	SHD (Redirecting Sexual Aggression and Sexual History Disclosure questionnaire, Redirecting Sexual Aggression Incorporated, 2001)	Use of polygraph testing to verify offender classification, number of victims and types of offences, which can be unreliable due to examiner bias (Elaad & Ginton, 1994), although, can increase
	Rapists more likely to be single.	CEBQ (Childhood Experiences Behaviour Questionnaire, Simons, 2008)	
		BIDR (Balanced Inventory of Desirable Responding, Paulhus, 1988)	

validity of self-report.

7. Stirpe, T.S. (2003)	<p>An investigation of adult male state of mind regarding childhood attachment and its relationship to victim choice.</p> <p>Research question: Do sex offenders evidence more non-secure states of mind towards childhood attachment?</p> <p>Research question: Do different types of sex offenders have different attachment styles that have influenced their victim choices?</p> <p>Research question: Do attachment phenomena, such as abuse, impact on later victim choice?</p>	<p>Qualitative:</p> <p>61 adult male sex offenders.</p> <p>20 nonsexual male offenders (violent).</p> <p>20 non-violent, nonsexual male offenders.</p> <p>Mean age in years; Child molesters =42.77 Incest offenders =40.89 Rapists =31.65 Violent offenders =30.53 Nonviolent offenders =29.48.</p> <p>No differences in education level between offenders.</p> <p>Incest offenders more likely to be married/common law, rapists more</p>	Canada : Ontario	<p>Recruited on a voluntary basis at some time during the course of their sentences.</p> <p>97% from the Ontario Correctional Institute and 3% from a community based sex offender programme.</p> <p>Measures:</p> <p>AAI (Adult Attachment Interview, George, Kaplan, & Main, 1996)</p>	<p><u>Strengths:</u></p> <p>Good sample size for a qualitative study.</p> <p>Sex offender clearly defined for purpose of study.</p> <p>Non-sexual offenders were also in treatment to control for treatment involvement and motivation.</p> <p>Complex attachment model in that it is the first study to incorporate childhood attachment using AAI. This made it possible to account for a wide range of similarities and differences among offender types.</p> <p>AAI identified as a psychometrically sound instrument, and has advantages over self-report. Recall issues, naïve lying, social desirability are substantially bypassed, (Benoit & Parker, 1994; Steele & Steele, 1994)</p> <p>Good differentiation of sex offender groups.</p>	27/30: (90%)
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likely to have
never married.

Limitations

No comparison data for non-offenders were collected.

Data regarding physical and sexual abuse were self-report.

Could have been some cross-group contamination. Incest offenders difficult to distinguish from heterosexual child offenders. No way of knowing if nonsexual offenders had not committed sexually abusive acts without being detected.

AAI, subject to social desirability and recall bias due to sample (incarcerated offenders) who may wish to minimise culpability by suggestion of negative childhoods.

No ethnicity information.

8. Simons. D. A., Wurtele, S.K., & Heil, P. (2002).	To demonstrate the mediation effects of lack of empathy between	Case control 188 incarcerated	USA: Colorado	When participants entered treatment, data were collected on offender's	<u>Strengths</u> Good sample size from which to draw conclusions.	34 44: (77%)
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childhood victimisation experiences and adult risk for sex offending against women and children.	adult male sex offenders.	criminal and sexual history using the PSIR (Pre-Sentence Investigative Report).	Examines participants of various ethnic origins.
Hypothesis: number and type of victims will be predicted by direct effects of childhood victimisation and mediated effects through an influence of victim empathy.	59% of sample convicted of sexual assault on a child. 41% of sample convicted of sexual assault. Mean age = 39.0 years.	Informed consent was obtained for participation in the study. Measures: SHD (Redirecting Sexual Aggression and Sexual History Disclosure Questionnaire, Redirecting Sexual Aggression Incorporated, 2001.) PSIR (Pre-Sentence Investigative report). CE Test (Child Empathy Test, Hanson & Scott, 1995). EFW Test (Empathy For Women test, Hanson & Scott, 1995). Polygraph testing using control questions.	Convenience sample, cost efficient research. Some sound reliable measures used in the study (e.g., CE Test, alpha = .70, EFW Test, alpha = .73) which improved quality of data analysed. <u>Limitations:</u> Samples were being engaged in treatment therefore they may have felt obliged to consent. Little information was provided on the recruitment process. Sample considered high-risk, reporting high numbers of victims, which reduces the generalisability of the findings to lower risk offenders. Participants in this study may differ in ways from non-incarcerated offenders, for example, the participants in this study were considered high risk offenders with large numbers of victims.
Sex offenders who experienced childhood physical abuse will display less empathy for women and report more adult victims.	Ethnic origin of participants: 75% Caucasian, 15% Mexican American, 10% African American.		
Sex offenders who experienced childhood sexual abuse will display less empathy for children in abusive situations and will report more child victims.			

No control group of nonsexual offenders and community non-offenders.

Participants in this study also received intensive cognitive behavioural treatment in a minimum restrictive facility that motivates individuals to fully disclose. Thus, the results may not generalise to offenders detained under conditions of greater security who may not be amenable to treatment.

No age ranges provided for the whole sample or groups.

Use of self-report but some studies suggest polygraph testing increases validity of self-report.

Confounding variables of parental attachments not considered.

No inter-rater reliability information for the SHD (Redirecting Sexual Aggression and Sexual History Disclosure questionnaire).

2.3.7 Data Extraction:

Data extraction for the eight studies was completed using a pre-defined pro forma (see Appendix 3). This allowed general and more specific information to be considered with the aim of informing conclusions made from the review. In brief, the following areas were considered:

- Verification of Study Eligibility (Inclusion / Exclusion)
- Study Design
- Specific Information: (e.g. Target population, recruitment procedures, characteristics of participants, number of participants, age, ethnicity, etc.)
- Method:
 - Brief outline of the study
 - Quality assessment score
 - Study type: quantitative / qualitative
 - Relevant relationships between variables identified
 - Assessment of variables / measure used
 - Validity of questionnaires used
- Analysis:
 - Analysis used
 - Attrition
 - Confounding variables assessed

2.4 Results

2.4.1 Methodological and Study Characteristics.

Eight studies were included in the review, dated from 2001 to 2008. Five of the studies were conducted in the USA, one in Australia, one in Canada, and one in Ireland. Of the eight studies examined, two were of a cross sectional design, one of a qualitative design and five were a case control design. Table 1 outlined the design, recruitment procedure, quality score and the strengths and limitations of each study.

Of the eight studies, five included participants with a mean age range of 30 - 39 years, two studies of 40 – 42.8 years and one study with a mean age of 15.7 years. The sample sizes

ranged across the studies depending on design with four studies ranging from 101-188 participants, two studies between 200 - 275 participants, one of 329 participants and one of 70 participants. In terms of sample ethnicity (where reported), the percentage of Caucasian participants ranged from 56.2% - 89.8%, African American participants ranged from 8.5% - 17%, Native American from 2% - 13.6%, and Hispanic from 1.6% - 17%. Of the samples obtained, four studies had 100% incarcerated participants, two studies between 75% - 97% incarcerated participants with the remaining participants sampled from the community. One study had 36% incarcerated participants and 64% community participants, and one study did not report this type of detail because it used archival data which did not detail the locality of participants.

2.4.2 Comparison Groups

All studies looked at sex offenders, but the heterogeneous nature of the comparison groups made drawing comparisons more difficult. Only two of the eight studies compared subtypes of offenders, those who offend against children and those who offend against adults. Three studies compared sex offenders to violent and nonviolent offenders; one of these included a nonoffending group also. One study compared sex offenders with nonsex offenders, and two studies had no comparison groups.

2.4.3 Diagnostic Methods

Diagnostic tools can be divided into those measuring; attachment (and corresponding deficits) and developmental experiences.

2.4.3i Measures of attachment (and corresponding deficits);

(Refer to Table 1, p. 22-35 for definitions of all acronyms)

Two studies utilised the ECRI (Lyn & Burton, 2004; Marsa et al., 2004) and one of these studies also used the PBI (Marsa et al, 2004). Other measures of attachment that were used included the ASQ (Sawle & Kear-Colwell, 2001) and the AAI (Stirpe, 2003).

The Child Empathy Test (CE) and the Empathy for Women Test (EFW) were utilised by one study (Simons et al., 2002) and the UCLA was used in another study (Marsa et al., 2004).

All measures of attachment used within the studies under review demonstrated internal reliability and the ERCI was also reported to have high face validity. However, the measures

of corresponding deficits (empathy and loneliness) were constructed for that particular study (Simons et al., 2002) and no information was provided on reliability and validity of measures.

2.4.3ii. Measures of developmental and childhood experiences.

Two studies included in the review used the SHD (Simons et al., 2002, 2008); one of these also used the CEBQ (Simons et al., 2008). One study used the CAT (Sawle & Kear-Colwell, 2001) and one used the MASA (Daversa & Knight, 2007). All measures of childhood experiences demonstrated good internal reliability and the SHD was reported to have good inter-rater reliability, with a kappa value of .76.

2.4.4 Statistical Analysis

Five of the included studies used Chi-square analysis and two of these also used ANOVA (Marsa et al., 2004; Stirpe, 2003). Stirpe's (2003) study also used MANOVA. One study used Structural Equation Modelling (SEM) (Simons et al., 2002), and one used Analysis of Moment Structures (AMOS) (Daversa & Knight, 2007). All studies produced some significant results relating to attachment, childhood abuse and/or victim choice.

2.4.5 Quality of Included Studies

The range of the quality scores of all included studies was 72% - 90%, with a mean quality score of 81.6%. Three studies found significant results for a relationship between attachment and victim choice (mean quality score = 79.6%), three studies found significant results for a relationship between abusive childhood history and victim choice (mean quality score = 78.6%), and two studies found significant results for a relationship between abusive childhood history, attachment (and corresponding deficits) and victim choice (mean quality score = 89.0%). The quality of the studies was notably higher for those that have included all variables under review. This is important when drawing conclusions about the overarching review question.

The relationships between the variables and the overall findings of each of the eight studies are presented in Table 2.

2.4.6 Descriptive data synthesis.

Due to the heterogeneous nature of studies, it was not feasible to statistically compare the results of the individual studies in a meta-analysis. Instead, the results are presented by drawing out themes relevant to the questions being addressed.

Table 2

Indicates the review questions addressed and variables examined; Abusive History (AH) Attachment (A), and Victim Choice (VC) by each study

Author/s, Year	Variables examined, AH, A and VC	Findings	Question(s) addressed by study (see 1.5)
1. Lyn, T.S, & Burton, D.L. (2004).	Attachment, sex offending and victim choice	<ul style="list-style-type: none"> Insecurely attached participants were 5.53 times more likely to be in the sex offender group than the non-sexual offender group compared with securely attached participants. This increased to 11.86 times more likely if the participant was fearfully (insecurely) attached. 90% of child sex offenders reported insecure attachment compared to 63.6% of adult-only victimisers. 	1 2 ✓ 3
2. Daversa, M.T., & Knight, R.A. (2007).	Abusive history and victim choice in sex offenders	<ul style="list-style-type: none"> Certain personality traits were found to mediate the relationship between early childhood maltreatment and choice of younger victims in sex offenders. Four pathways to abusing a child victim emerged: <ul style="list-style-type: none"> Emotional/physical abuse-psychopathy, sexual fantasy-child fantasy -child victim. Emotional/ physical abuse-sexual inadequacy-sexual fantasy-child fantasy -child victim. Emotional and physical abuse-sexual inadequacy-child fantasy-child victim. Sexual abuse-child victim. 	1 ✓ 2 ✓ 3
3. Marsa, F., O'Reilly, G., Carr, A., Murphy, P., O'Sullivan, M., Cotter, A., &	Attachment, sex offender and victim choice	<ul style="list-style-type: none"> Fearful (insecure) attachment style was more prevalent in the child sex offender group (59%), compared to 17% of non-violent offenders and 27% of violent offenders and community groups. Secure adult attachment style was 4 times less common in the child sex offender group compared to violent offenders, non-violent 	1 ✓ 2 ✓ 3

	Hevey, D. (2004)	offenders and community controls.		
		<ul style="list-style-type: none"> • Child sex offenders also reported significantly poorer relationships with their mothers and fathers than other groups. 		
3	Reynolds, B. (2008).	Abusive histories and victim choice in sex offenders	<ul style="list-style-type: none"> • Sex offenders are likely to select a victim from a similar developmental age range at which they experienced abuse, particularly for those abused in early childhood (1-7 yrs.). 	1 ✓ 2 3
4	Sawle, G., & Kear-Colwell, J. (2001).	Attachment and victim choice in sex offenders.	<ul style="list-style-type: none"> • Both groups (non-offending victims of sex offending and students) scored significantly higher on scores of Confidence (secure attachment style) than sex offenders with child victims. • Sex offenders with child victims scored significantly higher on 'relationships as secondary' scale (insecure attachment style than other groups. • There was no significant difference between victims and controls on the above scales. • Child sex offenders with insecure attachment tended to experience shorter adult romantic relationships than the other two groups. This was true for offenders with insecure attachment on both the 'Relationships as secondary' and 'confidence' scales of the ASQ. • There was no significant difference between the sex offender and victim groups on childhood sexual victimisation, but there was a significant difference between these two groups and the control group who reported much less sexual abuse. • The control group scored significantly lower than victims and offenders on the neglect and punishment scales of the CAT. Furthermore, victims scored lower on these scales than offenders (although this finding was a non-significant trend). 	1 2 ✓ 3

		<ul style="list-style-type: none"> • There was a significant difference between all groups on total abuse experienced with child sex offenders reporting more abuse than students and more abuse than victims (although the latter difference failed to reach statistical significance). • The level of total abuse experienced correlated inversely with the level of secure attachment (confidence) and positively with the 'relationships as secondary' scale (which indicates an insecure attachment style). 		
5	Simons, D.A., Wurtele, S.K., & Durham, R.L. (2008).	Abusive history, attachment and victim choice in sex offenders.	<ul style="list-style-type: none"> • Child sexual abusers reported more frequent experiences of childhood sexual abuse (73%) compared to rapists (43%). • Rapists reported more frequent experiences of physical abuse (68%) and parental violence (78%) compared to child sexual abusers (physical abuse = 56% and parental violence = 42%). • Most offenders reported insecure attachment bonds (94%). Seventy-six per cent of rapists reported avoidant parental attachments and 62% of child sexual abusers reported anxious parental attachments. 	1 ✓ 2 ✓ 3 ✓
6	Stirpe, T.S. (2003)	Attachment, abusive history and victim choice in sex offenders.	<ul style="list-style-type: none"> • The majority (87%) of sex offenders had an insecure state-of-mind regarding attachment, but child sex offenders were more likely to be preoccupied, whereas rapists and violent offenders more likely to have a dismissive style. • Abusive and disruptive childhoods were common to all offenders. • No relationship was found between attachment and emotional congruence with children. 	1 ✓ 2 ✓ 3
7	Simons, D.A., Wurtele, S.K., & Heil, P.	Abusive history and victim choice in sex	<ul style="list-style-type: none"> • 70% of child sex offenders reported childhood sexual abuse compared to 32% of rapists. 	1 ✓ 2

(2002).

offenders

3 ✓

- 70% of rapists reported childhood physical abuse compared to 43% of child sex offenders.
- But, polygraph tests showed 83% of all offenders had assaulted both adults and children.
- Lack of empathy mediated between childhood victimisation and adult risk for sex offenders.
- Offenders who reported childhood sexual abuse demonstrated less empathy for children in abusive situations and admitted to more child victims.
- Offenders who reported childhood physical abuse displayed less empathy for women in abusive situations and admitted to more adult victims.

2.4.6i What does the review indicate about relationships between childhood abusive histories and victim choice in sex offenders?

Five of the studies within the review looked at subtypes of sex offenders and childhood abusive history. Two studies showed strong support for a relationship between the two variables (Simons et al., 2002; Simons et al., 2008). Simons et al. (2002) found that sex offenders with child victims reported more childhood sexual abuse (73%) than rapists (43%). The study also reported a difference between subtypes of sex offenders on childhood physical abuse and parental violence. Rapists reported more frequent experiences of physical abuse (68%) and parental violence (78%), compared to sex offenders with child victims who reported less physical abuse (56%) and less parental violence (42%). The study by Simons et al. (2008) supports these findings. This study found a significant difference between subtypes of sex offenders in their reporting of 'abusive history'. More sex offenders with child victims reported childhood sexual abuse (70%) compared to rapists (32%), whereas more sex offenders with adult victims reported childhood physical abuse (70%) compared to sex offenders with child victims (43%). These two studies score 77% and 88% respectively on the quality assessment, and although the first is below the mean (81.6%) for the studies included in the review, the second study is of higher quality and supports the findings of a relationship between childhood abusive history and victim choice in sex offenders.

One further study found a relationship between sex offenders with child victims and abusive history. Reynolds (2008) found that sex offenders are more likely to select a victim from a similar developmental age at which they experienced childhood abuse. Although this study did not compare sex offenders with adult victims, considering the findings of Simons et al. (2002), and Simons et al. (2008), initial findings from Reynolds (2008) look promising for the impact of 'abusive history' on victim choice. This study also had one of the highest quality ratings in the review (86%).

One study in the review (Stirpe, 2003) found no significant difference between subtypes of sex offenders and childhood abusive history. This study, however, produced some findings regarding perpetrator characteristics of childhood abuse, highlighting that sex offenders suffered twice as much physical abuse from fathers than mothers, but childhood sexual abuse was much more frequently perpetrated by a non-parental adult.

Overall, the review has found support for the relationship between abusive childhood histories and victim choice in sex offenders.

2.4.6ii. Does attachment predict victim selection?

Five of the studies in this review supported the general literature on attachment and sex offending, finding that sex offenders as a group tend to be insecurely attached. Lyn and Burton (2004) calculated a likelihood ratio and found sex offenders were 5.53 times more likely to be insecurely attached than non-sex offenders, and Marsa et al. (2004) found secure attachment to be four times less common in the sex offender group than in control groups. Simons et al. (2008) reported that 94% of the sex offenders they sampled were insecurely attached and Stirpe (2003) found that the majority of sex offenders in their sample were insecurely attached. Sawle and Kear-Colwell (2001) found that sex offenders scored higher on the 'Relationships as Secondary' scale of the ASQ (which is indicative of insecure attachment) and defined as 'lack of empathy, emotional deficits and lack of sensitivity to personal cues and ultimately impacts on relationship duration' and lower on the 'Confidence' scale (which is indicative of secure attachment) than control groups.

It is useful that the general findings regarding attachment and sex offenders is supported by the current review, but this review was more specifically looking for differences between subtypes of sex offenders in their attachment. With regards to this, three studies in the review found differences between sex offender subtypes in terms of attachment (Lyn & Burton, 2004; Simons et al., 2008; Stirpe, 2003). Although two of these studies (Simons et al., 2008; Stirpe, 2003) still conclude that all types of sex offender are insecurely attached, these studies have identified some differences in types of insecure attachment. Simons et al. (2008) found that 76% of rapists reported an avoidant (or dismissing) attachment style, whereas 62% of the sex offenders with child victims were found to report an anxious (or preoccupied) attachment style. Similarly Stirpe, (2003) found that sex offenders with child victims were more likely to report a preoccupied attachment style and rapists and violent offenders were more likely to report a dismissing attachment style. These two studies were also notably above the mean for the review on the quality assessment, scoring 88% and 90%, respectively.

The study by Lyn and Burton (2004) also showed a difference in attachment between subtypes of sex offenders, but rather than reporting different styles of insecure attachment between subtypes, this study found more sex offenders with child victims (90%) are insecurely attached when compared with sex offenders with adult victims (63.6%). This supports the general finding that sex offenders are insecurely attached but also highlights a difference between subtypes of sex offender.

Two further studies found a relationship between sex offenders with child victims and elements of insecure attachment that might be relevant to this subtype. Marsa et al. (2004) found this group to be fearfully attached, and Sawle and Kear-Colwell (2001) found this group to score high on the 'Relationships as Secondary' item of insecure attachment and low on the 'confidence' item of secure attachment. However, neither of these studies used rapists as a comparison group and it is, therefore, difficult to draw any conclusions about differences between subtypes of sex offender based on these results alone. Future research must endeavour to use such control groups if more definite conclusions are to be drawn regarding the relationship between attachment and victim choice amongst sex offenders.

Simons et al. (2008) and Stirpe (2003) provide the strongest support for differences between subtypes of sex offender in attachment and the remaining studies highlight important information about attachments of sex offenders with child victims but without comparing to rapists it is difficult to draw conclusions about differences or similarities between groups.

2.4.6iii. Does attachment mediate the relationship between abusive histories and victim selection in sex offenders?

There are two studies of relevance to this research question. First, the study by Simons et al. (2002) did not report attachment as a mediating factor directly. However, the results of this study are worth noting here. It was reported that sex offenders with child victims suffered more childhood sexual abuse than rapists and reported less empathy for children and had more child victims. This suggests that empathy is a possible mediator. Rapists however, suffered more childhood physical abuse, and reported less empathy for women and had more adult victims. This suggests that empathy could mediate between early childhood abuse and victim choice. This is significant in relation to the current research question because empathy has been shown to closely correspond with attachment (Beech & Ward, 2004). In particular, empathy deficits define some of the items that measure insecure attachment in the ASQ (Sawle & Kear-Colwell, 2001). The item 'Relationships as Secondary' in this study is defined as lacking in empathy and emotional deficits, and being insensitive to personal cues. If attachment is considered in terms of associated deficits, this study suggests that there may be a mediating effect of the relating skills necessary to secure intimacy.

One study in this review provides some supporting evidence that attachment itself may mediate the relationship between early abusive histories and victim choice. Whilst not the primary focus of the study, Simons et al. (2008) reported that the sex offenders who were

sexually abused as children were more likely to report anxious insecure attachment and more likely to select child victims, whereas sex offenders who were physically abused as children were more likely to report an avoidant insecure attachment style and were more likely to have adult victims. This study shows strong support for the impact of early childhood abuse on attachment formation and on subsequent victim choice. This study shows that sex offenders with different experiences of childhood abuse select different victims. It also shows that subtypes of sex offenders have different attachment styles. However, this study did not directly analyse the mediating effect of attachment, but the results do suggest this as a potential pathway for sex offending behaviour. However, it is very difficult to generalise from one study and the studies included in the review are also not without limitations, as outlined in Table 1 on page 22.

2.5 Discussion

The purpose of this review was to establish if abusive childhood histories, attachment and victim choice are in any way related. Very few studies collectively investigate these variables or the link between them as a main focus of their research, and therefore this review has examined any links between two or more of these variables of interest in order to elucidate potential links between all of them. In doing so, the intention was to highlight gaps in the current literature and to provide a rationale for further research.

This review found significant relationships between childhood abuse and victim choice (Simons et al., 2002, Simons et al., 2008) and between attachment style and victim choice, (Lyn & Burton, 2004; Simons et al., 2008; Stirpe, 2003). One study (Simons et al., 2008) examined all three variables and found significant differences between subtypes of sex offender in terms of early childhood abuse and attachment. Although the mediating effect of attachment was not directly explored in this study, it is the best indicator that such a relationship is worthy of further exploration.

Some of the studies included in this review have explored relational processes associated with attachment, such as a lack of empathy (Simons et al., 2002), duration of adult relationships (Sawle & Kear-Colwell, 2001) and emotional loneliness (Marsa et al., 2004). These have not been presented in the results but worthy of some discussion because it highlights the complexity of discriminating attachment from other processes and has implications for further research.

The relationship between childhood abuse and victim choice is likely to be complex and there may be many mediators and /or moderators of this relationship. For example, two studies found that characteristics of the perpetrator (of the childhood abuse) to be a relevant feature of group differences. Sawle and Kear-Colwell (2001) noted that 86% of sex offenders reported childhood abuse by someone known to them, whereas only 37% of victims in this study reported knowing the perpetrator. In terms of identifying the differences in pathways between these two groups it is thought that the 'stranger' factor mitigates adverse effects (Briggs & Hawkins, 1996), where one-off offences by strangers that are not set in a context that includes love and affection are more readily construed as wrong by the victim, thereby the victim does not take responsibility for the perpetrator's actions. However, Stirpe (2003) noted differences between parental and non-parental perpetrated childhood abuse, and found a higher incidence of non-parental than parental sexual abuse for both subtypes of sex offender. It seems this study contradicts the findings of Briggs and Hawkins (1996), but it is difficult to draw conclusions on these findings due to different comparison groups and slight differences in variable definitions, such as., known or parent, unknown or non-parent, between the studies. It may be that the non-parental abuse was still perpetrated by someone familiar, which eliminates the 'stranger effect' as posited by Briggs et al. (1996). However, it does raise the important question that any observed relationship between childhood abuse and victim choice, could be influenced by the characteristics of the abusers, even if it is unclear at the moment, how. In order to improve knowledge about the pathways to sex offending it would be useful for future research to explore the impact of perpetrator characteristics on attachment and victim choice.

It should also be considered that the age at which abuse occurs may impact the relationship between attachment and victim choice. Reynolds (2008) found that sex offenders are likely to select a victim from the same developmental age at which they were abused; this is particularly true of abuse in early childhood. This could highlight another important feature of the abuse that might further distinguish between subtypes of sex offenders. The more that is known about this population, the better treatment can be tailored to help individuals gain insight into their behaviour, and, ultimately, reduce recidivism.

What is clear from this review is the overwhelming evidence that a substantial proportion of sex offenders report an insecure attachment style (Lyn & Burton, 2004; Marsa et al., 2004; Sawle & Kear-Colwell, 2001; Simons et al., 2008; Stirpe, 2003). However, to be sure that an insecure attachment style is related to sex offending, studies must compare its prevalence in

sex offenders with reference to appropriate comparison groups. Two studies found that significantly more sex offenders reported an insecure attachment style than a normative comparison sample (Sawle et al., 2001; Stirpe, 2003). However, one study (Stirpe, 2003) failed to find significant differences in insecure attachment style between sex offenders and other offending groups (violent and nonviolent offenders). It is difficult to draw firm conclusions due to the variation in the composition of comparison groups (e.g., nonoffenders, victims of sexual abuse, nonsex offenders), but the results may indicate insecure attachment is a feature of general criminality rather than being specific to sex offending. However, it is useful to consider why some of the differences may have occurred and what that may tell us about pathways to sex offending.

Although insecure attachment style was the most prevalent type amongst sex offenders, closer examination of the studies reviewed indicated some differences between subtypes of sex offenders in the *type* of insecure attachment. Two types of insecure attachment were apparent; dismissive and preoccupied (adult attachment styles) and anxious-avoidant and anxious-ambivalent in childhood. Stirpe (2003) concluded that sex offenders with child victims were more likely to fall in the preoccupied group and sex offenders with adult victims more likely to be in the dismissive group, and Simons et al. (2008) found sex offenders with child victims to be ambivalent and those with adult victims to be avoidant. This would suggest that there are differences in attachment between subtypes of sex offender and a possible relationship between attachment and victim choice. This review did not highlight disorganised attachment as being particularly relevant to sex offenders even though it has been associated with psychopathology, including sexual and violent offending previously (Van Ijzendoorn, Scheunegal, & Bakermans-Kranenburg, 1999). Another important distinction is that although the comparison with victims of sexual abuse indicated similarities in attachment style to sex offenders (Sawle & Kear-Colwell, 2001), this was only on two scales; 'Discomfort with Closeness' or 'Need for Approval' scales. There were significant differences between victims and sex offenders on 'Confidence' (victims scoring higher) and 'Relationships as Secondary' (victims scoring lower). Victims overall, while reporting some insecure attachment also reported secure elements of attachments, and therefore were more securely attached than the sex offenders in the sample. It may be that the 'stranger effect' also influences the impact the abuse has on attachment formation by un-prolonged contact and more opportunity to detach from the perpetrator. This distinction is an important one,

highlighting differences in the histories of those who sexually offend and those who do not, and the possible impact of perpetrator characteristics on attachment style.

The importance of investigating the effects of attachment in this review was its influence on relational processes, and subsequent sex offending. Sawle et al. (2001) concluded that type of insecure attachment influenced relationship status. Sex offenders with adult victims (rapists) with a dismissive (avoidant) insecure attachment were never married and sex offenders with child victims with a preoccupied (anxious) insecure attachment style had many short-term relationships. This finding supports Ward et al. (1995) and Ward et al. (1997) who report that attachment style will determine relationship status.

Some studies included in the review looked more broadly at some of the relational processes connected to attachment. Whilst these findings do not directly contribute to the current review questions, they do draw attention to the wider relational processes concerned with attachment style, and offers some consideration for further reviews. For example, some aspects of personality bridged the pathway between childhood abuse and selection of child victims (Daversa & Knight, 2007) and as it has been established that personality is closely related to attachment (Nakash-Eisikovits, Dutra, & Westen, 2002; Shaver & Brennan, 1992) which is a relevant finding for this review. However, it must be noted that this study only considers pathways to selecting a child victim from different types of early abuse and it would be more powerful to draw comparisons with sex offenders who choose adult victims.

Similarly, Simons et al. (2002) reported a link between abusive childhood histories and victim choice but considered lack of empathy to be a mediating variable. Lack of empathy is an important consideration as it too is associated with attachment (Joireman, Needham, & Cummings, 2002). Simons et al. (2002) report that sex offenders who suffered child sexual abuse report a lack of empathy for child victims and report more child victims, and sex offenders who suffered physical abuse report a lack of empathy for adult victims and report more adult victims. This study demonstrates a strong link between abusive history and victim choice, with empathy as a potential mediator. Whilst this review has highlighted some important relationships between sex offending and attachment and abusive childhood histories, there is much work still to do in identifying more clearly some of the specific pathways that might result in sex offending and victim choice.

The strongest evidence for attachment mediating the relationship between childhood abusive history and victim choice in sex offenders comes from the study by Simons et al. (2008). This

study differentiates subtypes of sex offender on the type of abusive history, the level of insecure attachment and the victim they subsequently chose. This study suggests that the type of childhood abuse suffered will influence attachment and attachment will influence victim selection in sex offenders. If the mediating relationship could be confirmed by further quality research, this would benefit treatment aimed at developing insight in sex offenders regarding the emergence of their maladaptive behaviours. It is acknowledged in sex offender treatment that although childhoods cannot be changed, it is useful for offenders to have some insight into where their behaviour may have developed. Blackburn (1993) states ‘Competencies, values, beliefs and goals, emerging from the individual’s history, mediate the effects of new experiences’ (p. 185). This supports making use of the client’s past experiences as a vehicle for developing a clearer understanding of their current experiences. Core treatment includes offenders presenting their life history (H.M Prison Service Sex Offender Treatment Programme). A greater knowledge about the impact of abuse can mean treatment is tailored to specifically address these issues rather than offenders presenting what they believe to be relevant. Extended treatment for higher risk offenders introduces attachment styles (H.M. Prison Service Extended Sex Offender Treatment Programme), but if this is intrinsically linked to childhood abuse, then there could be an argument for it being made part of core treatment. Ultimately a clearer focus on the relating skills required for change and risk reduction could potentially enhance current treatment practice.

2.5.1 Strengths and Limitations of the Review.

This review utilised a systematic approach to examine the relationship between early abusive histories, attachment style and victim choice in sex offenders, which has not been done before. Accordingly, not only was this review able to identify a gap within the literature, it also allowed a systematic examination of studies and only included studies that were of good quality. This was particularly important for providing insight into the area under review.

In terms of the limitations of the review, the reliability of quality assessment was limited as only one researcher conducted the quality assurance / assessment process. Secondly, not all studies relevant to the area were necessarily included as the review only contained studies written in the English language and did not include hand-searched references. In addition, only published studies were included which has implications in terms of publication bias (Torgerson, 2003).

Given the very sparse literature that covers all aspects of this review, three sub-searches were conducted to ensure literature involving relationships between two or more of the variables of interest could be included. It was decided that while this is a more time-consuming approach, this would be the most effective way of answering the review question. However, this did make drawing the three elements of the review together more difficult, than answering one review question. Also, there are some relevant studies that were filtered out because they did not explicitly include two or more of the variables under review which may have contributed to the conclusions; for instance the studies by Ward, Hudson and Marshall (1996), and Stirpe, Abracen, Stermac and Wilson (2006), both of which only refer to the attachment variable explicitly in title and abstract, and not victim choice or abusive childhoods. Although the comparison groups in the Ward et al. (1996) study infers victim choice this was not considered specific enough at the early stage of filtering. This highlights potential problems of subjectivity in what is otherwise considered a more robust method of reviewing literature. The relevance of this study is however highlighted throughout the thesis.

The studies included in this review were of better quality than those excluded, however there was also some methodological limitations therein that may have impacted on the overall findings within this review. Such limitations included a lack of comparison groups, or relevant comparison groups. There was limited consistency with study design and synthesising results was therefore more challenging. The three-section design of the review also meant that drawing together any meaningful conclusions were tentative, but still useful in directing further research.

One of the main limitations of this review was the inclusion of ‘attachment’ as a broad representation of relating style. It was hoped that more studies would have broken down the features of attachment style and corresponding deficits than they did, and therefore links that were made were more tentative than perhaps ideal. It is possible that a broader search with the inclusion of more varied search terms for ‘relating’ may have uncovered more studies with useful findings. However, this could have also pushed the parameters of the review and made it unmanageable. It has still been a valuable exercise which demonstrates the difficulty in disentangling attachment and corresponding deficits in the research. Although attachment theory has dominated the literature on intimacy and relating deficits in sex offenders, as more links have been made between attachment and interpersonal deficits, it has become a complicated approach to understanding relating style *per se*. Therefore, although this review has established some support for attachment mediating the relationship between childhood

abuse and victim choice (Simons et al., 2008), it might be more useful if future research projects consider a single measure of relational processes as a mediator, as it is the relational properties of attachment that are so crucial in determining the maladaptive behaviour of sex offenders (Marshall, 1993; Marshall, Hudson & Hodgkinson, 1993).

Chapter 3

A Critique of the

Person's Relating to Others Questionnaire

3.1 Introduction

The Person's Relating to Others Questionnaire (PROQ) was designed to measure relating and is based on relating theory, previously called spatial theory (Birtchnell, 1990). As described in Chapter 1, relating theory presents relating as occurring along two intersecting axes; a horizontal one which spans from an individual's needs for involvement with others (closeness) to a need for separation (distance); a vertical axis which concerns the needs to relate from above downwards (upperness), and a need to relate from below upwards (lowerness). Upperness is a position of advantage and strength which can be used positively or negatively, to benefit or to harm. Lowerness is not simply the absence of upperness and has its own benefits. Relating from a position of lowerness is adaptive when one is able to show gratitude, to acquiesce, comply, apologise, respect, adore, confess, and conform. All require a degree of acceptance of a lower position in that situation. If this is not achieved, maladaptive relating results in self-blaming, self-punishing, or possibly feigning or exaggerating needfulness to gain the attention of those in the upper position.

Each of the four positions are said to carry some advantages and are described as a state of relatedness. The blending of the two axes produces four intermediate states; upper close, lower close, upper distant, lower distant. The four pure states (i.e., upper neutral, lower neutral, neutral distant, neutral closeness) which are called neutral, together with the four intermediate states encompass a theoretical structure called the interpersonal octagon. Competent relating is termed positive relating and incompetent relating is called negative relating. The purpose of therapy is to help an individual move from a negative to a more positive way of relating.

Relating theory (Birtchnell, 1996), like attachment theory (Bowlby, 1969, 1973, 1980) is also interested in relational processes. Whilst attachment theory has explored relationships initially between mother and infant and then later been applied to understand adult romantic relationships, relating theory makes a distinction between adaptive and maladaptive methods of general relating and considers the individual characteristics of relating to others (internal and external), being related to, and relating incompetence. People can attain desired states of relatedness either competently or incompetently. The three main forms of incompetent (i.e., negative) relating are avoidant, insecure and desperate which will affect the behaviour and interactions of those relating in these ways. Relating theory was largely developed as a basis for the design of instruments to measure relating but once established became a useful aid to

understanding a person's relating behaviour. It has proven valuable in understanding, diagnosing and treating relating difficulties in psychotherapy (Birtchnell, 2001; Birtchnell & Bourgherini, 1999). More specifically in the field of Forensic Psychology, negative relating has been considered in relation to offence type (Newberry & Birtchnell 2011), and therapeutic interventions and change in negative relating following therapy (Birtchnell, Shuker, Newberry, & Duggan, 2009). Relating theory has also been applied to personality disorder classification and treatment (Birtchnell & Shine, 2000).

A person's general relating tendencies can be measured using the Person's Relating to Others Questionnaire (PROQ; Birtchnell, Falkowski, & Steffert 1992) and other revised versions; PROQ2 (Birtchnell & Shine, 2000), and PROQ3 (Birtchnell, Hammond, Horn, De Jong, & Kalaitzaki, 2011). As a tool that is increasingly being used within NHS psychotherapy departments, prisons, therapeutic communities, and research forums including boarding schools (Birtchnell, <http://www.johnbirtchnell.co.uk/index.php/research-applications>) it is important to examine its strengths and weaknesses more closely. A critique of this measure is the focus of the current chapter. An overview of the PROQ is presented, following which its reliability and validity, and its limitations are considered.

3.1.1 Overview

There are several published papers regarding the PROQ and its revised versions 2, and 3. Birtchnell (1997) proposed that the DSM-IV personality disorders matched with the negative forms of relating but Mace and Margison (1997) argued that without empirical support, this was merely speculation. Birtchnell and Shine (2000) therefore attempted to provide empirical support by correlating the scores of the PROQ2 with those of the Personality Diagnostic Questionnaire (PDQ-IV) (Hyer, 1994), which is based on DSM-IV personality disorder classification. They explored the extent to which personality disorders can be explained in terms of negative relating, and if negative relating could provide a rationale for the classification of personality disorders. They found that to varying degrees most personality disorders could be defined in terms of negative relating. From this, they concluded that the overlap between having a personality disorder and negative relating would mean such classification would not be perfect, but this paved the way for further exploration. One critique of this study (Birtchnell & Shine, 2000) was that prisoners may not have given much thought in selecting their responses and a tendency was noted for the prisoner participants to

rely heavily on the middle two, less committed columns of the PROQ2 (quite often true, or sometimes true).

In another study, Shine and Birtchnell (2002) reported on the relationship between offence type and relating using the PROQ2. Administering the PROQ2 to 107 prisoners on reception to HMP Grendon, they found that sex offenders in prison had the highest mean scores on negative relating compared to those who had committed robbery, homicide, and other violent offences possibly suggesting that sex offenders have a reduced capacity for relating positively in relationships. Similarly, Newberry and Birtchnell (2011) explored if particular forms of negative relating, as measured by PROQ3, were associated with different offence types. PROQ3 scores for 923 male offenders at a therapeutic community prison were examined by offence type of which there were eight categories; homicide, violence, robbery, sexual, dishonesty, firearms, drug-related offences, and arson. They concluded that the Neutral Distant and Lower Closeness scales were associated with general criminality and violent offenders scored significantly higher on the Upper Distant scale. They also found that sex offenders scored significantly higher on Lower Closeness. Lower Closeness is a style of relating that represents some of the intimacy and loneliness deficits that have been identified in previous studies on sex offenders (Seidman, Marshall, Hudson, & Robertson, 1994).

Birtchnell, Shuker, Newberry, and Duggan (2009) explored if negative relating, as measured by PROQ, could be reduced with a psychotherapeutic intervention in individuals with a forensic history. The PROQ was administered to male participants in a medium secure unit and also in a prison therapeutic community at; admission, nine months and either at 12 or 18 month follow-up. They found significant improvements on a number of scales and more than one fifth of the sample demonstrated reliable improvement in their relating, suggesting therapy can improve negative relating.

3.2 Characteristics of the PROQ

PROQ (Birtchnell, Falkowski, & Steffert, 1992). This was the earliest measure, which is a 96-item, self-administered questionnaire, with 12 items that contribute to each of the eight scales; Upper Neutral (UN), Upper Closeness (UC), Neutral Closeness (NC), Lower Closeness (LC), Lower Neutral (LN), Lower Distant (LD), Neutral Distant (ND), Upper Distant (UD), which relate to the segments of the interpersonal octagon. Of the 12 items, two

represent positive relating and are not normally scored and are only included to keep a positive aspect to the responses when individuals are self-reporting, and the other 10 represent negative relating. There are four possible responses for each item 0, 1, 2, 3, with a total possible score for each octant being 30, and a maximum score for the test of 240.

There is no manual for the PROQ questionnaire. A manual would prescribe the standardised procedures to administer a test, and without which, it could be argued there are constraints on the interpretation of results. Birtchnell does however provide instructions for use on his website (<http://www.johnbirtchnell.co.uk/index.php/measures-of-relating-and-interrelating/questionnaires>). This in itself has also been somewhat of a drawback in gaining an understanding of its development, the decisions for the inclusion of items, and any pilot studies. Thus, information has been gathered from all sources available to draw conclusions about the reliability and validity of the PROQ as a tool and the process of development, refinement and modification that it has been through.

PROQ2 (Birtchnell & Shine, 2000) was developed as a revision of the PROQ to improve structure and reduce correlation between scales. Responses were altered to ‘nearly always true’, ‘quite often true’, ‘sometimes true’, and ‘rarely true’. Although many of the papers describe this change, it does not appear to be documented why the responses were altered from the original version which were ‘mostly yes’, ‘quite often’, ‘sometimes’, ‘mostly no’. It is possible that the change brought about a more consistent response scale all including ‘true’ to varying degrees and was probably thought easier to follow for the examinee, and therefore increase the reliability of their answers. Since the development of the PROQ2, the PROQ is no longer used. Both of these measures are scored by computer, generating octant scores and graphic representation of shaded octants.

The PROQ2a and PROQ3 (Birtchnell et al., 2011) are attempts to produce a shortened version of the measure. Both have half the items of the PROQ2, now 48 items, six for each octant, five negative and one positive. The PROQ2a has no new items but the PROQ3 has. The PPROQ2a comprises the items from the PROQ2 that had the highest loadings on the eight factors, but with the lowest commonalities. In the PROQ3, all of the UC items and some of the LD items have been replaced. The rationale here was to make the UC scale more pathological and to reduce the correlation between the LD and LN scales.

Having outlined the development of the PROQ and reported the main characteristics of the measure, this now requires examining in relation to what is considered as a good psychometric test.

3.3 Characteristics of a Good Test

3.3.1 Level of measurement

Howell (1992) states that there is some disagreement about the importance placed on measurement scales, some believing level of measurement is more relevant than others. Stevens (1946) defined four types of measurement scales: nominal, ordinal, interval and ratio, which are distinguished on the basis of the relationship assumed to exist between items.

The level of measurement of the PROQ/2/3 is ordinal. Ordinal data makes use of the position of scores within its own group of scores. Scores have a position along a scale (ordered), but there is no way of interpreting the meaning of the difference between two points. This type of data is slightly more sophisticated than nominal data, as the ordered items do in fact show a relationship between them and do not merely represent a class or a category. Stevens (1946) stated that psychological tests usually operate on an ordinal scale and therefore basic statistics such as means and standard deviations cannot be interpreted. This presents a drawback to using ordinal data. Interval data provides more information about the difference between points and ratio data has a true zero. Either of these are considered a characteristic of a good test (Kline, 1986), and therefore highlights a weakness of the PROQ.

3.3.2 Reliability

3.3.2i Internal Reliability

This is concerned with examining correlations between items on the same test, to ensure they are consistent with each other in what they are proposing to measure. All of the items of the test should measure the same thing. This can be assessed using Cronbach's Alpha. It is generally agreed that good internal reliability would produce an alpha of greater than .7 (Kline, 1999; Nunnally, 1978).

The original PROQ demonstrated reasonable internal reliability with a sample of 66 patients, with alpha coefficients ranging from .71 to .86 for seven of the scales and just one, LD showing a weak internal reliability at .59. However, with a student sample of 55, in the same

study, the internal reliability was less encouraging with three of the scales (UD, LD, UN had coefficients of .49, .56, .65 respectively) and the other five scales ranged from .74 to .79.

The revised version, PROQ2, was administered to 107 prisoners (Birtchnell & Shine 2000) and demonstrated good internal reliability across the octants. The alpha coefficients were as follows; Upper Closeness (UC) .77, Upper Neutral (UN) .80, Lower Closeness (LC) .81, Neutral Closeness (NC) .81, Neutral Distant (ND) .82, Lower Neutral (LN) .83, Upper Distant (UD) .83, Lower Distant (LD) .86.

This indicates that all octants demonstrate reasonable (UC), good (UN, LC, NC, ND, LN, UD) or excellent (LD) internal reliability. However, because the characteristics of the intermediate octants are a blending of those either side, it would be expected that neighbouring octants would demonstrate high positive correlations with lower positive correlations between octants that are more widely separated. This was not evidenced as expected. There were high correlations between the three lower octants, but the relationship between the three upper scales was not as strong, with a high correlation between upper neutral and upper distant, but a poor correlation between upper close and the other two upper scales (Birtchnell & Shine, 2000).

Birtchnell and Evans (2003) provide further evidence of internal reliability for the PROQ2. In a sample of 276 non-patients, the alpha coefficients were .7 for three scales (ND, UD and UN) and .80 for the remaining five scales (LD, LN, NC, LC, UC). In a sample of 432 patients, the alpha coefficients were $\geq .80$ for all scales demonstrating good internal reliability.

In 2002, Hammond (unpublished) administered the PROQ3, along with the International Personality Item Pool (IPIP) (Goldberg, 1999) measure of personality to a population sample of 403. The alpha coefficients for internal reliability were, .72, .78, .69, .75, .72, .59, .75 and .65 for the UN, UC, NC, LC, LN, LD, ND and UD scales respectively, demonstrating weak correlations for NC, LD and UD. However, Birtchnell, Hammond, Horn, De Jong, and Kalaitzaki (2011) examined the psychometric properties of the PROQ3 between four samples of different nationality; English, Irish, Dutch and Greek, and found consistently acceptable alpha coefficients across samples. Five of the PROQ3 scales were found to have an alpha of .78 or above and no scale had an alpha of below .7 which demonstrates the revised shorter version of the test to be internally reliable. Once again correlations diminished with increased

separation around the octagonal structure. This is what would be expected and is in keeping with the underlying theory.

3.3.2ii Test/Retest Reliability.

The test-retest reliability method is one way to test the stability and reliability of any test over time. If a test does not produce similar scores over time, in the absence of an intervention, then it is safe to assume the test does not demonstrate reliability (Kline 1985). However, that is to assume there are no confounding variables that would impact on the retest conditions. Even if there are no obvious signs of intervening factors, there will still be some degree of error, maybe due to recollection of questions or specific events that may have impacted on an individual's performance either for the test or retest. This error (standard error) is accounted for within the statistical analysis and there is a general acceptance among researchers of what is a satisfactory level of error below which interpretation of scores is unreliable. Guilford (1956), notes that a test becomes unsatisfactory when the standard error becomes too large.

The measurement of test-retest reliability is carried out using correlational analysis (e.g., Pearson's r), with an acceptable level being .7 or above (Yates & McCabe, 1999). There is limited data published regarding test-retest reliability for the PROQ and its revisions. However, Birtchnell and Shine (2000) carried out test-retest reliabilities on the PROQ2 using paired sample correlations on a small student sample ($N=18$) after a three week period. The Spearman's Rho correlations were generally encouraging; Upper Closeness (UC) .65, Upper Neutral (UN) .86, Lower Closeness (LC) .74, Neutral Closeness (NC) .93, Neutral Distant (ND) .87, Lower Neutral (LN) .88, Upper Distant (UD) .90, Lower Distant (LD) .83. However these results should be interpreted with caution due to the very small sample and it would be useful for such a test of reliability to be repeated with a larger sample. However, on a positive, the three week interval between test-retest would have been beneficial in reducing variability caused by confounding variables, such as remembering original responses. As the correlation is a test-retest estimate of reliability, you can get considerably different estimates depending on the interval. Breakwell, Hammond and Fife-Schaw (2000) recommend that this should be ideally a month or more and so this interval may have been a little short.

3.2.3 Validity

Validity concerns the degree to which a test measures what it claims to measure and not something else (Field, 2013). Correlation is one of the statistical techniques used for this type

of psychological test research and development and ROC analysis is another technique commonly used to measure validity. According to the Standards for Educational Psychological Testing (APA Standards, 1999), test validity is determined by the quality of the inferences that can be made; if they are appropriate, provide meaning and can be of sound use. There are four types of validity (i.e., face validity, criterion validity, construct validity and content validity) which will be considered in turn in relation to the PROQ. Convergent validity is a subtype of construct validity and will also be considered.

3.2.3i Face Validity

Face validity is concerned with how the test appears to the participant. Face validity has no statistical significance, rather a test is said to have face validity if it appears to test what it purports to. Where the purpose of the test is clear, even to naïve respondents, the test is said to have high face validity, and where it is unclear or ambiguous, it is said to have low face validity (Nevo, 1985). It is, however, important to consider because face validity may affect an individual's attitude towards completing a test. In relation to the PROQ, there appears to be acceptable face validity in that the items do appear substantially associated with the general area of relating. Some examples include:

- I tend to get so close to people, I can't bear to let go of them.
- When there's an argument, I tend to give in.
- I don't like others to know too much about me.
- I tend to get back at people who offend me.

It would be unlikely that participants who are aware of the focus of the test would be surprised by any of the items.

As noted, the development of the PROQ has undergone three stages with an emphasis in the development of PROQ2 to revise questions that appeared ambiguous and which initially demonstrated a narrow range of responses (Birtchnell & Shine, 2000). Therefore, it is evident that face validity has been considered for this test, with any questions that would not adhere to the principles of face validity having been removed.

One other consideration in terms of face validity is whether items might be interpreted differently depending on the sample being examined. For example, Birtchnell and Shine (2000) noted that prisoners may not normally think in terms of the items included in the questionnaire and therefore may not consider their response in the same way as individuals

who are more accustomed to thinking about their relating or relationships. Indeed, in their study, they found that prisoners were more likely than students or psychotherapy patients to rely excessively on the middle, less committed columns of the questionnaire. This was in spite of the instructions requesting that they did not do this.

The impact of having two positive items for each octant in the PROQ must be considered because it is an assessment of negative relating. These were included to balance the tone of the test and provide a more realistic experience for the participants. So, whilst it may provide a better experience for the examinee, those questions may also be unexpected and could be argued to affect face validity.

3.2.3ii Criterion Validity

Criterion validity is the measure of how well one variable or set of variables can predict an outcome through comparison to objective behavioural criteria that psychologists generally agree (Field, 2013). One way of assessing this is by *predicting* (predictive validity) a future behavioural outcome from the results of a measure (Field, 2013). Another way is to correlate scores with other measures that assess similar constructs. The criterion therefore must be reliable and appropriate, having being chosen based on a clear rationale.

The PROQ was designed to measure distinct dimensions of negative relating and was based on the interpersonal octagon and its eight constructs. Birtchnell et al. (1992) commented that the scales do in fact overlap, but argue that this is inevitable due to the nature of the underlying theory. In the same study, Birtchnell et al. found correlations between the broad categories of negative relating with the scales of the Self-Rating Questionnaire (SRQ), which measures detachment (opposite of closeness seeking) and directiveness (opposite of relating from position of weakness) (Birtchnell, 1991), thus offering some validation for the instrument. The PROQ was revised (PROQ2) to improve the clarity and factorial structure thereby reducing the overlap and correlation between scales. This would have made the criteria for each scale more distinct and thus should have improved criterion validity.

Some consideration was given to associations between the negative relating scales of the PROQ2 and items measuring personality disorder in the Personality Diagnostic Questionnaire (PDQ-IV) (Hyer, 1994). Both were administered to 107 prisoners at a therapeutic community prison. The correlation between the total scores of the two measures was .65 (Birtchnell & Shine, 2000) suggesting less similarity in the constructs than predicted.

Therefore, without further research it is not possible to say that the PROQ2, as a measure of negative relating, can be used to predict or classify personality disorders with any certainty.

The second revision of the PROQ, now the PROQ3, not only reduced the number of items to 48, but only those items that loaded most heavily on the extracted factors and that loaded only on one factor. Three of the five negative LD items were replaced and all of the five negative UC items. This was to improve the discrimination between neighbouring scales and because the original UC scale failed to distinguish between patients and non-patients.

Distinguishing between populations is important in determining criterion validity, and because this is done simultaneously it is known as *concurrent* validity (Field, 2013). Without some discrimination between neighbouring scales it would be difficult to predict outcomes based on the individual or set of variables and the criterion validity would be poor.

In a cross-national comparison study of the PROQ3, comparisons were made between the PROQ3 and the International Personality Item Pool (IPIP) 3 (Goldberg, 1999) and two measures based on the interpersonal circle, the Revised Interpersonal Checklist (ICL-R) (De Jong, van den Brink & Jansma, 2000), and the circumplex version of the Inventory of Interpersonal Problems (IIP-C) (Alden, Wiggins & Pincus, 1990). Correlations between the PROQ3 and the big five personality scales were either non-significant or negative. This was expected due to the IPIP being a measure of normality. However each PROQ3 scale correlated positively and meaningfully with scales of both the ICL-R and the IIP-C, which measure pathology demonstrating some evidence that the PROQ3 measures the same constructs as other similar tests.

In terms of predictive validity, there is little within the literature that demonstrates any predictive validity for the PROQ. However, Birtchnell and Shine (2000) note that psychotherapists often comment on the close correspondence between the PROQ2 ratings and their own clinical assessments. There is plenty of scope for such predictive validity to be further and more robustly established and further research could include a focus on this to help validate the PROQ further. For example, a study using the PROQ which aims to measure negative relating, could collect observed ratings of relating with others from professionals working with patients, and examine the correlation between those two outcomes.

3.2.3iii Content Validity

Content validity is concerned with how well items represent all facets of a given construct (Field, 2013). Therefore, for the PROQ and its underpinning theory of relating, it is important that all facets of the interpersonal octagon, incorporating both positive and negative relating are represented within the psychometric measure. The positive items are not scored, rather presented to reduce negative tone of the questionnaire. The inclusion of items within the octants is based on theory alone at present and but it is worth noting that the theory upon which the PROQ is based (relating theory) has been continually developed since the late 1990s when it first appeared as spatial theory (Birtchnell, 1993). The theory has been heavily influenced, shaped and developed by research of John Birtchnell and his personal communications with several related experts. Whilst there remains an element of subjectivity in determining content validity, it is somewhat reduced by the involvement of others whose expertise has helped shaped the theory. However, the inclusion of items through discussion with experts can also have its drawbacks in that it does not tell us anything about the items that have not been included in the test. It only helps to take out those that the judges agree are weakly related to the construct of relating. On its own this method does not represent a comprehensive validation of a test.

3.2.3iv Construct Validity

Construct validity is appropriate for any discussion regarding the PROQ as it is a test that is claiming to measure complex, multi-faceted attributes based on a theoretical structure. This involves examining how it was constructed, whether items relate to the overall construct, and whether the items repeatedly behave as we would expect them to.

The PROQ has undergone three stages of development. Test construction is an on-going process of trial and refinement to produce a measure that will have validity as items become closer measurements of the construct/dimensions in question (i.e., negative relating). No single study is capable of establishing the construct validity of a test; rather it is a longer term process of refinement and modification. However, by reviewing the outcomes of some of the studies using the PROQ, we can make inferences about the likely strength of construct validity at this point.

The PROQ was first made reference to in the Birtchnell, Falkowski, and Steffert (1992) study. At this early stage of investigation it was highlighted that the PROQ did identify a

distinction between positive and negative relating, which is the basis from which Birtchnell developed his theory. Unlike attachment theory (Bowlby, 1969), Birtchnell considered relating in terms of adaptive and a maladaptive relationships and how they are borne out. In the above study, scores between depressive patients and a control group were compared and demonstrated that the mean total negative scores were higher for depress than for the control group and the mean total positive scores were higher for the control group than the depressive group. Previous to this study, researchers believed that negative characteristics were just extremes of positives. However, Birtchnell regarded them as two separate dimensions. This study supports the construct and development of a test that measures positive and negative relating as separate entities

The interpersonal octagon presents items of negative relating along two axes. Relating theory suggests that neighbouring items will be closely correlated, and correlations will get lower as the distance between the octants increases. Birtchnell and Shine (2000) explored personality disorder items and negative relating items as a means of classification. They found that although some neighbouring octants were highly correlated this was not the case for all octants as would have been expected. However, the researchers felt that the results were sufficiently encouraging to be explored further and in keeping with the underlying theory, Birtchnell and Evans (2003) found high positive correlations between some neighbouring scales, and moderate, negative correlations between some opposite ones. A degree of bipolarity was found between UD and LD, which wouldn't be expected if all items are measuring negative relating. A principal components analysis supported the factorial structure for UN, UC, NC, LN, LC and ND in the non-patients and UN, UC, NC, LN and ND in the patients.

Birtchnell and Shine (2000) remark on the difference in mean scores between student and psychotherapy patient samples as a strong indicator that the PROQ2 is an effective measurement of negative relating as student samples would not be expected to demonstrate high scores of negative relating whereas those in psychotherapy might be. Based on research of high degrees of negative relating in samples undergoing psychotherapy, this would support both relating theory and the PROQ as a measure of negative relating. However, a contra indicator for construct validity is that Birtchnell and Shine's prisoner sample scored lower than the psychotherapy patient sample on all but one scale, (upper closeness), which is not what would be expected in terms of differences in negative relating. This can probably be explained in terms of prisoners being more likely to want to present in a socially desirable

manner (Newberry & Birtchnell, 2011). They can, at times, be sceptical of tests and believe that results could infringe on their parole chances, therefore making it in their interest to present favourably. Their responses may, therefore, reflect an element of faking good to impress the examiner. While this finding may not, therefore, undermine the construct validity of the PROQ2, the PROQ's ability to objectively measure relating if it is susceptible to socially desirable responding.

Shine and Birtchnell (2002) offer some further evidence to support the PROQ as a measure of negative relating. In their study examining offence typology and the interpersonal octagon, they discovered that sex offenders scored highest on negative relating compared to other offender types. Previous research by Marshall et al. (1997) established important links between diminished capacity to form relationships and sex offending. These results with the PROQ2 support this research by highlighting the degree to which, as a group, sex offenders demonstrate the most negative relating. It can be argued from this study that the PROQ indeed does demonstrate some signs of construct validity as it is replicating previous findings using a new measure.

As discussed, the PROQ is still in development, but these studies do go some way to demonstrate evidence of construct validity. Each study demonstrates the relationship between items and the overall construct and the theory it is based upon. These studies also demonstrate some avenues worthy of further exploration. However, to strengthen the validity of the PROQ, it would also be beneficial to establish convergent validity. This is the degree to which it relates to other constructs that might be theoretically related. This would evidence a theoretically sound basis for its use.

3.3 Conclusion

As an increasingly used psychological assessment of negative relating, it is imperative to consider the reliability and validity of the PROQ3. This critique has highlighted the strengths and limitations of the PROQ3 as an assessment measure. In particular, the PROQ, like many other self-reported measures, risks under/over-reporting due to social desirability. Participants may be motivated to present themselves in a positive light (i.e., socially desirable responses) and therefore responses may not be a true reflection of their relating (Robson, 1993). Alternatively, they may want to exaggerate their symptoms or problems for various reasons and again this could impact on how the test is completed (Newberry & Birtchnell, 2011). This could lead to different answers over time.

If it is going to be used with forensic populations this is an important consideration. Although there are clear instructions for using the tool there still needs to be some consideration given to reducing socially desirable responding. Not only does it skew the results of any particular outcome study but it impacts on the construct validity of the measure. However, the internal reliability is encouraging in the studies presented here and the construct validity shows promise in terms of the theory upon which it is based. Content validity is an aspect that could be developed further since at present, it is based on theory alone and it could be argued that items are assigned to the octants in a way that may appear quite arbitrary. The PROQ like many other questionnaires suffers from the drawback of yielding ordinal data, as discussed. At present the PROQ certainly shows promise as an effective measure of negative relating, however, further validation studies are required to develop it into a more robust measurement tool. Overall, in spite of some limitations, the PROQ is a sound measure of negative relating and has been used in a few peer reviewed studies with forensic populations, demonstrating its growing popularity amongst researchers. Furthermore, there is scope to limit the main drawback of socially responding by supporting its use with the Observations of Relating Behaviour Scale (ORB) or Person's Relating Interview (PRI) also developed by Birtchnell (<http://www.johnbirtchnell.co.uk/index.php/measures-of-relating-and-interrelating/questionnaires>).

Chapter 4

Empirical Research Study

Exploration of the Relationships between Early Abusive Histories,

Relating Style and Victim Choice in Sex Offenders

4.1 Abstract

This study explores the relationship between childhood abuse, relating style and victim choice in sex offender subtypes. First, the direct relationship between childhood abuse (sexual, physical, both, none), and offence type (sex offence with adult victim (SOAV), sex offence with child victim (SOCV), violent offence, nonviolent nonsex offence), was explored. Then, the effect of childhood abuse, and offence type on relating style was examined, as measured by the Person's Relating to Others Questionnaire (PROQ3) (Birtchnell et al., 1992). Finally, it was explored whether relating style mediated between childhood abuse and offence type. The participants were 1082 male offenders at a UK therapeutic community prison who had completed the PROQ3 on admission. A 4 x 4 Chi-square analysis found a relationship between type of childhood abuse and type of offence. A MANOVA established a main effect of childhood abuse on relating style but no main effect of offence type. Post hoc Hochberg tests showed the type of abuse most likely to contribute to overall negative relating style, was physical abuse only (PAO) and physical and sexual abuse combined, and the effect was most profound on *Lower Closeness* (LC), and *Neutral Distant* (ND) scores. Although no main effect of offence type was found, violent offenders and SOCV scored significantly differently on the *Upper Distant* (UD) and the *Lower Distant* (LD) scales. Mediation analysis could not be conducted due to data violations; however, important relationships between the variables were established.

4.2 Introduction

Understanding the characteristics and motivations of sex offenders can lead to more effective treatment and management of offenders. Researchers have developed typologies of sex offender that incorporate offender characteristics and victim information (e.g., Prentky & Knight, 1991). One fundamental distinction that has been made is between ‘rapists’ and ‘child abusers’ and this will be the focus of this study. Consideration has been given to the similarities presented within these groups with regards to their experiences of childhood abuse, attachment and their subsequent ability to relate to others. More specifically this study examined the relationships between childhood abuse, relating (and corresponding deficits) and victim choice.

In considering the effect childhood experiences have on interpersonal relating ability, relevant theories have been reviewed. Specifically, Chapter 1 summarised the theory of attachment (Bowlby, 1969, 1973, 1980) and the theory of relating (Birtchnell, 1996). There are two independent research traditions evident within the literature on attachment and psychopathology. First the developmental tradition, concerned with parent-child relationships, has identified four styles of attachment; secure, avoidant, ambivalent and disorganised (Ainsworth, 1969). Disorganised has been most associated with psychopathology, including sexual and violent offending (Van Ijzendoorn, Scheunegael, & Bakermans-Kranenburg, 1999). Second, the social tradition, concerned with adult romantic attachment has identified four styles of attachment (Bartholomew & Horowitz 1991); secure, preoccupied ambivalent, dismissive avoidant and fearful avoidant which are derived from high and low scores on two dimensions of avoidance and anxiety (Brennan, Clarke, & Shaver, 1998). It is adult romantic attachment that is of importance here and specifically attachments of sex offenders.

Marshall (1989) suggested a relationship between attachment and sex offending. He argued that individuals with an insecure attachment style had a general vulnerability to criminality and that sex offenders, specifically, who failed to develop secure attachments would also fail to develop the interpersonal skills and confidence necessary to achieve intimacy as adults. Supporting this, Seidman, Marshall, Hudson, and Robertson (1994) reported that sex offenders present with more emotional loneliness and intimacy deficits. Marshall theorised that an absence of intimacy would result in emotional loneliness which in turn increases chances of intimacy being sought through sex, and by force if necessary. Whilst Marshall

(1989) did not distinguish between subtypes of sex offender and only used the secure/insecure attachment distinction, his ideas provided a foundation for further, more specific, research.

Ward, Hudson, and Marshall (1996) hypothesised that aspects of sex offending may be differentially associated with different insecure attachment styles, which in turn may be differentially related to intimacy deficits. Ward et al. (1996) used Bartholomew et al.'s (1991) classification of romantic attachment in their study to distinguish between subtypes of sex offenders. According to Bartholomew and Horowitz (1991), preoccupied individuals (who view the self as negative and others as positive) have a sense of personal unworthiness and because of a positive view of others will seek approval from others and attempt to meet their need for security and affection through sex. Fearfully avoidant individuals desire social contact and intimacy but because of a strong distrust and fear of rejection keep partners at a distance (Collins & Read, 1990). These individuals are not likely to be hostile but fear of rejection and avoidance of closeness leads to impersonal sexual contact. Dismissive individuals (who view the self as positive and others as negative) are cynical of the value of relationships and ultimately view their independence as the priority. They are more likely to be actively hostile and are often viewed as emotionally cold, seeking relationships and social contact that involve minimal levels of emotional and personal disclosure. They are similar to fearfully attached individuals in that they seek impersonal contacts but are more hostile towards their gender of preference. They blame others for their lack of intimacy, but their lack of experience of close relationships, hostility and lack of interest in others' feelings often results in severe empathy deficits. From these classifications, it was posited that the three types of insecure adult attachment are related to different types of sex offending. When tested, insecure attachment was found to be related to sex offending generally but results aimed at distinguishing between types of sex offender have been inconsistent (Smallbone & Dadds, 1998; Ward et al., 1996).

Ward, Hudson, and Marshall (1996) found that although all sex offenders were predominantly insecurely attached, this was not significantly different from violent offenders or non-violent, non-sex offenders. This finding was supported by Smallbone and Dadds (1998). However, when the type of insecure attachment was considered, differences between types of offender have been found. For example, Ward et al. (1996) found that sex offenders with child victims were more likely to have a preoccupied or fearful attachment than rapists and be less dismissive. Stirpe, Abracen, Stermac, and Wilson (2006) also found similar

differences in attachment between subtypes of sex offenders. Those with child victims were more likely to be preoccupied and those with adult victims were more likely to be dismissive. In contrast to these findings, Sawle and Kear-Colwell (2001) found sex offenders with child victims to have a dismissing attachment style. Sawle and Kear-Colwell (2001) did not, however, compare child sex offenders with any other subtype of sex offender in their study and so no conclusions can be drawn about differences in attachment between types of sex offender. With a shortage of studies comparing attachments in sex offender subtypes, it is useful to consider other indicators of interpersonal and relational deficits.

A significant finding by Ward, McCormack, and Hudson (1997) which supports the adult attachment differences highlighted here showed subtypes of sex offenders to hold different perceptions of adult partners. Sex offenders with child victims were positive about their relationships, probably as a result of feeling unworthy and seeing the other person as positive and holding them in high regard. As a result, sex offenders with child victims tend to strive to be in relationships, but are unsuccessful in maintaining them. Rapists were found to be more negative about their partners. This is what might be expected given the tendency to see others as negative and to blame for their own lack of intimacy. As a result, rapists were less likely to have been married. The significance of this finding to the present study is to highlight the impact of negative relating on adult intimate relationships and the differences between subtypes of sex offender.

It appears that there are some clear distinctions in attachment, intimacy deficits, and perceptions of partners between subtypes of sex offender. However, studies are not consistently testing the same variables, with the same methodologies nor with the same rigour, so it is difficult to draw comparisons between studies. However, this research does highlight the complexity of measuring attachment and related constructs with this population. In Ward et al.'s (1996) study, conflicting results were produced depending on the questionnaire used. On the Relationships Questionnaire (RQ) (Bartholomew & Horowitz, 1991), sex offenders with child victims were more likely to be fearfully attached, whereas on the Relationships Scales Questionnaire (RSQ) (Griffin & Bartholomew, 1994), they were more likely to be preoccupied (Stirpe, 2003). The questionnaires used in their study have also been criticised for their poor ability to expose the defensiveness and distortions common amongst sex offenders (Marshall, 1996). Also it has been argued that the complexity of the attachment model which accounts for a wide range of relationship problems cannot be adequately captured by self-report questionnaire responses (Goldberg, Muir, & Kerr, 1995).

So far it has been considered that subtypes of sex offenders may play out their different intimacy needs through their victim selection. There is also a consensus that these intimacy needs arise from disruptions in early attachments. Therefore, it is necessary to examine the early childhood experiences that may determine intimacy and deficits in relating to others. If treatment of sex offenders is aimed at developing their insight, then the origins of their relationship deficits are as important to the offenders' understanding, as recognition of the deficits.

Different aspects of childhood have been explored in the research on sex offenders, including their environment (Smallbone & Dadds, 1998), experience of childhood sexual victimisation, (Dhawan & Marshall, 1996) and inconsistent punishment (Rada, 1978). The cycle of abuse theory (Walker, 1979) would suggest that those sexually, physically or emotionally abused in childhood are more likely to go on to become sexual abusers. A number of studies have found a higher incidence of sexual victimisation in the childhoods of sex offenders when compared to other groups (Marshall & Mazzucco, 1995), but Hanson and Slater (1998) found little difference between sexual and other types of offender. Physical abuse is also reported at higher rates amongst the sex offender population but the research suggests not at levels significantly higher than other offender groups (McCormack, Hudson, & Ward, 2002). Some studies even suggest physical abuse is more likely to be evident in the histories of violent offenders than sex offenders (Prentky et al., 1989).

However, it has been suggested that a history of child abuse may be more likely for some subtypes of sex offenders. Overholser and Beck (1986) reported that rates of childhood sexual abuse were twice as high among sex offenders with child victims as sex offenders with adult victims. Similarly, Simons, Wurtele, and Heil (2002) reported that sex offenders with child victims reported more childhood sexual abuse and sex offenders with adult victims reported more childhood physical abuse. Therefore, there is some indication that the type of abuse a sex offender suffers in childhood could be related to later victim choice in their offences.

If subtypes of sex offenders differ by their childhood experiences and subsequent ability to relate to others, it should be considered if 'relating' constructs mediate the relationship between childhood abuse and victim choice. Previous research has drawn on attachment theory as a means to understand what are essentially relating skills of sex offenders. This has been achieved with varying degrees of success: because of an overall shortage of studies

researching attachment and offender subtypes, providing inconsistent results depending on the questionnaires used (Ward et al., 1996) it has been difficult to gain a clear and consistent picture of the difference between sex offender subtypes (Smallbone & Dadds, 1998; Ward et al., 1996). In an attempt to advance research in this area, this study will explore the ability of relating theory (Birtchnell, 1996) to distinguish between subtypes of offenders in their relating skills.

Relating theory (Birtchnell, 1996), as outlined in Chapter 1, explains that states of relatedness can be attained in a positive or maladaptive way, labelled positive or negative relating, respectively. Negative relating is of great interest to this study as research has shown that sex offenders are more likely to demonstrate some of the insecure attachment styles which can be compared to negative relating. For example, negative closeness, involves aspects of helplessness and fear of rejection that might be seen in someone with a preoccupied style of attachment. Similarly, negative distant resembles a dismissive attachment style which may result in being withdrawn, suspicious, and self-reliant (Newberry & Birtchnell, 2011). Negative relating is more selfish, ruthless, heartless and inconsiderate than positive relating and therefore more readily attributable to the behaviours that might be seen in offenders. However, one benefit of relating theory is its attention to adaptive relating which could be applied to treatment, once the areas of negative relating have been identified.

Negative relating is the focus here as this study is concerned with the maladaptive behaviour that may lead someone to sexually offend. The three main forms of negative relating are avoidant, insecure and desperate. In avoidant relating, the individual is so fearful of a certain state of relatedness that they will cling desperately to the opposite state, so a person frightened of closeness clings to being distant. A sex offender who fears rejection, may relate from a position of distance, become withdrawn and isolated, and seek out intimacy in maladaptive ways. Insecure relating occurs when an individual is trying to achieve a state of relatedness but is constantly fearful of losing it. For example, an insecure upper person would put others down in a drive to maintain their position of upperness. Desperate relating is where an individual quite simply will do anything to achieve and maintain a state of relatedness. A desperate close relater will impose his or her closeness on someone whether it is wanted or not and a desperate lower relater will adopt behaviours that demand others to attend to their needs, such as feigning helplessness, begging and general neediness, that require others to relate down to them.

Although relating theory was initially designed for the development of tools to measure relating, it has since become established as a useful aid to understand relating behaviour and is used in psychotherapy settings, such as couple and family therapy (Birtchnell, 2001). Relating theory has more recently been used to classify personality disorders with offenders (Birtchnell & Shine, 2000), as described in Chapter 3 and is increasingly being used in research as an alternative to measuring relating skills that might formerly have been just associated with attachment styles.

More relevant to the present study, research was undertaken by Newberry and Birtchnell (2011) on negative relating and offence type. This study aimed to identify if there were differences between types of offender and their negative relating style (i.e., antisocial). The study utilised 923 male offenders at HMP Grendon, who had completed the Person's Relating to Other's Questionnaire (PROQ3) on admission. This is a revised and shortened version of the original measure (PROQ), as described in Chapter 3. 'Neutral distant' (e.g., suspicion and self-reliance) and 'lower closeness' (e.g., fear of rejection and disapproval) were the scales most significantly associated with criminality, and dishonest offenders presented with the broadest range of negative relating. They also found that sex offenders scored significantly higher on the 'Lower Closeness' scale which is what would be expected given the research suggesting sex offenders display a fear of intimacy (Overholser & Beck, 1986), and feelings of emotional loneliness (Seidman, Marshall, Hudson, & Robertson, 1994). However, Newberry and Birtchnell (2011) did not differentiate between *types* of sex offender in their research. Consequently, the current study aimed to separate out subtypes of sex offender into those with adult and those with child victims to explore differences in intimacy skills as predicted, or not, by early childhood experiences. Newberry and Birtchnell also identified that violent offenders scored significantly higher on the Upper Distant scale than other offender types; given their desire for control and dominance (Newberry & Birtchnell, 2011), this makes sense. It was expected that similar findings would be uncovered in the current study and that there would be a similarity between violent offenders and rapists on the 'Upper Distant' scale, given previous research findings that these groups are similar in intimacy deficits (Ward et al, 1997).

4.2.1 Rationale for Current Study

The current study aimed to build on the existing literature that has explored abusive childhood histories, relating skills and victim choice associated with sex offenders. As was

demonstrated in Chapter 2, there is little existing research on this topic and much of it has aspects of these relationships with little integration of specific pathways between them. Rather than looking just at attachment styles of sex offenders, as previous studies have done, this study will consider more specifically what effect different childhood experiences may have had on the relating style of subtypes of sex offenders. There are examples within the literature of attempts to establish mediating variables in the offence pathways of sex offenders, such as lack of empathy and personality (Daversa & Knight, 2007) which could be viewed as elements of relating. Daversa and Knight (2007), however, just examined the pathway of juvenile sex offenders who offended against children and therefore their work was expanded upon by the current research to include subtypes of sex offenders. The PROQ provides a measure of relating which is therefore more comprehensive than exploring individual relating constructs. This study explored the mediating effect of relating style between abusive history and victim choice in sex offenders.

The advantages of adopting relating style theory to explain sex offending in this study are many. As described earlier, there are drawbacks to measuring attachment and it has been argued that a multiple measures strategy is required (Ward et al., 1996). By gathering data using different measures and finding similar patterns of results can increase confidence in their validity, and, similarly, finding large discrepancies is equally important (Robson, 1993). This study introduced another measure that may move research in this area closer to that ideal. Relating theory has been successfully applied to research on offending populations (Newberry & Birtchnell, 2011) and this study presented an opportunity to develop that further. The application of relating theory also has benefits for informing the practice of therapists in treating sex offenders. By including both adaptive as well as maladaptive relating, it provides a reference for behaviour change and therefore can be aligned with the positive, strengths-based approach evident in the Good Lives Model (Ward & Stewart, 2003). Relating theory has also been used successfully by therapists working in couple therapy to address maladaptive relating (Birtchnell, 2001). Therefore, it should be readily transferrable to this field as it is the relating dysfunction within intimate adult relationships that is considered to be of significant importance in the aetiology of sexually abusive behaviour (Marshall, 1989). More recently, research has shown that negative relating, as measured by versions of the PROQ, can be improved by therapeutic intervention, either in psychotherapy (Birtchnell, 2002a, Birtchnell, 2002b) or in a prison therapeutic community (Birtchnell et al, 2009). Previous research has not always included subtypes of sex offenders as comparison

groups, instead comparing one type of sex offender to other comparison groups including victims (Sawle et al., 2001). This study employed specific comparison groups (those who offend against children and those who offend against adults) to explore differences between subtypes of sex offenders while controlling for confounding variables. A violent offender comparison group was also included to determine if any deficits are specific to sex offending or if they should be a focus for intervention for a broader range of offenders.

This study also explored the relationship between childhood abuse and victim choice in sex offenders. Given the findings of Simons et al. (2004, 2008), it was expected that sex offenders with child victims would report more childhood sexual abuse and sex offenders with adult victims would report more childhood physical abuse. As a result of the nature of their childhood abuse, and in support of the findings of Lyn and Burton (2004), Simons et al. (2008) and Stirpe (2003), it was expected that subtypes of sex offender would be different in their relating style. It was also expected that relating style would mediate between childhood abuse and victim choice in sex offenders.

The study aimed to answer three questions.

1. Is Offence Type Associated with Childhood Abusive History?

Hypothesis 1: There will be a relationship between offence type and childhood abuse.

Previous research has shown differences between subtypes of sex offenders in their experiences of childhood abuse (e.g., Simons et al., 2002, 2008)

2. Does Childhood Abuse Predict Relating Style in Offenders?

Hypothesis 2: There will be a significant effect of abuse on relating style in sex offenders; those reporting more sexual abuse will score higher on 'Lower Closeness'.

Hypotheses 3: There will be a significant effect of abuse on relating style in sex offenders; those reporting more physical abuse will score higher on 'Upper Distant'.

Hypothesis 4: There will be a significant difference between subtypes of sex offenders in relating style; Sex offenders with child victims will score higher on 'Lower Closeness'

Hypotheses 5: There will be a significant difference between subtypes of sex offenders in relating style; sex offenders with adult victims will score higher on 'Upper Distant'.

Previous research has shown that subtypes of sex offenders are different in their attachment style (Lyn & Burton, 2001; Simons et al., 2008; Stirpe, 2008). This study will examine the differences between subtypes of sex offenders in their relating style. Simons et al. (2008) and Stirpe (2003) found sex offenders with child victims to have a preoccupied attachment style which has similar characteristics to 'Lower Closeness'. They also found that rapists had a dismissive attachment style which has similar characteristics to 'Upper Distant'.

Hypothesis 6: There will be a significant difference between SOCV and Violent offenders on the Upper Distant scale of negative relating.

Previous research has shown violent offenders relate from an Upper Distant position (Newberry & Birtchnell, 2011) which is characteristic of a dismissive attachment style/ Given the research that has shown sex offenders with child victims to have a preoccupied attachment style (Stirpe, 2003), characteristic of Lower Closeness, it is expected these groups will score significantly differently on the scale of Upper Distant.

3. Is there a Mediation Effect of Relating Style in the Relationship between Childhood Abusive History and Victim Choice in Sex Offenders?

Hypothesis 7: Relating style will mediate the relationship between childhood abusive history and victim choice in sex offenders.

Sex offenders with child victims report more childhood sexual abuse (Simons et al., 2002; Simons et al., 2008), and are more likely to have a preoccupied attachment style (Simons et al., 2008, Stirpe, 2003). Sex offenders with adult victims report more childhood physical abuse (Simons et al., 2002; Simons et al., 2008), and are more likely to have a dismissive attachment style (Simons et al., 2008; Stirpe, 2003). If type of childhood abuse is associated with attachment style and attachment style is associated with victim choice, it is expected that relating style will mediate the relationship between childhood abuse and victim choice in sex offenders.

4.3 Method

4.3.1 Sample

Data were collated on 1082 prisoners with a range of index offence types; violence ($n=814$), sex offence with child victim ($n=50$), sex offence with adult victim ($n=115$) non-violent

offence ($n=103$). All prisoners had completed the Person's Relating to Others Questionnaire, revised version (PROQ3) (Birtchnell et al., 2011). The PROQ data were collected during the initial assessment stage at HMP Grendon (between 2002 to 2012) and the test was administered as part of the admission battery of psychometric tests. Historical data regarding childhood abuse and victims were collected using the standard HMP Grendon Initial assessment form designed by HMP Grendon (see Appendix 4).

The sample was aged between 21 and 68 years old on arrival at HMP Grendon ($M = 35.35$ years), and ethnicity breakdown was as follows; White British ($n=633$), White Irish ($n=12$), White Other ($n=24$), Asian Indian ($n=6$), Asian Pakistani ($n=11$), Asian Other ($n=9$), Black Caribbean ($n=63$), Black African ($n=6$), Black Other ($n=26$), Mixed White and Black Caribbean ($n=14$), Mixed White and Black African ($n=3$), Mixed White and Asian ($n=3$), Mixed Other ($n=4$), Chinese ($n=1$), Other ($n=2$) and Missing ($n=265$).

The majority of the sample was serving life sentences (65%, $n=704$) where a minimum period is spent in custody before release on licence which lasts for the remainder of their life. Of these life sentence prisoners, 25% ($n=175$) were serving Indeterminate Sentences for Public Protection (IPP). These sentences are for public protection, whereby a tariff set by the court must be served before release can be considered, at which point, the parole board will decide, based on risk to the public, if the offender should be released or not.

4.3.2 Procedure and Design

The design of the current study was retrospective. Data were used that had routinely been collected and stored on a database (Grendon Initial Assessment Database) created by HMP Grendon. When prisoners are received into HMP Grendon, they undergo an initial assessment phase for a period of three months, to assess their suitability for a therapeutic community. If they are considered unsuitable they are returned to the prison from which they were received. During the assessment phase, they are given a semi-structured interview for the purpose of recording psychosocial information and psychometric assessments. All these data are stored on the Grendon Initial Assessment Database (GIAD), internally within the prison.

A request was made for information on the variables relevant to the current study. The dedicated research department was able to extract the information requested from the database and files held within the Research and Development Unit at HMP Grendon. A separate anonymous database was created with data for the 1082 prisoners who met the

inclusion criteria of a) having completed the PROQ3 psychometric assessment and b) the scores were entered onto the database. The historical information that was collated included; demographics, victim information, and abusive childhood histories.

No research or identification numbers were entered onto the database to ensure anonymity. Total scores for the PROQ were entered in addition to individual item scores.

Both categorical and ordinal data were collected within this retrospective study design. Chi-square analysis (4 x 4) was performed on the categorical data to assess the presence of a relationship between childhood abuse and offence type in offenders. The second stage of the analysis involved conducting a MANOVA to explore the effects of abusive history and offence type on relating style. In this analysis there were two Independent Variables (IV); abuse type and offence type. The Dependent Variable (DV) was relating style as measured by the PROQ3 psychometric. A post hoc ANOVA was then conducted to examine the differences found in more detail. A post hoc Hochberg test was applied to reduce the chance of Type 1 errors.

Lastly, mediation analysis was conducted to examine relating style (as measured by the PROQ3) as a mediator in the relationship between abusive childhood history and victim choice, using Hayes' (2013) PROCESS analysis. This was appropriate for multi-categorical independent variables, continuous mediator variables and binary outcome variables. In this study, the IV was abuse type, the mediator was relating style, and the DV was sex offender subtypes (SOCV and SOAV).

4.3.3 Measures

4.3.3i Grendon Initial Assessment Interview

The semi structured interview (see Appendix 4) is a standard interview used with all prisoners and collects information from the prisoner related to demographics, offence history including victim information, and prison history and behaviour. The areas extracted for this research included demographics, history of childhood abuse, physical and sexual, and victim details, including relationship to prisoner.

4.3.3ii Person's Relating to Others Questionnaire (PROQ) (Birtchnell et al., 1992)

The PROQ is a self-administered questionnaire, with eight scales corresponding to each octant of the interpersonal octagon, as defined by relating theory (Birtchnell, 1993) and named after each octant; upper neutral (UN), upper close (UC), neutral close (NC), lower close (LC), lower neutral (LN), lower distant (LD), neutral distant (ND) and upper distant (UD). These can be positive or negative relating scales and definitions of each are presented in Figure 1. The PROQ3, which was used in this study, is a revised shortened version of the PROQ2, now only having six items per scale, 48 in total, replacing the 12 items per scale, 96 in total in PROQ2. Five of the six items per scale are negative and one is positive. The positive items are only included to give the respondent something good to say about themselves. There are four options for each item ranging from, 'Nearly Always True', 'Quite Often True', 'Sometimes True', and 'Rarely True'. The internal reliability (Cronbach's alpha) scores have been reported to be .72, .78, .69, .75, .72, .59, .75 and .65 for the UN, UC, NC, LC, LN, LD, ND and UD scales respectively (Hammond, 2002). For the current sample, the internal reliability (Cronbach's alpha) scores were .76, .73, .74, .71, .78, .76, .76 and .81 for the UN, UC, NC, LC, LN, LD, ND and UD respectively, which shows good internal reliability (Kline, 1999).

4.3.4 Ethics

Ethical approval was sought and granted via the Integrated Research Application System (IRAS), from HMP Grendon Research Advisory Group, and the University of Birmingham Science Technology, Engineering and Mathematics Ethics Committee (see Appendix 5). Upon admission to HMP Grendon, prisoners sign and date a consent form asking for their consent that their data may be used for research purposes in the future (see Appendix 6). In addition, the prisoner information that is held on the database at HMP Grendon has been used previously in research and publications and has been considered an ethically sound practice. It is worthy of note that prisoners at HMP Grendon can be elected as research representatives, who can express views on proposed research and offer their views in advance of decisions being made by the Research Advisory Group. The results of the current research are available to current prisoners at HMP Grendon.

The research database is held in line with the Data Protection Act 1998. The database that was created for this research, from the original database held at HMP Grendon Research and Development unit, was both confidential and anonymous. No names, identification numbers nor identifiable data (such as prison number or date of birth) were included in the database; therefore ensuring information on the research database could not be traced back to any individual.

4.4 Results

4.4.1 Is Offence Type Associated with Childhood Abusive History?

Hypothesis 1: There will be a relationship between offence type and childhood abuse.

Chi-square analysis revealed a significant association between abusive childhood history and offence type, $X^2(9) = 41.78, p < .001$, although Cramér's $V = .113$ showed that the effect size was small. Table 3 below shows that more violent offenders (35%) reported 'physical abuse only' than either of the sex offender groups; SOCV (16%), SOAV (19.1%). However, the rates reported by the violent offenders were similar to the non-violent offenders (33%), suggesting this is not a unique feature of violent offenders, but distinguishes them from sex offenders. Whilst the percentage of sex offenders reporting 'sex abuse only' was lower than perhaps expected; SOCV (10%) and SOAV (14.8%), there was still approximately twice the number of sex offenders reporting 'sex abuse only' than the other offender groups; Violent (6%), and Nonviolent (4.9%). Hypothesis 1 was therefore accepted. This analysis was useful in finding an overall relationship between childhood abuse and offence type although Table 3 shows there is very little to separate the sex offender subtypes in any of the abuse categories. However the results also show a higher proportion of both types of abuse for both sex offender categories when compared to the violent and nonviolent offenders. Proportions tests were carried out to explore the significance between abuse types.

Table 3.*Frequencies and Percentages of each Offender Type Reporting Childhood Abuse.*

OFF TYPE	Abuse mix				Total
	No abuse	Sex abuse only	Physical abuse only	Both physical and sexual	
SOCV	12 (24%) _{a b}	5 (10%) _{a b}	8 (16%) _b	25 (50%) _a	50 (100%)
SOAV	29 (25.2%) _{a b}	17 (14.8%) _c	22 (19.1%) _b	47 (40.9%) _{ac}	115 (100%)
VIOLENT	265 (32.6%) _{a b}	49 (6%) _{b c}	284 (34.9%) _a	216 (26.5%) _c	814 (100%)
NON-VIOLENT	31 (30%) _a	5 (4.9%) _a	34 (33%) _a	33 (32%) _a	103 (100%)
TOTAL	337 (31.1%)	76 (7%)	348 (32.2%)	321 (29.7%)	1082 (100%)

Note. SOCV = Sex offenders with child victims, SOAV = sex offenders with adult victims.

Note. Each subscript letter, a, b, c denotes a subset of abuse-mix categories whose proportions do not differ significantly from each other.

Proportions Tests were carried out with Bonferonni correction to highlight significant differences between abuse types for each offence category. Different subscript letters indicate proportions that are significantly different. Table 3 shows that for SOCV the proportion suffering both physical and sexual abuse is significantly greater than those suffering physical abuse only, but cannot be statistically differentiated from those with no abuse or sexual abuse only. For SOAV, the above significances also apply. In addition for this offence type, the proportion of those suffering physical abuse only is significantly greater than those reporting sexual abuse only and those reporting no abuse is significantly greater than those reporting sex abuse only. For the Violent offenders, the proportion of those reporting physical abuse only was significantly greater than both physical and sexual abuse and sexual abuse only, but could not be differentiated from the proportion of those reporting no abuse. The proportion of those reporting no abuse was significantly greater than those reporting both physical and sexual abuse combined. Of note, the non-violent offenders could not be differentiated in their abuse type statistically at all.

4.4.2 Does Childhood Abuse Predict Relating Style in Offenders?

Hypothesis 2: There will be a significant effect of abuse on relating style in sex offenders; those reporting more sexual abuse will score higher on Lower Closeness

Hypothesis 3: There will be a significant effect of abuse on relating style in sex offenders; and those reporting more physical abuse will score higher on Upper Distant.

Hypothesis 4: There will be a significant difference between subtypes of sex offenders in relating style. Sex offenders with child victims will score higher on 'Lower Closeness'

Hypothesis 5: There will be a significant difference between subtypes of sex offenders in relating style; sex offenders with adult victims will score higher on 'Upper Distant'.

Hypothesis 6: There will be a significant difference between SOCV and Violent offenders on the Upper Distant scale of negative relating.

Multivariate Analysis of Variance (MANOVA) is an appropriate analysis to examine conceptually related variables and to avoid Type 1 errors associated with repeat ANOVA's (Field, 2013). Therefore the data were tested to see if the assumptions for MANOVA were met.

Normality.

All K-S tests were significant, suggesting the data were not normally distributed. However, Field (2013) suggests that K-S tests are not reliable with large samples and should only be interpreted with Q-plots. Q-Plots showed data to be relatively normally distributed.

Multicollinearity

MANOVA works best if dependent variables are not highly correlated. The individual scales of the PROQ are mostly moderately correlated with the total score (Yates & McCabe, 1999 suggest this is between .4 and .7). Six out of the eight scales were moderately correlated with the total PROQ score, ($r = .35$ to $.72$). Two items had a stronger correlation ($r = .76$, $r = .83$). However, any loss of power because of correlated items may be considered a trade-off for reducing Type 1 errors (Field, 2013).

Adequate Cell Sizes

All cells sizes were higher than the number of dependent variables (Cell sizes >50 . DVs = 9) therefore this assumption was met.

Homogeneity of Variance

For Offence type/PROQ scores, Box M results were not significant suggesting variance was equal. Levene's Test results were not significant on six of the nine scales suggesting variances were roughly equal.

For Abuse mix/PROQ scores, Box M results were not significant suggesting variance was even. Levene's Test results were not significant on four of the nine scales suggesting not all variances were equal.

Field (2013) argues these tests are not reliable with large samples and unequal group sizes and should be interpreted with caution. Whilst these tests are not therefore particularly reliable for this study, Tabachnick and Fidell (2012) suggest that if larger samples produce greater variances then probability values will be conservative and significant findings can be trusted.

It was decided that MANOVA could be carried out on these data as the large sample compensated for any potential problems with violations. The MANOVA carried out had two Independent Variables; abuse type and offence type and eight Dependent Variables; LC, LD, LN, UN, UC, UD, NC, ND (individual PROQ scales). Pillai's Trace was used to interpret the results as recommended by Field (2013) for being the most robust to any potential assumption violation.

4.4.2i Effect of Abuse on Relating Style – Test of Hypotheses 2 and 3.

Using Pillai's trace, there was a significant effect of abuse type on negative relating, $V = 0.04$, $F(24, 3183) = 1.93$, $p = 0.004$, although partial eta-squared = .01 showed the effect to be weak. Separate Univariate ANOVAs on the outcome variables revealed a significant effect of childhood abuse type on Lower Closeness ($F(15, 1066) = 7.14$, $p < 0.001$), but the effect was weak, (partial eta-squared = .02) and Neutral Distant ($F(15, 1066) = 3.10$, $p = 0.03$), and partial eta-squared = .01, showed the effect was weak.

The Post Hoc Hochberg test was used because of unequal group sizes, to establish which type of abuse was having the significant effect on these scales. The mean differences between groups and significance levels are presented in Table 4. The results show that for both; LC, ND scales, it is the combined abuse category and physical only abuse category that present significant mean differences. This shows that any experience of physical abuse is reflected in

higher scores on these negative relating scales. When the combined abuse category is compared with the physical abuse only category, combined abuse produces higher scores on both scales than physical abuse only, but this difference is only significant for the Lower Closeness scale. The mean difference between sexual abuse only and no abuse is not significant on both scales showing that sexual abuse only does not result in higher scores in negative relating. It was therefore established that childhood abuse has a significant effect on the Lower Closeness scale as predicted, although the combined abuse type had the largest effect and not sexual abuse only. Therefore Hypothesis 2 was rejected. It was not established that physical abuse only has a significant effect on the Upper Distant scale. Hypothesis 3 was therefore rejected.

Table 4.

Significance of Mean Differences between Childhood Abuse Types on PROQ scales LC, ND and PROQ Total.

Abuse Type		Lower Closeness		Neutral Distant		PROQ Total	
I	j	Mean Diff (i-j)	<i>p</i>	Mean Diff (i-j)	<i>p</i>	Mean Diff (i-j)	<i>p</i>
Combined	No-abuse	2.30	.00	1.22	.00	8.86	.00
Combined	SAO	1.42	.06	.69	.73	4.66	.34
Combined	PAO	.98	.02	.22	.98	4.01	.06
PAO	No-abuse	1.30	.00	1.00	.01	4.85	.01
PAO	SAO	.44	.96	.47	.94	.66	1.00
SAO	No-abuse	.86	.51	.53	.90	4.19	.46

Note. PAO = Physical abuse only. SAO = Sexual abuse only. Combined = Physical and sexual abuse.

4.4.2ii Effect of Offence Type on Relating Style – Test of Hypotheses 4, 5 and 6.

Using Pillai's trace, there was no significant main effect of Offence type on Relating style ($V = 0.03$, $F(24, 3183) = 1.18$, $p = 0.18$), but separate Univariate ANOVAs on the outcomes revealed a significant effect of offence type on scales; Upper Distant ($F(15, 1066) = 2.74$, $p = 0.04$), but partial eta-squared = .01, showed a weak effect and Lower Distant ($F(15, 1066) = 3.39$, $p = 0.02$), but again partial eta-squared = .01, showing a weak effect. No difference between offence types was found on the Lower Closeness scale and therefore Hypothesis 4 was rejected.

Post hoc Hochberg's tests were used to establish which offence types were having an effect on these two scales. Table 5 presents the mean differences between groups and the significance levels for each. No significant difference was found between subtypes of sex offenders on the Upper Distant scale, therefore Hypothesis 5 is rejected. The results show a significant difference in mean scores between SOCV and violent offenders on the Upper Distant scale. Violent offenders scored higher on the Upper Distant scale. Therefore Hypothesis 6 was accepted. The results also showed a significant difference between SOCV and violent offenders on the Lower Distant scale with SOCVs scoring higher on this scale. It was also established that there was no significant difference between SOAV and violent offenders on either scale, suggesting a similar negative relating style.

Table 5.

Significance of Mean Differences between Offence Types on PROQ scales LD and UD

Offence Type		Lower Distant		Upper Distant	
I	j	Mean Diff (i-j)	<i>p</i>	Mean Diff (i-j)	<i>P</i>
SOCV	SOAV	1.39	.15	-1.55	.24
SOCV	Violent	1.66	.01	-1.96	.02
SOCV	Non-viol	1.42	.15	-2.66	.00
SOAV	Violent	.27	.97	-.41	.94
SOAV	Non-viol	.04	1.0	-1.10	.37
Violent	Non-viol	.23	.99	-.70	.60

Note. SOCV = Sex Offenders with child victims. SOAV = Sex Offenders with adult victims.

4.4.3 Is there a Mediation Effect of Relating Style in the Relationship between Childhood Abusive History and Victim Choice in Sex Offenders? – Test of Hypothesis 7.

Hypothesis 7: Relating style will mediate the relationship between childhood abusive history and victim choice in sex offenders.

Historically, a causal steps approach to mediation analysis has been favoured (Baron & Kenny, 1986). This analysis aims to answer if a certain variable *M* acts a mediator between *X* and *Y*. In this study, this would equate to whether relating style (*M*) mediates the relationship

between abusive history (X) and victim choice (Y). The Baron and Kenny approach adopts a step by step process which focusses on the outcomes of a set of tests for each path in a causal relationship. At each step, the process is discontinued if the null hypothesis cannot be rejected. The steps are as follows;

1. That there is a total effect of X on Y
2. That there is an effect of X on M .
3. That there is an effect of M on Y , controlling for X

Using this approach, the analysis would be discontinued at step 1 in the current study as there is no relationship between X and Y (the results of the Chi-square analysis on offence type and abuse type showed no relationship between childhood abuse type and victim choice in sex offenders as shown in Table 3, p. 82).

The causal steps approach determines the total effect (X on Y) and the simple mediation effect; this is said to occur when the effect of X on Y decreases to zero with the inclusion of M . However to conclude a mediated effect is present, implies that the total effect was present initially (Preacher & Hayes, 2004). This approach has been criticised for a number of reasons which will be discussed below. Instead, an alternative model to test for indirect mediation has been proposed (Preacher & Hayes, 2004) and was explored in the current study. Preacher and Hayes claim that indirect mediation does not require there to be a total effect of X on Y . Instead, the indirect effect is defined as the product of the X on M (a) pathway and the M on Y (b) pathway, or ab .

Hayes (2013) argues that the causal steps approach is flawed for three reasons. First, he states that this approach does not formally measure an indirect effect, by means of statistical analysis. Instead, any indirect effect of mediation is simply inferred from the outcome of a series of null hypotheses that are measuring something other than the indirect effect (steps 1-3 above). This, Hayes argues, is contrary to how scientists usually collect evidence and make an argument, in that it forces the researcher to infer presence and extent of mediation from a pattern of hypothesis tests, none of which *directly* measure the hypothesis of interest; that is, whether the causal path linking X to Y through M is not zero and is in the direction expected. Hayes posits that the indirect mediation effect is not estimated from X on Y , X on M , and M on Y (controlling for X), rather it is the product of all of these or ab as described above.

Second, Hayes (2013) comments that the ability for the causal steps approach to claim M is the mediator is dependent on the rejection of three null hypotheses. If one step fails to do that, the analysis ceases and it is claimed M does not mediate. However, hypothesis tests are human inventions that are fallible in that they are based on assumptions (such as level of measurement, sample size, method of sampling) that may not be met and can subsequently affect their performance. Even when the assumptions are met, there is still a possibility that a test will incorrectly reject a true null hypothesis (Type I error) or fail to reject a false null hypothesis (Type II error). The causal steps approach increases the risk of potential Type I and II error by having three hypotheses to support the claim of mediation, and therefore makes it one of the least powerful approaches. This has been demonstrated in a simulation study by MacKinnon, Lockwood, Hoffman, West and Sheets (2002) that compared 14 statistical tests of mediation and showed that the causal steps approach had very low empirical statistical power on all sample sizes; 50, 100, 200, 500 and 1000. Similarly, MacKinnon, Lockwood and Williams, (2004) highlighted that the causal steps approach generated confidence intervals that were less accurate than other methods. Williams and MacKinnon (2008) found similar results in a simulation study of mediated effect measures. Again, they found the causal steps approach to be a conservative measure of mediation with the lowest power and inaccurate Type I error rates. Furthermore, when considering the sample size required to detect mediated effects, Fritz and MacKinnon (2007) compared six tests of mediation to examine sample sizes necessary for a statistical power of .8 (in psychology power is considered adequate at .8 (Cohen, 1988)). The most significant finding was that Baron and Kenny's test required a sample size of 20,886 to achieve a power of .8. In summary, research has demonstrated the causal steps approach to suffer from a loss of power and therefore reducing the number of inferential procedures into a single inferential test of the indirect effect is advantageous (Hayes, 2013).

Third, Hayes (2013) claims that the premise that mediation cannot exist without an effect of X on Y is flawed, because it is possible for X to exert an influence on Y indirectly through M , even if it is not possible to establish that the total effect is different from zero. Therefore the total effect is not always a good estimator of X on Y . For example, if there are two mediators, one which has a positive effect and one which has a negative effect but of equal magnitude, the two indirect effects might equal zero and therefore the total effect of X on Y could be zero. Similarly, two sub populations (men and women) may exert opposite effects; X on Y

may be positive in men, and negative in females and if of similar magnitudes, again, could lead to wrongly concluding X has no effect on, and is unrelated to, Y .

Hayes (2013) therefore cautions that Baron and Kenny's approach to investigating mediation could lead to the under-analysis of data and a failure to detect indirect effects. To address this, the bootstrapping method of testing the data for indirect effects has become more widely recommended. This is a non-parametric approach that makes no assumption about the shape of variable distribution and is not based on large sample theory. Subsequently, it overcomes the power problem highlighted in the causal steps approach and can be applied to smaller samples more confidently (Preacher & Hayes 2004). In the Fritz and MacKinnon (2007) simulation study, the bootstrapping method was found to be the most powerful across all conditions and required the smallest sample.

The bootstrap approach provides an estimate of the indirect effect, ab (product of the X on M (a) pathway and the M on Y (b) pathway), an estimated standard error and 95% and 99% confidence intervals for the population value of ab . Bootstrapping is accomplished by taking large samples from the data, sampling with replacement and computing the indirect effect ab in each sample. For example, if 1000 bootstrap samples are requested, the point estimate of ab is simply the mean ab computed over a 1000 samples. Rather than looking for significance, the tests compute the confidence intervals of the indirect effect using a bootstrapping method which is less rigid than the causal steps approach. Instead, it is considered that there is a degree of mediation as long as the range between the confidence limits does not include zero. Field (2013) supports this approach stating that it avoids the black and white thinking encouraged by the causal steps approach. In addition, Rucker, Preacher, Tormala and Petty (2011) argue that the causal steps approach assumes too much by its prescription; even when total mediation is interpreted, that still does not preclude the possibility there may be multiple mediators in that relationship that have not been tested for.

The simulation studies described above have shown it to be currently among the better methods for making inferences about an indirect effect balancing validity and power considerations. Bootstrapping is the default method used by PROCESS (Hayes, 2013) and was the most appropriate test for the current study because it accommodated the type of data; a multi-categorical IV (abuse type; sexual only, physical only, combined physical and sexual, no abuse), a continuous mediator (relating style, measured by the PROQ) and a binary DV (sex offender subtypes; SOAV, SOCV). The IV was dummy coded and the test computed for

each of the IVs; No abuse was the baseline, and the dummy variables were SO (sexual only), PO (physical only) and B (both types of abuse). No programme is yet available to include more than two categories in the outcome variable which in this study was offence type. Therefore, the analysis was conducted including only the sex offender categories; SOAV, SOCV.

On running the analysis, an error message was produced as follows;

```
>Error # 12417  
>Source operand is singular for INV.  
>This command not executed.
```

Initial investigations suggested that this error message could result when one or more of the predictor variables is constant or is a perfect linear combination of other predictor variables. This error is said to frequently occur when bootstrapping small datasets and where one or more predictors heavily favour one category (Hayes, 2013). Viewing the data and previous results, the combined abuse category is heavily favoured amongst the predictor variables and therefore it was decided to omit this category and run the mediation analysis on the physical and sexual abuse only categories. The analysis was re-run and the same fatal error was produced. Further research into this error type revealed that whilst sparse data and dichotomous outcome or predictor variables can cause this, there are many possible causes responsible for this error (Hayes, personal communication, September 18, 2013).

Alternative analyses was considered such as logistic regression, but were concluded to be inappropriate as they required an initial significant relationship between X and Y in the first instance, which, as noted above, was not found. Other tests of indirect mediation were explored such as *MEDIATE* (Hayes & Preacher, in press), which could accommodate the multi-categorical IV but not the dichotomous outcome variable, and *INDIRECT* (Preacher & Hayes, 2008), but this was superseded by *PROCESS* (Hayes, 2013) which accommodates more complex models such as that presented in this study, including the dichotomous outcome variable. Mediation analysis could therefore not be conducted and Hypothesis 5 could neither be accepted nor rejected.

4.5 Discussion

4.5.1 Relationship between Childhood Abuse and Offence Type

The aim of the current study was to explore the relationships between childhood abusive histories, relating style and victim choice in sex offenders. The main findings rejected the idea of a direct relationship between childhood abuse and victim choice in sex offenders. However, childhood abusive history did effect the overall negative relating styles (total PROQ3 scores) of sex offenders, specifically on the scales Lower Closeness and Neutral Distant. Interestingly these were the scales found to be most associated with criminality in previous research (Newberry & Birtchnell, 2011). Combined abuse and physical abuse only were responsible for this effect. Lastly it was found that SOCV and Violent offenders significantly differed in their relating style.

The first analyses looking at the relationship between childhood abuse and offence type generally found a relationship between these variables. A closer look at the frequencies in Table 3 showed ‘physical abuse only’ was particularly associated with violent offending, which supports research by Prentky et al. (1989). However, the rates were similar to that for non-violent offenders suggesting this might not be a unique feature of violent offenders. The present study hypothesised that SOAV would have suffered similar rates of physical abuse to violent offenders, but this was not found as only 19.1% of SOAV reported physical abuse only compared to 34.9% of violent offenders. This did not support the findings of Simons et al. (2002) and the hypothesis was rejected. However, this just considers those who suffered physical abuse *only* and it is possible that more SOAVs had suffered physical abuse, but that this was masked by the combined category. When the combined category is considered for these two offence types, rates are similar.

The sex offender groups were compared for their childhood abuse experiences and Table 3 shows there to be very little to separate the sex offender groups in any of the abuse categories. In this respect the findings of Overholser and Beck (1986) and Simons et al. (2002) cannot be supported. However, the results were interesting in that, in addition to finding no distinction between subtypes of sex offenders, the most prevalent abuse type reported in the childhoods of all sex offenders was combined physical and sexual abuse, with ‘sex abuse only’ being the least reported of the four categories. This would suggest that the cumulative effect of abuse is more associated with sex offending behaviour, than any other category of abuse. It should also be noted that even though the rates of sexual abuse only is

lower than might have been expected in sex offenders, it is still approximately double that reported by the violent and non-violent offenders, supporting the differences found in the study by Marshall and Mazzucco (1998). The second most reported abuse category was 'no abuse' which would contradict the cycle of abuse theory (Walker, 1979) which argues that it is those that experience abuse as a child that are more likely to perpetrate abuse. So too does the finding of both violent and non-violent offenders reporting sexual abuse in childhood, a figure that is also likely to be an under-estimation (Finkelhor, 1991), as Walker (1979) might predict these offenders to sexually abuse.

A history of combined abuse is therefore the most significant in the life history of sex offenders, and although this study indicates no differences between subtypes of sex offenders, as was predicted, there may well have been some differences between groups in how that combination of abuse presented itself. For example, was the physical abuse part of the sexual abuse experienced or separate? Did the sexual abuse occur more or less frequently than the physical abuse? Offenders may have put themselves in the combined category having remembered one experience of physical abuse, yet predominantly suffered a long history of sexual victimisation. Equally, it should be considered that high rates of physical abuse have been reported in previous studies as prevalent in the childhood experiences of sex offenders (McCormack, Hudson, & Ward, 2002). It is possible therefore, that a future study could investigate this in greater depth, although it is likely that such research would require participant interviews because a file-based study of offenders' life histories would unlikely yield sufficient detail.

These findings suggest that sex offending may occur as a result of an accumulation of childhood abuse, all of which subsequently impacts on the child's chances to experience a range of empathic, compassionate and caring relationships. The childhood experience of physical abuse in SOCV does not appear to repeat as a learned behaviour as suggested by the cycle of abuse theory (Walker, 1979), but is very likely responsible for shaping the interpersonal skills of these individuals, by encouraging a negative relating style, characterised by fear of rejection and disapproval.

4.5.2 The Effect of Childhood Abuse on Relating

The second analysis found that abusive childhood history does have an effect on relating style, as measured by the PROQ3. A history of childhood abuse was found to result in higher scores in total negative relating and on individual scales; Neutral Distant and Lower

Closeness. The type of abuse that was responsible for elevated scores was combined physical and sexual abuse and physical abuse only, which suggests any experience of physical abuse has a significant impact on negative relating. It was predicted that a history of sexual abuse would result in higher scores of Lower Closeness, because of a fear of rejection and disapproval (Overholser & Beck, 1986; Seidman et al., 1994) and although combined abuse was associated with higher scores, there was no significant difference in scores between those who had experienced combined abuse versus sexual abuse only (see Table 4). The current study supports that of Newberry and Birtchnell (2011) who also identified the scales most associated with criminality as ND and LC. However, the current study went further by exploring the childhood experiences that influence relating style and uncovered a link between physical abuse, with or without sexual abuse, and negative relating in offenders. The current study also more generally supports the research that has found childhood experiences to influence interpersonal skills development (Collins & Read, 1990; Ward et al., 1996).

4.5.3 The Effect of Relating Style on Offending

It was hypothesised that subtypes of sex offenders would relate to others differently and those with child victims would relate to others differently to violent offenders. The only scales where there was a significant difference between offence types was on Lower and Upper Distant scales. On the Upper Distant scale, violent offenders and SOAVs related in a comparable way, preferring to dominate others. This was, as predicted, significantly different to SOCVs who scored lower on this scale. This hypothesis was therefore accepted. Although hypothesised, SOCV were not found to score significantly different from Violent and SOAV on the Lower Closeness scale. This hypothesis was, as such, rejected.

This pattern was repeated with the Lower Distant scale. However, Lower Distant describes someone who is withdrawn and subservient, and prone to emotional loneliness. In the current study both sex offender groups scored higher on the Lower Distant scale when compared to other offender groups. However, the scores were only significantly different between SOCVs and violent offenders. This fits with the characteristics of SOCVs who are more likely to be withdrawn and prone to emotional loneliness (Seidman et al., 1994) which is associated with negative distant relating and subservience which is characteristic of negative lower relating. SOAVs were comparable on this scale with violent offenders with no significant difference between them. The trend from the current study was that all offender types relate negatively

from a position of distance. This supports Ward et al. (1996) who suggested that rapists are dismissive and more likely to be unmarried (Ward et al., 1997), but does not support the literature that SOCVs strive to be in a relationship (Ward et al., 1997). The distinctions made, however, are that violent offenders and SOAV relate from a dominant position (Upper Distant) and SOCV relate from a position of withdrawal and subservience (Lower Distant). This study does not support the idea that sex offenders of either type have a negative closeness relating style as found by Newbury and Birtchnell (2011). However, it is possible that a fear of intimacy that results in emotional loneliness is more aligned to the characteristics defining the Lower Distant scale; subservient, withdrawn, and acquiescent, than it is with Lower Closeness; fearful of rejection and disapproval.

4.5.4 Negative Relating as a Mediator of the Relationship between Childhood Abuse and Victim Choice in Sex Offenders.

This study was unable to confirm or refute the mediating effect of relating style in the relationship between childhood abusive history and victim choice in sex offenders. It was unfortunate that the analysis could not be completed with this sample and leaves scope for further research to be conducted on this. Whilst the analysis (PROCESS, Hayes, 2013) used for this question was the most appropriate and current in the field, it is likely it will be modified and revised by its creators in the future which may eliminate some of the problems encountered in this study. A vast amount of research was undertaken by the current author to try and understand and eradicate this problem, however this was ultimately beyond her control.

This study has introduced relating theory as a means of understanding sex offending. Whilst childhood abuse in the lives of sex offenders features in the existing literature, negative relating as a direct measure of the impact of childhood abuse and its subsequent influence on offending is not. This offers a fresh perspective to examining the pathway to sex offending from childhood abuse to victim choice.

4.5.5 Strengths and Limitations of the Study

This study has brought together the knowledge from existing research in an attempt to examine a pathway to sex offending not previously studied. It attempted to apply a different theoretical model than those dominating the literature on sex offending, and in so doing offered a slightly different perspective. This study also provided a good foundation for the

further application of relating theory to this field, and provides another measure that could be considered in a multiple measures approach. To improve on existing research in this area, this study used appropriate comparison groups (violent and non-violent offenders), and gave explicit attention to subtypes of sex offenders, something which has been lacking in previous research (Daversa & Knight, 2007; Sawle & Kear-Colwell, 2001)

This research was fairly complex in that it looked at multiple variables that had multiple categories. It is recognised that some of the variables, such as offence type categories and abuse type categories, are fairly broad in their definition and future studies could break these categories down further. For example, this study did not include crossover sex offenders who had multiple victim types. Also, using a combined physical and sexual abuse group could mask abuse that is heavily weighted to either sexual or physical abuse, as discussed earlier. The abuse categories did not extend to emotional abuse and, although this may have a more subjective definition, future studies could explore how to include such abuse. It was decided for the present study that the variable definitions were a good starting point to make some preliminary comparisons.

In terms of the sample chosen for the study, it could be argued that prisoners entering a therapeutic community (TC) differ in their characteristics to other offending populations. Grendon's TC has been regarded as a TC for personality disordered offenders, and therefore this could influence prisoners' responses to initial assessments at admission as they may try to present with more problems to increase their chances of securing a place (Newberry & Birtchnell, 2011). It would be useful to include a more varied sample in future research in order to obtain results that are more generalisable. It could also be argued that the PROQ3 scores will give a current picture of relating style which may not correspond to relating style at the time the offence was committed. However, Birtchnell (1996) maintains in his relating theory that from early adulthood, relating characteristics remain fairly constant. Although PROQ3 scores have been shown to be amenable to change through treatment (Birtchnell et al., 2009), the offenders in the current study were assessed at admission and therefore their scores should reflect their relating style at offending as closely as possible.

4.5.6 Conclusion and Recommendations

In conclusion, it has been established that childhood abusive history is broadly related to offence type. It should be noted here that although there was a significant relationship, this is not unusual with large samples, and the actual effect size is small. Although the expected

differences between subtypes of sex offenders and their childhood experiences were not found, it was identified that they are equally likely to have been both sexually and physically abused. If sex offender therapists are more aware of this, treatment can ensure details of life histories can be fully explored for experiences that are often normalised (Briggs & Hawkins, 1996) to the point where offenders may not consider them unusual or worthy of discussion. Another implication for treatment from the present study is the distinction between subtypes of sex offender in negative relating. Whilst both relate from a position of distance, those with adult victims do so from a position of upperness and those with child victims do so from a position of lowerness. This factor could be directly targeted in treatment, both in terms of encouraging offenders to identify their own style of negative relating and how that has contributed to their offending, but also by learning, practicing and rehearsing in a safe environment the positive form of upper and lower distant relating and building confidence in relating from a new position. Maintenance and relapse prevention programmes could fine tune these skills through role play and rehearsal techniques. In this sense, relating style theory compliments the positive nature of the strengths-based Good Lives approach (Ward & Stewart, 2003) to treating sex offending.

CHAPTER 5

DISCUSSION

5.1 Aims of thesis

The thesis aimed to investigate a pathway to sex offending that linked childhood abusive history, relating skills and victim choice.

The thesis aimed to search systematically the current literature for existing evidence of relationships between the above variables; both as support for the rationale for the study reported in the thesis, and to also avoid duplication and learn from past methodological strengths and limitations.

Critiquing the Person's Relating to Others Questionnaire (PROQ3) (Birtchnell, 1996) was an integral aim of the thesis as it supported the use of the measure within the research project, making clear its advantages and limitations. It also enabled comparisons to be drawn with the methodological flaws of measuring attachment retrospectively as used in previous research investigating abuse, interpersonal skills and sex offending that was reviewed in Chapter 2.

The aim of the research project was to establish if relating style mediated between childhood sexual or physical abuse and victim type in sex offenders. Independent of this aim, relationships between childhood abuse and relating style, and relating style and victim choice were explored. Identifying a pathway to sex offending from childhood abuse to victim preference through relating style would tell us that subtypes of sex offender may need specifically tailored treatment to work on specific aspects of their relating skills.

In the absence of a mediation effect of negative relating, the thesis intended to investigate the separate but significant relationships between childhood abuse and relating style, and relating style and victim choice. Whilst a mediational effect would indicate a direct pathway to type of offending, investigating differences between subtypes of sex offenders in relating style and abusive histories, still provides rich data about this population and contributes to a greater understanding for those professionals involved in treatment. The thesis also offers an alternative to attachment theory to explain the development of maladaptive interpersonal skills and their contribution to sex offending behaviour, which hopefully provides a more holistic measurement of relating skills.

5.2 Main Findings Relevant to the Literature

The findings from the systematic literature review in Chapter 2 supported the rationale for the empirical project in Chapter 4. What was most evident from the review was the lack of research studies which incorporated all the variables under consideration. This was positive in that it highlighted a significant gap in the current literature; however it made it more difficult to draw any firm conclusions about the likely pathway from childhood abuse to victim choice in sex offenders, accounting for attachment style. Only one study really supported the hypothesis that abusive childhood history was related to victim choice (Simons et al., 2008) and only two studies supported the notion that attachment and subsequent interpersonal skills could mediate the relationship between abusive childhoods and victim choice (Daversa & Knight 2007; Simons et al., 2002). The systematic literature review offered support for applying relating theory to the study of sex offending. Sawle et al. (2001) found a distinction in relating between sex offenders with adult and child victims which could be related to the scales 'Distance' and 'Closeness' in relating theory. This study found that sex offenders with adult victims were more likely to remain unmarried, which parallels the 'Distance' scale of relating theory, whereas those with child victims sought out the 'Closeness' of relationships but unsuccessfully and hence were more likely to have many short term relationships. The systematic literature review did not uncover any studies that specifically and comprehensively highlighted a mediating effect of attachment between childhood abuse type and victim choice, but there were some good quality studies that suggested significant relationships between 'relating' type variables that would suggest this as an area worthy of closer inspection. Advancing research relies on exploring untried and untested avenues of enquiry. The difficulties in measuring attachment retrospectively and a lack of available studies in this area, both supported the decision to seek out an alternative means of measuring relating style and how it might help explain sex offending.

Chapter 3 presented an in-depth critique of the Person's Relating to Others Questionnaire (Birtchnell et al., 1992). This chapter highlighted some of the benefits to the thesis of adopting an alternative to measuring attachment from a retrospective position, as had been done in previous research. The measure has a distinct advantage over measuring attachment in that it provides an assessment of both adaptive and maladaptive relating. Also, the questionnaire does not rely heavily on memory of childhood events, as it is a measure of current relating style. It rests on the premise that relating style, like personality, is enduring in the absence of significant intervention. However, there are still limitations of the tool in

terms of being a self-report measure which makes it vulnerable to distortion through under and over reporting because of social desirability. This is particularly relevant in the current thesis, where the tool is being applied to a forensic population who may believe they could benefit from engaging in impression management. Also, a therapeutic community may have a higher percentage of prisoners with personality disorders who may over report problems in order to secure admission into the community. However, considering that the population of a therapeutic community undergoes a stringent assessment period for motivation to change and likely engagement in treatment it could be argued that these prisoners may be less likely than others to respond dishonestly. The research reported in Chapter 4 would benefit from the PROQ3's strengths in the areas of internal reliability and construct validity, however its content validity is questionable since the PROQ3 items appear, at this point, to be based on theory alone and items have been assigned to the octants in an arbitrary way. However, the adoption of the PROQ3 has allowed this thesis to test out hypotheses regarding the pathways to sex offending without relying on retrospective measures of attachment style. This is positive and can now be built upon.

Chapter 4 reported the findings from the research study conducted with prisoners in a therapeutic community. Supporting the broader literature in this area, the study found sex offenders to report more sexually abusive childhood histories than non-sex offenders (Marshall & Muzzucco, 1995). The study also reinforces the proposition that sex offenders who have adult victims, whilst insecurely attached like those with child victims, will relate from a position of distance, since this group scored higher on the Upper Distant scale. Whilst the current study did not find abusive childhood history to influence victim choice, it was found that the most commonly reported type of childhood abuse for all sex offenders (those with adult and those with child victims) was combined, that is, both physical and sexual abuse, and the second most frequently reported history was of no abuse. This goes some way to question the cycle of abuse theory (Walker, 1979). The cycle of abuse theory would predict experience of abuse to lead to the perpetration of abuse, and in fact, sex offenders who reporting experiencing no abuse in their childhood were more prevalent than those who had experienced physical abuse only or sexual abuse only. Whilst childhood abuse type did not influence negative relating scores in this study, a result approaching significance suggests this could be worthy of further investigation. A further argument to re-investigate this relationship between abuse and relating in sex offender subtypes is evidenced by the results

for the non-sex offender group, whereby abuse type significantly influenced overall relating style, and five out of eight individual subscales.

5.3 Strengths and Limitations of the Thesis

Despite the plethora of literature on pathways to sex offending, this thesis was successful in identifying some specific gaps in the research. Unfortunately, because of the heterogeneity of the included studies in the review chapter, conclusive results could not be drawn about the potential pathway from childhood abuse, to relating to victim choice in sex offenders, but this supported the rationale for the research study to address this. As there was little literature to build upon, and by utilising a measure of relating that is relatively new to the field of Forensic Psychology, any significant findings have advanced our understanding but also provided a catalyst for research development.

This thesis involved consideration of a lot of variables which made the literature review and the research study fairly complex. However this was necessary to explore the potential pathway between childhood abuse and relating style to types of sex offending. It could however be argued that the variables within this study could be dissected further and future research could consider this.

The thesis also suffered from the limitation of relying on retrospective data for Chapter 4, although it could be argued that the information required was simplistic, i.e. if any physical or sexual abuse occurred during childhood, and unlikely to be forgotten and hence the existing file information should have been relatively accurate. While use of the PROQ3 overcame issues of retrospectively measuring attachment, it is still a self-report measure and hence is vulnerable to socially desirable responding. However, the advantages of exploring a new avenue in terms of relating to others, and its strengths of being a current measure with clear application to treatment, outweighed the disadvantages of self-report.

One of the main limitations to the thesis was that the mediational analysis could not be carried out. The mediational analysis that was attempted is very current and had developed even during the writing of this thesis. Hopefully, future research will be able to overcome some of the statistical problems that resulted in unanswered questions here. Despite the mediational effect of relating not being established within the research study, important and promising findings did emerge. Not only was a new pathway to sex offending explored but a different theory to understand it was presented.

5.4 Applications of Findings

Sex offender treatment currently adheres to the Risk Need Responsivity principles (Andrews, Bonta & Hoge, 1990) and the Good Lives Model (Ward & Stewart, 2003) of therapy.

Assessing risk levels accurately ensures individuals are matched to the right dose of treatment. Identifying dynamic risks addresses the need aspect and ensures treatment tackles the factors that contributed to the offending behaviour and that are changeable. Responding to individual needs includes considering level of cognitive functioning and addressing specific risk factors identified. Relating theory, as applied in the current study, has highlighted some subtle differences in the relating style of subtypes of sex offenders. Sex offenders with adult victims are more likely to relate from a position of upperness and a position of distance. In attempting to achieve intimacy, they are adopting maladaptive strategies, but, importantly, it is now possible to highlight the specific aspects of relating style that need addressing for the individual to achieve intimacy without offending. Individuals who relate negatively on the UD scale are intimidating, sadistic and tyrannising. The current study was not able to provide information about the origins of these negative relating strategies as no relationship between abusive history and victim choice was found. However, there did appear to be an accumulative effect of abuse because the most prevalent category of abuse history amongst the sex offender sample was both physical and sexual abuse. However the second most prevalent category was no abuse which was surprising and goes some way to counter the cycle of abuse theory (Walker, 1979). These findings suggest that most sex offenders have either suffered both abuse types or none, and therefore supports the need for a tailored approach to treatment. Future research might also consider the impact of emotional or psychological abuse, which was not covered by this research, as a potential contributing factor to maladaptive relating and sex offending.

Another implication of the findings from Chapter 4 is for the treatment of sex offenders in that the extent to which the offenders' relating style impacts on the treatment or group process should be considered. Chapter 1 refers to relating as a process that is done either internally or externally and therefore knowledge of the relating style of offenders in a group may give the therapist some insight into group behaviour, for example, and what hurdles they may encounter in encouraging participation. Some work may need to be done with offenders to assist in group therapy. For example, an individual relating negatively from the Lower Closeness position could benefit from assertiveness training, as could also an individual relating negatively from Upper Distant. It could also be argued that therapists may

benefit from being aware of their own relating style, just as they explore their own schemas, and gaining some insight into how their relating style could potentially impact the therapeutic relationship.

Explicit consideration of relating style would also provide targets for treatment for individual offenders, especially at the relapse prevention stage when skills practice is paramount. It would be useful to see treatment incorporate a relating therapy aspect whereby negative relating is reduced and positive relating strategies are modelled, rehearsed and reinforced. Research has shown that negative relating, as measured by the PROQ can be improved with a therapeutic intervention in a prison TC (Birtchnell et al., 2009). The advantage of the present study is that it highlights the forms of negative relating that are relevant to subtypes of sex offender. LC is manifested as a fear of rejection and disapproval and therefore therapy could concentrate on experiences where the individual may have felt rejected by primary caregivers, important figures in their lives. UD is manifested as domineering, controlling, and sadistic, and reluctance for closeness and therefore therapy should focus on experiences that may have resulted lack of trust and fear of rejection. With clear group boundaries and excellent facilitation skills, a safe environment can be created whereby offenders can be encouraged to discuss their experiences to help them gain insight into their offending. Within the group it is likely they will gain support from realising they have experiences in common with other group members. For those that may find this too distressing, they could be encouraged to express some of their experience through a journal, or maybe individual sessions that will support the group process.

5.5 Future Research

There is much scope for follow-on research from this thesis. The literature review in Chapter 2 highlighted the need for more studies to include all the variables that were being explored as a pathway to sex offending because only one study (Simons et al., 2008) actually included childhood abuse, attachment (or associated relational skills) and victim choice, and it did not examine a mediation effect of attachment or subsequent relating skills. It's possible that the term 'attachment' could be broken down into the associated interpersonal skills, such as empathy, confidence, or relationship skills to incorporate a broader range of studies. These could also be reviewed separately.

The literature review in Chapter 2 also highlighted areas of interest that presented inconclusive or contradictory results, but would be worth investigating further. For example

the review highlighted perpetrator characteristics as being important in the histories of childhood abuse. Studies by Sawle and Kear-Colwell (2001) and Stirpe (2003) produced contradictory findings in this area. Another factor that was drawn out by the review in Chapter 2 was the age at which the child abuse occurred in the histories of the sex offenders. Reynolds (2008) showed this to be an important consideration in victim choice of the SOCV subtype and would be useful to follow up in a future study.

By addressing some of the limitations of the research in Chapter 4, more fruitful results may well be obtained. A larger sample size, for example, may result in a better distribution of offenders between the groups being compared. As shown in Chapter 4, some analyses only had five participants in a cell. Larger numbers can only make the results more robust, and may impact on the results that were ‘approaching significance’. Some of the variables under consideration could also be broken down further. For example, it may be useful to disentangle some of the abuse history categories because physical, sexual and both may be too simplistic and may miss some important distinctions. It might be useful to know who the abuser was, at what age the abuse was suffered, and how these might affect relating style. It would be also interesting and useful to extend the research to female sex offenders, exploring their history of childhood abuse and how this impacts on their interpersonal and relating skills, and to crossover offenders to examine the impact of childhood abuse on their relating style to see if there is anything different about this group.

The current project has extended Newberry and Birtchnell’s (2011) study of relating style by offence type and examined a specific offence type – sex offending - more closely. This thesis has initiated some useful and important research that should now be built upon. Relating theory shows promise in being able to explain the maladaptive strategies employed by sex offenders in seeking intimacy with others, be their victim a child or an adult

5.6 Conclusion.

Sex offender treatment has developed over the years from its first introduction in (H.M. Prison Service, 1992). Evaluation studies have been positive in demonstrating its effectiveness in targeting criminogenic needs (Thornton, 2002). The criminogenic risk factors of sex offending are well researched and offenders present with various clusters of factors. This has been slightly more straight forward to evidence than the sequencing of events and developmental pathways taking a potential perpetrator closer to offending. The more that is learned about the pathways to sex offending and the characteristics of the perpetrators, the

more that treatment can be tailored to respond specifically to reduce recidivism. Attachment theory (Bowlby, 1969, 1973, 1980) has provided useful information about insecure attachments of offenders and relating theory (Birtchnell, 1996) provides an alternative view of the maladaptive interpersonal style of individual offenders and specifically sex offenders that can be targeted through the therapeutic process. This thesis has reviewed the literature for differences in pathways to sex offending focussing on abuse and attachment, and supported the review with current research that focussed on abuse and negative relating. Subtle differences are indeed present. The thesis provides a positive foundation to further explore the differences in pathways to sex offending through the application of relating theory.

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APPENDICES

Appendix 1.

Quality Assessment Checklists

Quality assessment criteria for case-control studies

Question	Yes	No	Partly	Un-known	Comments
<i>Initial Screening</i>					
1. Did the study address a clearly focused issue?					
2. Is the study addressing 2 of the 3 variables represented in the question?					
<i>Study Design</i>					
3. Were the cases representative of the defined population?					
4. Is the type of sexual offending clearly defined?					
5. Do the measures truly reflect what they are supposed to measure? (Have they been validated?)					
6. Have the authors taken account of the potential confounding factors in the design and/or in their analysis?					
7. Were there a sufficient number of cases selected?					
8. Is there a well described sample demographic / background (age, gender, SES, ethnicity) clear?					
9. Were the comparison / controls representative					

of the defined population?					
10. Were there a sufficient number of controls selected?					
11. Are the cases and controls comparable with respect to demographic / potential confounding variables?					
12. Were the sample recruited in an acceptable way?					
<i>Performance and Detection Bias</i>					
13. Was the outcome assessed in the same way for cases and controls?					
14. Was the outcome defined and measured accurately?					
15. Was the data analysis rigorous enough (in-depth process / sufficient data to support findings)?					
16. Was an appropriate assessment measure used?					
17. Were the assessments (psychometrics /questionnaires) standardised?					
18. Were the assessments comparable to instruments used in other studies?					
<i>Results</i>					
19. Are the results significant and are they meaningful?					
20. Have limitations been					

discussed?					
<i>Attrition Bias</i>					
21. Were drop-out rates and reasons for drop-out similar across groups?					
22. Were those who completed the assessments the same as those who did not?					
TOTAL					

Quality assessment criteria for qualitative studies

Question	Yes	No	Partly	Unknown	Comments
1. Was there a clear statement of the aims of the research?					
2. Is the study addressing 2 of the 3 variables represented in the question?					
3. Is a qualitative methodology appropriate?					
4. Was the recruitment strategy appropriate to the aims of the research?					
5. Was the research design appropriate to address the aims of the research? (Have they discussed how they decided which method to use?).					
6. Is the type of sexual offending clearly defined?					
7. Were the data collected in a way that addressed the research					

issue?					
8. Have ethical issues been taken into consideration?					
9. Is there a well described sample demographic / background (age, gender, SES, ethnicity) clear?					
10. Were the sample recruited in an acceptable way?					
11. Was the outcome defined and measured accurately?					
12. Was the data analysis rigorous enough (in-depth process / sufficient data to support findings)?					
13. Is there a clear statement of findings?					
14. Is the research valuable? (E.g. contribution to existing knowledge / understanding? Credibility of findings?)					
15. Have limitations been discussed?					
TOTAL					

Quality assessment criteria for cross-sectional studies

Question	Yes	No	Partly	Unknown	Comments
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<i>Initial Screening</i>					
1. Did the study address a clearly focused issue?					
2. Is the study addressing 2 of the 3 variables represented in the question?					
<i>Study Design</i>					
3. Was the population studied representative?					
4. Is the type of sexual offending clearly defined?					
5. Is the definition of the type of sexual offending comparable to other studies?					
6. Is the description of the sample and distribution of demographic / background (age, gender, SES, ethnicity) clear?					
7. Were the sample recruited in an acceptable way?					
<i>Performance and Detection Bias</i>					
8. Were the data collected in a clear, justified and explicit manner and in a way that addressed the research issue?					
9. Was the outcome assessed in the same way across the sample?					
10. Was the outcome defined and measured accurately?					
11. Was the data analysis rigorous enough (in-depth process / sufficient data to					

support findings)?					
12. Was an appropriate assessment measure used (i.e. a measure relevant to the area being examined)?					
13. Were the assessments (psychometrics /questionnaires) standardised?					
14. Were the assessments comparable to instruments used in other studies?					
<i>Attrition Bias</i>					
15. Were those who completed the assessments the same as those who did not?					
16. Were drop-out rates and reasons for drop-out similar?					
TOTAL					

Appendix 2.

Table showing Characteristics of Excluded Studies

Author/s, Year	Title	Study Design & Sample Size	Issues the study considers	Findings	Quality Assessment Score (%)
Marshall, W.L., & Mazzucco, A (1995).	Self-esteem and parental attachments in child molesters.	Case Control: 24 child molesters 23 nonoffenders.	Examines Self-Esteem and various indices of parental attachment in both groups.	Child molesters had lower self-esteem. Child molesters more likely to report childhood sexual abuse than non- offenders. Maternal rejection scores were the best predictor of self-esteem.	25 / 44: (56.8%)
Cox, R., & Holmes, W. (2001).	A study of the cycle of abuse among child molesters	Cross Sectional: 187 sex offenders	To determine whether there is support for the cycle of abuse theory among child molesters.	Of the 32 offenders who had a victim under 10yrs, 19 of these had been sexually abused as a child. The MMPI-2 did not predict status of participants in regards to being abused as a child and having a victim under 10yrs.	15 / 32: (46.8%)

Briggs, F., & Hawkins, R.F.M. (1995).	A comparison of the childhood experience of convicted male molesters and men who were sexually abused in childhood and claimed to be non-offenders.	Case-control: 84 child molesters 95 non- offenders.	Examines the childhood histories of the two groups in relation to physical and sexual abuse using an interview technique.	<p>Prisoners were more socially disadvantaged as children and had received more verbal and physical abuse.</p> <p>Prisoners were more accepting of their abuse in that it wasn't seen as aberrant behaviour.</p> <p>Liking some aspect of the abuse differentiated prisoners from non- offenders.</p> <p>Prisoners were abused by larger numbers of people. Prisoners did not use their own abuse as an excuse for offending.</p> <p>Abuse by a female was more prominent in the prisoner group</p>	24 / 44: (54.5 %)
Garrett, L.H. (2010).	A phenomenological exploration of	Qualitative: 8 imprisoned	To explore childhood reflections on lived space about their	The study identified links between 'lived space' and the development of	20 /30: (66.6%)

	reflections on lived space by child sexual abusers.	child sexual abusers.	childhood homes and relationship to self-concept.	negative self-concept and the impact of this on adult behaviour.	
Miner, M.H., Robinson, B.E., Knight, R.A., Berg, D., Romine, R., & Netland, J. (2009).	Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement and hyper sexuality.	Cross Sectional: 278 adolescent males; 107 sex offenders with child victims, 49 sex offenders with peer/adult victims 122 non-sexual offending delinquents	Explores the implications of insecure attachment and social development on child sexual abuse perpetration.	Results indicate an indirect effect for attachment style Attachment anxiety affected involvement with peers and interpersonal adequacy. Interpersonal inadequacy combined with over sexualisation and positive attitudes towards others distinguished sex offenders with child victims from non-sexual offending delinquents and from sex offenders with peer/adult victims	22 / 32: (68.7%)

Appendix 3.

DATA EXTRACTION FORM

General Information:

Date of Extraction:

Author:

Title:

Journal:

Notes:

Verification of Study Eligibility (Inclusion / Exclusion):

- Male perpetrators of sexual offending
- Two of three Question variables, A, AH, VC
- Published between 1990-2012 and is in English language
- Include relating to others as a result of attachment

Study Design.

Cross-sectional Qualitative Case Control Cohort

Continue: Yes No

Specific Information.

1. Target Population:
2. Recruitment Procedures:
3. Characteristics of Participants:

No. of Participants:

Age:

Ethnicity:

Gender:

Class:

Nationality:

Geographical Region:

Other Information

4. No of participants in each group (if groups used):
5. Type of abuse experienced

Method:

Brief outline of Study:

Quality Assessment Score:

Study Type: Quantitative Qualitative

Relationships between variables identified

Analysis:

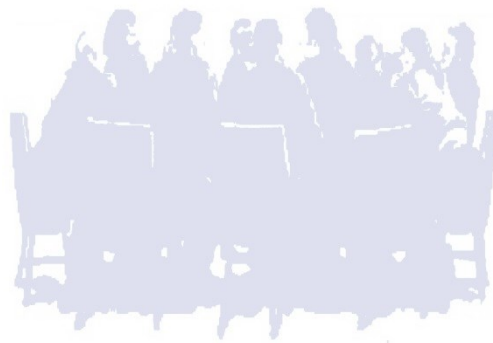
Analysis used:

Attrition if known

Confounding variables assessed: Yes / No?

HMP GRENDON

Initial Assessment form for



Date of arrival at HMP Grendon

Date assessment form completed

HMP Grendon Assessment Form

R&D Research No 2011/

Surname First Names

Alias Names

Prison number PNOMIS number

CRO/NIB Number PNCID

Age on reception Birthdate

Ethnic group (from LIDS code)

Marital status

(LIDS Code: Single, Married, Married and separated, Separated/divorced/widowed – cohabiting, Never married and cohabiting, Divorced, Widowed, Refused answer)

Sending establishment Grendon admission date

Sentence Details:

Index Offence Security Category

Life/Determinate? Sentence or Tariff yrs mos

If Life (check one) Mandatory ☐ Discretionary ☐ Section 2 ☐ IPP ☐ HMP ☐

Lifer review date OR PED NPD CRD ARD

Date of conviction Date of sentence Age on sentence
Licence recall? (if yes, date of conviction reflects original sentence)

Risk to Children procedures apply Details

Subject to PSO 4400: Child Protection Harassment

Details

Previous escapes, absconds or breaches of trust. (If Yes, see 'Behaviour in Prison')

Accepted for Wing Date to wing
 Not Accepted for Grendon ☐ Date Returned to Unit

Offence history

Any previous convictions? (If Yes, attach a copy)

Age on first conviction
 Number of previous court appearances before age 21 (with 'guilty' verdict)
Total number of previous court appearances (with 'guilty' verdict)

Age of first custodial sentence
 Number of previous custodial sentences before age 21
Total number of previous custodial sentences

Any previous convictions for:			
Dishonesty offences?	<input type="checkbox"/>	Robbery offences?	<input type="checkbox"/>
Drugs offences?	<input type="checkbox"/>	Homicide?	<input type="checkbox"/>
Other offences (e.g. criminal damage, drunkenness)	<input type="checkbox"/>	Firearms offences?	<input type="checkbox"/>
		Arson?	<input type="checkbox"/>
		Other weapon offences	<input type="checkbox"/>
Other offence description			

Any previous Sexual offence?
If yes, age on first conviction for sexual offence
Number previous court appearances (with 'guilty' verdict) for sex offences

Any previous Violent offence?
If yes, age on first conviction for offence involving violence
Number of previous court appearances (with 'guilty' verdict) for violent offences

Victims of previous convictions for Sex or Violence					
Total number of previous victims for: Violence Sex					
	Date	Gender	Age	Relationship to offender	Offences committed against him/her
Victim 1					
Victim 2					
Victim 3					
Victim 4					

Victim 5					
Victim 6					
Victim 7					
Victim 8					

Previous Therapy/Counselling/Programmes

Therapy/Counselling:

In any sentence: Has he had individual counselling? If yes, state who with:

Programmes:

In any sentence: Has he completed programmes? *(please check as appropriate)*

SOTP ☐ R&R ☐ ETS ☐ CALM ☐ RAPT ☐ CARATS ☐ CSCP ☐ FOCUS
☐ Other *(please state)*

Has he begun but not completed programmes?

(Please give details)

Therapeutic Communities:

In any sentence: Has he been to Grendon before?

If yes, how many times?

Year of leaving on last occasion: How long did he stay *(in full months)*?

Why did he leave? Release on NPD ☐ Parole ☐ Transfer ☐ RTU ☐

In any sentence: Has he been to any other therapeutic community before?

If yes, how many times?

Year of leaving on last occasion: How long did he stay *(in full months)*?

Why did he leave? Release on NPD ☐ Parole ☐ Transfer ☐ RTU ☐

Please give details of therapeutic community experience, eg experiences of group work, circumstances of leaving, why he wants to come back

Psycho-Social History

Who cared for him throughout his childhood (up to and including age 15)?

Age range:	Female carer	Male carer

Does he know his natural mother?

Does he know his natural father?

On balance, does he consider he was well-cared for as a child?

Does he consider he was neglected at any time during his childhood?
Was he ever in care? Was this a direct result of his unmanageable behaviour?

Please give details

Family History

What types of jobs have his parents done?

Father

Mother

Was the prisoner employed at the time of this offence?

If yes, state job

What types of previous occupations has he had?

Number of months in his longest job

Has any member of his family ever been in prison?

Please state who:

*e.g. Father, Mother, Grandparent(s), Sibling(s), Uncle(s), Aunt(s), Cousins
(please give details)*

Physical Abuse

Does the prisoner consider he has been the victim of physical abuse? (If no, skip to 'Sexual Abuse')

No ☐ Once ☐ Occasionally ☐ Regularly ☐

At what ages? 0-6 years ☐ 7-12 years ☐ 13-16 years ☐

Has he been physically abused by a male? If yes, state relationship:

Natural father ☐ Stepfather ☐ Foster father ☐ Other male relative ☐

Male employee in home ☐ Other male professional ☐ Other ☐

Has he been physically abused by a female? If yes, state relationship:

Natural mother ☐ Stepmother ☐ Foster mother ☐ Other female relative ☐

Female employee in home ☐ Other female professional ☐ Other ☐

(Additional details)

Has the prisoner witnessed other domestic violence?

No ☐ Once ☐ Occasionally ☐ Regularly ☐

(Additional details)

Sexual Abuse

Does the prisoner consider he has been the victim of sexual abuse?

(If no, skip to 'Self Harm/Suicide')

No ☐ Once ☐ Occasionally ☐ Regularly ☐

At what ages? 0-6 years ☐ 7-12 years ☐ 13-16 years ☐

Has he been sexually abused by a male? If yes, state relationship:

Natural father ☐ Stepfather ☐ Foster father ☐ Other male relative ☐

Male employee in home ☐ Other male professional ☐ Other ☐

Has he been sexually abused by a female? If yes, state relationship:

Natural mother ☐ Stepmother ☐ Foster mother ☐ Other female relative

☐

Female employee in home ☐ Other female professional ☐ Other ☐

(Additional details, e.g. relationship of abusers)

Relationships

Sexual orientation Heterosexual ☐ Homosexual ☐ Bisexual ☐ Other ☐

If 'Other', please state:

Longest time in a relationship (excluding time in prison)

Nature and length of relationships (please give details, e.g. stability of relationships, domestic violence, etc.)

Any contact with his children?

Details:

Self Harm/ Attempted Suicide

Has a suicide risk form (F2052SH / ACCT) been raised this sentence?

Has the prisoner ever attempted suicide?

No ☐ once ☐ occasionally ☐ frequently ☐

Date of most recent incident

Describe briefly each incident (e.g. methods, what led to attempt, date, location (prison etc), whether it was documented as a suicide attempt)

Has the prisoner ever self-harmed (injuring himself without the intention to commit suicide)?

No ☐ once ☐ occasionally ☐ frequently ☐

Date of most recent incident

Describe briefly each incident (e.g. methods, what led to incident, date, location (prison etc), whether it was documented)

Psychiatric History

Has he had any contact with Mental Health Services?

Please give details.

Prison History/Behaviour

Last imprisonment details

Time at liberty since last conviction (months)

(Time at liberty since last release, or last conviction if sentence was non-custodial)

During this sentence:

How long has he been in prison (months)?

How many times has he been put on report (adjudicated) and found guilty?

How many were for: staff assaults? inmate assaults? drugs related?

Has he been in segregation for: OP ☐ GOOD ☐ Punishment ☐ VP ☐ ?

How many weeks has he been segregated in the last year?

In any sentence:

Has he: escaped or attempted escape? set fire?
absconded or failed to return from home leave?
been involved in: riot? hostage incident? hunger strike?

Please give details of any relevant prison behaviour from documentation on prison risk factors, e.g. targeting staff, threats, etc. How does he relate to staff? Note any incidents of violence, aggression or abuse.

Education

(Section to be completed by Education Dept)

His BSA score is: Numeracy Literacy

His diagnostic tests showed

His overall assessment is

His next level is expected to be and this will be reassessed when he reaches the end of his commitment.

Substance Use or Misuse

Alcohol Use:

Has he used alcohol in prison this sentence?

In the community prior to this conviction:

About how many units did he consume each week?

Does he think he has a drink problem outside?

Has he received treatment for alcohol abuse (e.g. drug course, rehab, medication) ?

1 unit = ½ pt beer/cider
= 1 pub glass table wine
(6 per bottle)

Details on alcohol use (e.g. type of alcohol, average drinking pattern – social, sustained heavy, binges, etc.)

Drug Use:

Has he ever made use of illicit drugs?

Has he ever abused psychotropic medication prescribed for himself or others (e.g. valium, temazepam)? If yes, please state drug(s)

Has he ever been dependent on psychotropic medication prescribed for himself or others? If yes, please state drug(s)

If the answer to these questions is 'No', skip to 'Relationship between offending...'

Has he ever been a registered addict?

Has he ever had drugs treatment (e.g. drugs course, rehab, drugs worker):
outside prison? inside prison?

Has he ever injected?

How long is it since he last used illicit drugs (before the day he came to Grendon)?
months days

Relationship between offending and alcohol or drug use:

Was he under the influence of alcohol at the time of his current offence(s)?

Was he under the influence of drugs at the time of his current offence(s)?

If 'Yes', give details:

Did he commit current offence(s) to get money for alcohol?

Did he commit current offence(s) to get money for drugs?

Has alcohol use ever been a factor in his offending behaviour?

Has drug use ever been a factor in his offending behaviour?

If 'Yes', state in what way:

Substance Use or Misuse (continued)

Please record prisoner's highest level of use 'In Prison' (ever in prison and also during last two years to assess recent reduction in use) and 'Outside Prison' (see coding table below)

SUBSTANCE		In Prison		Outside Prison
		Freq* ever in prison (0-5)	Freq* during last 2 yrs (0-5)	Freq* (0-5)
Tick if never used any drugs <input type="checkbox"/>	Never used this drug			
Cannabis (marijuana, weed, etc)	<input type="checkbox"/>			
Opiates (heroin, morphine, codeine, methadone, etc)	<input type="checkbox"/>			

Ecstasy (<i>E</i>)	<input type="checkbox"/>			
Amphetamines (<i>speed, ice, uppers, pep pills, etc</i>)	<input type="checkbox"/>			
Solvents (<i>glue, petrol, polish, thinners, etc</i>)	<input type="checkbox"/>			
LSD (<i>acid, trips, tabs, etc</i>)	<input type="checkbox"/>			
Cocaine (<i>coke, etc.</i>)	<input type="checkbox"/>			
Crack Cocaine	<input type="checkbox"/>			
Other (<i>steroids, mushrooms, ketamine, etc</i>) Please state:	<input type="checkbox"/>			

- **Frequency**
- | | |
|---------------------------|---|
| Never | 0 |
| 'Tried' | 1 |
| Less frequent than weekly | 2 |
| Weekly (eg weekends) | 3 |
| Several times a week | 4 |
| Daily | 5 |

ASSESSMENT SUMMARY DOCUMENT

STAGE 1: **ASSESSMENT OF SUITABILITY (RESPONSIVITY TO TREATMENT)**

The assessment of responsivity (suitability for treatment) will be made using the following assessment measures:

- **PCL-R**
- **Static risk assessment**
- **IQ assessment**
- **Assessment of motivation/ insight**

PCL-R assessment

Provide a summary of items which were clearly identified as present on the PCL-R, and the prevalence of specific factors.

Provide a summary of what this may indicate with regards to any:

Behaviours which could interfere with engagement in, and responsivity, to TC treatment

Particular needs or deficits which were highlighted

Implications for the monitoring and management of risk within treatment

Static Risk Assessment

Provide the results of the static risk assessment score / level indicating which risk assessment measure has been used.

The Offender Group Reconviction Scale estimates the probability that offenders with a given history of offending will be reconvicted of a standard list offence within one/two years of sentence, or release if sentenced to custody. It does not define the probability that a particular offender will be reconvicted. OGRS uses an offender's past and current history of standard list offences only. OGRS is only one aspect of risk assessment - many other factors have to be taken into account when assessing the risk posed by a particular offender. OGRS is an aid to judgement. It is not a substitute for that judgement.

The OGRS3 score for the likelihood of proven re-offending within one year is **per cent.**

The OGRS3 score for the likelihood of proven re-offending within two years is **per cent.**

IQ Assessment

Provide the results of the IQ assessment indicating whether deficits in intellectual functioning have been identified which could impair how well the individual may respond to or engage in treatment including deficits in:

Verbal intelligence

Non verbal intelligence

Performance Skills

Motivation

Provide a summary of any evidence of the motivation to change or engage in treatment and highlight any evidence to suggest that problems may be experienced with deficient motivation. This can be established from interview, previous treatment or intervention reports, and from observations during assessment. This may include:

Problems observing community boundaries

Refusal to participate in groups

No clear reasons given for wanting to undergo treatment

Limited insight into needs, risk or disturbance

STAGE 2 : **ASSESSMENT OF TREATMENT NEEDS**

The assessment of treatment needs will be made from a review of the following:

- Lifetime functioning
- Offence
- Current behaviour

Lifetime functioning

An assessment of needs which span lifetime functioning will be made from the following sources:

Personality

Provide a summary of personality disorders (where a diagnostic assessment has been made) or relevant traits outlining any significant aspect of personality which have been highlighted. Outline where appropriate what implications this may have for treatment.

Psychosocial history

This should include a detailed social history including relationships with care givers, abuse/neglect, work and educational history, drug abuse and self harm history and previous contact with mental health services (a more structured and detailed psychosocial interview may be preferred by some TCs and can be referred to here)

Offence Analysis

An assessment of treatment needs and risk factors will be made from a detailed offence analysis and will include drawing on information from:

Interview and file review

This will include a review of the range of antecedents associated with the offence and will include:

Offence supportive beliefs and attitudes

Emotional functioning

Interpersonal relationship deficits

Substance misuse

Vocational / employment factors

Self-management and coping deficits

Impulsive behaviour

Personality disturbance

Brief Description of Offence:

Attitude to offence:

Antecedents to offence (drug use, relationship problems, coping deficits, offence-related values, impulsive lifestyle, etc):

Insight into offending:

CURRENT CONVICTIONS

(Listed in order of sentence length)

Offence 1: Number of victims

Offence 2: Number of victims

Offence 3: Number of victims

Offence 4: Number of victims

Offence 5: Number of victims

Offence 6: Number of victims

Offence 7: Number of victims

For Robbery offences only: Was the offender armed?

Firearm? ☐ Imitation? ☐ Other weapon? ☐ *(Please state)*

Were any sex offences associated with a violent offence?

(e.g. was there a sexual motivation to a murder, or were a violent offence and sexual offence committed together on a single victim)

Age when current offences committed:

Victims of current convictions for Sex or Violence

Total number of current victims for: Violence Sex

	Gender	Age	Relationship to offender	Offences committed against him/her
Victim 1				
Victim 2				
Victim 3				

Victim 4				
Victim 5				
Victim 6				
Victim 7				
Victim 8				

OASys assessment

Provide a summary of OASys assessment and treatment needs highlighted

Current behaviour

An assessment of treatment needs will be made from behaviour and attitudes demonstrated during the assessment period and will be made from the following sources:

Staff behavioural observations

Provide a summary of the behaviours observed during assessment and recorded on the staff observational checklist. Identify those behaviours which are observed in all 3 situations (groups, wing and off wing activities) and well as those which are 'never' observed

Psychometric testing

Provide a summary of the results of the psychometric tests and comment upon any significant findings and their relevance to identifying treatment needs, as well as factors which may have an influence on their behaviour or engagement in treatment

STAGE 3: ASSESSMENT SUMMARY

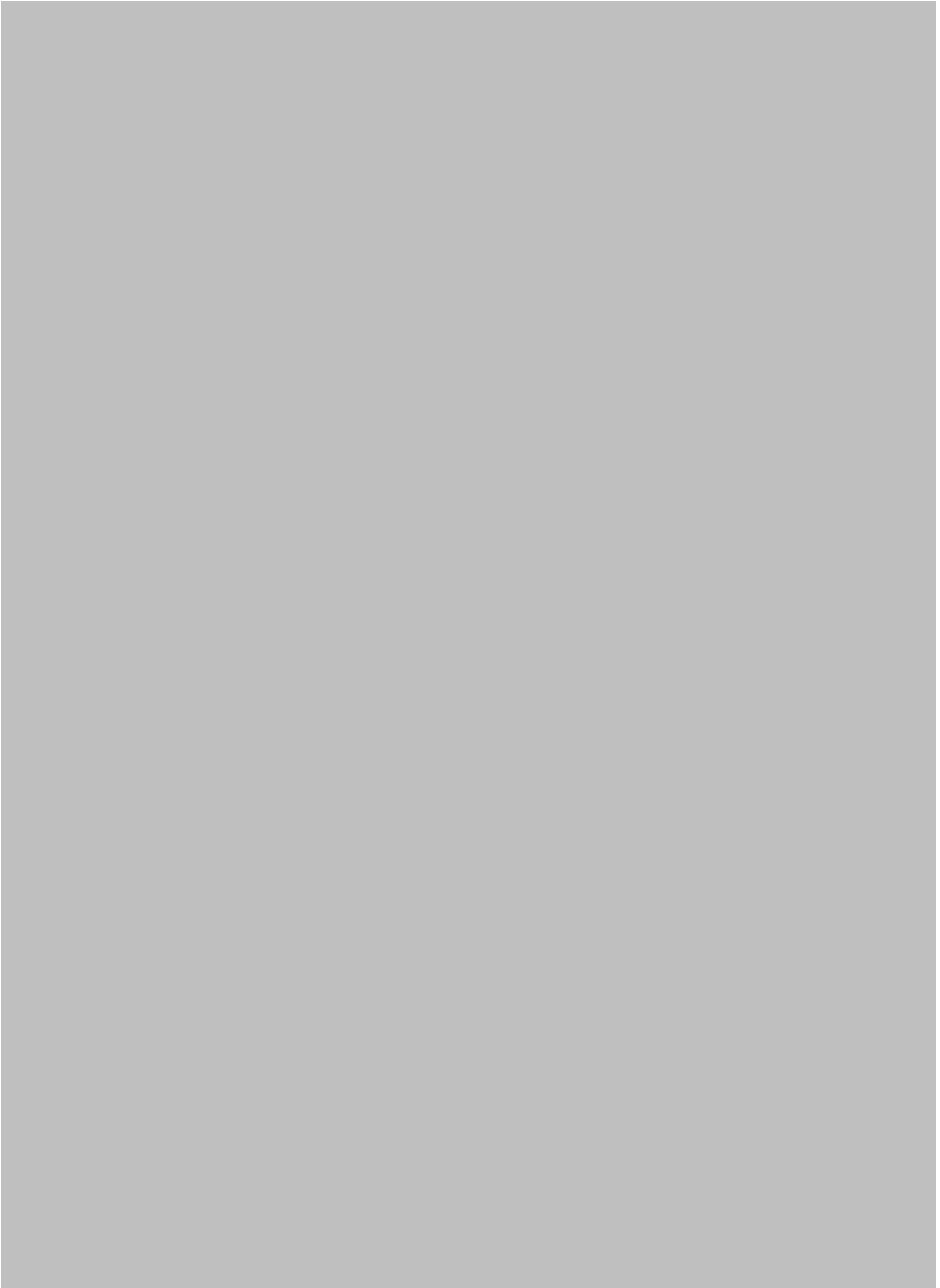
In this section a summary of identified deficits and needs is provided. The areas of offence related risk factors, psychological disturbance and other aspects of social and emotional functioning identified as presenting problems for the individual are summarized.

	Applies	Partly Applies	Doesn't Apply	Not Known	Source of Info
SECTION 1 - Criminogenic risk factors					
Emotional Management:					

1. Difficulties controlling emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Erratic and volatile behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dwelling on injustices/grievant thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Social Attitudes:						
4. Beliefs which justify offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Minimization/denial of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Deviant sexual interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Criminal associates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Violent fantasies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lack of empathy/callousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management, Coping and Problem Solving:						
10. Poor attainment of goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Impulsive decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Coping skill deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Addictive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Irresponsible behaviour/ lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship/Interpersonal Skills:						
15. Poor conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Relationship instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Controlling or domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Dependent or passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 - Deficits in emotional/psychological disorder						
1. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3 - Deficits in social/vocational /life skills						
1. Deficits in relationship skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vocational / employment needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Educational deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4 - Deficits in engaging in/responding to treatment						
1. Lack of motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Manipulative / conning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Deceitful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lack of insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disruptive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation

Appendix 5.



Appendix 6.

Prisoner Consent form

Consent to Participate in assessment and treatment at HMP Grendon Therapeutic Community

As part of your decision to engage in treatment here at HMP Grendon, you are volunteering to engage fully in the therapeutic regime of the prison in order to address your areas of risk and need.

In order to help with treatment planning and assess your progress in treatment, you will be asked to provide information about yourself and to complete a number of psychological interviews, and questionnaires. These are used to help with identifying areas that you will need to work on. This information will be shared with other members of staff and maybe used to inform decisions about my progress through sentence and release.

In order to improve the regime and the treatment provided, information from assessments will also be collated and used in confidence by the research and development unit or, approved external researchers. I acknowledge that if information from assessments is used for research I will not be identified.

Staff work under supervision in order to maintain good workings practices and to continue with their professional development. As part of this, their work with you may be discussed with their supervisors and in some cases this work will be submitted for external assessment. All assessment submissions will be anonymised and will have no impact on your treatment.

I understand the above declaration and give consent to take part in assessment and treatment at HMP Grendon. I understand that at any point this consent may be withdrawn and someone will discuss what this means for me if it happens.

Name: _____

Signed: _____

Witnessed: _____

Date: _____

