Exploring the Attachment Style of Sex Offenders

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Abstract

The aim of this thesis was to explore the contribution of attachment theory to the understanding of sex offending behaviour. The introduction chapter is followed by a systematic literature review (Chapter 2) exploring whether child abusers and rapists differ in attachment style. Overall, the results suggested that child abusers are more likely to display attachment styles denoted by high anxiety whereas rapists are more likely to display attachment styles denoted by high avoidance. Chapter 3 investigated the psychometric properties of the Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002). This semi-structured interview demonstrated satisfactory reliability and validity. However, more research is needed to strengthen the evidence-base on the psychometric properties of the measure. Chapter 4 consists of an empirical study using a mixed-methods approach to explore the attachment styles of adolescent sex offenders. The Attachment Style Interview for Adolescents (ASI-AD; Bifulco, 2012) was used to explore whether there is a relationship between attachment style and offender status (child abusers, peer abusers). Albeit using a small sample size, the quantitative results supported the hypotheses that child abusers are more likely to display anxious attachment styles; whereas peer abusers are more likely to display avoidant attachment styles. The qualitative results further explored what participants valued in relationships with others, and what represented as barriers for them to make and maintain relationships. The final chapter summarises the findings of this thesis and explores the impact of results for research and clinical practice. It further presents the main limitations of this thesis and makes recommendations for future research. Overall, this thesis highlights that sex offenders are a heterogeneous group, whose needs are complex and go beyond their sexually harmful behaviours. Therefore, assessment, intervention and policy should be tailored accordingly.

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Dedication

This thesis is dedicated to my parents, my ‘secure base’.

I am so grateful to you both, for everything.

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CHAPTER 1

Introduction

Why would a man want to have sexual contact with a child? What characterises the early experiences of sex offenders? What attracts child abusers to children? What distinguishes child abusers from rapists? Do all child abusers have a history of sexual abuse themselves? Do all sexual offenders have interpersonal deficits?

This thesis aims to explore the contribution of attachment theory in explaining sexual offending behaviour. Achieving a good understanding of the psychosocial functioning and vulnerabilities of sexual offenders has significant implications for clinicians and policy makers, informing treatment approaches and hopefully reducing the risk of re-offending of this client group.

Sexual Violence

Definition.

There is currently no universally accepted definition of sexual violence and abuse. Several definitions have been proposed, and these vary in context. For instance, the definition of sexual violence differs within the criminal and civil law, in the area of child protection and in applied and academic research (DHSSPS, 2008). The following definition seems to be recognised worldwide: "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (World Health Organization, 2002).

Sexual violence can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, being made to observe or be involved in producing sexual abusive material, or being made to watch sexual activities. It may involve physical contact, including penetrative sexual activities or non-penetrative

sexual activities, such as intentional touching (groping). It may also occur in any environment, such as marriage, dating relationships, gang rape, rape by strangers, child sexual abuse and forced prostitution.

Prevalence.

Examining the prevalence of sexual violence in England and Wales showed that 2.5% of females and 0.4% of males reported being victim of a sexual offence during 2011-2012. These figures translate to 404,000 females and 72,000 males experiencing some form of sexual violence on average each year (Ministry of Justice, 2013). Examining child sexual abuse in particular, the National Society for the Prevention of Cruelty to Children (NSPCC) reported that nearly 25% of young adults were sexually abused by an adult or by a peer during childhood, including contact and non-contact (Radford et al., 2011).

One of the latest statistics on the prevalence of sexual offences in the UK has been published by the Office for National Statistics (2015). It has been reported that the total number of sexual offences increased by 32% with the numbers of rapes (26,703) and other sexual offences (53,559) being at the highest level ever recorded since the introduction of the National Crime Recording Standard (NCRS) in 2002/03. It has been suggested that this increase reflects a greater willingness of victims to come forward to report sexual offences.

Nevertheless, measuring the actual prevalence and incidence of sex offending presents a significant challenge. Differences within prevalence rates may relate to differences amongst experiences of the victims (e.g., the perpetrator-victim relationship, duration of abuse) but may also relate to methodological differences (Briere, 1992), such as sources of data collection, differences in definitions used to assess sexual violence and differences in the assessment measures used (Radford et al., 2011). In

1991, Culter-Nolen-Hoeksema suggested that a discrepancy in definitions of sexual violence between studies was the most determining factor accounting for variances amongst prevalence rates. More recently, this discrepancy has been noted where some studies consider only one form of abuse, such as physical violence, or sexual abuse (Craig et al., 2009; Sivarajasingam, Wells, Moore, & Shepherd, 2010); whereas others consider a broader range of maltreatment, including emotional abuse, neglect and exposure to domestic violence (Euser, Van Ijzendoorn, Prinzie, & Bakermans-Kranenburg , 2010; Turner, Finkelhor, & Ormrod, 2009).

Impact of sexual violence.

The detrimental impact of sexual violence is far reaching, directly for victims, their families and for some of the victims who go on to offend themselves. The impact on the victim's neurobiology, mental health, physical health and social adjustment, including the capacity to parent has been widely acknowledged by the literature (Bloom, 2003). For instance, Golding (1999) studied the impact of sexual violence on the mental health of victims and identified that between 35% and 73% of abused women experience depression, anxiety disorders, (including post-traumatic stress disorder) and eating disorders. This prevalence is deemed to be at least three times greater than in the general population (Golding, 1999).

It is extremely difficult to establish the financial cost of impact of sexual offences on the victims. However, sexual violence is estimated to be amongst the most costly crimes, due to the large emotional and physical impact on victims. The cost estimates of sexual offending were calculated at £2.5 billion in 2000, including emotional and physical impact on victims, cost of victim services, health services and Criminal Justice System services (Brand & Price, 2000).

Theories of sexual violence.

Several theories have been proposed throughout the past few decades to explain sexual offending behaviour. In the 1960's and 1970's theories of sexual offending were single factor ones, based on causes such as deviant sexual preferences or impaired social skills. In 1984, Finkelhor developed an extremely influential multifactorial model of child sexual abuse, the four preconditions model. He suggested that four factors (motivation to commit sexual offence, overcoming internal inhibitors, overcoming external obstacles and overcoming a child's resistance) could be combined into four preconditions that must each be satisfied before the sexual abuse of a child occurs. Other multifactorial theories of sexual offending were subsequently developed by theorists such as Marshall and Barbaree (1990), Hall and Hirschman (1992), Ward and Siegert (2002), Ward and Beech (2006), and Seto (2007). All of these theories attempted to account for the complex presentations of sexual offenders and present as good examples of what Ward and Hudson (1998) termed level I theories.

According to Ward and Hudson's (1998) theoretical framework, theories can be classified based on their level of generality of focus. In this framework, they distinguished between Level I (multi-factorial), Level II (single factor) and Level III (micro-level or offence process) theories. Level I theories are comprehensive by taking into account the core features of sex offending and how they manifest. Level II theories have been proposed to explain single factors thought to be particularly important in the generation of sexual crimes (Marshall, Hudson, Jones & Fernandez, 1995). This approach describes the different structures and processes related to a factor of interest and specifies their relationship with each other. Level III theories are descriptive models of the offence chain or relapse process (e.g., Pithers, 1990; Ward, Louden, Hudson &

Marshall, 1995). These models tend to detail the cognitive, behavioural, motivational and social factors related with committing a sexual offence.

More recently, it has been suggested that one theory alone would not suffice in providing a comprehensive understanding of sexual offending behaviour (Calder, 2001). Therefore, Ward and Beech (2006) developed an integrated theory of sexual offending. This theory takes into account how neuropsychological systems and ecological factors interact and are reflected in clinical factors which manifest in sex offending behaviour.

In general, factors such as intimacy deficits (Marshall, 1989), empathy deficits (Marshall, Champagne, Brown, & Miller, 1997) deviant arousal (Ward & Beech, 2006) and cognitive distortions (Mann & Beech, 2003) are evidenced as being significantly related to sexual offending. It has further been suggested that these factors may develop in the context of adverse developmental experiences, such as rejection, childhood abuse and attachment difficulties (Beech & Ward, 2004). The impact of early experiences in later psychosocial development has been extensively explored by attachment theories.

Attachment Theory

The belief that developing close relationships in childhood to parents or carers is essential to human wellbeing is now well-established in research and clinical practice (O'Connor & Rutter, 1999). Attachment theory was originally proposed by John Bowlby (1969, 1973, 1980) as a framework for formulating the importance of interpersonal relationships in child development, in adult functioning and in relation to psychiatric disorder. Consistent protection and sensitive care are deemed to be the two main functions of the attachment relationship (Ainsworth, 1980). According to attachment theory, by providing a 'secure base', the caregiver is promoting an actual and felt security in the infant which allows him/her to develop skills and explore its environment, as well as develop a sense of autonomy and self-efficacy.

The attachment relationship also provides the child with internalised cognitive templates of relating, or an 'internal working model', that continue to inform expectations of future relationships. Positive internal working models further allow the development of 'reflective function' or 'mentalising behaviour' (Fonagy, Gergely, Jurist, & Target, 2002) in interpersonal relationships. On the other side, difficulties in early attachment experiences represent a vulnerability for abnormal adult emotional bonds and the development of personalities prone to psychopathology, depression and anxiety (Bowlby, 1983).

The typologies currently used to categorise attachment were developed from the work of Ainsworth (1989). Ainsworth created the Strange Situation paradigm to explore the effects of maternal separation on infants. She observed the infant's response to separation from and reunion with mother and based on these observations concluded that there were three major styles of attachment: 'secure', 'anxious', and 'avoidant'. Secure attachment develops when parents are sensitive to the needs of the child and respond to these appropriately and affectionately. Anxious attachment develops when caregivers respond inconsistently to infants, resulting in such children being attention-seeking, impulsive, tense and helpless. Avoidant attachment develops when caregivers are detached, lacking in emotional expression and unresponsive to the child's needs. These children tend to be emotionally detached, lacking in empathy and displaying hostile and antisocial behaviour (Alexander, 1999).

Main and Solomon (1986) added a fourth attachment style known as disorganised-insecure attachment characterised by a mixed response to the mother's absence. Furthermore, individuals displaying anxious and avoidant attachment propensities have later been classified as having a Dual Attachment style (Crittenden, 1992).

Numerous studies have supported Ainsworth's conclusions and the three main attachment styles were adopted for classification of adult attachment both by Mary Main (Main & Cassidy, 1988) and colleagues working in parent-child interactions (George, Kaplan & Main, 1984). This categorisation system was also later used by Hazan and Shaver (1987) in the study of partner relationships.

Other models of attachment have also been proposed. Based on Bowlby's claim that early attachment experiences are internalised as working models of self and others, Bartholomew and Horowitz (1991) proposed that the models of self and models of others can be either positive or negative. The combination of the model of self and others thus yields a four-category model of attachment styles (Figure 1). The dimensions in Figure 1 can also be conceptualised in terms of anxiety on the horizontal axis and avoidance of intimacy on the vertical axis.

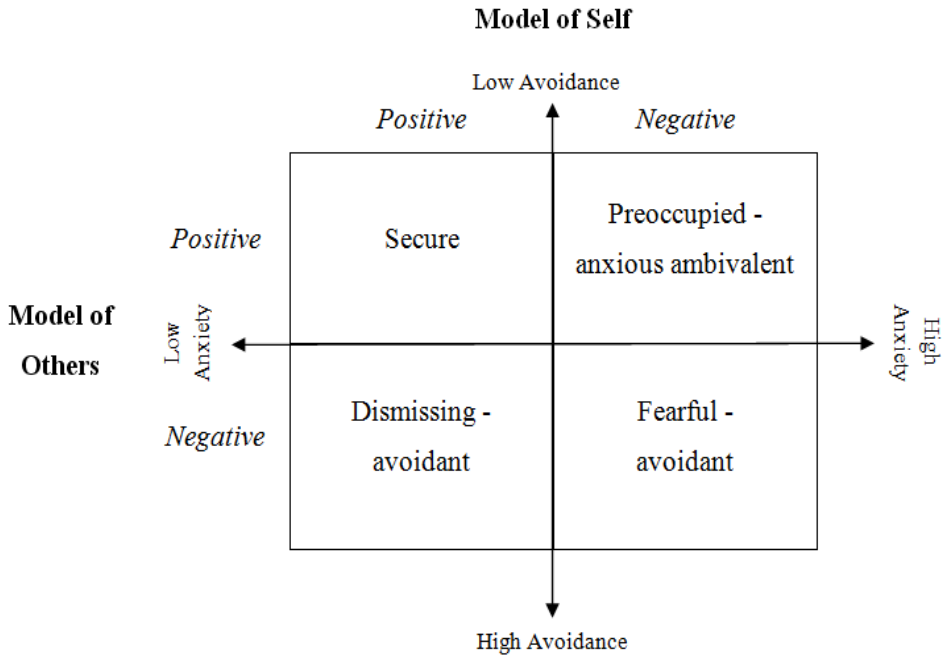

Figure 1. Bartholomew and Horowitz's (1991) model of adult attachment

Considering individual differences in attachment, individuals with a secure attachment style present with low anxiety and low avoidance: feel comfortable with intimacy, trust others for support and believe they have self-worth. Subjects with a preoccupied style present with high anxiety and low avoidance: they demonstrate strong desire for intimacy and dependency and at same time fear rejection. Individuals with an avoidant-dismissing style have low anxiety and high avoidance: they tend to devalue the importance of intimate relationships and value independency and self-reliance. Individuals with an avoidant-fearful style present an elevation in both attachment dimensions: they desire an intimate relationship and the approval of others but tend to avoid intimacy due to fear of rejection (Bartholomew & Shaver, 1998; Collins & Feeney, 2000). This model has been widely used in the development of measures of attachment and in research (e.g., Brennan et al., 1998; Griffin & Bartholomew, 1994; Ward, Hudson & Marshall, 1996).

Regarding the stability of attachment styles, it has been suggested that adult attachment styles are relatively stable (Consedine & Magai, 2003; Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010; Zhag & Labouvie-Vief, 2004). However, studies examining stability from infancy through adolescence and adulthood show mixed results (Aikens, Howes, & Hamilton, 2009; Hamilton, 2000; Lewis, Feiring, & Rosenthal, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). It has been suggested that variables such as stressful life events, family risk, and depression (Allen, McElhaney, Kuperminc, & Jodi, 2004; Bai-Haim, Sutton, Fox & Marvin, 2000; Moss, Cyr, Bureau, Tarabulsky & Dubios-Comtois, 2005) have the strongest influence in predicting discontinuity in attachment styles between infancy, adolescent and adulthood. In terms of factors that contribute to change from attachment insecurity to attachment security, variables such as relationship satisfaction, greater emotional

openness and fewer negative life events (Egeland & Farber, 1984) have been found to be significant.

Research has consistently demonstrated strong associations between attachment and specific psychological vulnerabilities. For instance, secure attachment in infancy has been proved to be a protective factor against psychological difficulties later in life in a longitudinal study (Sroufe, 2005). With respect to adult attachment, people with psychological difficulties have been found to be more likely to present with insecure attachment (Scott-Brown & Wright, 2003; Van Ijzendoorn & Bakermans-Kranenburg, 1996). In terms of behavioural outcomes, insecure attachment has been linked with educational underachievement and behavioural difficulties such as delinquent behaviour (Cooper, Shaver & Collins, 1998; Sroufe, 2005).

Sexual Violence and Attachment Theory

Marshall (1989) was the first to introduce concepts of attachment into the discussion of sexual offending. In 1990, Marshall and Barbaree proposed an integrated model of sexual offending which is strongly influenced by attachment theory. According to this model, an essential developmental task for males is to learn to discriminate between aggressive and sexual impulses. This theory emphasises the importance of developmental factors, and suggests that some men have a strong predisposition to sexually abuse, whereas others display a strong resilience. The model identifies biological processes, developmental experiences, cultural norms and values about sex and situational factors as important contributors that interact to result in sexual abuse.

Marshall and Barbaree (1990) highlighted early childhood experiences as critical to the formation of a template for interpersonal skills and suggested that insecure attachments represent as a major vulnerability for sexual abuse. The authors further suggested that different attachment propensities are reflected in different interpersonal

goals and strategies for achieving intimacy in relationships. Sexual offending behaviour would then represent an inappropriate means of achieving intimacy, due to a lack of interpersonal skills to do so prosocially.

Ward and Siegert's (2002) pathways model also accounted for attachment insecurity as a vulnerability factor for perpetration of sexual offending. The model proposes four clusters of problems that are typically found in adults who sexually abuse children: emotional regulation problems, intimacy/social skills deficits, distorted sexual scripts, and cognitive distortions. The authors also suggested that adults who sexually abuse will have varying levels of these four clusters and the differences between offenders will be in how the clusters are manifested (extent of severity of one over the other) rather than their presence or absence. The intimacy/ social skills deficits pathway in particular has been linked to early developmental experiences and insecure attachment to the primary caregiver. The authors stated that those who are insecurely attached are more likely to feel devalued, rejected, have low self-esteem, poor self-efficacy and high levels of impulsivity which will impact on their ability to relate appropriately with others. Offenders following this pathway would sexually offend as a form of achieving intimacy.

Attachment principles are included in most theories of sexual offending and there is a broad recognition that childhood experiences impact on the pathways to committing sexual offences (Hudson & Ward, 1997; Lyn & Burton, 2005; Marshall, Serran, & Cortoni, 2000; Smallbone & Dadds, 1998; Ward, Hudson, & Marshall, 1996). There is a consensus in the literature that sexual offending reflects a combination of psychological, sociological, biological and physiological processes. Therefore, having an understanding of the impact of specific mediating factors increases our ability to formulate and treat this client group.

Justification of Thesis

Despite the growing focus on attachment principles in the understanding of sexual offending, the link between attachment styles and specific sexual offending behaviours has not been consistently found by the literature. The aim of this thesis is to increase our understanding of the contribution of attachment theory in explaining sexual offending behaviour.

By better understanding specific factors associated with sexual offending it is likely that practitioners will become better equipped to work with individuals to reduce their risk of reoffending and also improve their quality of life as they learn to live free from offending. This thesis also aims to add to the growing body of evidence on the attachment style of sex offenders, as means of informing research and policy.

Thesis Structure

This thesis is structured into four main chapters. Chapter 2 comprises a literature review following a systematic approach examining the attachment styles of sex offenders. More specifically, this systematic literature review was aimed at exploring whether child abusers and rapists display different attachment styles. Considering the published research available, this review is believed to be the only one of its kind.

Chapter 3 is aimed at introducing a tool which attempts to address some of the limitations of the attachment measures mentioned in Chapter 2. The Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002) is presented and critically evaluated, and its limitations are considered.

Chapter 4 contains an empirical study using the ASI, to explore the attachment styles of a sub-group of sex offenders. This mixed-methods study made use of both quantitative and qualitative data to explore the attachment dynamics of adolescent sex

offenders. The hypotheses of this empirical study and typology system used were informed by the results of the systematic literature review.

This thesis concludes in Chapter 5 with a discussion of the work presented, drawing together the main findings and limitations of this thesis. It also covers recommendations for future research and possible implications for clinicians and policy-makers.

CHAPTER 2

A Literature Review Following a Systematic Approach: Exploring the Attachment Style of Sex Offenders

Abstract

There is a growing recognition that attachment perspectives can add to the understanding of sexually deviant behaviour. This systematic review investigated whether there is a relationship between attachment styles and sex offender status (child abuser versus rapist). A literature search was conducted using online resources: PsycINFO; Web of Science; Applied Social Sciences Index and Abstracts; and Science Direct. Ten studies met the review's inclusion and exclusion criteria, and were assessed using a quality assessment tool. Overall, the results suggested that child abusers are more likely to display attachment styles denoted by high anxiety. Some results also suggested that rapists are more likely to display attachment styles denoted by high avoidance, although the evidence was limited. Furthermore, it has been found that factors such as anger, violent behaviour and social isolation/ loneliness add to the discriminant validity of victim age and attachment styles. These findings support the utility of using attachment-based models to enhance our understanding of sexual offending behaviour.

Introduction

There is a growing recognition that sexual offenders are heterogeneous at an interpersonal and behavioural level (e.g., Boer, Wilson, Gauthier, & Hart, 1997). Gibson and Vandiver (2008) suggested that the identification of typologies is imperative in recognising the offender's characteristics, identifying risk, correctly managing offenders and providing specialist treatment plans. Within the sex offender population, the most parsimonious classification system uses victim age, giving a dichotomy of child abusers and rapists (Porter et al., 2000).

In general, the literature classifies men who sexually assault victims over 16 years-old as 'rapists', and those whose victims are under 16 years-old as 'child abusers'. The two groups share a number of characteristics with general prison populations, such as low socio-economic status, a high rate of school failure or drop-out, and subsequent unstable employment histories (Bard et al., 1987). However, several differences have also been reported between these groups.

Child Abusers

When they come to the attention of the Criminal Justice System, child abusers have been found to be predominantly older than rapists (Loehrer, 1992; Prentky & Knight, 1993) and the difference has been found to be statistically significant. Bard and colleagues (1987) found a difference of more than seven years, where the mean age for rapists was 27.1 years of age, in comparison with 34.7 years of age for child abusers. However, when compared to rapists, there is also evidence that child abusers have an earlier age of onset and a longer criminal career with more frequent offending, and a larger number of victims (Parton & Day, 2002). Child abusers have also been found to have a low incidence of stranger abuse. Smallbone, Wortley and Graycar (2001)

suggested that 94% of a sample of 323 child sexual offenders abused their own child or a child they already knew. The authors further suggested that serial child sexual offending is relatively uncommon. Almost half of their sample reported that they had been involved with just one victim, and fewer than 10% were involved with more than 10 children.

Child abusers are consistently found to be unmarried, having never or rarely engaged in consensual sex with age-appropriate peers (Loehrer, 1992). When compared to rapists, child abusers are characterised by social alienation and withdrawal, low self-esteem, self-doubt and feelings of inadequacy, showing more deficiencies in capacity for intimacy or social relationships with others (Parton & Day, 2002; Valliant & Antonowicz, 1992). Child abusers are also more likely than rapists to present with medical problems, showing a higher incidence of illnesses, disabilities and hospitalisations (Bard et al., 1987). It has further been suggested that child abusers report a low incidence of paraphilic interests (i.e. other sexually deviant interests such as voyeurism or sexual sadism; Wortley & Smallbone, 2006).

Furthermore, individuals who offend against children are more likely to reveal childhood histories of sexual abuse (Loehrer, 1992). Early onset child abusers, specifically, report having been the victims of more invasive abuse and abuse at a younger age compared to rapists, who experience later victimisation (Prentky & Knight, 1993). The literature consistently suggests that a proportion of child sex offenders were abused themselves as children. However, prevalence of sexual abuse history in child abusers samples has been difficult to ascertain (Salter, 2003; Simons, 2007).

Inhibition of aggression and avoidance in using violence also characterise child abusers, who seem to be more likely than rapists to control their victims through persuasion or seduction with passive and dependent psychological dynamics (Loehrer,

1992). Regarding the prevalence of personality disorders, a study by Ahlmeyer, Kleinsasser, Stoner and Retzlaff (2003) using the Millon Clinical Multiaxial Inventory (MCMI-III, Millon, 1997) suggested that child abusers score significantly higher than rapists on the avoidant scale, and that rapists tend to score higher on the antisocial and sadistic scales.

The role of opportunity has also been highlighted by the literature on sexual offending against children, including offending that occurs within church settings (Parkinson, 2000), online child exploitation (Choo, 2009) and child sex 'tourism' (McLachlan, 2000). Some child sex offenders go to great lengths to have access to large numbers of children to abuse and in some cases, even choose their employment based on this (Sullivan & Beech, 2004).

Rapists

According to the literature, rapists show the greatest similarity to non-sexual offenders, to the extent where some research has found it difficult to differentiate between them (Hanson, 2002; Seto & Lalumière, 2005; van Wijk et al., 2005). This is further evidenced by Francia and colleagues (2010) who suggested that rapists have more psychopathological similarities with non-sexual offenders than with child abusers. Bard and colleagues (1987) suggested that rapists show greater aggression in their sexual behaviour than do child abusers, but not in their non-sexual offences or general behaviour. Rapists are also more likely to have a criminal record as well as a history of juvenile delinquency and antisocial behaviour (Bard et al., 1987; Prentky & Knight, 1993). Furthermore, they are more likely to offend using verbal threats and physical force (Loehrer, 1992).

While less likely to have been sexually abused, rapists often have dysfunctional families and many have witnessed domestic abuse and parental aggression (Bard et al.,

1987). However, Lyn and Burton (2004) suggested that child abusers were more likely than rapists to have insecure attachment styles. Rapists generally present high levels of indirect hostility, negativism, resentfulness, self-centeredness, verbal hostility and impulsivity (Shechory & Ben-David, 2005; Valliant & Antonowicz, 1992). This group is also more likely than child abusers to have had friends and have been part of a peer group, presenting as more socially skilled than child abusers (Loehrer, 1992).

According to Bauserman (1996), alcohol use is higher amongst rapists (97%) than child abusers (83%) and rapists are more likely to act out while drinking. This study also suggested that more rapists (71%) than child abusers (33%) use drugs. Regarding the use of pornography, Marshall (1988) found that rapists and child abusers reported significantly greater use of pornographic materials than non-offending controls. However, there were no significant differences between child abusers and rapists (Bauserman, 1996). Rapists appear to be aroused equally by imagery of consenting sex and victim humiliation (Marshall, 1988) and more by non-sexual violence than child abusers (Pollard, 1995). Furthermore, Prentky and Knight (1993) suggested that pornography was most present among child abusers who are less aroused by non-sexual violence and more aroused by scenes involving children (Marshall, 1988).

In terms of psychopathology and sexual offending, rapists appear to have a higher prevalence of psychopathy than child abusers (Serin, Malcolm, Khanna, & Barbaree, 1994). Porter et al. (2000) further suggested that rapists and non-sexual violent offenders have moderately high rates of psychopathy, whereas the highest rates by far were evidenced in the group of individuals who offend against both adults and children.

The Attachment Styles of Child Abusers and Rapists

The evidence presented above suggests major differences in personality traits, offending behaviours and early experiences between child abusers and rapists, and supports the discriminant validity of a victim-age typology. With regards to developmental experiences, the evidence suggests that the family backgrounds of those who sexually offend are often characterised by neglect, violence and disruption (Rich, 2006) which emphasises the relevance of employing attachment perspectives to further differentiate between sub-groups of sex offenders.

Attachment theory has been widely used to discriminate between child abusers and rapists. In particular, Ward, Hudson, Marshall and Siegert (1995) developed a theoretical model suggesting that sexual offenders' diverse interpersonal characteristics lead to different pathways to offending which are characterised by specific behaviours against different types of individuals.

The authors used the attachment model proposed by Bartholomew and Horowitz (1991) and suggested that anxiously attached offenders lack in self-confidence and perceive themselves as unworthy of love, constantly seeking the approval of others. This belief system prompts them to be socially isolated, due to feelings of anxiety and inadequacy around adults. These individuals will as a result turn to children, who pose no threat to them and will make them feel secure. They then begin to distort perceptions of the child's behaviour by interpreting affection and wish for attention as indicators of sexual desire. Such distortions will lead to sexual fantasising and initiation of grooming behaviour. It is suggested that these offenders groom their victims in a manner that is similar to adult courting behaviour. The individual typically believes that the child enjoys the sexual involvement and will consider the relationship to be mutual. These offenders are not expected to be aggressive or to use coercion because they wish to be

loved and accepted. Howells (1978) provided empirical support for this pathway to offending and found that many child abusers do indeed view children as accepting and non-threatening. Marshall and Marshall (2002) also provided empirical evidence for this hypothesis using the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994). The researchers found that 66% of child abusers with an anxious attachment style engaged in extensive grooming of their victims prior to and during the abuse.

Ward, Hudson, Marshall and Siegert (1995) further used the distinction between two types of avoidant attachment, which will in turn lead to different offending pathways. The fearful type of avoidantly attached individuals desires emotional closeness but is so afraid of rejection that will avoid establishing confiding intimate relationships. These individuals tend to perceive other adults as rejecting and critical. This belief leads to significant intimacy and social skills deficits and hinders them from establishing romantic adult relationships. The fear of rejection and avoidance of closeness will then lead these offenders to use sexual activity as an indirect means of making contact with others. Their offending behaviour is thus characterised by minimal personal contact, lack of concern for the victim's feelings and self-focused behaviours, which might mean the use of violence if necessary to achieve their goals. However, if violence is used, it is expected to be instrumental rather than expressive, which means that violence tends to be used as means to achieve an end (intimacy) rather than an end in itself. The dismissive type of avoidantly attached individuals is different from the fearful type in the sense that the offenders' overriding goal is to maintain a sense of autonomy and independence. They may seek emotionally distant contacts but these are characterised by a degree of hostility because they blame others for their lack of intimacy. These individuals display profound empathy deficits and offend in an

aggressive manner, engaging in coercive behaviours beyond those necessary to achieve their sexual goals.

In summary, Ward, Hudson, Marshall and Siegert's (1995) model of sexual offending behaviour identifies three separate styles of insecure attachment as precursors to offending against children or adults. Each pathway is associated with specific interpersonal goals and reflected in different sexual offending behaviours. A preliminary study has been conducted to investigate the empirical validity of this theoretical model (Ward, Hudson & Marshall, 1996). Results suggested that: The majority of sex offenders were insecurely attached; child abusers were more likely to display a preoccupied or fearful attachment style in comparison to rapists; and rapists were not significantly different from violent non-sex offenders in attachment style (both tended to be dismissive).

The Current Review

Preliminary searches of the following databases were undertaken in December 2012 to assess the originality of the current review: Cochrane Library and The Campbell Collaboration Library of Systematic Reviews. This scoping exercise was repeated in April 2015 and yielded no relevant systematic reviews on the attachment styles of sexual offenders.

Review objective(s).

The literature seems to suggest that child abusers present with different interpersonal characteristics, offending behaviours and background histories to rapists. However, there is a lack of systematic reviews exploring whether there is a consistent relationship between attachment styles and offender status (child abuser versus rapist).

The current review aims to systematically examine research findings regarding the attachment styles of sexual offenders. As such, and based on Ward, Hudson, Marshall and Siegert's (1995) model, this reviews aims to answer the following question: 'Do child abusers and rapists display different attachment styles?'. As previously mentioned, a victim-age based typology was chosen for this systematic review due to it being the most parsimonious classification system for sexual offenders (Porter et al., 2000) and because it allowed exploring this review's question.

Method

Systematic Search

A scoping exercise was conducted to identify the extent of the existing literature on the attachment styles of sexual offenders. Due to the wide amount of studies found that only differentiated between secure and insecure attachment styles, a decision was made to restrict the search methods, exploring sub-types of insecure attachment styles in sexual offenders only.

In order to identify potential studies to be included in the current review, a search was undertaken on 10th January 2013 and on 15th April 2015 on the following databases: PsycINFO (1969 to present), Web of Science (1969 to present), Applied Social Sciences Index and Abstracts (1969 to present), and Science Direct (Elsevier) (1969 to present). Search parameters included articles written in English, and dated between 1969 and 2015. Because an attachment theory was only first proposed in 1969, the search only included articles published from this year onwards. Articles requiring translation were excluded due to time and financial constraints. In an attempt to make the literature search more encompassing the following actions were taken: 1) reference lists of shortlisted articles were hand searched to identify other potentially relevant articles; 2) a search was performed using Google; 3) communication was initiated via email with experts/professionals in the 'sex offending' literature (Professor Anthony Beech, Professor Antonia Bifulco, Dr. William Marshall).

Relevant terms were identified, synonyms used and terms were mapped to subject headings to generate a list of keywords, which in turn were selected as search terms. Figure 2 contains the search terms applied to electronic databases. When search terms were applied to databases, it yielded 5738 results. Due to the large amount of studies found which were not relevant to the current review, the search strategy was

reviewed whereby attachment related terms were included as a requisite in the title or abstract. This new strategy search yielded 923 studies, of which only 447 were in the English language and had the full text available. Two additional articles were identified via contact with professionals. After removing duplicates, 214 articles were identified. Appendix 1 provides comprehensive details of specific search terms and outputs from databases.

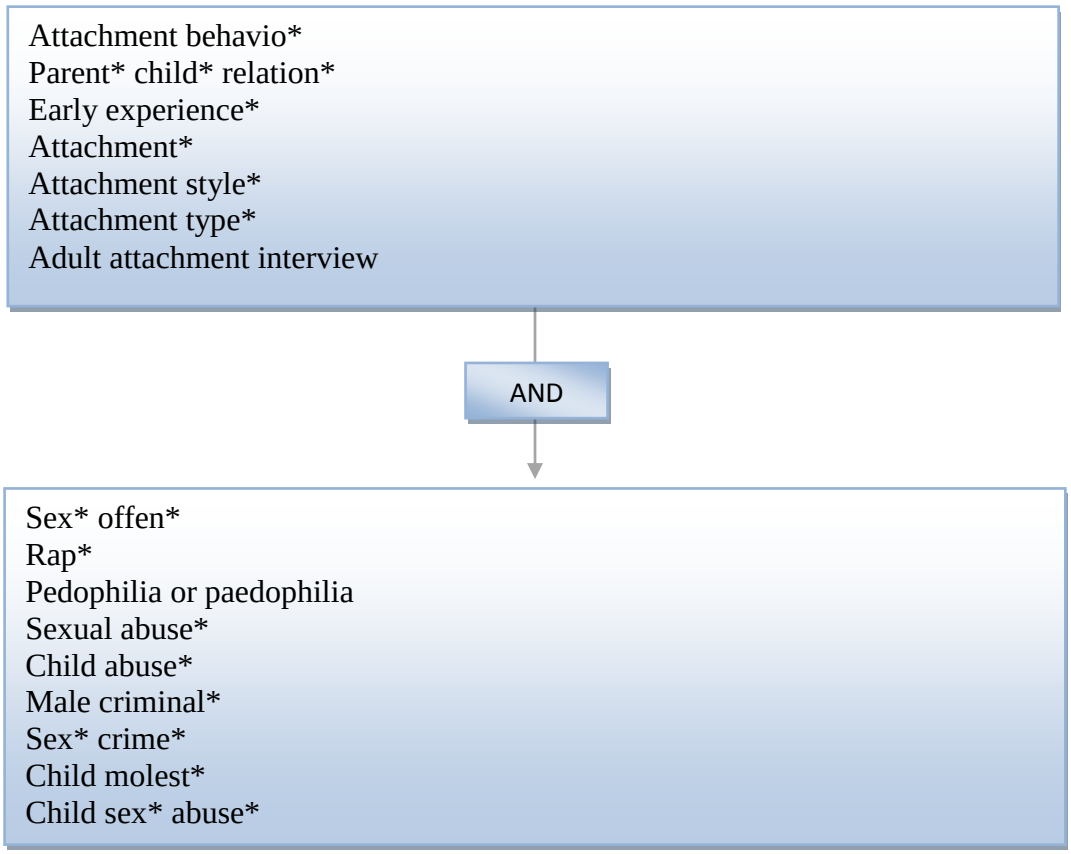

Figure 2. Search terms

Inclusion/ Exclusion Criteria.

To identify relevant articles through abstracts or the full articles, inclusion and exclusion criteria were applied (Table 1). The rational for the inclusion/exclusion criteria within the Population, Intervention or Exposure, Comparator, and Outcome (PICO) framework was as follows:

Population. The focus of the current review was to explore the attachment styles of child abusers and rapists hence, studies solely focusing on non-sexual offending populations have been excluded. Females have also been excluded due to the fact that most studies focus on male offenders. It has been considered that including studies that explored the attachment styles of female sexual offenders would act as a possible confounding factor.

It has been widely suggested by the literature that attachment dynamics have an impact on psychological wellbeing and mental health (Scott-Brown & Wright, 2003; Sroufe, 2005). Therefore, studies using populations with mental health issues, either as main subjects or comparators, were also excluded to control for possible confounding factors. This decision was made on the basis that populations with mental illness are more likely than controls to have insecure attachment styles. Therefore it was felt that comparing this population to offenders would not add to the understanding of whether attachment insecurity is more prevalent in offending populations. Furthermore, there is also a well-documented link between substance abuse and offending behaviour (Bennett, Holloway, & Williams, 2001). However, the prevalence of substance abuse problems in the samples of offenders recruited by studies is not consistently reported. This would be a further confound when comparing an offending population with controls with substance misuse problems.

Intervention/ exposure. Due to the fact that most studies in the literature were only interested in measuring attachment at one point in time, in groups of sexual offenders, it has been considered that there is no 'Intervention or Exposure'.

Comparators/ outcomes. This review decided to include any articles that studied the attachment style of males who sexually offended, hence the inclusion criteria not specifying the need for studies to compare rapists against child abusers. It was also not

necessary for studies to use a comparison or control group as these design factors have been accounted for in the quality assessment tool. Furthermore, in order to make sure that the final studies identified sub-group(s) of insecure attachment styles and sub-group(s) of sexual offenders, this was included in the exclusion criteria of the comparators and outcomes.

Study Design. It was deemed essential that the results of the studies provided a final classification of the attachment styles of sexual offenders, to enable appropriate comparisons between studies. For this reason, qualitative studies were excluded, as their categorisation of attachment styles tends to be more subjective, rather than offering discrete categories of attachment styles. Please note that studies using the AAI or other attachment interviews were not excluded, as long as they provided discrete categories of attachment in the results section.

Table 1

Inclusion and exclusion criteria

PICO	Inclusion	Exclusion	Comments
Population	Males Sexual Offenders	Females Populations with mental health/ substance use issues Non offending populations	
Intervention	N/A		
Comparators	Child abusers Rapists Violent offenders Non-violent offenders Non offenders	Studies that do not specify sub-types of sexual offenders Populations with mental health/ substance use issues	Comparison between any type of sexual offender against other groups, or studies exploring attachment style of

			one group of sexual offenders
Outcomes	Attachment Style	Studies that do not specify sub-types of attachment style	Studies might explore attachment styles, amongst other variables
Study Design	Quasi-experimental, case control, case series, cohort, cross-sectional	Qualitative Studies	
Others	Year of publication: 1969 to 2015 Language: English	Dissertations Literature reviews	

Initial analysis of the retrieved articles allowed 173 articles to be excluded based on abstracts, reducing the potentially relevant pool to 41 articles plus the ones identified from contacts. Reasons articles were dismissed included: use of female populations, studies using controls with mental health/ substance use issues, no clear focus on sexual offending populations, studies that did not specify sub-types of sexual offenders, focus on disorganised attachment style (as this would not allow for comparisons between the prevalence of different attachment styles), and studies in the form of dissertations or literature reviews. This criterion was applied in accordance with the PICO framework. The full-text of the remaining 22 articles were obtained via the University of Birmingham e-library and on-site library, and inclusion criteria were subsequently applied. Following this more comprehensive assessment, using the PICO framework, 11 articles remained as potentially appropriate for inclusion in the review. Figure 3 provides an account of the data selection process.

Quality Assessment

When undertaking systematic reviews it is necessary to assess the quality of the original studies so as to enhance the credibility of the results (Sanderson, Tatt, & Higgins, 2007). A quality assessment tool was developed in order to evaluate the 11 studies identified by combining elements of two well-known quality assessment tools. One of these tools was the Quality Assessment Tool for Quantitative Studies (Effective Public Health Practice Project, 1998), which reported good reliability and validity (Thomas, Ciliska, Dobbins, & Micucci, 2004). The other tool was the Critical Appraisal Skills Programme (CASP, Public Health Resource Unit, 2006) tool for reviewing Cohort Studies and Case Studies. In order to meet the purpose of this review elements of both tools have been combined and adapted into a new assessment tool (Appendix 3).

The quality assessment tool used in this study was composed of nine questions. Quality was rated on the extent to which each of the criteria in the quality assessment tool was fulfilled (possible ratings: 2 - Fully met the criteria, 1- Partially met the criteria, 0 - Did not meet the criteria). Further guidance on how to rate each question can be found in Appendix 4. After rating each of the items the overall score was calculated (the maximum possible score was 18), and scores were converted into percentage score ratings for ease of comparison (e.g. 100% equivalent to score of 18 on Quality assessment tool). An explanation will follow for the rationale behind including specific questions in the quality assessment tool:

Question 2 (Is the classification of offending groups exclusive?): This question was included to control for the exclusivity of offending categories (i.e., if researchers ensured that participants included in the child abusers group did not have recorded sexual offences against adults, and participants included in the rapist group did not have recorded sexual offences against children). This question was included in the quality

assessment tool to control for threats to the construct validity of the studies, since the independent variables might have been inadequately operationalised.

Question 3 (Is there a non-sexual offending comparison group and a control group?): This question has been included as a way of acknowledging the strengths of different design studies. A rating of two in this question was given to studies which employed a comparison non-sexual offending group and a control group. The rationale behind this is that studies which employed both groups enable more extensive comparisons to be made between the attachment styles of sexual offenders against non-sexual offenders, sexual offenders against controls, and non-sexual offenders against controls. This sort of design adds to the quality of studies since it allows for analysis of the distribution of anxious and avoidant attachment styles to be made between three different groups, and subsequent evaluation of statistically significant differences.

Question 4 (Is participation in intervention likely to be a confounder?) has been included because it is expected for most community-based or prison intervention programmes to have a positive impact on interpersonal relationships (Lipsey, Wilson & Cothern, 2000), subsequently impacting on attachment styles. This means that participation in intervention might act as a confounding variable when measuring attachment post engagement in treatment programmes.

Question 6 (Is the attachment measure valid and reliable?) has been included in order to account for the statistical properties of the measures used in different studies. Ravitz and colleagues (2010) conducted a 25-year review on adult attachment measures and suggested that the Experiences in Close Relationships Inventory (ECRI; Brennan, Clark, & Shaver, 1998) is the stronger measure, having moderate reliability properties and excellent validity properties, followed by the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994), which has moderate reliability and validity

properties. The Relationship Questionnaire (RQ; Griffin & Bartholomew, 1994) and the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) have been rated as having poor reliability and moderate validity. The History of Attachments Interview (Bartholomew & Horowitz, 1991) and the Childhood Attachment Questionnaire (CAQ; Hazan & Shaver, 1990) have not been mentioned in this 25-year review. However, the History of Attachments Interview is deemed to have strong psychometric properties, as reported in Miner et al. (2010). It is a standardised measure of attachment, with a detailed scoring manual. Raters also go through a process of intensive supervision and training.

The quality of all eleven studies matching the PICO criteria was assessed (Appendix 5). To ensure the consistency of rating, three studies were rated by a secondary assessor (a colleague completing the Doctorate in Forensic Psychology Practice), who obtained the same ratings as the author of this review ($k = .813$, $p < .005$). All studies scored at least 60% apart from one, which scored 44%. Because this study's score was significantly different from the remaining scores, a threshold of 60% was determined. On this basis, only one study was excluded at the stage of Quality Assessment, which meant that a final number of ten studies were included in this systematic literature review. A data extraction form was used (Appendix 2) to collect relevant information on the final ten studies, enabling for comparisons to be made.

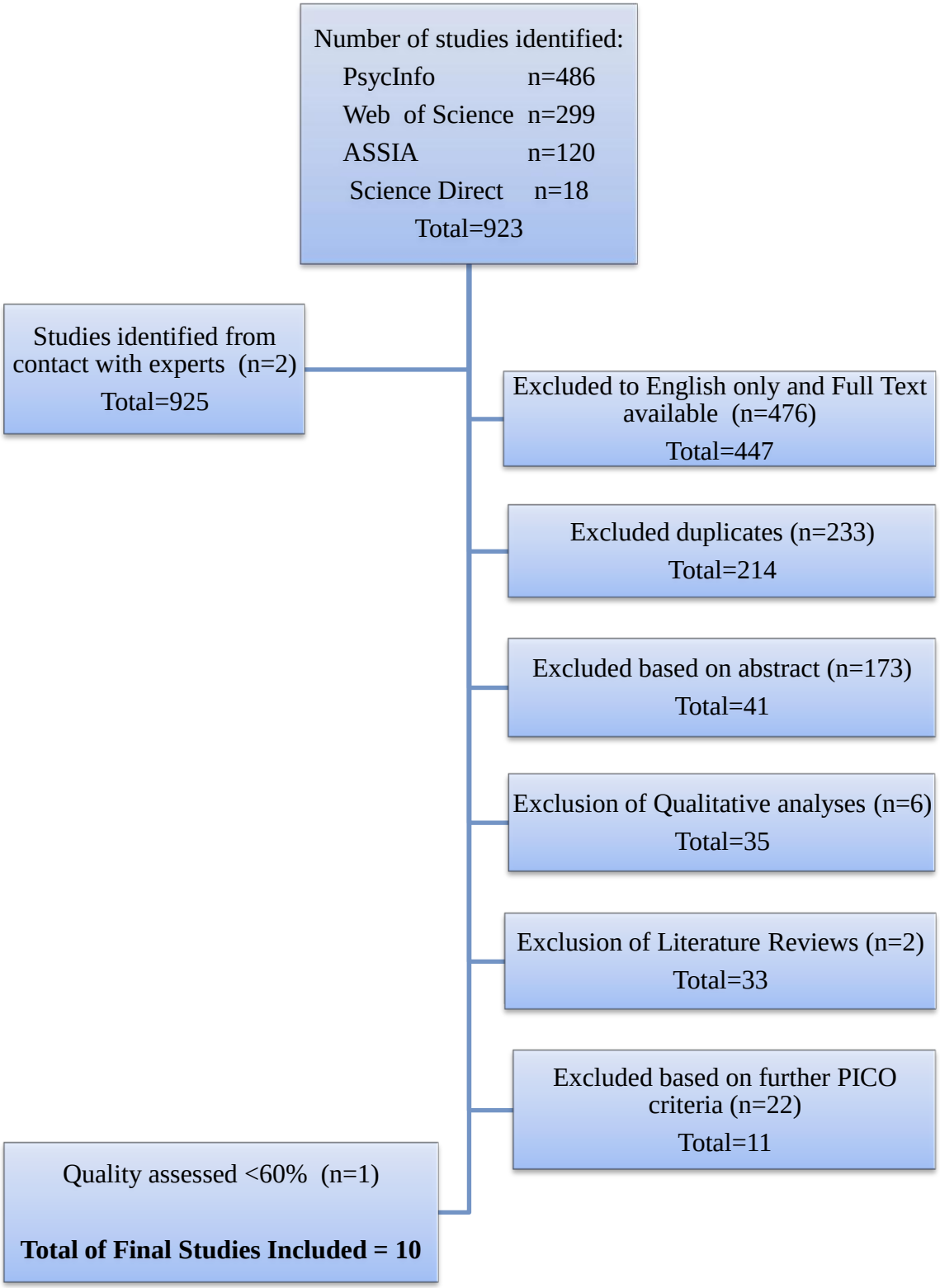

Figure 3. Data selection process

Results

Data was synthesised from studies meeting the inclusion criteria and quality assessed above 60%. There is heterogeneity between studies mainly regarding the population and comparators used. Because several terms are used interchangeably in the literature to differentiate sub-groups of sexual offenders, for convenience, this review will denominate males who commit sexual offences against children 'child abusers' and males who commit sexual offences against adults 'rapists'; males who commit non-sexual violent offences 'violent offenders' and males who do not commit either sexual or violent offences as 'non-violent offenders'. Males who do not have criminal records will be denominated 'non-offenders'. Also, the nomenclature used to characterise adult attachment styles is diverse, depending on the measure of attachment used, and each study referred to in this review uses specific terms to denominate attachment propensities. Table 2 clarifies which terms fall into the categories of 'anxious' or 'avoidant' styles.

Table 2

Categorisation of attachment terms

Categorisation used in this review	**Attachment terms**
Anxious Attachment Style	'Preoccupied' 'Need for approval'
Avoidant Attachment Style	'Dismissive' 'Fearful' 'Discomfort with closeness' 'Relationships as secondary'

The following table (Table 3) summarises the population, mean age, the hypotheses being tested/aims of study, the measure(s) of attachment used and the attachment-related results, for each study. This table does not explore the overall results of the studies due to the fact that not all of the studies were interested in measuring solely attachment, as can be seen from the titles of the articles in Appendix 6. This review will focus on the attachment styles of different types of sexual offenders, and will mention further links that might be explored in the articles in question, only when these links add to the understanding of the topic being explored.

Table 3

Data Summary of final ten studies

Authors and Year of Study *(Assessed Quality)*	**Population** **Size of relevant sample** **Offence type**	**Mean age (SD)**	**Hypotheses/Aims**	**Measure(s) of Attachment used**	**Attachment-related Results**
Hudson & Ward, 1997 *(72%)*	55 Child abusers	42.4 (11.5)	-To examine the relationship between interpersonal variables (loneliness, fear of intimacy, anger, hostile and abuse-supportive attitudes towards women) and both offence type and attachment	RQ – Relationship Questionnaire	-Child abusers were not more likely to show preoccupied or avoidant attachment styles -Preoccupied and fearfully attached individuals reported higher levels of loneliness than secure and dismissively attached individuals
	30 Rapists	34.7 (8.8)			
	32 Violent offenders	26.2 (7.7)			
	30 Non-violent offenders	25.4 (6.2)			
Jamieson & Marshall, 2000 *(72%)*	20 Familial child abusers	51.20 (14.60)	-The majority of child abusers will be insecurely attached -Familial child abusers will show preoccupied attachment styles -Dismissive avoidant offenders will be more aggressive in their offences regardless of whether they are familial or non familial child abusers	RQ – Relationship Questionnaire	-70% of non familial child abusers were insecurely attached and were 5 times more likely than controls to display fearful attachment styles. They were also more likely to report fearful attachment styles than familial child abusers. -Majority of all types of offenders were insecurely attached
	20 Non-familial child abusers	35.45 (9.41)			
	20 Non-sex offenders	28 (7.30)			
	21 Community controls	25.95 (6.21)			

Authors and Year of Study *(Assessed Quality)*	Population Size of relevant sample Offence type	Mean age (SD)	Hypotheses/Aims	Measure(s) of Attachment used	Attachment-related Results
Marsa et al., 2004 *(100%)*	29 Child abusers 30 Violent offenders 30 Non-violent offenders 30 Community controls	40 (12.4) 24 (3.8) 29.3 (11) 39.8 (17.1)	-Child abusers will show a greater rate of fearful-avoidant and preoccupied attachment styles, greater loneliness and a more external locus of control -Child abusers will show less abnormal anger management strategies than violent offenders.	ECRI – Experiences in Close Relationships Inventory	-Preoccupied attachment did not differ across groups - The majority of child abusers had a fearful attachment style
McKillop, Smallbone, Wortley, & Andjic, 2012 *(67%)*	107 Child abusers	42.10 (12.42)	- To explore the role of attachment problems in the onset of sexual offending	CAQ – Childhood Attachment Questionnaire ECRI – Experiences in Close Relationships Inventory	-Offenders were more likely to report insecure than secure childhood attachment -Offenders were more likely to report insecure childhood attachment with their fathers than with their mothers -Offenders were more likely to report insecure than secure adult attachment -The most common styles found were fearful-avoidant and preoccupied-anxious styles -Childhood attachment style was not predictive of adult attachment style

Authors and Year of Study *(Assessed Quality)*	Population Size of relevant sample Offence type	Mean age (SD)	Hypotheses/Aim	Measure(s) of Attachment used	Attachment-related Results
Miner et al., 2010 *(78%)*	107 Child abusers 49 Rapists 122 Non-sexual offenders	13 - 18	-To compare child abusers, rapists and non-sexual offenders on measures of attachment style, social isolation, perceived self-adequacy, and hypersexuality/ sexual preoccupation	Interview based on History of Attachments Interview	-Child abusers differed from non-sexual offenders on attachment anxiety -Attachment anxiety has an indirect effect on child sexual abuse (mediated by peer isolation and anxiety towards women)
Sawle & Kear-Colwell, 2001 *(78%)*	25 Child abusers 22 Non-offending victims of sexual abuse 23 Community controls	37.1 (11.9) 32.8 (14.4) 39.0 (9.4)	- To explore the relationship between abuse history and attachment	ASQ – Attachment Style Questionnaire	-Both the controls and the victims were significantly more securely attached than child abusers -Child abusers had a Relationships as Secondary/ Dismissing style of attachment

Authors and Year of Study *(Assessed Quality)*	Population Size of relevant sample Offence type	Mean age (SD)	Hypotheses/Aim	Measure(s) of Attachment used	Attachment-related Results
Smallbone & Dadds, 1998 *(78%)*	16 Rapists 16 Intra-familial Child abusers 16 Extra-familial Child abusers 16 Property offenders 16 Controls	29.5 (7.7) 40.9 (7.4) 44.5 (9.5) 26.9 (7.0) 40.3 (6.5)	-Sexual offenders have less secure childhood and adult attachment than non-offenders - Sexual offenders have less secure childhood and adult attachment than non-sexual offenders -Intra-familial child abusers have more anxious styles than other groups -Stranger rapists have more avoidant styles than other groups	CAQ – Childhood Attachment Questionnaire RSQ – Relationship Scales Questionnaire	-Sexual offenders had less secure childhood and adult attachments than non-offenders -Sexual offenders had less secure attachment relationships with mothers than non-offenders or property offenders -Intra-familial child abusers did not show more maternal/ paternal anxiety or adult anxiety than any other group. -Rapists did not show more maternal/ paternal avoidance or adult avoidance than any other group -Stranger rapists showed avoidant childhood attachments with fathers
Ward, Hudson & Marshall, 1996 *(72%)*	55 Child abusers 30 Rapists 32 Violent offenders 30 Non-violent offenders	42.4 (11.5) 34.7 (8.8) 26.2 (7.7) 25.4 (6.2)	-Both rapists and child abusers are insecurely attached -Rapists are more likely than child abusers to be dismissively attached -Child abusers are more fearful and preoccupied than rapists in their attachment style -Violent, non-sexual offenders are dismissive in attachment style	RQ – Relationship Questionnaire RSQ – Relationship Scales Questionnaire	-Sex offenders were insecurely attached in adult relationships -Rapists were more likely to display dismissive attachment styles -Violent offenders were indiscriminable from rapists on the avoidant-dismissive subscales -Child abusers were more likely to have either a fearful or preoccupied attachment style and were less dismissive than rapists.

Authors and Year of Study *(Assessed Quality)*	Population Size of relevant sample Offence type	Mean age (SD)	Hypotheses/Aim	Measure(s) of Attachment used	Attachment-related Results
Wood & Riggs, 2008 *(72%)*	61 Child abusers 51 Community controls	41.7 (10.39) 35.92 (11.27)	- High levels of attachment anxiety, attachment avoidance, cognitive distortions regarding adult-child sex, and less empathy for victims of sexual abuse significantly predict child abuser status when compared to community controls.	ECRI – Experiences in Close Relationships Inventory	-Attachment anxiety was a significant predictor of child abuser status -Attachment avoidance was not a significant predictor of child abuser status
Wood & Riggs, 2009 *(72%)*	96 Child abusers 92 Community controls	42.5 (13.01) 41.58 (11.85)	-Child abusers are more likely to present a preoccupied or fearful attachment style than community controls -Securely attached individuals will report fewer negative perceptions and fewer distortions regarding adult-child sex than insecure individuals	ECRI – Experiences in Close Relationships Inventory	-Child abusers were more likely to demonstrate fearful or preoccupied attachment styles than control

Population

Within the studies reviewed the sample sizes ranged from 70 (Sawle & Kear-Colwell, 2001) to 278 (Miner et al., 2010), with samples of less than 100 in three studies (Jamieson & Marshall, 2000; Sawle & Kear-Colwell, 2001; Smallbone & Dadds, 1998). The size of the total sample across all ten studies was 1328 (Mean=132.8, SD=62.66). All studies used adult participants (Mean age=35.4, SD=7.3), apart from one (Miner et al., 2010) who studied an adolescent sample aged between 13 and 18. The samples were exclusively male, in accordance with the inclusion criteria.

The location of the studies and ethnicity of the participants varied. Three studies were undertaken in the US (Miner et al., 2010; Wood & Riggs, 2008; Wood & Riggs, 2009), three studies were undertaken in Australia (McKillop et al., 2012; Sawle & Kear-Colwell, 2001; Smallbone & Dadds, 1998), two studies were undertaken in New Zealand (Hudson & Ward, 1997; Ward, Hudson & Marshall, 1996), one study was undertaken in Canada (Jamieson & Marshall, 2000) and one study was undertaken in Ireland (Marsa et al., 2004). The limited number of studies conducted in the UK highlights the lack of comprehensive research on this topic and further supports the rationale for this review. Regarding the ethnicity of the participants, six studies did not state ethnicity (Hudson & Ward, 1997; Jamieson & Marshall, 2000; Marsa et al., 2004; Sawle & Kear-Colwell, 2001; Smallbone & Dadds, 1998; Ward, Hudson & Marshall, 1996). Two studies reported that there were no significant differences between groups in ethnicity (Wood & Riggs, 2008; Wood & Riggs, 2009), one study did not mention ethnicity in the description of participants but this factor was controlled for in the analysis (Miner et al., 2010) and in one study the majority of participants identified themselves as Anglo-Australian (McKillop et al., 2012).

Participants were recruited from a variety of settings including correctional centres (Smallbone & Dadds, 1998), prison-based treatment programmes (Hudson & Ward, 1997; Marsa et al., 2004; Sawle & Kear-Colwell, 2001; Ward, Hudson & Marshall, 1996), community-based treatment programmes (Miner et al., 2010), detention facilities (Jamieson & Marshall, 2000; McKillop et al., 2012; Miner et al., 2010), probation (Miner et al., 2010; Wood & Riggs, 2008; Wood & Riggs, 2009), and community. Furthermore, participation in treatment programmes has been controlled for in only four studies (Hudson & Ward, 1997; Marsa et al., 2004; Miner et al., 2010; Ward, Hudson & Marshall, 1996), whereas in others, treatment participation has not been mentioned, or has not been accounted for in the analysis.

Regarding sub-groups of sexual offenders examined, four studies made a direct comparison between rapists and child abusers (Hudson & Ward, 1997; Miner et al., 2010; Smallbone & Dadds, 1998; Ward, Hudson & Marshall, 1996), whereas the remaining six studies examined the attachment styles of child abusers, exclusively or in combination with other groups (e.g., violent offenders; community controls). Overall, only three studies compared sex offending status against a non-sexual offending group and a control group (Jamieson & Marshall, 2000; Marsa et al., 2004; Smallbone & Dadds, 1998), six studies employed a community control group (Jamieson & Marshall, 2000; Marsa et al., 2004; Sawle & Kear-Colwell, 2001; Smallbone & Dadds,1998; Wood & Riggs, 2008; Wood & Riggs, 2009) and one study (McKillop et al., 2012) examined child abusers only, not employing comparison groups nor a control group. In terms of exclusivity in the 'rapist' vs. 'child abuser' categorisation, five studies (Hudson & Ward, 1997; Marsa et al., 2004; McKillop et al., 2012; Smallbone & Dadds, 1998; Ward, Hudson & Marshall, 1996) reviewed the offence records of participants and ensured that participants belonging to a certain group have not committed offences that

fit with other groups (i.e., child abusers have no offences against adult victims). One study (Miner et al, 2010) ensured categories were exclusive but allowed for participants in the 'rapist' category to have maximum one offence against a child; and the remainder four studies based categorisations on self-report.

Measures of Attachment

The studies varied in the tools used to measure attachment style. The tools used across studies were as follows: Experiences in Close Relationships Inventory (ECRI, Brennan, Clark, & Shaver, 1998); Attachment Style Questionnaire (ASQ, Feeney et al., 1994); Relationship Questionnaire (RQ, Griffin & Bartholomew, 1994); Relationship Scales Questionnaire (RSQ, Griffin & Bartholomew, 1994); Childhood Attachment Questionnaire (CAQ, Hazan & Shaver, 1990); and the History of Attachments Interview (Bartholomew & Horowitz, 1991). As previously mentioned, and according to the 25-year review conducted by Ravitz and colleagues (2010), the ECRI and the ASQ are the measures with stronger reliability and validity properties, followed by the RQ and the RSQ. The History of Attachments Interview has also been considered to have strong psychometric properties. The CAQ was deemed to be the measure with weakest reliability and validity properties.

The Experiences in Close Relationships Inventory (ECRI, Brennan, Clark, & Shaver, 1998), is a 36-item self-report attachment measure for adults, composed of two dimensions – interpersonal anxiety and interpersonal avoidance. Each subscale consists of 18 items and respondents rate their level of agreement with each item on a 7-point Likert scale. Respondents can be classified into four distinct styles of attachment: secure, fearful, dismissive or preoccupied. The avoidance and anxiety factors were identified by factor analyses demonstrating high construct validity in correlations with other measures of attachment, ranging from .82 to .94. These two dimensions also have

good internal consistency reliability, with alphas greater than 0.9. Furthermore, the ECRI test-retest reliability was established at .70 (Wood & Riggs, 2008). Four studies (Marsa et al., 2004; McKillop et al., 2012; Wood & Riggs, 2008; Wood & Riggs, 2009) used this tool.

The Attachment Style Questionnaire (ASQ, Feeney et al., 1994) contains 40 short statements that participants rate on a scale of one to six. The questionnaire has five factor scales that are continuous variables – one scale represents a secure adult attachment style and four represent insecure styles (preoccupied with relationships; need for approval; discomfort with closeness; relationships as secondary). Feeney reported coefficients for the scales that ranged from .76 to .84 in a large sample of undergraduates, and stability coefficients ranging from .67 to .78 across a 10-week period (Ravitz et al., 2010). One study (Sawle & Kear-Colwell, 2001) used this tool.

Four studies (Hudson & Ward, 1997; Jamieson & Marshall, 2000; Smallbone & Dadds, 1998; Ward, Hudson & Marshall, 1996) used the Relationship Questionnaire (RQ, Griffin & Bartholomew, 1994) or the Relationship Scales Questionnaire (RSQ, Griffin & Bartholomew, 1994). The RQ consists of two parts both of which involve four short paragraphs describing different attachment styles – secure, fearful, preoccupied, dismissive. On Part one, participants are asked to indicate which style most closely resembles them. On Part two respondents rate on a seven-point scale the extent to which each of the four styles describes their adult romantic style. The RSQ is a 30-item self-report questionnaire that asks respondents to rate themselves on a five-point scale in response to a series of statements about their close relationship. This scale uses the same attachment styles as the RQ. The internal consistency of the scales are variable (alphas ranging from .41 for the secure pattern to .70 for the dismissing pattern) because of the two orthogonal dimensions (self-model and other-model) being

combined to create each pattern. Nevertheless, convergent validity has been demonstrated across the RQ, RSQ and interview ratings (Griffin & Bartholomew, 1994).

Two studies (McKillop et al., 2012; Smallbone & Dadds, 1998) used the Childhood Attachment Questionnaire (CAQ, Hazan & Shaver, 1990) in combination with other measures. The CAQ is a retrospective measure of childhood attachment, which contains three descriptions of care giving styles: secure; anxious/ambivalent; avoidant. Both studies asked respondents to rate relationship with mother separately from relationship with father. This questionnaire has demonstrated moderate to high test-retest reliability in Smallbone and Dadds' (1998) study.

Furthermore, one study (Miner et al., 2010) used an interview schedule based on the History of Attachments Interview (Bartholomew & Horowitz, 1991). The History of Attachments Interview consists of open-ended questions and probes regarding childhood and family relationships and dynamics, friends, free-time activities and sexual experiences. The authors used two coders to rate the interviews independently. This measure is reported to have strong psychometric properties (Miner et al., 2010).

Of note is the fact that, apart from two (McKillop et al., 2012; Smallbone & Dadds, 1998), all studies employed measures that are based on Bartholomew and Horowitz's (1991) model of attachment. As previously mentioned, and presented in Figure 1, this model classifies attachment with basis on views of self and others, and considers different attachment styles in relation to their degree of avoidance and anxiety. This model distinguishes between secure, preoccupied, dismissive and fearful attachment styles: the preoccupied style is considered to be an anxious attachment styles, and the dismissive and the fearful styles are considered to be avoidant.

Data Synthesis

The attachment style of child abusers.

All studies reviewed explored the attachment styles of child abusers. Jamieson and Marshall (2000), and Marsa et al. (2004), suggested that child abusers are likely to display fearful attachment styles. Fearful styles are denoted by high anxiety and high avoidance in relationships. Jamieson and Marshall's study scored 72% on the quality assessment tool and Marsa and colleagues' (2004) study scored 100%. McKillop et al. (2012), Ward, Hudson and Marshall (1996) and Wood and Riggs (2009) suggested that child abusers are equally likely to display fearful or preoccupied attachment styles. Preoccupied styles are denoted by high anxiety and low avoidance in relationships. The formed study scored 67% on the quality assessment tool and the latter two scored 72%.

Wood and Riggs (2008) and Miner and colleagues (2010) only differentiated between attachment anxiety and attachment avoidance. Wood and Riggs (2008) suggested that child abusers are likely to display anxious attachment styles. This study scored 72% on the quality assessment tool. Miner and colleagues' (2010) found that peer isolation and anxiety towards women mediated the relationship between attachment anxiety and child sexual abuse. This study scored 67% on the quality assessment tool. All seven studies mentioned above found a relationship between high anxiety and child sexual abuse.

Of note, is Hudson and Ward's (1997) study which found that child abusers were not more likely to display preoccupied or avoidant attachment styles. The authors also failed to find a difference between offending groups on levels of loneliness, fear of intimacy, hostile attitudes towards women and rape myths acceptance. However, differences on overall levels of loneliness were found when categorising participants on

the basis of attachment styles. Taking these findings into account, the authors suggested that offending groups may be a poor indicator of an individual's psychological vulnerabilities and suggested that using attachment style as a categorising variable may have more utility. This study scored 72% on the quality assessment tool. Similarly, Smallbone and Dadds' (1998) hypotheses that intra-familial child abusers have more anxious styles than other groups and rapists have more avoidant styles than other groups were not supported by the results. This study scored 78% on the quality assessment tool.

Finally, Sawle and Kear-Colwell's (2001) found that their sample of child abusers was more likely to display a dismissing avoidant attachment style. According to the authors, the fact that their results are inconsistent with other studies adds to the argument that attachment styles may provide a better basis for understanding the psychological processes associated with offenders rather than categories of criminality, such as age of victim based categorisations. This study scored 78% on the quality assessment tool.

The attachment style of rapists.

Four of the 10 studies recruited a sample of rapists as well as child abusers (Hudson & Ward, 1997; Miner et al., 2010; Smallbone & Dadds, 1998; Ward, Hudson & Marshall, 1996). Ward, Hudson and Marshall's (1996) results supported their hypothesis that rapists would be more likely than child abusers to be dismissively attached. This study scored 72% on the quality assessment tool. Smallbone and Dadds (1998) explored childhood and adulthood attachment styles and suggested that rapists experienced avoidant attachments with their fathers in childhood. However, the same style did not significantly characterise rapist's adult attachment styles. This finding provides preliminary support for the instability of attachment styles contradicting the hypothesis proposed by Ravitz and colleagues (2010), mentioned in the introduction of this review.

Hudson and Ward (1997) did not find a direct relationship between attachment style and rapist status in their study, which scored 72% on the quality assessment tool. Finally, Miner et al. (2010) did not find evidence to support the presence of a relationship between rapist status and having a particular attachment style either.

Relationship between attachment and other variables of interest.

Six studies (Hudson & Ward, 1997; Jamieson & Marshall, 2000; Marsa et al., 2004; Miner et al., 2010; Wood & Riggs, 2008; Wood & Riggs, 2009) explored attachment styles, in combination with other variables. These variables were as follows: social isolation/ loneliness, anxiety towards women, feelings of inadequacy, anger and aggression, locus of control, cognitive distortions, rape myths acceptance, empathy, view of self and others, sexual compulsivity and hyper sexuality. Below is a brief review of the studies' findings, in relation to other variables that increase our understanding of the association between attachment dynamics and sexual offending behaviour.

A significant difference was found between child abusers and rapists on anger scales. Child abusers and non-violent offenders were significantly less angry than both rapists and violent offenders (Hudson & Ward, 1997). A categorisation based on attachment style also showed that preoccupied offenders were the least accepting of rape myths, which reflects their negative view of self and positive view of others. Contrarily, dismissingly attached individuals were the most accepting of rape myths, which reflects their negative view of others and positive view of self. Also with basis on attachment categories, Jamieson and Marshall (2000) further reported that the level of violence employed by dismissively attached individuals is greater when compared to those who are either fearful-avoidant or securely attached.

Marsa et al. (2004) suggested that child abusers' anger management profile more closely approximated those of nonviolent offenders and community controls than that of violent offenders. Child abusers were also characterised by more loneliness and a more external locus of control than the other three groups.

Miner and colleagues (2010) found that child abusers and rapists do not differ on measures of sexual compulsivity and hyper sexuality. However, they present with higher scores on these measures than non-sex offenders. Child abusers further showed higher levels of inadequacy and anxiety towards women, when compared to rapists, which is in line with studies reporting that child abusers are more likely to experience social loneliness (Marsa et al., 2004). Also of note is the fact rapists in this study were not substantially different from the non-sex offenders on most of the measures examined; which is consistent with previous research (Seto & Lalumière, 2005; van Wijk et al., 2005). Nevertheless, they had higher levels of anxiety towards women, social isolation and sexual compulsivity than non-sex offenders.

On measures of empathy, Wood and Riggs (2008) suggested that child abusers presented with lower levels of empathy for sexual assault victims when compared with community controls. However, child abusers were also more likely to display higher levels of general empathy than controls. Finally, Wood and Riggs (2009) found that child abusers reported more negative perceptions about self, others and the future than non-offending males.

Despite preliminary, these results corroborate the aforementioned literature and provide further evidence to support the discriminant validity of a victim age typology. They also provide evidence for the importance of studying attachment styles within the broader context of other factors, further enhancing our understanding of what characterises different sub-groups of sexual offenders.

Discussion

This systematic review set out to determine the attachment styles of sex offenders by answering the following question: 'Do the attachment styles of rapists and child abusers differ?'. Seven of the ten studies in this review found that child abusers were more likely to have attachment styles denoted by high anxiety. From a theoretical standpoint, individuals with high levels of attachment anxiety are likely to be overly preoccupied with the availability of others and tend to have a negative view of self. Overall, the child abusers in this review demonstrated high levels of inadequacy and anxiety towards women (Miner et al., 2010), high levels of loneliness, more externalised locus of control (Marsa et al., 2004), lower levels of anger than rapists (Hudson & Ward, 1997) and more negative perceptions about self, others and the future when compared to community controls (Wood & Riggs, 2009). These findings are consistent with the literature showing that child abusers frequently report low self-esteem (Marshall & Mazzucco, 1995; Ward & Marshall, 2004) and suggest that child abusers desire intimacy with others but see its attainment as problematic.

Rapists were found to be avoidantly attached by one study (Ward, Hudson & Marshall, 1996) and showed more levels of anger than child abusers. The results also support the evidence aforementioned in the introduction suggesting that rapists show the greatest similarity to non-sexual and violent offenders (Bard et al., 1987; Hudson & Ward, 1997; Luehrer, 1992; Prentky & Knight, 1993).

Of note is the fact that the study with highest score (100%) on the Quality Assessment tool (Marsa et al., 2004) found that child abusers are more likely to display an anxious attachment style. Studies with the second highest score (78%) on the Quality assessment tool (Miner et al., 2010; Sawle & Kear-Colwell, 2001; Smallbone & Dadds, 1998) displayed inconsistent findings. However, Miner and colleagues (2010) provided

support for the link between attachment anxiety and child sexual abuse. In regards to rapists, the only study which provided support for the premise that rapists are likely to display avoidant attachment styles (Ward, Hudson, & Marshall, 1996) scored 72% on the Quality assessment tool. This is deemed to be a satisfactory score. It is also noteworthy that this study also found support for the premise that child abusers are likely to display attachment styles denoted by high anxiety.

Overall, these findings are consistent with previous literature showing that child abusers tend to display anxious attachment styles, characterised by fear of rejection from adult partners, preference for interacting with children (Ward, 2000), perceptions of being exploitable, and a fear of being negatively evaluated by others (Eher et al., 1999). The results of this review also support the hypotheses that rapists present as more similar to non-sexual and violent offenders, and that this group is more likely to display higher levels of anger, violence and cognitive distortions than child abusers. Some of these characteristics were found in dismissively attached individuals, which may suggest that rapists are more likely to display attachment styles denoted by high avoidance and low anxiety.

Methodological Limitations of Studies Reviewed

There are a number of methodological limitations that apply to most studies included in this review. The studies included in this review used self-report retrospective designs, which involves the risk of response bias since the researchers cannot assure offenders' recollections are an accurate representation of their attachment or offending histories. Studies utilising other assessment methodologies, such as interviews conducted by trained examiners, and/or third-party reports would be useful in addressing this limitation. For instance, the literature has reported that the Adult Attachment Interview

(AAI; George, Kaplan, & Main, 1984) has strong psychometric properties (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010).

Regarding the recruitment process, small sample sizes for some studies and sampling not involving randomisation may have introduced bias in the current review. Furthermore, apart from three studies (Marsa et al., 2004; McKillop et al., 2012; Sawle & Kear-Colwell, 2001), the studies failed to acknowledge withdrawal and drop-out numbers. This information has an impact on missing data and, if mentioned, would provide valuable information regarding the experimental conditions.

The studies are also subject to threats to their internal validity, due to possible inadequate operationalisation of the independent variable (sub-groups of sexual offenders). The categorisation of sexual offenders is made based on official records and/or self-report, which only assures exclusivity of categorisation to a certain extent, due to the fact that most sexual offences are not reported to the police (World Health Organization, 2003). This has implications for practice, as well as for research, as offenders that are categorised for instance as child abusers, might have previously committed sexual offences against adults, that have never been reported and hence are not in their criminal records. Also in respect to the independent variable, it would be valuable if studies expanded the design to always include two sexual offending groups (child abusers and rapists), non-sexual violent offending groups, non-violent groups and control groups. This would allow further exploration of between-groups differences, adding consistency to the literature, and enhancing our understanding of the pathways to committing different offences.

Furthermore, the studies included in this review identify correlates of sexual offending, not etiological factors. Establishing causal relationships would require employment of longitudinal designs to determine the developmental trajectories

predisposing sexual offending behaviour. It is also important to emphasise that, apart from one, the studies included on this review focused on adult-attachment styles, which can differ considerably from early parent-child attachments (Riggs et al., in press). Theoretically, the parent-child bond precedes and influences the development of adult attachment styles. Studies utilising measures of both childhood and adulthood attachment would be useful in determining how associations between these two different attachment constructs influence sexual offending behaviour.

In addition, the studies included in this review were not parsimonious in the measure of attachment used, which impacts on the overall interpretation of results. Another limitation regards the poor reliability and validity properties of some of the measures of attachment used, as previously mentioned in the method section. Finally, the nature of treatment programmes and treatment progress were not assessed as confounding factors in the studies included in this review. Offenders who participated in treatment programmes emphasising interpersonal relationships, and displayed positive treatment progress may have different characteristics from offenders who did not engage in treatment, or displayed poor progress. Including these variables as possible confounds in the analysis would increase the quality of the studies and provide more credibility to the results. Employing longitudinal designs whilst controlling for treatment participation would also address this limitation, further contributing to the literature on the efficacy of specific intervention programmes.

Review Limitations

There are limitations to the methodology used in the review itself. Only including papers that were published in full in peer reviewed journals limited the scope of the review; as a consequence studies of relevance may have been missed. Furthermore, excluding dissertations in the selection process and only including studies available in

English is likely to have biased the results. However, this decision was made based on time and financial constraints.

In addition, this review predominantly included studies examining the attachment styles of child abusers. This represents a limitation to the generalisation of the results concerning rapists and reflects a gap in the literature. The nonexistence of systematic literature reviews exploring the attachment styles of sexual offenders also reflects a gap in literature, which further highlights the limited amount of research in this area. This fact might have led to limited reliability of this review, due to limited number of studies included. Apart from one, none of the studies included in this review have been conducted in the UK. It has been suggested that the prevalence of different attachment styles may vary by culture (Bifulco, 2009) and this may affect the generalisation of current results to the UK population. Despite these limitations, the current review appears to be the first attempt to explore the attachment styles of sexual offenders using a systematic approach, adding to the current literature.

Implications for Practice

The evidence presented in this review seems to suggest that typologies based on victim age and attachment styles are helpful in discriminating between sex offenders. It has been suggested by Hudson and Ward (1997) and by Sawle and Kear-Colwell (2001) that it might be more informative to categorise offenders based on interpersonal characteristics such as attachment styles, instead of categorising offenders based on the age of their victims. This argument is based on the fact that attachment styles are relatively simple to assess, and have been demonstrated to be related to other clinical variables of interest to researchers and practitioners, contributing to the development of treatment strategies.

The results of this review highlight the usefulness of using a typology based on attachment styles, since child abusers appeared to be more likely to display anxious attachments, when compared to rapists. Treatment programmes addressing attachment difficulties have started to be implemented in clinical practice with adult sex offenders and have resulted in significantly lower levels of recidivism (Marshall, Marshall, Serran, & Fernandez, 2006; Marshall, Marshall, Serran, & O'Brien, 2009). These programmes emphasise the importance of sex offenders identifying their dysfunctional attachment styles and associated interpersonal difficulties. They also aim to provide offenders with skills which enable them to meet intimacy needs in appropriate pro-social ways. This treatment approach seems to be relevant for both child abusers and rapists. However, the literature also indicates that intimacy deficits and emotional loneliness are bigger risk factors for child abusers. Rapists, on the other side, display patterns of attachment and offending behaviours similar to violent offenders. In accordance, this group would probably benefit more from interventions that address their pro-criminal attitudes. For instance, multisystemic interventions would be beneficial, in order to break cycles of violence and delinquency within families. Therefore, a typology based on attachment style is likely to improve the assessment and treatment of sex offenders.

Conclusions

Despite its limitations, this review supports the literature suggesting that sex offenders are a heterogeneous group and proposes that child abusers display different attachment propensities to rapists. Overall, the results seem to suggest that child abusers are more likely to display attachment styles denoted by high anxiety, whereas rapists are more likely to display attachment styles denoted by high avoidance. However, the results found by Hudson and Ward (1997), Sawle and Kear-Colwell (2001) and Smallbone and

Dadds (1998) suggest that the literature is lacking consistency in supporting the hypothesis that specific sub-groups of sexual offenders display either anxious or avoidant attachment styles. These results further highlight the need for further research, to ascertain the usefulness of categorising offenders based on attachment styles or offending categories.

Unfortunately, any conclusions from this review are only tentative, due to the lack of large scale research exploring the attachment style of sex offenders. Also noteworthy is the extensive use of self-report measures in the studies reviewed. One of the strengths of self-reports measures is their practicality. However, self-report tools are subject to response bias and impression management from the respondants.

The following chapter, Chapter 3, presents and critiques a semi-structured attachment interview (Attachment Style Interview; Bifulco, Moran, Ball, & Bernazzani, 2002) which has been developed in an attempt to overcome the limitations of existing measures, both self-report and other interview schedules. Chapter 3 also covers the limitations of the ASI and possible benefits of using this measure in clinical practice. The Attachment Style Interview was then used in the empirical research study presented in Chapter 4 to explore the attachment style of adolescent sex offenders. The hypotheses and methodology of the empirical study have been informed by the findings and limitations of the current systematic literature review.

CHAPTER 3

Psychometric Critique of the Attachment Style Interview

Abstract

The aim of this chapter was to critically evaluate the Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002). The ASI is a standardised interview tool, which assesses attachment styles based on quality of social support and attitudes towards others. This tool is being extensively used in child care services and in the assessment of parents and carers in adoption and fostering contexts. The Attachment Style Interview takes 45-60 minutes to administer, and roughly two hours to rate and score from an audio-recording. The tool has been developed in an attempt to address the limitations of other measures of attachment. The main strengths of the ASI are as follows: (i) it does not rely on self-report; (ii) it includes a categorisation of dual/disorganised attachment style; (iii) it is brief and requires less intensive training than other semi-structured interviews; (iv) it allows to measure degree of severity of insecure attachment styles; (v) and it explores different types of relationships, rather than focusing simply on early experiences, or peer/intimate relationships. Overall, the ASI shows good reliability, with consistently high levels of inter-rater reliability and test-retest reliability over a period of time, with coefficient scores ranging between .72 and 1.00. The ASI also shows satisfactory face, construct, and concurrent validity and it has been reliably used across cultures and age groups. One of the main limitations of the ASI includes the lack of evidence supporting its discriminative, content and concurrent validity. There is also limited evidence supporting its validity with forensic samples. These deficits are mainly due to the fact that the ASI is a relatively recent measure, and highlight the need for more research using this attachment tool.

Introduction

The literature recognises that childhood experiences can impact on the pathways to committing sexual offences (Hudson & Ward, 1997). This has been linked to attachment theory which suggests that development of bonds to a caretaker during a child's early years provides the child with internalised cognitive templates of relating, or 'internal working model', that continue to inform expectations of future relationships (Bowlby, 1980). Research has consistently demonstrated strong associations between attachment insecurity and increased risk of psychological vulnerabilities (e.g., Bifulco, Moran, Ball & Lillie, 2002; Scott-Brown & Wright, 2003; Van Ijzendoorn & Bakermans-Kranenburg, 1996; Sroufe, 2005), social and behavioural problems (Cooper, Shaver & Collins, 1998; Sroufe, 2005). It has further been suggested that specific attachment styles can lead to different pathways to offending which are characterised by specific behaviours against different types of individuals (Ward, Hudson, Marshall and Siegert, 1995). It is therefore important that an assessment tool of attachment is able to accurately measure different attachment styles.

Researchers and clinicians have developed several tools to measure attachment propensities in infants and adults. Ainsworth, Blehar, Waters and Wall (1978) created one of the first reliable measures of attachment style in infants - the 'strange-situation' paradigm. Through observations of children's response to separation and reunion with their mother, Ainsworth proposed three major styles of attachment: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. The 'strange-situation' assessment has been found to have good reliability (e.g., Wartner, Grossmann, Fremmer-Bombik, & Suess, 1994). However, this method has been criticised on the grounds that it only measures the type of attachment to one caregiver, usually the mother; lacking in validity because it does not measure a general attachment

style. The ecological validity of this method has also been raised as a concern (Lamb, 1977), whereby this method hardly approximates real-world conditions.

Following from the development of the 'Strange Situation', the assessment of attachment fell in two main streams: (1) semi-structured interviews; and (2) self-report questionnaires. The Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984) is the best known of semi-structured interviews. It was developed in line with Ainsworth's work to infer an individual's state of mind regarding early childhood experiences with caregivers (Main, Kaplan, & Cassidy, 1985).

The AAI has been widely used in studies assessing attachment style and it has been recognised as the most robust and valid tool for this effect (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). However, this measure relies on high levels of resources due to the need for specialised training and the time taken to administer and interpret the interview, which have an impact on its ease of access for researchers and practitioners. The AAI has also been criticised for its focus on childhood relationships. It has been suggested that exploring lifespan ongoing relationships is of crucial importance for determining social as well as psychological conditions and how changes in these may effect changes on attachment style (Bifuco & Thomas, 2013). Other semi-structured interviews include the Current Relationship Interview (Crowell & Owens, 1998) and the Peer Attachment Interview (Bartholomew & Horowitz, 1991). Both of these have been deemed as lacking in validity, with the former focusing on partner relationships therefore having limited use with an adolescent population and the latter only targeting relationships with peers, failing to explore relationships with parental figures, who may still be the main attachment figures in the young person's life.

Practical limitations of semi-structured interviews have led to the development of a large number of self-report instruments to measure adult attachment. The majority

of self-report questionnaires ask respondants to indicate which attachment style most closely resembles them in interpersonal relationships. A 25-year review identified the Experiences in Close Relationships Inventory (ECRI; Brennan, Clark, & Shaver, 1998) the strongest of self-report tools, having moderate reliability properties and excellent validity properties. The ECRI was followed by the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994), which was assessed as having moderate reliability and validity properties. The Relationship Questionnaire and the Relationship Scales Questionnaire (RQ and RSQ, Griffin & Bartholomew, 1994) were rated as having poor reliability and moderate validity (Ravitz et al., 2010).

The advantages of self-report measures are their shortness and practicality, and typically, having no requirement for training in administration. The disadvantages include reliance on self-report, which assumes that respondants can accurately reflect on their attachment propensities, which is a problem with insecurely attached individuals (Bifulco & Thomas, 2013). Another problem is that disorganised/dual styles are not formally assessed.

Given the identified drawbacks of existing measures, the Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002) was developed. It attempts to address the following identified needs: (i) the development of a relatively brief and reliable measure which distinguishes between ‘secure’ and ‘insecure’ attachment styles; (ii) the development of a measure based on attitudes and behaviour with current support figures including partner, relatives and close friends suitable for longitudinal work to measure change; (iii) the development of a measure which can assess the degree or severity of insecure attachment to test thresholds for psychopathology in terms of each style identified; (iv) the development of a measure which is not confounded with other psychosocial vulnerability factors; (v) the development of a measure which can include

hostile relating styles as well as anxious and avoidant ones (Bifulco, Moran, Ball, & Bernazzani, 2002).

Overview of the Tool

The ASI was originally developed in a programme of research funded by the UK Medical Research Council which aimed at identifying vulnerability in families in relation to mental health. It was further used in over 10 years of psychosocial research conducted by the Lifespan Research Group, Centre for Abuse and Trauma Studies, Middlesex University (formerly at Royal Holloway, University of London).

The ASI is an investigator-based semi-structured interview that aims to assess an individual's overall style of attachment based on detailed questioning of ongoing close relationships. Scales in the ASI were taken from the Self Evaluation and Social Support Interview (SESS, O'Connor & Brown, 1984) involving the quality of relationship with partner and up to two support figures named as very close others (VCOs), as well as attitudes denoting distance or dependence in relationships. The SESS is concerned with assessing self-perception and access to social support, two constructs closely linked with attachment theory. Other scales required to complete the attachment prototypes were taken from the Cognitive Style Interview (Harris & Bifulco, 1991).

The first part of the ASI concerns support from partner and other adults (family or friends) identified as 'very close others'. Up to three such relationships are each rated on five subscales with an overall summary scale. A low level of confiding or emotional support (3-some or 4-little/none on 4-point scales) determines low overall support, and the presence of high negative interaction (1-marked or 2-moderate) determines whether the relationship is accompanied by conflict. These scales allow for an assessment of the individual's 'ability to make and maintain relationships' based on the number of close

relationships that are supportive. This in turn determines the level of insecurity in relating to others.

The second part of the interview relates to questions around seven attitudinal scales assessing avoidance (e.g., mistrust, constraints on closeness, self-reliance, anger) or anxiety in relationships (e.g., fear of rejection, fear of separation, desire for company). These attitudinal scales are mainly scored as Marked (1), Moderate (2), Some (3) or Little/none (4) and are used to determine the overall attachment style.

In the ASI, attachment can be categorised as secure or insecure: Enmeshed, Fearful, Angry-Dismissive, Withdrawn or Dual (please refer to Table 4). An additional classification of degree of insecurity is made, based on the extent to which behaviour and attitudes in relationships are dysfunctional. Within each insecure attachment style individuals can be assessed as 'marked', 'moderately', or 'mildly' insecure. There is also an adolescent version of the measure, the Adolescent Attachment Style Interview (ASI-AD; Bifulco, 2012), which has been used with participants aged 13 or more, with the youngest interviewed aged nine (Oskis, Loveday, Hucklebridge, Thorn, & Clow, 2011).

The following review aims to examine the psychometrics properties of the *Attachment Style Interview* (Bifulco, Moran, Ball, & Lillie, 2002), since this measure was chosen to conduct the research project presented in Chapter 4. Kline (1986) suggested that a good psychometric test must be measured at least at an interval level, must be reliable, valid, discriminating; and have appropriate norms. The ASI's psychometric properties will be reviewed, taking into account the criteria mentioned above. Its limitations and uses for clinical practice will also be covered.

Table 4

Types of attachment style in the ASI (Bifulco, Moran, Ball, & Lillie, 2002)

Attachment Style	Description
Secure	This is the most stable and flexible style with a lack of attitudes denoting either anxious or avoidant attachment. There is comfort with closeness and appropriate levels of autonomy. There is a good ability to make and maintain relationships and evidence of good support.
Fearful (Anxious)	This attachment style is characterised by anxiety around being rejected. There may, however, be a high desire to get close to others, together with fear of doing so which can lead to loneliness. This style is further characterised by high levels of mistrust and constraints on closeness.
Enmeshed (Anxious)	This is a dependent attachment style as exhibited by high desire for company and low self-reliance. This style is also characterised by high anxiety around separation. These individuals tend to have fairly superficial relationships despite high number of social contacts.
Angry-Dismissive (Avoidant)	This style's key characteristic is high anger and avoidance of others, with high mistrust and low desire for company. Individuals with this style usually have high constraints on closeness and are extremely self-reliant.
Withdrawn (Avoidant)	This is a detached style characterised by high self-reliance and high constraints on closeness, often expressed as desire for privacy and clear boundaries with regard to others. However, there is neither fear of rejection nor high anger.
Dual (Anxious/ Avoidant)	This style denotes individuals for whom no single clear style can be determined. It is characterised by both anxious and avoidant relational attitudes. In attachment theory this classification is usually connected with 'unresolved loss or trauma'.

Psychometric Properties of the Attachment Style Interview

Level of measurement.

All scales on the first part of the interview schedule, and most scales on the second part are scored on an ordinal level (1-4), with 1 representing 'Little/None', 2 representing 'Some', 3 representing 'Moderate' and 4 representing 'Marked'. The attachment categories are scored on a nominal level (secure, anxious (fearful or enmeshed), avoidant (angry-dismissive or withdrawn) and dual) and on an ordinal level (secure, mildly insecure, moderately insecure, markedly insecure). The levels of measurement in the ASI are deemed to be appropriate for a psychometric test.

Reliability.

The reliability of a test reflects the degree to which scores on a scale approximate the true score. It can be determined through three measures: internal consistency, inter-rater reliability and test re-test reliability (Kline, 1986).

Internal consistency.

Internal consistency refers to the suitability of the test items in measuring the identified psychological construct (Streiner, 2003), mainly demonstrated by Cronbach's alpha. High alphas are generally preferable. Several authors specify that an acceptable internal consistency coefficient for a test ranges between .70 and .90 (Streiner & Norman, 2008). There are no studies supporting the internal consistency of the ASI as this is not an appropriate measure given the coding of the ASI.

Inter- rater reliability.

Inter-rater reliability measures the consistency between different raters scoring the same individual. Bifulco, Moran, Ball, and Lillie (2002) used the ASI to explore adult attachment style in a high-risk community sample of women in relation to clinical depression. In this study reliability was satisfactory with 89% agreement on the overall attachment style for independent raters assessing 20 interviews (k_w = .80). Reliability related to the rating of the subscales averaged .75 (k_w varied between .63 and .92).

Two further studies (Bifulco et al., 2004; Figueiredo, Bifulco, Pacheco, Costa, & Magarinho, 2006) used the ASI in cross-European and USA samples and achieved satisfactory inter-rater agreement. In Bifulco and colleagues' study (2004) interviews were rated (masked to original scorings) by a researcher trained in the ASI but not involved in the study. Using weighted kappa, 'degree of insecurity of attachment' (mildly, moderately or markedly insecure) reached .72, type of attachment at any level of insecurity (enmeshed, fearful, angry-dismissive, withdrawn, or dual) .74, type of markedly insecure style .84, and anxious styles versus avoidant or secure style .73. These scores are deemed to be satisfactory.

A study by Conde, Figueiredo and Bifulco (2011) found satisfactory inter-rater reliability, with levels of agreement between observers ranging between .81 and 1.00 (k_w). Finally, in two recent studies conducted by Oskis and colleagues (2011, 2013), inter-rater reliability of the ASI was good, with k_w = .89 agreement on overall attachment style for independent raters assessing half of the interviews conducted.

Test-retest reliability.

Test-retest reliability refers to the ability of a test to yield consistent scores when administered on the same population on more than one occasion.

In a study by Bifulco et al. (2004) exploring the relationship between attachment style and post-natal depression, the ASI was administered pre and postnatally. Stability over a 9-month period was established, with 77% of interviewees evidencing the same classification. Good stability of the measure was also found over a three-year period with community women (73%) in terms of basic Secure or Insecure attachment style (Bifulco &Thomas, 2013).

Validity.

Validity refers to whether a test measures what it is supposed to measure. There are various types of validity, which relate to different psychometric properties.

Face validity.

Face validity is the extent to which a test is subjectively viewed as covering the concept it purports to measure. It refers to the transparency or relevance of a test as it appears to test participants.

Face validity relies on the subjective judgment of a concept rather than on statistical analyses. It is argued that the ASI's transparency in interview and scoring procedures reflect its face validity. Even for participants who are not familiar with the main premises of attachment theory, the interview is clearly interested in exploring the quality of close relationships, and attitudes that reflect relational styles with others. Questions from the interview schedule that support this are as follows: 'If you have a problem or a worry, are you able to speak to [VCO] about it?', 'Do you rely on [VCO]?', 'Do you find it hard to trust people?' (mistrust), 'Does the fear of being hurt stop you getting too close to people?' (fear of rejection), 'Do you feel you cope well

with your problems?' (self-reliance), 'Do you enjoy spending time with people?' (desire for company), 'Do you get worried when people close to you are away?' (fear of separation), 'Do you feel angry with people?' (anger).

In the interview process, the interviewer will prompt the interviewee as much as necessary to obtain enough evidence to allow the scoring of each domain. The scoring process uses an evidence-based approach, whereby the participants' statements are used verbatim to support the scores given. The scores do not rely on the opinion of the professional undertaking the interview, but on a series of rules and rating procedures all outlined in a training manual and verified in research contexts, making this process as transparent as possible both for other practitioners/ researchers and for the participants who are provided feedback on the interview. The high face validity of the ASI can also be perceived as a limitation of the measure, leaving it vulnerable to impression management.

Construct validity.

Good construct validity is indicative of a test accurately assessing the construct that it sets out to measure.

Up to date, there is no statistical evidence to support the construct validity of the ASI. However, the ASI was developed based on measures of partner relationship and levels of support from close others. It extended these to encompass the attitudes which correspond to different styles identified in attachment theory. The ASI includes questions on core attachment attitudes denoting avoidance (mistrust, constraints on closeness, self-reliance, anger) and anxiety (fear of rejection, desire for company, fear of separation). Contrarily to other measures of attachment previously mentioned, the ASI also assesses quality of ongoing relationships, and encompasses the option of focusing on different types of relationships (intimate, familial, friendships). It is then

argued that the ASI has appropriate construct validity, accessing the concept of adult attachment as a psychological construct.

Concurrent validity.

Concurrent validity is the extent to which a test correlates with other tests that measure the same construct at the same time. There is no evidence on the ASI correlating with other tools which measure attachment styles explicitly.

Nonetheless, Bifulco, Moran, Ball and Lillie (2002) used the ASI as well as the Self Evaluation and Social Support Interview (SESS) (O'Connor & Brown, 1984) in a study to explore the association between attachment style and depressive vulnerability. The SESS measures negative evaluation of self, which is a component of a well-known model of attachment developed by Bartholomew and Horowitz (1991) (four prototypes model of attachment). One of the prototypes represents a fearful attachment style which classifies individuals who hold a negative view of self and a negative view of others. In the study by Bifulco and colleagues (2002), negative view of self, measured by the SESS, was highly related with insecure attachment styles, measured by the ASI (71% of those with insecure attachment style had a negative view of self), and the highest rates occurred for those with Fearful styles (83% of those with Fearful attachment style had a negative view of self). This finding supports the concurrent validity of the ASI, when comparing a specific attachment construct – Negative view of self.

Predictive validity.

Predictive validity is the extent to which a test score correlates with an outcome measure that is gathered at a later point in time. The ASI has been shown to have predictive validity, exhibiting links with the following vulnerability factors and disorders: self-esteem, depression, anxiety, emotional disorder and alexithymic traits.

A study examining attachment style by means of the ASI has found that markedly insecure attachment styles were highly related to factors of childhood neglect and abuse (odds ratio = 2.46), adult low self-esteem (odds ratio = 1.38) and poor support (odds ratio = 2.09) ($p < 0.001$ for all associations) (Bifulco, Moran, Ball, & Lillie, 2002). In a further study where other psychosocial vulnerabilities were present, markedly insecure styles further doubled the risk of depressive onset (Bifulco, Moran, Ball, & Bernazzani, 2002). In both these studies the participants were seen prospectively, over a 12 month period.

The same interview assessment used in cross-European/USA studies of postnatal depression showed that the interview could be used reliably in a number of settings across countries and that insecure attachment style related to depression in the maternity context, including postnatal depression assessed prospectively (Bifulco et al., 2004; Figueiredo, Bifulco, Pacheco, Costa, & Magarinho, 2006).

In a study by Bifulco and colleagues (2006) insecure attachment style was predictive of new episodes of anxiety disorders and major depression in a high-risk series of community women within a three year follow-up period. Insecure attachments were also associated with childhood neglect/abuse and were shown to partially mediate the relationship between childhood adversity and disorder. This study also suggested that Fearful attachment styles were particularly associated with depression and social phobia and Angry-dismissive attachment styles were only significantly associated with Generalised Anxiety Disorder.

The ASI was further used in a study of couples (N=126) expecting a baby. In this study it was suggested that insecurity of style in both men and women was associated with poorer support and emotional disorder. Furthermore, insecurity in both of the couple

had a particular impact on women's postnatal depression (Conde, Figueiredo, & Bifulco, 2011).

Oskis and colleagues (2013) conducted a study with sixty healthy females aged between 9 and 18 years to explore the association between attachment style (measured using the ASI) and alexithymic traits. In this study, greater levels of alexithymia were exhibited by insecurely attached individuals compared to securely attached individuals. Apart from providing support for the validity of the ASI in predicting a specific impairment, this study further provided support for the specificity of the measure. Fear of separation (characteristic of anxious attachment style) predicted both overall alexithymia scores and the specific alexithymic traits of 'difficulty identifying emotions', whereas constraints in closeness (an avoidant attachment attitude) predicted 'difficulty describing feelings'. These findings indicate that features of anxious and avoidant attachment styles are differently related to separate facets of alexithymia.

Finally, in a study by Bifulco, Moran, Jacobs and Bunn (2009), attachment insecurity in mothers (measured using the ASI) was shown to play a role in predicting internalising disorder in the offspring. This retrospective study recruited 146 high-risk mother-adolescent offspring (78 females and 68 males) pairs in London. The results suggested that mothers' insecure attachment style and partner's problem behaviours accounted for variance in mother's incompetent parenting, which in turn predicted mothers' neglect and abuse of their children.

Appropriate norms.

Population.

The norm group represents the population that participated in the development and validation of the test and whose test results provide the average distribution of scores against which future test takers can be compared.

Initially, the ASI was used as a tool to explore the association between insecure attachment styles and depressive-related vulnerability (Bifulco, Moran, Ball, & Bernazzani, 2002). The tool was developed based on data from 222 high-risk women selected for having problem relationships or difficult childhood experiences. This study used a control group of 80 women. The control group rate approximates to the population rates found in the research literature (Bifulco & Thomas, 2013). All participants were recruited from London GP patient lists and their ages ranged between 19 and 50 years (Mean = 34.6, S.D. = 6.84). The results showed that secure attachment style was twice as prevalent in the comparison group (49%) when compared to the high-risk group (24%) ($p < 0.001$). Prevalence of secure styles among the comparison series proved similar to those reported elsewhere using self-report assessments (Mickelson, Kessler, & Shaver, 1997). The type of insecure style which most highly differentiated between high-risk and comparison series was Angry-dismissive (18% high-risk and 6% comparison) and the Fearful style proved to be the most prevalent insecure style. This research allowed setting prevalence rates of ASI attachment styles in London women.

The prevalence of insecure attachment style by gender was explored in a study by Conde, Figueiredo and Bifulco (2011). Men were found to be twice as likely to have an avoidant style and women three times more likely to have an anxious style. Since then, the ASI has been reliably used with both males and females, with cross-European and USA samples (e.g., Bifulco et al., 2004; Conde, Figueiredo, & Bifulco, 2011), showing similar patterns of attachment behaviours across diverse cultural contexts. It has also been used with Japanese (Yoshida, Hayashi, & Bifulco, 2003) and Malaysian (Kadir, 2009) samples where different insecure attachment patterns were discernible in relation to problematic relationships. Furthermore, the ASI has been reliably used with adolescent samples (Oskis et al., 2011; Oskis et al., 2013).

Administration and scoring.

The Attachment Style Interview takes 45-60 minutes to administer and roughly two hours to rate and score from an audio-recording. Training in the measure comprises of a four-day course covering the essential elements required for administering and scoring the instrument reliably, including the rating of a practice interview. Additional one-day training is facilitated for those who want to administer the adolescent version (ASI-AD).

The ASI uses standardised thresholds for what constitutes 'good- enough' support, and aids practitioners to avoid the biases and 'halo effects' from clients' socially-desirable responses. Best practice is promoted by consulting the manual for benchmark ratings and further instructions.

Using investigator-based tools (where the assessor makes the final scoring and judgments based on previously determined benchmarks), with semi-structured probing to determine evidence for a more in-depth picture of relationships, helps in achieving more objective scorings, counter-acting potential bias.

Limitations.

The ASI addresses some of the limitations of attachment measures previously mentioned. However, this measure is not without its own limitations. Because the ASI is a relatively new measure of attachment, the empirical evidence supporting its reliability and validity is still somewhat limited.

Up to date, there is no evidence to support the discriminative validity of the ASI. This relates to the degree to which the test scores are unrelated to scores on alternative tests or measures of different attributes. There is also no evidence supporting the content validity (the extent to which individual items in the measure represent the full

range of the construct) or the concurrent validity (the extent to which a test correlates with other tests claiming to measure the same construct) of the measure.

Although the ASI was initially developed based on a female clinical sample; males and forensic populations have also been assessed using this tool. Since then, the ASI has been adapted to be administered to adolescent samples (ASI-AD), and another version has been tailored towards practice requirements of adoption, fostering and child care services. However, further validation of the tool with different populations would help to increase the generalisability of the ASI, as well as providing further evidence for the psychometric properties of the measure. This would also allow for appropriate standardisation of the measure.

Finally, the ASI is vulnerable to a degree of impression management. This is despite the fact that there is flexibility for further prompting in administration and there is an emphasis on clinical judgment in scoring. Due to the fact that the tool has high face validity and scoring depends on the participants' verbatim statements, the tool is vulnerable to social desirable responding.

Implications for practice.

The ASI can be used as a tool to identify both anxious inhibited (internalising) and antisocial aggressive acting out (externalising) symptoms in adults and children which in turn can be used to inform assessment and suitable interventions. This includes couple and family therapy, child psychological services, child protection and safeguarding services as well as adoption and fostering procedures (Bifulco & Thomas, 2013).

The ASI is being extensively used to assess parents/carers in adoption and fostering and child care services. It aids in understanding parents' current supportive network including quality of partner and other close support relationships, and barriers

to such closeness. For instance, assessing both individuals of a prospective adoptive couple as moderately or markedly insecure clearly carries risks associated with poorer partner and support relationships, along with attitudes that will make subsequent contact with services difficult, relationships more likely to disrupt and parenting of children more challenging (Bifulco, Jacobs, Bunn, Thomas & Irving, 2008).

The ASI is further being used in residential care practice by St Christopher's Fellowship and other residential settings, to aid providing a structured, social learning and attachment-based intervention for adolescents. A partnership between St Christopher's Fellowship (SCF) and the Lifespan Research Group, Centre for Abuse and Trauma Studies, was established in 2006 in order to help implement attachment-based working for young people in residential care. The programme addresses deficits in the young person's social support and close relationships. Their barriers to trust and closeness are then modified through the relationship with the care workers. The adolescent ASI is used to provide an enhanced assessment of the young person on entry to the programme to help target the areas of need for the social learning interaction (Bifulco &Thomas, 2013).

The measure has also proved to be reliable for predicting prospective depression and anxiety disorder. Attachment styles, measured by the ASI, also showed an association with self-esteem, emotional disorder and alexithymia. This has clear implications for practice, providing clinicians and researchers with a useful tool to allow for predictions of vulnerability factors and psychopathology, tailoring interventions accordingly. For instance, the results of Conde et al.'s study (2011) indicate the importance of systemic approaches to attachment style in couples when perinatal interventions are planned (e.g., O'Hara, Stuart, Gorman, & Wenzel, 2000). This has

further implications on an intergenerational level, preventing the offspring of insecurely attached parents to develop an insecure attachment themselves.

Conclusions.

The ASI has been developed in an attempt to address the limitations of other measures of attachment. The main strengths of the ASI are as follows: (i) it does not rely on self-report; (ii) it includes a categorisation of dual/disorganised attachment style; (iii) it is brief and requires less intensive training than other semi-structured interviews; (iv) it allows to measure degree of severity of insecure attachment styles, further allowing the measure of change; (v) and it is a holistic tool, encompassing several types of relationships, rather than focusing only on early experiences, or peer/intimate relationships.

It is argued that the ASI meets the basic requirements of a good psychometric test, with regards to level of measurement. Furthermore, and although there are gaps in the evidence supporting the validity and reliability of the ASI, the current critique also highlights numerous encouraging findings as to the utility of this tool. The reliability of the ASI is extremely encouraging with consistently high levels of inter-rater reliability and test-retest reliability over a period of time, with coefficient scores ranging between .72 and 1.00. Furthermore, it is suggested that the ASI has at least adequate face, construct, and concurrent validity. The predictive validity of the tool also has good empirical support. This further supports the discriminating value of the measure, as it has proven to have the ability to distinguish, for instance, among higher or lower probability for individuals to experience depression and anxiety. Finally, the ASI has been reliably used across cultures and age groups.

One of the main shortfalls of the ASI includes the lack of research evidence supporting its discriminative, content and concurrent validity. There is also limited evidence for its validity in forensic samples. This is arguably due to the measure being relatively recent, and it highlights the need for further research using this measure.

This chapter aimed at supporting the utility of the ASI as a reasonably reliable and valid assessment tool to measure attachment. This tool addresses several of the limitations of existing measures of attachment, and has demonstrated its benefits for clinical practice. In Chapter 4, the adolescent version of the ASI (ASI-AD; Bifulco, 2012) was chosen to explore the attachment propensities of sexual offenders aged between 12 and 19 years. Due to the high level of similarity between the ASI and the ASI-AD, it was deemed that the satisfactory psychometric properties of the ASI would be transferrable to the ASI-AD. Moreover, this measure allows for analysis of both quantitative and qualitative data, which was deemed as crucial for the purpose of the study. Therefore, the ASI-AD was considered to be an appropriate measure to carry out the research project presented in the following chapter.

CHAPTER 4

Exploring the Attachment Styles of Adolescents who Sexually Offend: A Mixed-Methods Research Approach

Abstract

The literature suggests that between 20% and 33% of all sexual offences are committed by young people (Hackett, 2004). Children and adolescents who display sexually harmful behaviour are not a homogenous group in their offending patterns or their psychosocial needs. This study used a mixed-methods approach to explore the attachment styles of adolescent sex offenders, using a typology based on victim-age. The Adolescent Attachment Style Interview (ASI-AD; Bifulco, 2012) was administered to 32 young males between the ages of 12 and 19 who were convicted or alleged to have committed a sexual offence. Results suggested that adolescent sex offenders are likely to display insecure attachment styles. The results further suggested that peer abusers are more likely to display avoidant attachment styles whereas child abusers are more likely to display anxious attachment styles. The results of this study were in line with adult models of sexual offending (Ward, Hudson, Marshall, & Siegert, 1995). The qualitative results further suggested that adolescent sex offenders value predictability, validation, feeling an emotional bond and getting tangible support from their relationships with close others. The adolescents in this study also identified negative past experiences, person-perception processes, and negative affectivity as factors that present as relational barriers. Findings of this study suggest that the exploration of attachment relationships can be useful in discriminating the particular needs and interpersonal dynamics of child abusers and peer abusers. This has clear implications for clinical practice and policy, as it allows for the development of individualised and person-centred treatment plans.

Introduction

Up until the 1980's, sexual offending by children and adolescents was often minimised as "experimentation" or exploratory behaviour (Zaremba & Keiley, 2011). However, the research of the past few decades has indicated that adolescents who sexually offend account for a significant number of child sexual abuse perpetrators (Lowenstein, 2006). The evidence suggests that between one fifth and one third of all child sexual abuse in the UK is committed by young people (Hackett, 2004). The victims are often known to the perpetrator and can be siblings, younger children, adults, males and females (Hutton & Whyte, 2006; Stevens, Huchin, French, & Craissati, 2013).

Regarding the likelihood of reoffending of this client group, research suggests that adolescents' rate of sexual recidivism is lower than that of adult sex offenders (Waite et al., 2005). A meta-analysis of treatment studies in North America found a sexual recidivism rate of 12.5% after a 5 year follow-up (Reitzel & Carbonell, 2006). Similarly, Richardson (2009) found that the mean of sexual re-offending rate was 12.4% in an international review of 59 recidivism studies. Worling, Litteljohn and Bookalam (2010) carried out a longitudinal study and found a sexual re-offending rate of 16.8%. This study is particularly significant because the follow up period, 20 years, greatly exceeds the average follow up period of other studies (four to five years). The results also showed that specialised treatment for adolescent sex offenders added to significant reduction in both sexual and nonsexual recidivism. Even taking into account under-reporting issues and the difficulty of gaining accurate re-offence data, persistence of adolescent sexually harmful behaviours into adulthood is deemed to be the exception rather than the norm (Vizard, 2013).

Policies supporting young people who sexually offend have developed greatly in recent years. There is now a recognition that young people who present with sexually harmful behaviour often have unmet needs in addition to their harmful behaviours (Smith et al., 2014). With this is mind, in the late 1990's, Youth Offending Teams were given the lead for young people who offend sexually (Home Office, 1999). This multiagency structure was created with the aim of meeting young people's needs and tackling offending behaviours (Masson, 2006). However, research completed shortly after this introduction found that continued separate child welfare and criminal justice systems were a source of inconsistent responses to young people who sexually abuse (Masson, 2006). This led Hackett and colleagues (2005) to recommend that "nationally based and detailed guidance should be developed, which addresses how effective working across child welfare and youth justice systems can be achieved, both at the level of local area and at the individual case" (Hackett, Masson, & Phillips , 2005, p. 143). These recommendations were acknowledged in 2010 (HM Government, 2010). However, so far, there is an absence of evidence that they have been implemented (Smith et al., 2014).

The literature suggests that factors influencing both delinquency and sex offending behaviour in adolescents include criminal history, individual, school, and family characteristics (Boyd, Hagan & Cho, 2000). The following characteristics are related to the onset of both delinquency and sexual offending behaviour: age of onset of criminal behaviour, early behavioural issues, school problems and dysfunctional family environments (characterised by conflict, neglect, lack of discipline, physical and sexual abuse, parental impairments, siblings antisocial behaviour, low socioeconomic status and parent–child separation) (Boyd, Hagan & Cho, 2000). Although family dysfunction is associated with both delinquency and sexual offending, it appears that witnessing

family violence, parental physical abuse and/or sexual abuse is significantly more correlated with the emergence of sexually deviant behaviour (Davis & Leitenberg, 1987, Lewis, Shankok, & Pincus, 1979; van Ness, 1984) compared to its relationship with subsequent delinquency. Regarding interpersonal characteristics, it has been strongly suggested that most adolescent sex offenders have psychosocial problems (Bagley & ShewchukDann, 1991; Hunter, Figueredo, Malamuth, & Becker, 2003; Lane, 1997), affect regulation deficits (Hudson & Ward, 2000; Langton & Marshall, 2000) and often display more internalising problems than other types of adolescent offenders (van Wijk et al., 2006). Nevertheless, sex offenders, including adolescents, display a broad range of interpersonal characteristics and offending patterns (Andrade, Vincent, & Saleh, 2006; Becker & Hicks, 2003).

Several theoretical models have been proposed in an attempt to explain sexual offending behaviour and the heterogeneity displayed by sexual offenders. Some studies directly examined attachment dynamics in sexual offenders and have found a high prevalence of characteristic attachment problems among different types of sexual offenders (e.g., Craissati, McClurg, & Browne, 2002; Marshall & Marshall, 2002; Ward, Hudson & Marshall, 1996; Ward, Hudson, Marshall, & Siegert, 1995). Nevertheless, and as highlighted in Chapter 2, the link between different insecure attachment types and specific sub-groups of sexual offenders has not been consistently found. Therefore, the literature exploring the attachment styles of adolescent sex offenders, in particular, is also extremely limited.

The need to distinguish subtypes of adolescent sex offenders on theoretical and empirical grounds in order to inform assessment, treatment and prevention efforts has been highlighted by the literature (Seto and Lalumière, 2010). Currently, typologies of adolescent sex offenders exist based on different characteristics such as offending

behaviour, victim age, recidivism or psychological characteristics. As previously mentioned, the most widely used method to explore pathways to sexual offending, including adolescent sexual offending, is a dichotomous typology based on victim age (Robertiello & Terry, 2007). For adolescents, this criterion differentiates between those who offend against children and those who offend against peers. According to most of the literature, those who offend against victims at least five years younger than themselves are categorised as 'child abusers', whereas those who offend against victims less than five years younger or older than themselves are categorised as 'peer abusers'.

One of the few studies investigating the attachment style of adolescent sex offenders using a victim age typology was conducted by Miner and colleagues in 2010. The authors compared 107 child abusers, 49 peer abusers and 122 non-sexual offenders between the ages of 13 and 18 on measures of attachment style, social isolation, perceived self-adequacy and hyper sexuality. This study found that attachment anxiety has an *indirect* effect on child sexual abuse perpetration and is mediated by peer isolation and anxiety towards women. In a follow-up study, Miner, Romine, Robinson, Berg and Knight (2014) compared 140 adolescent child abusers, 92 adolescent peer abusers and 93 adolescent who were in treatment for mental health or substance use problems and had no sexual or non-sexual offending history. This study used a face-to-face attachment interview (Roots Adolescent Attachment Protocol, RAAP, Robinson et al., 2013) to explore attachment styles. The results did not show a difference in attachment anxiety between child abusers and peer abusers. However, adolescent peer abusers demonstrated higher levels of masculine adequacy than child abusers. The results also suggested that sexual offending against children was associated with fewer intrusive thoughts and fantasies than sexual offending against peers. Additionally, the data indicated that sexual offending against peers/adults was unrelated to attachment,

social involvement, or masculine adequacy, but was related to problems with controlling sexual behaviour (sexual compulsivity).

Overall, the data presented by Miner et al. (2010), and Miner et al. (2014), suggests that attachment anxiety leads to sexual offending against children, when the individual is also isolated from peers and feels anxious around women. Masculine inadequacy is also more likely to be correlated with child abuse than peer abuse. In relation to peer abusers, they are more likely to be sexually preoccupied and experience problems in controlling sexual behaviours than child abusers. These studies have a number of limitations, including employing offender categories that are not exclusive, recruiting convenience samples and not having an equal distribution between residential and outpatient participants. However, the findings about attachment anxiety and indicators of social involvement are consistent with those in adult samples (Jamieson & Marshall, 2000; Marsa et al., 2004; Smallbone & Dadds, 1998; Ward, Hudson, & Marshall, 1996) which suggests that these variables are associated with sexual offending behaviour, regardless of age.

Despite the lack of research exploring attachment styles directly, there is a wide range of studies investigating the early experiences and interpersonal styles of adolescent sexual offenders, as well as their offending behaviours, using a typology based on victim age. For instance, Saunders, Awad and White (1986) explored the upbringing of 56 adolescent male sex offenders, controlling for socioeconomic status, age of offender and the size of the family of origin. The researchers found differences between adolescent child abusers and peer abusers who had disturbed family backgrounds. Peer abusers came from a family background characterised by a high rate of long-term parent–child separations, and committed more violent offences whereas child abusers had witnessed physical violence between their parents, were described as

having been infants who did not enjoy being cuddled, and had siblings who truanted school. It was also suggested that while 72% of the child abusers had no close friends, only 32% of the peer abusers were so isolated. This would suggest that adolescent child abusers have more difficulty in forming attachments to others and are more socially isolated than peer abusers, which reflects their feelings of anxiety and inadequacy around adults mentioned by Miner and colleagues (2010, 2014) and Ward and colleagues (1995).

Similarly, Hunter, Figueredo, Malamuth and Becker (2003) recruited a sample of 182 adolescents with a history of sexual offending and reported that, in comparison to peer abusers, child abusers have lower self-esteem and greater social deficits. They also suggested that this group shows significantly higher levels of depression and anxiety. Accordingly, Hendriks and Bijleveld (2004) analysed data from 116 male adolescents prosecuted for sexual offences in the Netherlands and found that child abusers are significantly more neurotic, have more social problems, suffer more from bullying and have a greater negative self-image than peer abusers. These results were supported by Robertiello and Terry (2007) who suggested that child abusers have higher deficits in self-esteem, social skills and suffer more from depression than peer abusers. Finally, Gunby and Woodhams (2010) examined data from 43 files from Youth Offending Teams and suggested that child abusers tend to have lower self-esteem and to be more socially isolated than peer abusers.

The data presented above seems to suggest that adolescent child abusers have more interpersonal criminogenic needs than peer abusers. However, Worling (1995) studied a sample of 90 adolescents who had committed contact sexual offences and reported that both child abusers and peer abusers were similar regarding variables of interpersonal functioning and self-perception. There might be several explanations for the

discrepancy in results; one of them relates to the inclusion and exclusion criteria for each study. For instance, in Worling's (1995) sample, all the adolescents committed contact offences whereas in Gunby and Woodhams' (2010) study, adolescents who committed 'hands-off' offences were also included.

Furthermore, using different methods for data collection and studying different constructs may lead to discrepancies in findings. For instance, some studies looked at file records and extracted information related to being a victim of bullying and having age-appropriate friendships or low self-esteem (Gunby & Woodhams, 2010; Hendriks & Bijleveld, 2004), whereas other studies reviewed the existing literature (Robertiello & Terry, 2007) or administered standardised measures (Worling, 1995). Furthermore, the studies did not use the same tools to measure constructs such as self-esteem. For instance, Gunby and Woodhams (2010) used clinical based assessments, Hendriks and Bijleveld (2004) administered a measure widely used in the Netherlands (Amsterdam Biographical Questionnaire; Wilde, 1970). Hunter and colleagues (2003) used the Child Behaviour Checklist (Achenbach, 1991) and the Social Self-Esteem Inventory (Lawson, Marshall, & McGrath, 1979), and Worling (1995) used the Tennessee Self-Concept Scale (Raid & Fitts, 1988).

At the behavioural level, it has been found that the differences between child abusers and peer abusers in early experiences and interpersonal styles evidenced in the literature will be reflected in dissimilar offending behaviours. The research suggests that adolescent peer abusers are more likely to offend against strangers, use violence in the offence and use a weapon; whereas child abusers are more likely to offend against known victims (Hendricks & Bijleveld, 2004; Hunter et al., 2003; Hunter, Hazelwood, & Slesinger, 2000; Hsu & Starzynski, 1990; Saunders et al., 1986). Regarding sexual recidivism, it has been found that adolescents who offend against children tend to have

slightly lower sexual recidivism rates than adolescents who sexually offend against peers. However, there are higher rates of sexual recidivism among more violent and chronic adolescent offenders (Rubinstein, Yeager, Goodstein, & Lewis, 1993).

The fact that child abusers do not tend to use violence in their offending might be explained by power differentials. In child abuse cases, the abuser is older and presumably stronger than the victim, which might discourage the victim from showing resistance, in order to avoid further harm. Gunby and Woodhams (2010) also suggested that adolescent child abusers introduce the sexual contact as part of play. This is concordant with Ward, Hudson, Marshall and Siegert's (1995) theoretical model of adult sexual offending, where child abusers groom their victims, rather than using violence, in order to achieve intimacy.

Alternatively, the use of violence and weapons and the higher rates of sexual recidivism of peer abusers are likely to be related to hostile attitudes towards others and antisocial orientation (Hanson & Morton-Bourgon, 2005; Ward, Hudson & Marshall, 1996). Adolescent peer abusers have more extensive criminal records than child abusers and the sex crimes are more likely to occur in association with other types of criminal activity (Hunter et al., 2000). Moreover, Hunter and colleagues (2000) found that peer abusers use unnecessary violence and are more likely to support hyper masculine attitudes than child abusers. These findings may be associated with the fact that peer abusers are more likely to experience parental physical discipline and be part of families who are involved in criminal activity (Gunby & Woodhams, 2010; Worling, 1995). With basis on social learning theories, the patterns shown by adolescent peer abusers might be the product of modeling parents' behaviour.

The evidence presented above provides support for the premise that a typology based on victim age is helpful in distinguishing between the criminogenic needs and

offending behaviours of adolescent child abusers and adolescent peer abusers. Nevertheless, there are some limitations in the adolescent sex offending literature that must be considered. Firstly, there is a paucity of studies comparing adolescents who sexually offended against children with those who offended against peers/adults (Seto & Lalumière, 2010). Furthermore, in general, studies look at adolescents who came to the attention of the criminal justice system. This may not be representative of all adolescent sex offenders because sexual offences are under-reported. Most victims of sexual assault never disclose their abuse (Watkins & Bentovim, 1992) and, therefore, many offenders do not come to the attention of the Criminal Justice System.

Despite its limitations, there seems to be consistent empirical evidence in the adolescent sex offending literature suggesting that adolescent child abusers differ from adolescent peer abusers, which is reflected in their backgrounds, interpersonal characteristics and offending behaviours. This is congruent with the adult sex offending literature where, in comparison to peer abusers, child abusers have higher levels of emotional loneliness, lower self-esteem and more intimacy skills deficits (Marshall, Bryce, Hudson, Ward, & Moth, 1996). The characteristics found in adult sex offenders are likely to be related to developmental processes that have their origins in early life experiences. Additionally, the differences in intimacy and attachment styles found among child abusers, rapists and non-sexual offenders suggest that different childhood and adolescent developmental pathways may be involved in specific sexually harmful behaviours (Ward & Beech, 2006; Ward & Siegert, 2002).

Nevertheless, the literature has highlighted that adolescent sex offenders have specific needs, which are different from those presented by adult sex offenders. It has been suggested that the majority of adolescent sex offender treatment continue to follow adult-oriented treatment models (Letourneau & Miner, 2010). Treatment models for

adolescent sex offenders should not mirror adult sex offender treatment. In comparison to adults, adolescent sex offenders are less socially mature and their cognitive and emotional capacities are not fully developed (Medoff, 2004). Therefore, legal and clinical interventions for adolescent sex offenders should be modified to ensure that they meet the development needs of youths (Bumby, 2006; Caldwell, 2001; Righthand & Welch, 2001).

There is a relative paucity of research on the aetiology and treatment needs of adolescent sexual offenders. Further research on adolescent sexual offending is of the utmost importance to inform policy and clinical practice. Adolescent sex offenders are at a key developmental stage when early difficulties are beginning to impact on their relationship skills with peers. Careful management of this client group may help to prevent dysfunctional patterns establishing into adulthood (Craissati, McClurg & Browne, 2002). Furthermore, adolescent sex offenders are considered to be more responsive to treatment than adult sex offender and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment (Alexander, 1999; Knopp, 1985; Wind, 2003), reinforcing the need for a strong evidence-base to appropriately address their needs.

The current research aims to add to the existing literature on adolescent sexual offending by further exploring the relationship between a victim age typology and attachment styles. Moreover, and most importantly, it aims to provide empirical support for the premise that adolescent sexual offenders are a heterogeneous group for whom treatment and policy must be tailored accordingly. The current research study used the attachment interview presented in Chapter 3 to explore the attachment style of adolescent sexual offenders. Based on Ward, Hudson, Marshall and Siegert's (1995) theoretical model of sexual offending and taking into account the findings of the

systematic literature review presented in Chapter 2, the hypotheses of this study are as follows:

1) Adolescent sex offenders are more likely to be insecurely attached than to be securely attached
2) Child abusers are more likely to display an anxious attachment style in comparison to peer abusers
3) Peer abusers are more likely to display an avoidant attached style in comparison to child abusers

These hypotheses were designed having a mixed-methods approach in consideration. A mixed-methods approach allows for the exploration of research questions at different levels of analysis. It was hypothesised that by using both quantitative and qualitative methods, the author would be able to bring together a more comprehensive account of the interaction between attachment styles and sexual offending. It was further hypothesised that qualitative data would be valuable in illustrating and further exploring adolescents' perceptions of interpersonal relationships. Finally, to the author's knowledge, there are no previous studies in the literature focusing on the attachment styles of adolescent sexual offenders using a mixed-methods design. Hence, this study aims to add to the existing literature on sexual offending by adolescents.

Method

A convergent parallel mixed-methods design was chosen to conduct this study. This method converges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. In line with this design, the author collected both forms of data at the same time and then integrated the information in the interpretation of the overall results. The results from one method helped develop or inform the other method (Greene, Caracelli, & Graham, 1989). Therefore, equal emphasis was placed on both quantitative and qualitative results.

Sample

The sample consisted of 32 male adolescents prosecuted or alleged to have committed a sexual offence. Sexual offences committed by these individuals ranged from 'hands-off' behaviours, such as exposure, voyeurism, the showing of pornographic material, and coercing others to engage in sexual acts, through to contact offences, including touching, penetration and intercourse. This study also used extra data from Qayum (2014; Exploring the link between early attachment styles and maladaptive schemas in juvenile sexual offenders). The secondary data related to fourteen interviews that were administered and scored by Qayum and were used for the purpose of quantitative analyses only. Extra data was obtained to larger the initial sample size and allow for a more representative sample of the target population, improving the external validity of the study.

At time of the interview, all participants' age ranged between 12 and 19 years. The mean age of participants was 15.31 (*SD*=1.80) and 84% of participants were looked after children at the time of interview. Regarding ethnicity, 91% of participants were White British, 3% were Black, 3% were Asian and 3.1% were mixed raced. Individuals

with severe learning difficulties or mental health symptoms were not considered as appropriate participants for this study in order to minimise the existence of confounding variables. Participants were recruited from a probation service and from community or residential specialist services for children and young people who have sexually abused. No participants dropped out of this study or withdrew their consent.

Procedure

The recruitment and data collection procedure was identical for primary and secondary data. Organisations were approached and provided with information sheets regarding the study (Appendix 7). In total, six organisations were approached and four agreed to take part. Twelve participants were recruited from a residential specialist service for young people who sexually offend, eight were recruited from another service of a similar nature, nine were recruited from a community service dedicated to the assessment and treatment of young people who sexually offend and three participants were recruited from a probation service.

After agreeing to take part, each organisation identified appropriate participants based on clinical judgment of their capacity to participate (i.e., participants who were in a period of great psychological distress were not deemed as appropriate). These participants were approached by their case workers, provided with information sheets (Appendix 8) about the study and asked whether they wanted to participate. Following participants showing an interest in participating in the study, their main carers (someone who had parental responsibility over the young person) were approached by a member of the respective organisation and provided with information sheets (Appendix 10) and consent forms (Appendix 11). Young people were also provided with a consent form (Appendix 9) prior to taking part in the study. Participation in this study was voluntary and participants were not given any compensation or incentive for participating.

Interviews were conducted at the organisations' offices, or at a residential school, in the presence of the young person's case worker or residential worker. The interviews lasted for approximately one hour each and were all audio-recorded. For each participant, a background form was also completed by case workers or by the researcher (for secondary data). At this stage of the study, and in line with a convergent parallel design, quantitative and qualitative data were collected concurrently. With regards to the secondary data collection, it is worth noting that the risk of contamination is low, since the ASI-AD was administered before other measures were administered.

Ethical Considerations

This study was approved by the University of Birmingham Research Ethics Committee and by the appropriate organisation involved in the young person's care. In order to obtain ethical approval the researcher had to consider several issues around: recruitment, consent, participants' feedback and withdrawal, compensation, confidentiality; storage, access and disposal of data; benefits and risks for participants and the researcher.

Prior to meeting with the participants, the researcher met with case workers for 10 minutes in order to discuss any potential risk issues, as well as identifying the young person's main vulnerabilities. Prior to commencing the interview, all participants were debriefed about the aim of the interview (to look at how adolescents relate to people they are close to and people in general), consent, right to withdraw and confidentiality issues. Limits to confidentiality included disclosing information that raised concerns about: (a) the safety of the participants themselves; (b) the safety of other persons who may be endangered by the participant's behaviour; (c) the health, welfare or safety of any individual. All participants understood the conditions of the study and provided consent for partaking and being audio-recorded. Parental consent was also granted for

all participants under the age of 18. Following these interviews, all participants were appropriately debriefed to ascertain whether they showed any signs of distress.

In terms of potential risk for participants, since the Adolescent Attachment Style Interview explores interpersonal relationships, it was possible that participants who suffered trauma, or have been part of dysfunctional families might experience distress while answering questions about their close relationships. While interviewing, the researcher was aware of this possibility, and monitored the participants' presentation closely. In case participants had demonstrated any signs of distress, the researcher would have liaised with case holders and key workers, to ensure that participants received the appropriate support. However, this was not the case and participants did not demonstrate signs of distress.

All data will be kept for 10 years in line with the University of Birmingham code of Practice for Research 2012-2013. Only the researcher has access to the recording of the interviews. Raw data (including questionnaires and audio-recordings) is kept in a locked cabinet. Electronic data is only accessible by the main researcher and it is stored in a secure place (Laptop with appropriate passwords). Codes and names are kept in a separate place.

Measures

Adolescent Attachment Style Interview.

Participants were administered the Adolescent Attachment Style Interview (ASI-AD; Bifulco, 2012). The ASI-AD was the main source of qualitative data. This measure is an adaptation of the Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Lillie, 2002). As mentioned in Chapter 3, the ASI is a semi-structured interview tool which assesses attachment styles in adults, based on the quality of ongoing close relationships

and general attitudes towards others. The seven attitudinal scales are scored to determine attachment avoidance (e.g., mistrust, constraints on closeness, self-reliance and fear of rejection) or attachment anxiety (e.g., desire for closeness, fear of separation and anger).

The ASI differentiates between the following attachment styles: Secure (the most adapted), Insecure Anxious (Enmeshed or Fearful), Insecure Avoidant (Angry-dismissive or Withdrawn), and Insecure Dual/disorganised (Anxious and Avoidant). An additional classification of degree of insecurity is made, based on the extent to which behaviour and attitudes in relationships are dysfunctional. Within each insecure attachment style individuals can be assessed as 'marked', 'moderately', or 'mildly' insecure.

The ASI-AD is identical to the ASI in content and structure. However, slight modifications have been made in order to make the measure more relevant for an adolescent sample. These adjustments include: allowing the adolescent to choose a 'parent/main carer' as the main attachment figure rather than a partner; allowing young people to choose individuals under the age of 18 as 'Very Close Others'; and the life events list has been changed to reflect experiences more relevant to young people.

Background form.

For primary data, the participants' case workers were asked to complete a background form (Appendix 12) which was composed of several demographic variables, information on offending history, family background and aspects about the offenders' victims such as age, relationship to offender and offence type. The background form of the secondary data included the following: ethnicity of offender, category of offender (child abuser/ peer abuser) and type of sexual offence. The background forms were the main source for quantitative data.

Quantitative Data Analysis

The information from the background forms was used to categorise participants as 'child abusers', 'peer abusers' or 'cross-over' group, based on the age of the victim relative to the perpetrator. Those who offended against a victim less than four years younger, or older than themselves, were termed as 'Peer abusers'. Those who offended against victims at least four years younger than themselves were termed 'Child abusers' (e.g. 19 year old offending against a 15 year old victim). A threshold of four years was used in order to be concurrent with the secondary data. Participants who offended against 'peers' and 'children' were included in the 'Crossover group'. Of note is the fact that categorisation of sexual offenders was reliant on official records and/ or self-report. This means that offenders that were categorised for instance as child abusers, may have previously committed sexual offences against peers/adults, that have never been reported and hence are not reflected in official records.

Attachment styles found through analysis of the ASI-AD interviews were further coded, as well as all the variables from the background forms. All quantitative data were analysed by the author of this study using IBM SPSS Statistics 22 software and Microsoft Excel 2010. Preliminary analyses were conducted to obtain descriptive statistics for the categorical variables.

Qualitative Data Analysis

An initial qualitative analysis of all interview transcripts was made according to the ASI-AD manual (Bifulco, 2012). The author of this study conducted and scored all the interviews related to the primary data (n=18) and Qayum conducted and scored all the interviews related to the secondary data (n=14). This analysis allowed for a categorisation of attachment styles (Secure, Anxious, Avoidant, Dual) and insecurity

degree (mild, moderate, marked) which was then used to inform the quantitative analysis. Scoring of the ASI-AD interviews was performed blind to offender status (child abuser, peer abuser, crossover) for both primary and secondary data, in order to control for confirmation bias.

Twelve interview scripts from the primary data (n=18) were then analysed using the 'Framework approach'. Six transcripts were excluded at this stage, due to limited information (i.e. participants responded with yes or no answers). The interviews from secondary data were not considered for analysis using the 'Framework approach' because the author could not access the full transcripts. The Framework approach was developed during the 1980s at the National Centre for Social Research (Ritchie & Spencer, 1994) and it draws on many different traditions within qualitative research and the social research field. The name 'Framework' comes from the 'thematic framework' which is the central component of the method.

The different stages of the 'Framework approach' are as follows: (1) familiarisation with the data, achieved by listening to audio-recordings, transcribing and reading the transcripts in their entirety several times; (2) classifying and organising data according to key themes, concepts and emergent categories, using a thematic framework; (3) indexing, achieved by analysing recurrent themes and sub-themes, making comparisons between and within cases, highlighting quotes and labeling transcripts; (4) charting, achieved by lifting the quotes from their original context and re-arranging them under the newly-developed themes; (5) mapping, achieved by creating a matrix where each main theme is displayed in its own matrix, every respondant is allocated a row and each column denotes a separate subtopic (Ritchie & Spencer, 1994).

This qualitative method was chosen mainly due to its combined approach to analysis, enabling interpretation of data on both a thematic and a single-case basis. It was deemed as vital to employ a qualitative method that allowed exploration of single case narratives, in order to contextualise specific offending behaviours in a broader attachment-related thematic framework. Additionally, this approach was chosen as it employs a rigorous and transparent data management criterion and encompasses both deductive and inductive data analyses processes.

Qualitative process.

The first stage of the qualitative process was transcription and familiarisation with the data. Interviews were transcribed verbatim. In line with the guidelines for transcribing ASI interviews, the author was interested in the content, rather than the structure of participants' responses for analysis. Only long pauses, interruptions and nonverbal communication (such as nodding) were noted within the text. All transcripts were checked for errors by listening back to the audio-recording and reading the transcripts simultaneously. Each transcript was supplemented with notes made during and immediately after the interview, including important contextual and demographic information. Familiarisation with the data was achieved by listening to the audio-recordings and reading the transcripts several times.

In the coding stage, initial impressions were recorded in the margins of transcripts, interesting quotes were highlighted and different types of information were listed. Remarkable parts of the data were coded in a way that offered a description of what each segment in the text related to. This was followed by indexing all initial codes and initial thoughts, organising these in to sections, and categorising themes and sub-themes (please find indexing table in appendix 13). These were revised and refined several times until final themes and sub-themes emerged, which were then used to label

the transcripts. The charting process can be found in appendix 14. Once all the data had been coded using the analytical framework, it was summarised in a matrix for each theme using Microsoft Excel. As illustrated in appendix 15, the matrix comprised of one row per participant and one column per code. Diagrams illustrating the relationships between themes and sub-themes can be found in appendix 16.

Results

Quantitative Results

Descriptive statistics.

The sample was composed of 32 participants: 16 child abusers, 9 peer abusers and 7 who belonged to the crossover group. In terms of the most serious offence committed by the participants, 27 committed sexual assault, 2 committed buggery, 2 committed exposure and 1 committed voyeurism.

Regarding attachment propensities, 9% of participants displayed a secure attachment style, in comparison with 91% who displayed an insecure attachment style. More specifically, 9% of participants displayed a secure attachment style, 41% displayed an anxious attachment style, 28% displayed an avoidant attachment style and 22% displayed a dual/ disorganised attachment style.

As presented in Table 5, the data indicate that 56% of child abusers displayed an anxious attachment style, in comparison to 22% peer abusers displaying this same attachment style. Furthermore, 67% of peer abusers displayed an avoidant attachment style, in comparison to 13% of child abusers displaying this same attachment style.

Table 5

Attachment Style per Offender status (N=32)

	Secure	Anxious	Avoidant	Dual/ Disorganised
Child Abusers	12%	56%	13%	19%
Peer Abusers	0%	22%	67%	11%
Crossover	14%	29%	14%	43%

Descriptive statistics and the graph below (Figure 4) seem to support the hypotheses of this study (Adolescent sex offenders are more likely to be insecurely attached than to be securely attached; Child abusers are more likely to display an anxious attachment style in comparison to peer abusers; Peer abusers are more likely to display an avoidant attached style in comparison to child abusers).

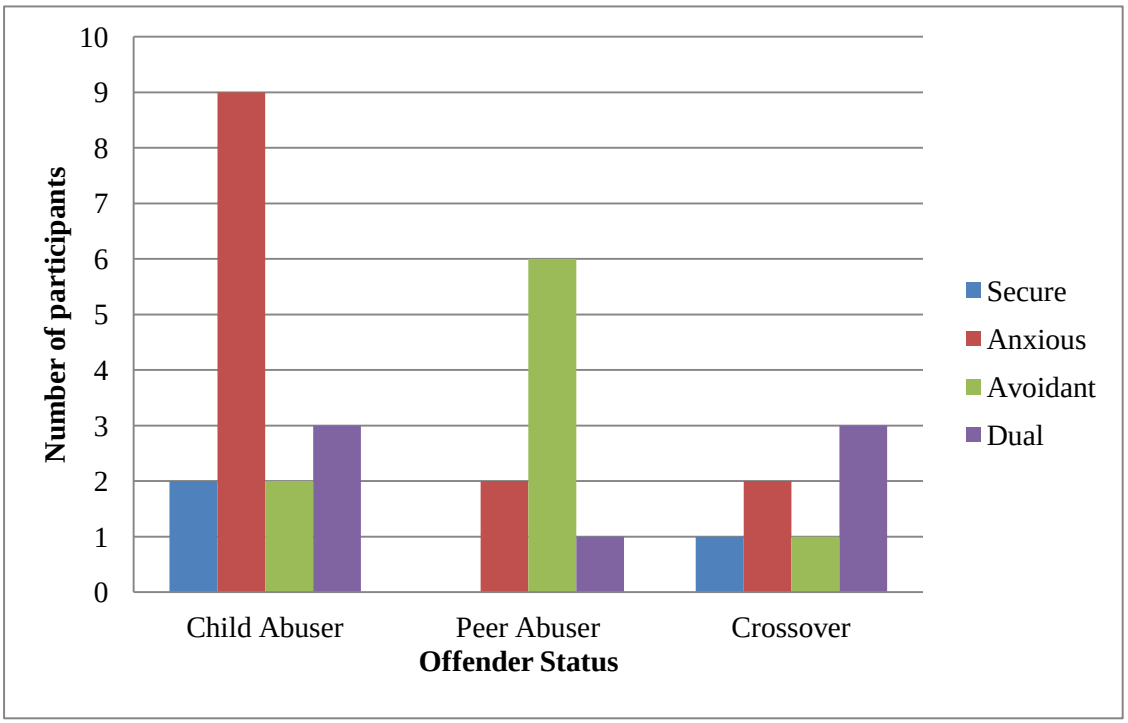

Figure 4. Distribution of attachment styles per offender status.

Inferential statistics.

Inferential statistics were performed to test hypotheses 2 and 3 - Child abusers are more likely to display an anxious attachment style in comparison to peer abusers; Peer abusers are more likely to display an avoidant attached style in comparison to child abusers.

A 2x2 chi-square was computed in order to test whether there was a relationship between offender status (child abuser vs. peer abuser) and attachment style (anxious vs. avoidant). Participants who displayed a secure or dual/ disorganised attachment style and participants who offended against peers *and* children were excluded from the analyses (13 participants were excluded). The chi-square was computed for the remaining 19 participants who abused against children *or* peers, and displayed an anxious *or* avoidant attachment style.

The chi-square test for independence indicated a significant relationship between offender status and attachment style, Fisher's Exact Test (n=19), $p < .05$. The Fisher's exact test was computed because there was an expected count of less than 5 in 2 cells. The effect size of this statistical test was also calculated, and the results found a large effect size (.6). The results suggest that there is a relationship between abusing against peers or children and displaying an avoidant or anxious attachment style.

According to the descriptive and inferential statistics, it seems to be the case that peer abusers are more likely to display avoidant attachment styles and child abusers are more likely to display anxious attachment styles, supporting hypotheses 2 and 3 of this study.

Qualitative Results

Twelve interviews were analysed using the Framework approach. Please refer to table 6 for more information about the participants whose interviews were analysed. The qualitative process described in the methods section was influenced by the original research objectives and by new concepts generated inductively from the data. It allowed the author to illustrate the main focus of this study: Exploring the attachment styles of adolescents who sexually offend. By undertaking case analyses it was also possible to illustrate how different attachment styles influence adolescents' discourse and presentation.

Table 6

Characteristics of the twelve participants whose interviews were qualitatively analysed

Name	Age	Offender status	Attachment style	Type of residence	VCO's chosen
Michael	15	Crossover	Avoidant	Residential	Staff members
John	14	Peer abuser	Anxious	Residential	Grandmother/ social worker/ staff member
Terry	16	Peer abuser	Avoidant	Residential	Father/ friend/ staff member
Sam	19	Child abuser	Dual	Residential	Friends
David	14	Child abuser	Secure	Residential	Sister/ friend/ staff member
Peter	14	Child abuser	Dual	Residential	Staff members
Brian	13	Crossover	Anxious	Residential	Staff members
Jack	19	Crossover	Anxious	Residential	Staff members
Rich	18	Child abuser	Dual	Residential	Mother/ staff members
Paul	16	Child abuser	Anxious	Residential	Godmother/ Aunt/ staff member
Ian	16	Crossover	Dual	Residential	Partner/ Friend/ Staff member
Nathan	16	Crossover	Dual	Residential	Mother/ Brother/ Staff member

The 'Framework approach' allowed for the identification of two main themes: Relational Goals, and Relational Barriers (Table 7). These themes were identified following from an indexing, charting and mapping process, as described in the methods section.

Table 7

Main Themes and Sub-Themes of Qualitative Analysis

Themes	Sub-Themes
1. Relational goals	1.1 Tangible support 1.2 Predictability 1.3 Validation 1.4 Emotional bond
2. Relational barriers	2.1 Negative past-experiences 2.2 Person-perception 2.3 Negative affectivity (self-directed) 2.4 Negative affectivity (self-others interactions)

Theme 1: Relational goals.

Participants talked about relationships as means for meeting the following needs: Tangible support, Predictability, Validation and Emotional Bond. These sub-themes were not evident across all the interviews and different participants seemed to place more emphasis on specific relational goals.

1.1. Tangible support. Eight of the twelve participants described relationships as a source of practical, instrumental support. This level of support was denoted by lack of a strong emotional bond, and confiding of only limited information. Michael[1] stated, "I

[1] Participants' names have been changed to preserve anonymity.

would tell him a fair bit. Not a lot, just enough for him to be in the picture." and described his relationship with one of his 'very close others' (VCO) as easily replaceable: "It would be easy to find someone else to rely on. If she wasn't there it would be the same." Of note, are David and Rich's comments: "As much detail as they need to know", "He already knew about that" which seem to imply their understanding of confiding as an information-giving process, where there is no need to talk about an issue if the other person is already aware of it.

1.2. Predictability. Eight of the twelve participants reported confidence in the fact that their VCOs were there for them if/when they need them, and made reference to this quality of the relationship as important to them: "It's good to have one person that you know is gonna be there and you know she is gonna stick by you" (Jack), "He is there when I need him", "She is always on my side, no matter what." (Rich). This relational goal was also described by the participants in relation to expectations regarding the other person, and being able to anticipate how they will act: "If I am not talking to him, he knows I am not ok" (Sam), "They will be back any minute" (David).

1.3. Validation. Most participants spoke about this relational goal at length. There were two aspects to this sub-theme that have been noted. One related to participants valuing feeling listened and understood in their relationships with others: "She is quite an understanding person, and supportive." (Terry); "We considered one another's opinions and what was going on." (Sam); "She actually listens, which is really good. She won't judge me." (Jack).

The other aspect related to participants feeling angry or having arguments in relationships when they did not feel heard, understood and supported by the other person: "Sometimes if they are not listening to me, or being rude to me." (Michael); "Sometimes I feel that some people treat me as a child still, and I absolutely hate it."

(Sam); “If I feel she is criticising me I get angry (...) People don’t take me seriously.” (Jack); “When he [social worker] doesn’t tell me what’s going on with me.” (Ian).

1.4. Emotional Bond. Some participants described the emotional aspect of relationships. This quality of relationships related to a level of perceived connectedness between the participant and the other person. Perceived emotional connection to VCOs also influenced participants’ attitudes towards separation from them. For instance, Jack described a strong emotional bond with a VCO, which was then reflected in intense anxiety when separated:

> It is quite unique. It is like a mother and son relationship. She is the only person in the home that knows everything about me. Without Mary there is no me. I felt that she abandoned me when she went to work abroad for six months. It was hard (...) I always wonder where they are [when separated from VCOs]. And sometimes I panic (...) It all falls to pieces.

Finally, some participants described emotion regulation as a relational goal related to feeling an emotional bond with the other person: “Makes me feel more comfortable (...) we have our friendship so we rely on that (...)” (Sam); “He helped me manage my feelings. He comforts me in a way” (Peter).

Theme 2: Relational barriers.

All participants made reference to the existence of internal constraints in interpersonal relationships. For instance, Brian described how “there is just something (...) I have got to trust them. If I can’t trust them I won’t do anything” and Jack stated “I don’t really trust anyone (...) It is difficult to ask for help (...) There is quite a few people I wouldn’t go to for help. I just never allowed them to get close to me.”

2.1. Negative past experiences. Nine of the twelve participants mentioned how they found it difficult to trust people and get close to people because they had negative past experiences in interpersonal relationships. This is illustrated, for instance, by the following statements "Just because sometimes I have trusted people and they let me down so I am a bit reluctant to trust people" (John), "I haven't been able to trust people on my past" (Peter), "People have let me down before. In quite a lot of occasions" (Rich), "I have always been like that [not able to trust people]. Because people have let me down before" (Nathan). Jack also provided a rich account of his views on trusting people:

> Just I always live in fear because you put your life in other people's hands. It is so hard to trust people because I have been so let down. You always feel you're being plotted against. It has been the case numerous times in the past.

2.2. Person-perception. Nine of the twelve participants mentioned different processes they use to form impressions of other people. Most further mentioned acquaintanceship as an important factor when forming their opinion of others: "Only [trust] people I got to know for a space of time" (Peter), "It would take a little while to trust them because I need to know who they are and if I can rely on them" (Brian), "I've known them for a certain amount of time and I know if I can trust them or not" (Ian). Jack, Paul and Nathan expressed more generalised negative views of people. For instance, Jack mentioned: "No, I just don't trust people in general because even your friends might stab you in the back. It is just best not to trust people".

2.3. Negative affectivity (self-directed).Five of the twelve participants referred to self characteristics that present as an obstacle for them to form close relationships with others. Sam explained: "I have trust problems. I am an odd character in a way. I

have anxiety levels so I find it difficult to socialise." which suggests a level of insight into the difficulties he experiences in interpersonal relationships. Jack stated "Yes, very difficult to get very close. Because I raise a mask a lot of the time. I don't want people to see the real me." which seems to suggest that he sees himself as defective.

2.4. Negative affectivity (self-others interactions). Eleven of the twelve participants expressed a level of discomfort and negative affect in interpersonal relationships. Most participants said that when they spend time alone with their VCOs it is at times "awkward". More generally, participants talked about feeling uncomfortable in the context of social interactions: "I just feel like it's not right. I might not feel comfortable with that" (Michael); "Most of the times I am not good at having other people telling me their problems. I do listen but…" (John). Other participants also described how they manage these uncomfortable feelings. For instance, Jack said "I just push them [people in general] away. Sometimes it is too much".

Overall, the qualitative thematic analysis seems to suggest that adolescent sexual offenders perceive attachment relationships to be equitably rewarding and challenging. The twelve participants mentioned above described relationships as a source of validation and support but also talked at length about the struggles they face in interpersonal relationships. This is likely to be reflective of interpersonal deficits and feelings of inadequacy around others, as suggested by the broader literature.

Case analysis.

A case analysis was conducted in an attempt to illustrate the hypotheses of this study. Four participants were chosen: a securely attached participant (David), an avoidantly attached peer abuser (Terry), an anxiously attached child abuser (Paul) and a participant who abused against peers and children and displayed a dual/ disorganised attachment style (Ian).

***David*.** (14 year-old, Securely attached)

At the time of interview, David was placed in specialist residential care for young people who display sexually harmful behaviour. Regarding his background history, David's biological parents had an alcohol dependency and his biological mother was sexually abused as a child. David suffered emotional abuse and neglect. He never committed a non-sexual offence. David has been convicted for sexual assault against a 7 year-old female, who was the grandchild of his foster parents.

The ASI-AD interview identified David as securely attached. David expressed feeling comfortable with interpersonal relationships. He described confiding in his VCOs: "I would tell her anything", "I just speak to him about how I feel and stuff. Things I worry about (...) I just tell him and he makes me feel more happy", "When I am upset I just speak to him", and did not express any unhelpful attitudes towards others. David revealed appropriate levels of trust, no constraints on getting close to others : "When I got in the new school I went around, made new friends, it's quite easy", no fear of rejection and appropriate levels of self-reliance : "I like to have my own opinion and other people giving me advice". He also revealed appropriate levels of desire for company and fear of separation, and low levels of anger: "Only a couple of times over silly things. I sometimes go to my room. I always feel that I am listened to, if

I say it in the right manner". Regarding the themes present in David's interview, he identified predictability, validation and emotional bond as important relational goals for him. David did not present with strong relational barriers, which supports his attachment security. This example illustrates the absence of attitudes denoting anxious or avoidant attachment propensities.

***Terry*.** (16 year-old, Avoidantly attached)

At the time of interview, Terry was placed in specialist residential care for young people who display sexually harmful behaviour. He has been diagnosed with high functioning Asperger's syndrome. Regarding Terry's background history, his biological mother had an alcohol and drug dependency and suffered from depression. She was also diagnosed as personality disordered. Terry suffered emotional abuse, physical abuse and neglect. His offending history includes theft and was alleged to commit four sexual offences. All his alleged victims were peers. Terry was alleged to have sexually abused his 13 year-old half-sister for 16 months. He was also accused of stealing underwear and of using it for masturbatory purposes, and to have exposed himself to a 15 year-old female acquaintance from school.

The ASI-AD interview identified Terry as avoidantly attached. Terry reported "[I'll tell him] Something I thought he may need to know. Sometimes I just mention it." which shows an avoidance in confiding. He also mentioned "I quite liked it when she was there", suggesting that he values the predictability and availability of others. However, there is poor evidence of actual confiding. Terry also described how not feeling validated can trigger anger: "Sometimes he doesn't quite listen what I am trying to say (...) Being treated like a little kid sometimes (...) Being looked after all the time". The following statement "I find it quite nice to have people around me. It makes you feel quite accepted" also highlights Terry's need for connectedness with others.

Terry further mentioned acquaintanceship as an important factor in forming a judgment about others. He also acknowledged an underlying fear of rejection:

> Sometimes it might take a while [to get very close to others]. I would like to get to know them first. It is quite hard to make a judgment if you don't know the person. If I get to know the person quite well I am not afraid they will reject me.

He further expressed some negative emotionality triggered by social interactions: "Sometimes I feel a bit crowded". Other statements that illustrate his avoidant dynamics are as follows: "I just tell people to go away", "I prefer to be on my own", "Sometimes talk about it or stay away, get some separation".

***Paul*.** (16 year-old, Anxiously attached)

At the time of interview, Paul was placed in specialist residential care for young people who display sexually harmful behaviour. Paul has been in care since one and a half years old. He has been diagnosed with 'Unsocialised conduct disorder' (Code F91.1 of ICD-10; WHO, 1992). Regarding Paul's background history, his biological mother suffered from depression. Paul suffered physical abuse. He has a non-sexual offending history of assault without injury. Paul was alleged to sexually abuse a 6 year-old male stranger.

The ASI-AD interview identified Paul as anxiously attached. Paul reported high levels of emotionality in his relationships with VCOs:

> She constantly rings up to check if I am alright and keeps open communication (...) She is the only person I can talk to (...) She's always there (...) She is always thinking about me (...) She always lets me speak first. We won't end the conversation until I feel that I am listened to and

> cared for (...) It's some sort of like this magical spark. It's extremely fun, it's joking, relaxed. (...) She knows me. (...) I think I would feel very alone, very scared, very lost [if she wasn't there for him].

These statements describe a strong emotional bond, followed by intense separation anxiety if the other person could not be there for him. It also highlights that Paul values the predictability and validation this relationship provides him. Noteworthy is the fact that Paul also expressed extreme separation anxiety in relation to the other VCOs: "It's just such a long wait. Even if they're just away for a couple of days. I worry about their safety.", "It would be very, very hard. It would be very awful".

Paul's interview highlighted several relational barriers that are closely linked with anxious attachment propensities. He reported how negative past experiences have affected him: "I think because I have been let down so many times before and automatically I meet someone and I'm judging them straight away because of the past" and described person-perception mental process:

> They can talk behind your back and be really kind to you but then behind your back they can be really nasty. Sometimes I do [back away from people] because you don't know them enough yet. You need to know more about them.

Paul further described intense negative affectivity triggered by social interactions:

> It's just panic. If I get too close then what are they gonna do? When you're too close to someone, you're the most vulnerable then so it's easier for them to hurt you.

Overall, Paul's discourse suggests a tendency for idolisation in close relationships, which might reflect his underlying social isolation and need for intimacy and closeness. He also expressed extreme separation anxiety and fear of rejection.

***Ian*.** (16 year-old, Dual/ disorganised attachment)

At the time of interview, Ian was placed in specialist residential care for young people who display sexually harmful behaviour. He has been diagnosed with 'Other mixed disorder of conduct and emotions' (Code F92.8 of ICD-10; WHO, 1992). Ian's parents had a drug dependency and Ian suffered physical and emotional abuse and neglect. He also suffered sexual abuse by his grandfather. He has a non-sexual offending history of robbery, assault without injury and drug offences. Ian was convicted of attempted rape of his 12 year-old brother. He was also alleged to sexually assault a 4 year-old female acquaintance and a female cousin.

The ASI-AD interview suggested that Ian has a dual/ disorganised attachment style. Ian reported some avoidance in interpersonal relationships, which is noted by limited confiding: "He knows about that anyways", "If I wanted to speak to him about something, if I wanted to, I would expect him not to tell anyone else.", "I wouldn't go to him but if I wanted to talk to him about it I could" and discomfort in social interaction: "It's a bit crowded and loud and annoying". The former statements also highlight that Ian values the predictability and availability of his VCOs.

Concurrently, Ian reported anxious attitudes towards relationships. Talking about his partner, Ian said the following when asked how it would make him feel if they could not be together anymore: "I would probably not be around *[long pause]* if you know what I mean *[long pause]*". He further said the following in relation to separation from VCOs: "I worry a lot because I wonder what they're doing and I wonder what they

think I am doing. I do [worry] really a lot. Really upsetting." Ian also made reference to negative past experiences and reflected on the impact of these experiences:

> I've been let down by a lot of people. Pretty much my whole family and because of that it takes me a while to trust people and get to know people because I'm mostly caged in and bottle things up.

The statement above further suggests a negative view of self, characteristic of anxious individuals, which is further supported by the following statement: "Because of some insecurities of mine it takes me a while to figure them out".

Discussion

A convergent parallel mixed-methods approach was used in this study. Following from a concurrently quantitative and qualitative data collection process, the statistical analysis of quantitative data was followed by a qualitative examination of 12 ASI-AD interviews. Given the study's main aim - Exploring the attachment styles of adolescents who sexually offend; it was deemed that solely quantitative results would be insufficient. Therefore, qualitative analysis was used to enhance this study, and to illustrate the quantitative results.

A typology based on victim age was used to categorise participants. The results of this study were as follows: (i) 91% of adolescent sex offenders displayed an insecure attachment style; (ii) 56% of child abusers displayed an anxious attachment style, in comparison to 22% peer abusers displaying this same attachment style; (iii) 67% of peer abusers displayed an avoidant attachment style, in comparison to 13% of child abusers displaying this same attachment style. The inferential statistics were also significant,

suggesting the presence of a relationship between offender status (child abuser vs. peer abuser) and attachment styles (anxious vs. avoidant).

It is suggested that, given small sample size, the results of this study support the initial hypotheses proposed. This would further corroborate Ward, Hudson, Marshall and Siegert (1995) and Marshall's (1993) premise that sexual offender's diverse interpersonal characteristics lead to different pathways to offending, against different types of individuals.

Regarding the qualitative results, participants' descriptions of relationships with family members, trusted adults and friends also provided insight into adolescent attachment relationships. Several critical attachment themes emerged in the qualitative results. Participants made reference to the importance of predictability and availability of others. This relates to the concept of 'secure base' and 'felt security' mentioned in the attachment literature, which allows for the child to explore the world and gradually separate from the caregivers, by knowing that they can return to their secure haven if needed. The participants also expressed how feeling an emotional bond with the attachment figure was important to them. Some participants also expressed high levels of separation anxiety, which seemed to be proportionate to feeling a strong emotional bond with the attachment figure. Attachment theory would suggest that extreme separation anxiety would be associated with insecure attachment styles, which further supports the findings that adolescents who sexually offend are likely to be insecurely attached. Additionally, participants identified the need for feeling validated by their attachment figures and expressed how feeling not listened to or misunderstood could lead to anger and arguments in relationships. This is inherently related to the attachment concept of 'attunement', whereby the attachment figure has an understanding of the experience and perception of the individual's needs and responds accordingly.

Participants further referred to the importance of getting tangible support from the attachment figure.

The adolescents in this study also talked about different processes that present as barriers for making and maintaining interpersonal relationships. Most participants mentioned that they had negative past experiences of relationships, where they felt that people have mistreated them or broke their trust. They further talked about how these negative experiences impacted on their ability to form relationships and trust others. Acquaintanceship was mentioned by participants as important in judging others. They also made reference to the attachment concept of 'internal working models'. Some participants expressed negative views of themselves or others, and most participants expressed a discomfort in interpersonal interactions.

Finally, the case analyses illustrated the interpersonal differences between child abusers and peers abusers mentioned in the literature. Terry, a 'peer abuser', reported avoidant attitudes towards relationships and demonstrated perceiving others as rejecting and critical at times. He also expressed an underlying fear of rejection by others, which is supported by Ward and colleagues' model (1995). On the other hand, Paul, a 'child abuser', expressed a strong desire for closeness with others, and intense separation anxiety. He also described a fear of rejection which derived from negative past experiences of interpersonal relationships. Case analyses were also used to illustrate the absence of anxious or avoidant attitudes in a securely attached offender (David), and the presence of both dynamics in an offender with a dual/disorganised style (Ian). Overall, the qualitative results seem to suggest that adolescent sexual offenders are at a competitive disadvantage due to their inability to relate to peers, but are also individuals who value interpersonal relationships.

Implications for Practice

The results of this study suggest the presence of an association between attachment styles and offender status. This association is relevant for practitioners and researchers, as it allows for tailoring of interventions and preventative strategies, as well as informing aetiological models of sexual offending.

These results would propose that in clinical practice, child abusers and peer abusers present with different criminogenic needs. By exploring the specific attachment patterns associated with sex offender subtypes, practitioners can assess the individual's attitudes and beliefs that accompany their emotional self-regulation strategies. These attitudes and distortions are criminogenic; thus they are related to their offending and can be targeted for change (Baim & Morrison, 2011).

Research indicates that the therapeutic alliance between the therapist and the patient is a key element for progress and successful completion of treatment (Keijsers, Schaap, Hoogduin, & Peters, 1991). If adolescent child abusers do indeed present with different criminogenic needs to adolescent peer abusers, they will also preset differently in therapy. Attachment characteristics might be central to the tailoring of the treatment approach in order to best respond to individual needs. According to Dozier (1990), individuals with avoidant attachment style might benefit from treatment that permits more interpersonal distance, and might drop out if they receive less intensive treatment. Individuals with anxious strategies might benefit from more supervision and interaction during treatment, and they might become overly dependent if they receive intensive treatment. Therefore, each treatment approach should take the individual's needs and characteristics into consideration, and these include the offender's attachment patterns (Dozier, 1990).

As previously mentioned, adolescent sex offenders are deemed to be more responsive to treatment than adult sex offenders (Alexander, 1999; Knopp, 1985; Wind, 2003). This is particularly encouraging when designing interventions that address adolescent's attachment style. Brown and Wright (2001) and Rich (2006) suggest that during adolescence an individual's insecure pattern can be reversed or become entrenched. Rich (2006) further proposes that if practitioners working with adolescent sex offenders understand the aetiology of sexual offending and related attachment difficulties, such as callousness, lack of empathy and mentalisation deficits, they can then design and implement strategies to prevent the individuals from re-offending. Thus, by assessing adolescent's attachment style, practitioners can identify their propensity in developing certain difficulties that are linked to sexual deviance and offending, and can collaboratively work with the individual in addressing these difficulties and eventually reduce the risk of sexual re-offending (Rich, 2006).

It has been suggested that programmes designed to focus exclusively on sex-offending behaviours are of limited value and a more holistic approach is recommended (Goocher, 1994). It is likely that systemic interventions would be beneficial when delivering treatment to this client group. For instance, Multi-systemic Therapy (MST) is an ecologically based treatment model that addresses multiple determinants of serious antisocial behaviour in youth and has been shown to be effective in the reduction of recidivism with adolescent sexual offenders (Borduin, Henggeler, Blaske & Stein, 1990). In a study comparing a cohort of adolescent sex offenders who received multi-systemic therapy to a group of adolescent sex offenders who received "typical" services, Letourneau and colleagues (2009) found that youth who received multi-systemic therapy greatly reduced their sexual behaviour problems (including overall criminal behaviour). This study also found that family and community-based interventions met

the clinical needs of the adolescent sex offenders. The effectiveness of community-based treatment has also been supported by Hunter and Figueredo (1999) in a study of 204 male adolescent sex offenders.

Achieving a better understanding of the aetiology and needs of adolescent sexual offenders can also have legal implications. For instance, it has been suggested that public notification of adolescent sexual offenders through the sex offenders register may be physically and emotionally harmful to the adolescent (Trivits & Reppucci, 2002). It has further been suggested that registration of adolescent sex offenders does not lower recidivism rates, and that, in fact, it may lead to increased recidivism since registration leads to many barriers to re-integration into the community (Caldwell, 2009). Overall, it must be recognised that adolescents who sexually offend often have unmet needs in addition to their harmful behaviours (Smith et al., 2014). By achieving a better understanding of specific sub-groups of adolescent sex offenders, more effective policies can be designed, aimed not only at criminalising this client group, but also at attending their welfare needs.

Limitations

This study's main limitations relate to the small sample size and the sampling method. Despite efforts to obtain a larger sample size by using both primary and secondary data, the final sample size was still limited. As such, the results of this study are only tentative and are not representative of the UK population of adolescent sexual offenders. Furthermore, this study recruited a convenience sample of adolescent offenders from multiple settings and collated data from those who agreed to participate. This creates potential volunteer bias that we cannot measure. Random sampling would have been desirable. However, due to ethical and practical issues specific to the target population, using this method was not feasible. It is also worth noting that this study used a four-

year threshold between the age of the victim and the age of the perpetrator to categorise offenders as child abusers or peer abusers. Different thresholds have been used in the literature (e.g. Miner et al. (2010, 2014) used a three-year threshold and Stevens et al.(2013) used a five-year threshold) and this may have further impacted on the results obtained.

Regarding demographics, 84% of participants were looked-after children (LAC) at the time of interview. The high proportion of LAC in the present study may have negatively skewed the results. The research suggests that, amongst others, LAC are more likely to have been physically and sexually abused, neglected and to have experienced disrupted attachments than non looked-after children. Looked-after children are also several times more likely to have poor educational outcomes and higher incidence of mental health difficulties when compared with children in the general population (Hobbs, Hobbs & Wynnes, 1999; Iwaniec, 2006; McAuley, 2004). McAuley, Pecora, and Rose (2006) further suggested that looked-after children are three times more likely to be cautioned or convicted of an offence than others. Accordingly, it is likely that the sample of this study over-represented the prevalence of factors such as abuse and attachment insecurity.

The fact that secondary data was employed was beneficial as it increased the sample size. However, the demographic information obtained from the secondary data was more limited than the one collected by the author, which had an impact on the descriptive statistics performed.

In regard to the methodology used, it is worth acknowledging that, aside from the secondary data, all aspects of this research study were designed and conducted by the author. This includes the hypotheses explored, the procedure used, and the administration and scoring of the interviews. This is likely to have added a certain level

of subjectivity to the study. Additionally, the interviews were conducted in the presence of a case worker and this may have had an impact on the level of information disclosed by participants. In future studies, it is advisable that interviews are conducted in private. It is also advisable that interviews are scored by someone blind to the purpose of the research study.

Finally, and despite the fact that the ASI-AD addresses some of the limitations of other attachment measures, this measure is not without its own limitations. Because the ASI-AD is a relatively new measure of attachment, the empirical evidence supporting its reliability and validity is still limited, which may impact on the reliability of the results of this study. Using the ASI-AD also impacted on the qualitative element of this study, due to the questions being semi-structured. To offset this limitation, participants were prompted to expand on their answers and the final qualitative data allowed for a rich process of analysis. Additionally, there is no information on the extent to which the interpersonal characteristics of syndromes such as Asperger's impact on the ratings of the ASI-AD. This may have impacted on the rating of Terry's attachment style.

Recommendations for Future Research

Despite the fact that there are some preliminary studies exploring the attachment styles of sexual offenders (eg. Ward, Hudson, & Marshall, 1996) the link between specific insecure attachment styles and different sexual offending behaviours has not been consistently found.

This study adds to the literature on adolescent sexual offending. However, further research is needed to continue exploring the mediating effect of insecure attachment styles on the aetiology of sexual offending. The results of this study, in particular, identify correlates of sexual offending, not aetiological factors. Further research is

needed, employing longitudinal designs. This would assist in establishing causal relationships to determine the developmental trajectories predisposing sexual offending behaviour.

Further research is also needed exploring the link between offender status and attachment styles in adolescent sex offenders, using a UK representative sample. Further research in this area would have significant implications for clinical practice and research, further impacting on recidivism rates of adolescent sexual offenders.

Additionally, a more comprehensive and inclusive approach, incorporating both a control group and a group of violent offenders would be of benefit to the literature, enabling comparisons between groups, and adding to theoretical models of offending behaviour. There is also a lack of mixed-methods and qualitative studies in the adolescent sex offender literature. Studies using these designs are needed as they would allow us to obtain a narrative overview of how sexual offending behaviour develops, in the context of attachment difficulties.

Finally, the results of this study, despite being tentative, highlight the prevalence of dysfunctional attachments and abuse histories in the background of adolescent sex offenders, further highlighting the need for this client group to be subject not only to criminal justice systems, but also to welfare systems. Further research in this area is of the utmost importance in informing the trajectory of policy, procedures and practice with adolescents who display sexually harmful behaviour.

CHAPTER 5

General Discussion

The aim of this thesis was to explore the contribution of attachment theory in explaining sexual offending behaviour by examining previous literature on this topic, critiquing a current measure of attachment style, and attempting to identify attachment dynamics in adolescent sexual offenders. This thesis was organised in five chapters. Please find an overall summary of this thesis' findings, limitations, conclusions and implications for practice in Figure 5.

This thesis started with an introductory chapter, covering relevant issues in the area of sexual violence. It also presented the main premises of attachment theory and explored the employment of this theory to explain sexual violence. It was identified that despite the growing focus on attachment principles in the understanding of sexual offending, the link between attachment styles and specific sexual offending behaviours has not been consistently found by the literature. Chapter 2, a systematic literature review, used a victim-age typology as basis for exploring research findings on the attachment style of sexual offenders. This review proposed that child abusers display different attachment propensities to rapists.

Overall, the results of the systematic literature review suggested that child abusers are more likely to display attachment styles denoted by high anxiety (Jamieson & Marshall, 2000; Marsa et al., 2004; McKillop et la., 2012; Miner et al. 2010; Ward, Hudson & Marshall, 1996; Wood & Riggs, 2008; Wood & Riggs, 2009), whereas rapists are more likely to display attachment styles denoted by high avoidance (Ward, Hudson & Marshall, 1996). Of note is the fact that most of the studies reviewed used self-report retrospective designs. This may have led to response bias since the researchers cannot assure that offenders' recollections are an accurate representation of their attachment dynamics. Furthermore, most studies did not recruit a control group and not all studies used comparison groups, such as violent offenders and non-violent

offenders. This would have allowed for between-group comparisons, further adding to the evidence-base for each sub-group of offenders. The studies in this review also used different measures to assess attachment styles and this may have led to bias to the overall results. Nevertheless, the results presented in Chapter 2 support the heterogeneity of sexual offenders and provide an evidence-base for the utility of a victim-age typology.

Chapter 3 focused on presenting and critiquing the Attachment Style Interview (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002), a semi-structured interview to measure attachment styles. This chapter provided support for the reliability and validity of this measure, and presented evidence regarding the utility of the tool in clinical practice. The ASI showed consistently high levels of inter-rater reliability and test-retest reliability. It also showed adequate face validity, construct and concurrent validity. Additionally, there was strong empirical evidence supporting the predictive validity of the measure. Regarding its utility in clinical practice, amongst others, the ASI allows for the assessment of secure, insecure and disorganised attachment styles, and degree of insecurity; it is brief and requires less intensive training than other semi-structured interviews; it can be used to assess prospective adoptive/ foster parents; and it provides an enhanced assessment of young people in residential care to guide attachment-based interventions.

In Chapter 4, the adolescent version of the ASI (ASI-AD; Bifulco, 2012) was used to explore the attachment propensities of sexual offenders aged between 12 and 19 years. The research study presented in this chapter used a mixed-methods approach to explore the following hypotheses: Adolescent sex offenders are more likely to be insecurely attached than to be securely attached; Child abusers are more likely to display an anxious attachment style in comparison to peer abusers; Peer abusers are

more likely to display an avoidant attached style in comparison to child abusers. Both descriptive and inferential quantitative results supported these hypotheses. The qualitative results were also in line with the main premises of attachment theories and were used to illustrate the hypotheses of the study. The main themes identified were as follows: Relational Goals and Relational Barriers. Participants identified tangible support, predictability, validation and emotional bonds as the main needs fulfilled by the attachment relationship. Regarding factors that posed as impediments for them to make and maintain attachment relationships, the participants identified the following: negative past experiences, person-perception processes, negative affectivity related to self and negative affectivity in self-others interactions. Albeit small sample size, the results of this empirical study suggested that there is a relationship between attachment styles and offender status. The results were also in line with the findings of the systematic literature review presented in Chapter 2.

Overall, this thesis strongly supports the premise that sex offenders present with diverse interpersonal styles, criminogenic needs and associated behaviours. It also suggests that there is discriminant validity in distinguishing between offenders who offend against children and those who offend against peers/adults. Finally, this thesis highlights the importance of exploring the developmental experiences of sexual offenders and how these shape their interpersonal ways of relating to others. As evidenced by this thesis, the needs of sexual offenders are complex and go beyond their sexually harmful behaviours. In order for interventions to be effective, it is crucial that researchers and practitioners continue exploring what these needs are, and how different factors interact with each other, culminating in sexual offending behaviours.

Implications for Practice

Implications for treatment.

By assessing individuals' attachment style, practitioners can identify their propensity in developing certain difficulties that are linked to sexual deviance and offending. This has implications for the implementation of preventative and early-intervention strategies. By adopting an attachment framework, practitioners are better equipped to identify and tackle risk factors that may present as vulnerability for young people to display sexually harmful behaviours before sexual offending occurs.

For practitioners delivering intervention to this client group, gaining a rich understanding of the individuals' interpersonal dynamics and attachment styles also provides them with an accurate picture of the offender's views of themselves, others and the world. This allows for practitioners to adapt interventions accordingly, and also to become better able to formulate behaviours such as active resistance to treatment, aggression, overdependence and social withdrawal.

When considering treatment needs, it seems to be the case that child abusers have more psychosocial deficits than rapists. Child abusers are deemed to be more isolated, and lack more interpersonal skills than rapists. This might be a function of their anxious attachment style which is reflected in a sense of social incompetence and fear of rejection that in turn makes them more inclined to seek for intimacy by relating with children. The literature also seems to suggest that child abusers have more self-esteem issues than rapists, which impacts on their likelihood of experiencing depression and anxiety. Accordingly, child abusers would probably benefit from interventions that assist them in developing their self-identity and social competency, alongside exploring appropriate means of meeting their needs for intimacy.

On the other hand, rapists' sexual offending seems to be closely linked with generalised delinquent behaviour. The literature suggests that rapists are more likely to use unwarranted violence and to endorse pro-criminal attitudes, maybe as a function of social learning. This is probably reflective of high levels of hostile attribution bias, where threat is often perceived. This is concurrent with an avoidant attachment style, where others are seen as untrustworthy and possibly dangerous. Rapists may benefit from interventions that address their pro-criminal attitudes, and explore their beliefs about others. Furthermore, and taking into account the evidence suggesting that rapists are more likely to experience physical abuse and to have families involved in criminal activity, systemic interventions would be beneficial, in order to break cycles of violence and delinquency within families.

By highlighting the complex needs of sex offenders, this thesis further supports the importance of sex offenders having access to interventions that are holistic and systemic. More individualised, intensive and proactive interventions such as multisystemic therapy (MST) might be more appropriate than a weekly offence focused-group intervention. Recent evidence on the effectiveness of MST in reducing adolescent sexual and non-sexual reoffending (Borduin, Schaeffer, & Heiblum, 2009; Letourneau et al., 2009) highlights its potential suitability in the treatment of sexual offenders.

Regarding implications for the therapeutic relationships, practitioners may benefit from administering attachment measures to inform the assessment and treatment needs of sex offenders. In line with the literature findings, therapists may need to be supportive and gently challenging with anxious offenders due to their negative self-perceptions and tendency to overvalue others. This approach is unlikely to be successful with avoidant individuals because of their need to remain independent and their

reluctance in displaying emotions. With avoidant individuals, resistance and emotional withdrawal are likely to occur. Because of their tendency to expect rejection, they are likely to interpret ambiguous comments in personally demeaning ways and withdraw from therapy (Ward, Hudson, Marshall and Siegert, 1995).

Anxious individuals are therefore more likely to benefit from more supervision and interaction during treatment and may become overly dependent on the therapeutic relationship. Conversely, rapists are more likely to benefit from treatment that permits more interpersonal distance and may drop out if they receive less intensive treatment.

Implications for risk management.

Attachment-based frameworks can also contribute to effective risk management and public protection. Craissati (2009) notes that sex offenders in England and Wales who are managed in the community inevitably develop a relationship with their local public protection agency, namely the Multi-Agency Public Protection Arrangements (MAPPA). By comprehending each offender's features and needs, staff can avoid unconsciously re-enacting the role of the abusive or neglectful parental figure and become better equipped to devise effective management plans (Craissati, 2009).

Implications for policy.

From a policy perspective, this thesis also supports the need for strategies which not only criminalise sexual offenders, but also prioritise addressing their welfare needs. It is also recommended that, where possible, legislation concerning adolescent sexual offenders in particular be informed by methodologically sound research findings. For example, this thesis has mentioned that continuation of sexual offending into adulthood seems to be the exception, rather than the norm in adolescent sex offenders (Vizard, 2013). Enforcement of sentencing should therefore take into account recidivism rates of

an adolescent population, which seems to be lower than recidivism rates of adults, and sentence accordingly.

An evidence-based acknowledgment of the needs and risks posed by adolescent sexual offenders may also impact on policies relating to including this group on the sex offenders register. The literature emphasises that factors such as opportunities to engage in school or work, involvement in pro-social peer activities and associating with non-deviant peers may lead to desistance from crime in adolescence (Borum, Bartel, & Forth, 2006). This thesis also alluded to the fact that sexual offenders, particularly child abusers struggle to fit into peer groups, feel socially inadequate and have a negative view of self. Policies labelling adolescents who sexually offend, and including them in the sex offenders register will possibly reinforce these negative views of self and will restrict them from engaging in pro-social activities with developmentally appropriate affiliations that are necessary for normal, successful transitions from adolescence into adulthood (Miner, 2007) further increasing their risk of reoffending (Caldwell, 2009).

Limitations of Thesis

As previously mentioned, the results of this thesis are only tentative and it is important to bear in mind the limitations of each chapter. The limitations section in Chapter 2, the systematic literature review, raised concerns regarding possible biases where only papers that were written in English and published in full in peer reviewed journals were included in the review. Furthermore, dissertations were excluded. These decisions were made based on time and financial constraints and may have biased the results of the review. Furthermore, only one of the studies included in the systematic review was conducted in the UK, impacting on the feasibility of generalising findings to the UK population.

In relation to Chapter 3, critique of a psychometric measure, the author chose to critique the ASI rather than the measure used in Chapter 4 (ASI-AD) because the research on the ASI-AD is more limited than the research on the ASI. However, more research is needed to explore the psychometric properties of the ASI-AD, and to evidence-base whether, in fact, the psychometric properties of the ASI are similar to those of the ASI-AD. In general terms, the main limitations of Chapter 3, are deemed to be as follows: lack of empirical evidence supporting the discriminative validity, content validity and concurrent validity of the Attachment Style Interview; lack of standardisation of the measure for forensic population; and vulnerability to impression management from respondants. These limitations are deemed to be reflective of the relatively recent nature of the measure. Nevertheless, they impact on the psychometric strength of the ASI and should be addressed by further research.

Regarding the limitations of the empirical study presented in Chapter 4, the main shortcomings are deemed to be the small sample size (N=32) and the employment of a convenience sample. Furthermore, 84% of participants were looked-after children (LAC) so it is likely that the prevalence of factors such as history of abuse and attachment insecurity were over-represented. In addition, the demographics of the secondary data were more limited than the ones collected by the author, which impacted on the scope of descriptive statistics. The depth of the qualitative data may have also been affected by using a semi-structured interview.

Finally, a limitation that is common to chapters 2 and 4 relates to the exclusivity of offending categories (child abusers versus rapists). In both chapters, the categorisation of sexual offenders was reliant on official records and/ or self-report. It is of note that the rates for under-reporting of sexual offences are extremely high (World Health Organization, 2003). This has implications for practice, as well as for research,

as offenders that are categorised for instance as child abusers, might have previously committed sexual offences against adults, that have never been reported and hence are not reflected in official records.

Recommendations for Future Research

This thesis highlighted several avenues that would benefit from being further explored by future research. Firstly, the aforementioned nonexistence of systematic literature reviews exploring the attachment styles of sexual offenders reflects a gap in the literature. Future studies investigating the attachment styles of sexual offenders should also aim for comparing child abusers and rapists to violent offenders, non-violent offenders and a control group. This would enhance our understanding of the risk factors that are specific to each sub-group.

It is also possible that some of the developmental characteristics associated with offending against children versus offending against peers/ adults (e.g. early onset of criminal behaviour, history of being sexually abused, witnessing parental aggression) have aetiological relevance to the onset of their sexual offending. This has clear implications for researchers interested in the aetiology of sexual offending, who may find it beneficial to study child abusers and rapists separately when investigating the risk factors for sexual offending. Longitudinal, qualitative and mixed-methods designs might be useful in increasing our understanding of how interpersonal variables such as those identified in this thesis represent as causal factors for the onset and repetition of sexual offending. In fact, there is a paucity of longitudinal and mixed-methods studies investigating the attachment styles of sexual offenders.

The research on adult populations of sexual offenders provides theories and hypotheses relevant for exploring adolescent populations (Rich, 2006). The characteristics found in adult sex offenders are likely related to developmental processes

that have their origins in child and adolescent experiences. Additionally, differential intimacy and attachment style findings among child abusers, rapists and non-sex offenders suggest that different childhood and adolescent developmental pathways may be involved in specific sexually coercive behaviours (Ward & Beech, 2006; Ward & Siegert, 2002). However, there is a broad range of research suggesting important distinctions between adolescent offending and adult offending (Långström, 2002; Parks & Bard, 2006; Reitzel & Carbonell, 2006; Waite et al., 2005; Zimring, Piquero, & Jennings, 2007). There is no generally accepted theory regarding adolescent sexual offending and there also seems to be a paucity of empirical evidence to guide intervention strategies for adolescent sexual offenders. Research focusing on the aetiology of adolescent sexual offending and the effectiveness of different intervention strategies is needed.

Finally, a limitation common across studies recruiting sexual offenders, either adults or adolescents, relates to small sample sizes. A review on the ethical and practical concerns of providing incentives to offenders could not find any ethical issues in compensating participants for taking part in research studies (Hanson, Letourneau, Olver, Wilson, & Miner, 2012). Regarding practical concerns, it was suggested that, in general, incentives for offenders should be consistent with other opportunities for earnings and not be so large as to compel participation of a vulnerable population or to undermine the goals of punishment and deterrence. Therefore, future research should consider the use of carefully thought incentives in order to include a greater number of subjects in research studies. Also in regards to sampling and generalisability of research findings, more research is needed using UK representative samples.

In conclusion, the data presented in this thesis provide preliminary support for the application of attachment theory to understanding the roots of sexual abuse. It also

highlights the need for further research exploring the relationship between attachment styles and specific offending behaviours. Finally, this thesis emphasises the importance of implementing treatment approaches and policies that are evidence-based and take into account both risks and needs of sexual offending populations. Through improved research and a better understanding of the risk factors for sexual offending, practitioners and policy makers will become better able to prevent this type of crime from happening, or at least reduce the risk of reoffending by sexual offenders.

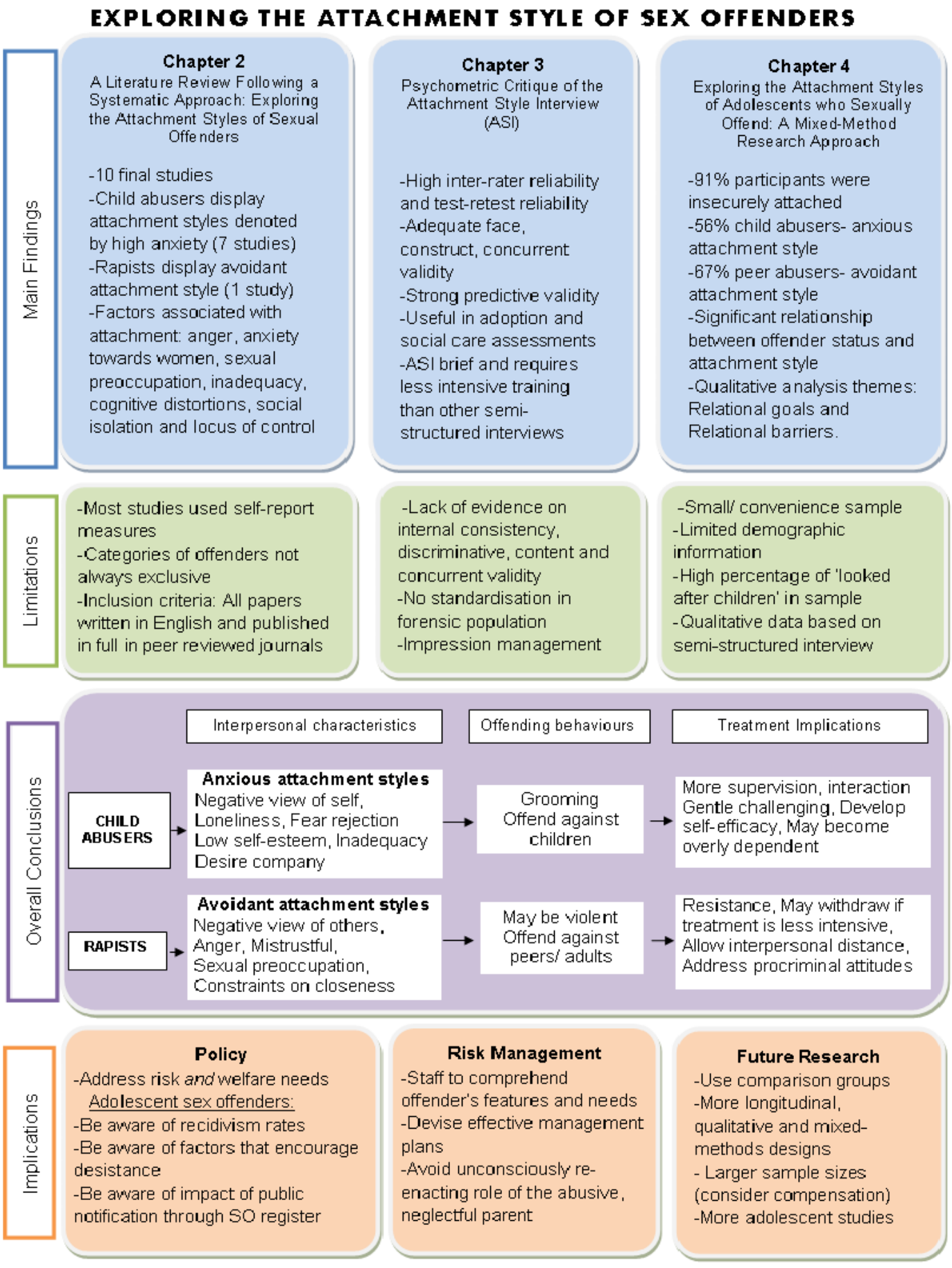

Figure 5. Overall summary of thesis

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Appendices

Appendix 1: Details of literature sources, search strategies, search terms and syntax used in the current systematic review

- **The Campbell Collaboration Library of Systematic Reviews**

Conducted on 10th August 2014 and on 15th April 2015

#1 (attachment OR attachment theor* OR attachment type* OR attachment stye*)

#2 (sex* offen* OR sexual offen* OR sex* crime* OR paedophile* OR pedophile* OR rapist* OR sex* abuse* OR child* abuse* OR child* moles* OR child* sex* abuse*)

#1 AND #2 – **0 Results**

- **Cochrane Library**

Conducted on 10th August 2014 and on 15th April 2015

#1 (attachment OR attachment theor* OR attachment type*)

#2 (sex offen* OR sexual offen* OR sexual crime* OR paedophile* OR pedophile* OR rapist* OR sex* abuse* OR child* abuse* OR child moles* OR child* sex* abuse*)

#1 AND #2 – **0 Results**

- **PsycINFO** (1969 to Present)

Conducted on 10th August 2014 and on 15th April 2015

#1 MeSH (attachment behaviour OR parent child relations OR early experiences)

#2 Title (attachment OR attachment style* OR attachment type* OR adult attachment interview)

#3 MeSH (sex offenses OR rape OR pedophilia OR sexual abuse OR child abuse OR male criminals)

#4 Title (sex* offen*)

#5 Keywords (child abuse* OR child abuser OR child sex* abuse*)

(#1 OR #2) AND (#3 OR #4 OR #5) **– 1534 Results**

#2 AND (#3 OR #4 OR #5) – **486 Results**

Limit to Full Text and English Language – **67 Results**

- **Web of Science** (1969 to Present)

Conducted on 10th August 2014 and on 15th April 2015

#1 Title (attachment OR attachment style* OR attachment type* OR adult attachment interview)

#2 Topic (sex offenses OR rape OR pedophilia OR sexual abuse OR child abuse OR male criminals OR sex* offen* OR child abuse* OR child abuser OR child sex* abuse*)

#1 AND #2 – **299 Results**

Limit to English language and Articles – **243 Results**

- **Applied Social Sciences Index and Abstracts** (1969 to Present)

Conducted on 10th August 2014 and on 15th April 2015

#1 Document Title (attachment OR attachment style* OR attachment type* OR adult attachment interview)

#2 Anywhere (sex offenses OR rape OR pedophilia OR sexual abuse OR child abuse OR male criminals OR sex* offen* OR child abuse* OR child abuser OR child sex* abuse*)

#1 AND #2 – **120 Results**

Limit to English Language – **120 Results**

- **Science Direct (Elsevier)** (1969 to Present)

Conducted on 10th August 2014 and on 15th April 2015

#1 Abstract, Title, Keywords (attachment OR attachment style* OR attachment type* OR adult attachment interview)

#2 All Fields (sex offenses OR rape OR pedophilia OR sexual abuse OR child abuse OR male criminals OR sex* offen* OR child abuse* OR child abuser OR child sex* abuse*)

#1 AND #2 – **18 Results**

Limit to English Language and Journals **– 17 Results**

Appendix 2: Data Extraction Form

Title:

Author(s):

Year:

Source:

Study location (i.e., Country):

Hypothesis being tested:

Population Size:

Age:

Type of offenders:

Exclusivity of offender categories:

Results:

Study limitations:

Implications for practice:

Link with literature:

Other:

Appendix 3: Quality Assessment Tool adapted from Effective Public Health Practice Project (1998) and from CASP checklist for cohort studies

Questions	Ratings		
	0	1	2
Selection Bias			
1. Has the researcher explained the recruitment process?			
2. Is the classification of offending groups exclusive?			
Study Design			
3. Is there a non-sexual offending comparison group and a control group?			
Confounders			
4. Is participation in intervention likely to be a confounder?			
5. Have other possible confounders been accounted for in the analysis?			
Data Collection			
6. Is the attachment measure valid and reliable?			
7. Has the researcher accounted for withdrawal and drop-out numbers?			
Analysis and Results			
8. Was the data analysis sufficiently rigorous?			
9. Is there a clear statement of findings?			

Appendix 4: Guidelines for rating Quality Assessment Tool

1. Has the researcher explained the recruitment process?

0 – Not at all

1 – Partially

2 – Fully (accounted for nature of participation (voluntary, confidential, compensated or not), number of recruits, number of participants, how were participants recruited, where were participants recruited from)

2. Is the classification of offending groups exclusive?

0 – Not at all

1 – Partially (includes categorisation based on self-report)

2 – Fully (the researchers reviewed the offence records of participants and ensured that participants belonging to a certain group of offenders have not committed offences that fit with other groups, i.e., child abusers have no offences against adult victims)

3. Is there a non-sexual offending comparison group and a control group?

0 – No comparison or control group

1 – Has a non-sexual offending or a control group

2 – Has a non-sexual offending and a control group

4. Is participation in intervention likely to be a confounder?

0 – Not mentioned by researcher

1 – Researcher took participation in intervention into consideration

2 – No participation in intervention / Participation in intervention has been controlled for in the analysis

5. Have other possible confounders been accounted for in the analysis?

0 – Not at all / Not mentioned by researcher

1 – Partially

2 – Totally

6. Is the attachment measure valid and reliable?

0 – Limited/ no information on the psychometric properties of measure(s) used

1 – Measure(s) used have moderate psychometric properties

2 – Measure(s) used have strong psychometric properties

7. Has the researcher accounted for withdrawal and drop-out numbers?

0 – Not at all

1 – Partially

2 – Totally

8. Was the data analysis sufficiently rigorous?

0 – Not at all

1 – Partially

2 – Totally

9. Is there a clear statement of findings?

0 – No

2 – Yes

Appendix 5: Quality Assessment of final 11 studies

Authors	Year	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Total (%)	*Comments*
Abracen et al.	2006	2	1	1	0	0	0	1	1	2	8 (44)	
Hudson & Ward	1997	2	2	1	2	1	1	0	2	2	13 (72)	
Jamieson & Marshall	2000	2	1	2	0	2	1	1	2	2	13 (72)	
Marsa et al.	2004	2	2	2	2	2	2	2	2	2	18 (100)	
McKillop et al.	2012	2	2	0	0	0	2	2	2	2	12 (67)	
Miner et al.	2010	2	1	1	2	2	2	0	2	2	14 (78)	Adolescent sample
Sawle & Kear-Colwell	2001	2	0	1	1	2	2	2	2	2	14 (78)	
Smallbone & Dadds	1998	2	2	2	0	2	1	1	2	2	14 (78)	
Ward, Hudson & Marshall	1996	1	2	1	2	2	1	0	2	2	13 (72)	
Wood & Riggs	2008	1	1	1	1	2	2	1	2	2	13 (72)	
Wood & Riggs	2009	2	1	1	1	1	2	1	2	2	13 (72)	

Appendix 6: Final Articles' Names

Authors	Year	Article Name	Comments
Hudson & Ward	1997	Intimacy, loneliness and attachment style in sexual offenders	Quality Assessment – 72%
Jamieson & Marshall	2000	Attachment styles and violence in child abusers	Quality Assessment – 72%
Marsa et al.	2004	Attachment styles and psychological profiles of child sex offenders in Ireland	Quality Assessment – 100%
McKillop et al.	2012	Offender's attachment and sexual abuse onset: A test of theoretical propositions	Quality Assessment – 67%
Miner et al.	2010	Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement and hypersexuality	Quality Assessment – 78%
Sawle &Kear-Colwell	2001	Adult Attachment style and pedophilia: A developmental perspective	Quality Assessment – 78%
Smallbone & Dadds	1998	Childhood attachment and adult attachment in incarcerated adult male sex offenders	Quality Assessment – 78%
Ward, Hudson & Marshall	1996	Attachment style in sex offenders: A preliminary study	Quality Assessment – 72%
Wood & Riggs	2008	Predictors of child molestation: Adult attachment, cognitive distortions and empathy	Quality Assessment – 72%
Wood & Riggs	2009	Adult attachment, cognitive distortions and views of self, others and the future among child abusers	Quality Assessment – 72%

Appendix 7: Study's Information Sheet for Organisations

Exploring the Attachment Styles of Adolescents who Sexually Offend: a quantitative and qualitative study using the Adolescent Attachment Style Interview

Who am I?

I am a second year Forensic Psychologist in training from the University of Birmingham, completing the Forensic Psychology Practice Doctorate. Last year I did a placement at ACT (Assessment, Consultation and Therapy), working with children and adolescents who display sexually harmful behaviour, as part of my course. This placement, combined with my personal interest in attachment and the lack of research on the attachment styles of adolescents who sexually offend, motivated me to conduct my doctoral thesis in this area of research.

What is the aim of the project?

The aim of the research project is to explore whether the attachment styles of adolescents who display sexually harmful behaviour against same-age peers differ from the attachment styles of those who display sexually harmful behaviour against younger children. This research question will be explored using the Adolescent Attachment Style Interview (ASI-AD; Bifulco et al., 2007).

What is the Adolescent Attachment Style Interview?

The Attachment Style Interview is an assessment tool now being used in research and practice in the clinical and social care fields to look at risks and resilience in relation to family life, parenting and emotional disorder. It is based on a standardised research interview from Royal Holloway, University of London.

The Adolescent Attachment Style Interview is a conversational style interview which will question about current relationship with parents/ carers and two other people (i.e., peers, friends, family) to whom the young person feels very close to. It also includes questions about the young person's general style of relating to others. The questions aim to explore the following domains: mistrust, constraints on closeness, fear of rejection, self-reliance, desire for company, fear of separation and anger.

How long does the ASI-AD take?

The interview usually takes roughly an hour. With consent, it is generally recorded in order for the interviewer to use actual responses in the scoring process.

Who would be conducting the interviews?

It is necessary to complete a four day training course in order to administer and rate the ASI. Having completed this training, as funded by the University of Birmingham, I, as the researcher will be conducting the interviews myself. I undertook this training in February and March 2013.

Who would be suitable participants for this study?

Young males aged between 12 and 19 years who have displayed sexually harmful behaviour against peers or younger children. These participants will be recruited from different services across the UK that provide assessment and treatment specifically for children and young people who display sexually harmful behaviour. Female adolescents and young people with severe learning difficulties or mental health issues will not be included in this study.

What would your service commit to?

The service would recruit the participants, according to the inclusion and exclusion criteria mentioned above. However, it would be to the service's discretion to decide how many participants to recruit. In order to avoid deception, the researcher would ask the service to inform the participants of the average length of the interview (approximately one hour) and of its voluntary nature. In order to control for possible distress to the participants, the researcher would ask for the interviews to take place at the service's facilities, and for the date and time of the interviews to be arranged between the service and the interviewee. Finally, the researcher would ask the service to provide basic demographical information on the participants.

How would your service benefit from taking part in this study?

The researcher will prepare a formal report with the results of each interview and provide it to the service. This would provide the service with a formal assessment of a client's attachment style. Moreover, it would provide the service with valuable information that might inform therapeutic targets. This research project will also contribute for the reliability and validity of a measure which has just started to be used widely across social care and clinical practice. The service will also be provided with a final copy of the research project, and will be included in the acknowledgements section of the thesis.

What would the researcher commit to?

The researcher would debrief the participants before starting the interview, informing them that their identity will remain anonymous at all times and informing of their right to withdraw at any point. The researcher will also remind the participants that participation is voluntary, having no financial or non-financial compensation associated. After the interview, the researcher would debrief the participant again, in order to explore potential distress. In the events of participant distress, the research will liaise with a member of staff immediately and the data on the participant will be destroyed. Furthermore, the researcher commits to producing a formal report of the results of each interview, if the service so wishes. The researcher also commits to protecting the data at all times, keeping it anonymous and confidential.

What are the timescales?

Although there are no compulsory timescales for data collection, the ideal would be to conduct all the interviews until October 2014, in order to allow time for the researcher to transcribe and score the interviews, analyze the data and write up the results.

Appendix 8: Participants' Information Sheet

INFORMATION SHEET FOR YOUNG PEOPLE

Exploring the attachment styles of adolescents who have displayed sexually harmful behaviour

Researcher: Mariana Reis
Supervisor: Dr. Caroline Oliver,
University of Birmingham

You are being invited to take part in a research study. In order for you to decide whether you would like to take part, this information sheet explains why the research is being done and what it will involve. Please ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
This research project is investigating the ability of adolescents aged between 14 and 18 years of age to make and maintain interpersonal relationships. This research has been approved by the University of Birmingham Ethics Committee.

Do I have to take part?
No. This is an entirely voluntary project. If you choose not to participate, it will not affect you in any way. If you wish to participate, you will be asked to sign a consent form. Even if you decide to participate in this study, you will still be free to change your mind at any time and without giving a reason. You can withdraw your consent for the interview content to be used for research purposes until March 2014.

Data will be destroyed immediately in the event that you or your parents/ carers withdraw your consent from the study. The only exception being where the information disclosed breached the limits of confidentiality and constitutes evidence in a criminal investigation (i.e., when participant discloses ongoing abuse, etc.).

What will I be asked to do if I agree to take part?
You will be asked to participate in an interview that takes approximately one hour. This interview is a conversational interview which asks questions about your current relationships with parents/carers and two other close people. It also includes questions about your general style of relating to others. With consent, the interview is usually audio-recorded.

Will all my details be kept confidential?
Yes. All the information about participants in this study will be kept confidential and data will be anonymous and stored securely. A report of your interview will be given to the service you are involved with. However, this report will be kept confidential at all times. Furthermore, a report of the overall findings of the interview can be provided to your parents/carers, if they so wish.

There are also some limits to confidentiality. If you disclose information that puts yourself or others at risk, this information will have to be shared with the appropriate members of staff and relevant agencies.

Thank you for reading this information and considering whether or not you would like to take part in this study. Should you wish to take part in this study, please complete the attached consent form.

Appendix 9: Participants' Consent forms

CONSENT FORM FOR YOUNG PEOPLE

My name is Mariana and I will be asking you some questions, to decide about your future needs. By signing this form, you will be agreeing to the following:

- I agree to take part in the study.
- I understand that I will be asked questions about my school, my friends and my family.
- I understand that I do not have to be in this research and that I can change my mind at any point.
- I understand that I will not get anything from being in this study.
- I understand that the interview will take approximately one hour.
- I understand that all the information from my interview will be kept confidential.
- I understand that there are limits to confidentiality.
- If I have any questions, I know I can ask them to Mariana.

PRINT NAME OF YOUNG PERSON

_____

SIGNATURE OF YOUNG PERSON

_____

DATE _____

Researcher's Signature and Date

_____

CONSENT FORM FOR YOUNG PEOPLE

By signing this form, you will be agreeing to the following:

- I understand that I will be audio-recorded during the interview.

PRINT NAME OF YOUNG PERSON

_____

SIGNATURE OF YOUNG PERSON

_____

DATE _____

Researcher's Signature and Date

_____

CONSENT FORM FOR YOUNG PEOPLE

By signing this form, you will be agreeing to the following:

- I understand that a formal report of my interview will be given to the service I am involved with.
- I understand that my parents/ carers can ask for a copy of the interview report.
- I understand that if the interview content might be discussed verbally with my parents/ carers, in case it is considered to be too sensitive.

PRINT NAME OF YOUNG PERSON

_____

SIGNATURE OF YOUNG PERSON

_____

DATE _____

Researcher's Signature and Date

_____

Appendix 10: Parents/Carers' Information Sheet

INFORMATION SHEET FOR PARENTS/CARERS

Exploring the attachment styles of adolescents who display sexually harmful behaviour

Researcher: Mariana Reis
Supervisor: Dr. Caroline Oliver,
University of Birmingham

Your child is being invited to take part in a research study. In order for you to decide whether your child would like to take part, this information sheet explains why the research is being done and what it will involve. Please ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
This research project is investigating the ability of adolescents aged between 14 and 18 years of age to make and maintain interpersonal relationships. More specifically, the researcher is interested in exploring the interpersonal relationships of adolescents who display sexually harmful behaviour. This research has been approved by the University of Birmingham Ethics Committee.

Who is conducting the research?
The research is being conducted as part of a Doctorate project by Miss Mariana Reis, in the School of Psychology, University of Birmingham. The research is being supervised by Dr. Caroline Oliver, a Chartered Forensic Psychologist, and Placement Coordinator at the University of Birmingham.

Why has my child been chosen?
As part of this research we are looking for children between the ages of 14 and 18 years of age, who are involved with services that provide assessment and treatment for young people who display sexually harmful behaviour. Your child has been chosen to take part because they meet these criteria.

Does my child have to take part?
No. This is an entirely voluntary project. If you choose not to participate, it will not affect you or your child in any way. If you give your consent for your child to participate, you will be asked to sign a consent form. Even if you give consent, you will still be free to withdraw your child at any time and without giving a reason. You can withdraw your consent for the interview content to be used for research purposes until March 2014.

Data will be destroyed immediately in the event that you or your child withdraw consent from the study. The only exception being where the information disclosed breaches the limits of confidentiality and constitutes evidence in a criminal investigation (i.e., when participant discloses ongoing abuse, etc.).

Additionally, in order for the interview to be conducted, your child also has to provide consent.

What will my child be asked to do if we agree to take part?
Your child will be asked to participate in an interview that takes approximately one hour. This interview is called Adolescent Attachment Style Interview and it is a conversational interview which asks questions about the young person's current relationships with parents/carers and two other close people. It also includes questions about the young person's general style of relating

to others. The main topics being explored in this part of the interview are: mistrust, constraints on closeness, fear of rejection, desire for company, anger, self-reliance and fear of separation. With consent, the interview is usually audio-recorded.

Who will conduct the interview?
Miss Mariana Reis will conduct the interview. She has a Criminal Records Bureau clearance for working with children. Mariana also has two years experience of working with young people.

Will all my child's details be kept confidential?
Yes. All the information about participants in this study will be kept confidential and data will be anonymous and stored securely. Following the interview, the researcher will provide the service with a formal report on the interview, which will also be kept confidential. A report of the overall findings of the interview can also be provided to parents/carers, if they so wish.

Are there limits to confidentiality?
Yes. According to the British Psychological Society's code of conduct, in case the participants disclose information that raises concerns about:

(a) the safety of clients;
(b) the safety of other persons who may be endangered by the client's behaviour; or
(c) the health, welfare or safety of children or vulnerable adults;

this information will be shared with the appropriate members of staff and the relevant agencies.

What are the risks?
This research has been reviewed by the ethics committee of the School of Psychology, and it has been deemed to present no risks to children's or parents' physical, psychological or emotional well-being. Nevertheless, there is a possibility that discussing close relationships might distress your child. In case this happens, the researcher will discontinue the interview and liaise with your child's case holder or key worker in order for appropriate support to be given to your child.

Contacts:

If you require any further information or have any questions about this study, please do not hesitate to contact Miss Mariana Reis or Dr. Caroline Oliver
.

Miss Mariana Reis, School of Psychology, University of Birmingham
Phone: [redacted] Email: [redacted]

Dr. Caroline Oliver, School of Psychology, University of Birmingham
Phone: [redacted] Email: [redacted]

Thank you for reading this information and considering whether or not you would like your child to take part in this study. Should you wish your child to take part in this study, please complete the attached consent form.

Appendix 11: Parents/Carers' Consent Forms

CONSENT FORM FOR PARENTS/CARERS

I have been invited to have my child participating in a study investigating the attachment styles of young people who display sexually harmful behaviour. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate in this study. I am aware that a formal report on the interview will be made available to the service which is involved with my child. I am aware of the limits to confidentiality.

PRINT NAME OF PARENT/ CARER

_____

SIGNATURE OF PARENT/ CARER

_____

DATE _____

Researcher's Signature and Date

_____

CONSENT FORM FOR PARENTS/ CARERS

By signing this form, you will be agreeing to the following:

- I understand that the interview will be audio-recorded.

PRINT NAME OF PARENT/ CARER

_____

SIGNATURE OF PARENT/ CARER

_____

DATE _____

Researcher's Signature and Date

_____

CONSENT FORM FOR PARENTS/ CARERS

By signing this form, you will be agreeing to the following:

- I understand that a formal report of my child's interview will be given to the service involved with my child.
- I understand that I can ask for a report of the interview.
- I understand that the interview content might be shared with me verbally, instead of in the form of a report, in case the interview content is deemed too sensitive.

PRINT NAME OF PARENT/ CARER

_____

SIGNATURE OF PARENT/ CARER

_____

DATE _____

Researcher's Signature and Date

_____

Appendix 12: Background Form

YOUNG PERSON'S DETAILS

*Surname: *Forename:

*Date of Birth: DDMMYYYY

Ethnicity

White Black/ African/ Caribbean/ Black British Asian/ Asian British

Mixed Please state:

Other ethnic group Please state:

Biological Siblings

Yes Nr. of brothers Nr. of sisters

No

Formal diagnoses

Please state:

Care History

Previous	Looked after child		Child in need		CP plan		Placed with family		
Current	Looked after child		Child in need		CP plan		Placed with family		

Provide further details:

Abuse history

Physical abuse Emotional abuse Sexual abuse Neglect

Provide further details:

***Non-sexual Offending History**

Road traffic offences	☐	Vehicle theft	☐	Burglary	☐	Theft from person	☐
Vandalism	☐	Robbery	☐	Assualt without injury			☐
Assault with injury	☐	Possession of weapons			☐	Threat to kill	☐
Drug offence	☐	Other:					

Provide further details:

***Sexual Offending history**

N. of allegation ☐ Nr. of convictions ☐

Sexual assault ☐ Stalking ☐

Inciting other to participate in sexual act ☐ Inciting other to watch sexual content ☐

Exposure ☐

Internet offence ☐ Please state:

History of engagement in psychological work

Months of engagement with therapy ☐

Months of prior engagement with therapy ☐

BIOLOGICAL PARENTS FACTORS

Age of mother when had child ☐ Age of father when had child ☐

Birth factors (e.g. Post-Natal Depression, birth complications)

Please state

Parental subtance misuse

Please state

Parental mental illness

Please state

Parental history of abuse

Please state

VICTIM(S) FACTORS

VICTIM #1

*Date of birth or age of victim ☐ Female ☐ Male ☐

Date of offence/ allegation DDMMYYYY

***Relationship to offender**

Family member ☐ Please state:

Family acquantaince ☐ School Acquaintance ☐

Stranger ☐ Other ☐ Please state:

Vulnerability factors (e.g. Learning disability)

Please state

Offence details

Single incident ☐

Repeated offending ☐ Nr. of known incidents ☐

Contact offence ☐ Non-contact offence ☐

Sexual assault ☐ Stalking ☐

Inciting other to participate in sexual act ☐ Inciting other to watch sexual content ☐

Exposure ☐

Internet offence ☐ Please state:

[Form continued allowing input of information on up to 4 victims]

Appendix 13: Indexing

Initial Codings	Description/ Thoughts	Theme	Concepts
Positive qualities of other iiii Feeling understood iii Feeling listened iiiii Feeling supported i Feeling respected Not feeling judged Ease/ comfortable Detailed account i Generalised Feelings iiii Internal states Relates to other i Other is understanding Feeling understood iiiii Impartial Implicit cues iiiii Easy to talk about problems/ Comfortable Values closeness/ relationships Sharing Being able to relate	Relationships as providing support and comfort to individual Sense of easiness and feeling understood	**Validation (present)**	Relational Goals
No sense of feeling supported ii Not feeling understood Does not always lift mood i Not feeling heard/ listened to iii Not feeling in control ii Feeling criticised by other Feeling patronized by others Feeling disrespected i Feeling patronized ii Feeling let down by people Feeling pressured by people Feeling disappointed by others Feeling judged by others	Feelings that characterise negative quality of interaction or triggers for anger Bottom-line: not feeling understood What happens where individual does not feel validated	**Validation (not present)**	
Lift mood iii Positive feelings Emotional regulation i Extreme specialness i Emotionality	Sense of emotionality and connectedness	**Emotional bond**	

Detailed account i Feel more comfortable Joint process Joint activities We Connectedness Emotionality Relatedness Specialness in relationship	Relationship as important on a personal level Relationship has a function		
Annoyance Upset i Worried i Anxious Extreme emotionality iiiii	Reaction to separation Proportionate to emotional bond to person	**Emotional bond**	
Predictability/ availability of other iiiiiiiii Valuing other's predictability/ availability	A function of the relationship Important to feel that other is predicatble, safe and available	**Predictability**	
Superficial Practical iiiiiiiiiii Lack of emotionality iiiiii Telling enough so other is aware iii Confiding just enough info. Information giving iii	Practical support is obtained Relationship is instrumental Less emotional function of relationship Equally important	**Tangible support**	
Other makes effort i Other helps to move on i Other tries to help iiiii Acknowledgment that other makes effort Acknowledgement that not confiding in other is own choice	An acknowledgement that there are blockages in relationship Individual not allowing other to get close?	*Describing a process*	Relational Barriers
Discomfort iiiii Awkward Difficult i Holding back iiiiiii Difficult to talk about feelings Boring Silence Quiet Tense	Negative feelings associated with interpersonal closeness and relationships	**Negative affectivity (in self-other interactions)**	

Strange Intense Reluctance ii Vulnerability Lack of control Feeling exposed Overwhelming Constraints Paranoia			
Remove self from situation ii Separation Remove self ii Sensitive to others Likes own company Indifference to relationships (defense?) Reject others	Defense mechanism to manage feelings of discomfort in relationships? Self-protective? Avoidance		
Making judgment about other ii Testing people Negative view of others i Suspiciousn ess/ Paranoia i Sense of knowing other Time to form judgment ii	Important to know other for a while to form a judgment and feel safe Process of forming impression of others	**Person-Perception**	
Negative view of self i Defectiveness Mask Poor sense of self-efficacy Awareness of own difficulties	Negative feelings and thoughts towards self Insight into role one plays in relationships	**Negative Affectivity (self-perceptions)**	
Negative past experiences iiiii Felts let down by others i Has experienced that in past Cautious due to past	Acknowledgement of past negative experiences Reluctance in interpersonal relationships	**Negative Past Experiences**	

Appendix 14: Charting

		INTERVIEWS THEMES/ SUB-THEMES AND QUOTES
Relational Goals	*Description*	
	Predictability	#6 I quite liked it when she was there #7 She would just check on me even though I don't want that to happen If I am not talking to him, he knows I am not ok #8 She is caring. When we lived together in foster care when I was ill she used to make me some food and give me a cup of tea and stuff like that. She is always there anyways. Sometimes I need him to be there for me. They will be back any minute. #13 He is very good at what he does. It's good to have one person that you know it is gonna be there and you know she is gonna stick by you #15 He is there when I need him. She is always on my side, no matter what. #16 She constantly rings up to check if I am alright and keeps open communication. She is the only person I can talk to. She's always there. She is always thinking about me. #17 I've known her all my life. I know how she sounds when she is being sarcastic, not bothered and when she is bothered. #18 Just to be there for me. For being there for me and supporting me
	Validation	#2 (Anger) Sometimes if they are not listening to me, or being rude to me. #3 (NQI) She does not listen. When it's about family things she kind of makes decisions for herself without asking anyone. It is easy to talk to him. I tell him a bit more than I tell my nan because he understands more. He takes my side. (NQI) When he does not listen. #6 (NQI) Sometimes he like gets angry if I have done something wrong or bad and he doesn't quite listen what I

Relational Goals	**Validation**	am trying to say (Worries) I know by her tone of voice and what she would say She is quite an understanding person, and supportive. (Anger) Being treated like a little kid sometimes. Being looked after all the time. #7 We considered one another's opinions and what was going on. I had problems, she had problems. He would have more of an understanding. He has been through the same things as me. (Anger) Sometimes I feel that some people treat me as a child still, and I absolutely hate it. #8 I always feel that I am listened to, if I say it in the right manner. #10 By listening to everything I say. #13 She actually listens, which is really good. She won't judge me. (NQI) If I feel she is criticising me I get angry. (NQI) He just doesn't see things how I see. She listened and gave me advice. She just understands because she has gone through a lot. I just think 'Why do you lecture me?' (Anger) It is kind of awkward because when people give me their opinion it is like they are pressuring me into doing it. I get annoyed because it is setting me up to fail in a way but they don't realise that. (Anger) People don't take me seriously. #16 She always gives me the right advice, the tone of her voice is very soft and it doesn't sound like she's doing something else or concentrating in something else. She has time for me, for that. I basically tell her all my worries and all my issues. She always makes sure she has time for me. She has this sort of really quiet tone and it's almost like soft and gentle and warming. There is a tenderness. She always lets me speak first. We won't end the conversation until I feel that I am listened to and cared for. (NQI) Sometimes she is a little misunderstanding on someone. (Anger) If someone says something personal about you and they go away but then do the same act themselves, that really, really annoys me. #17 (NQI) When he doesn't tell me what's going on with me #18 He was quite understanding. Just his body posture and what he says.
		#3 It made me feel better

Relational Goals	**Emotional bond**	#6 I find it quite nice to have people around me. It makes you feel quite accepted. #7 Makes me feel more comfortable If it meant not being friends anymore I could not manage, no. We talk. We rather do more talking than keep ourselves occupied in a situation. We play Xbox but would be more focused on the conversation. We have our friendship so we rely on that. We always do something Someone you can start to trust and share similar interests. Just being with someone is important, and have friends as well. #8 I just tell him and he makes me feel more happy. #10 He helped me manage my feelings. He comforts me in a way. It is fun and relaxing. Comfortable. It was comforting, I was happy. It was fun.
	Emotional bond	#13 She treats me as a son. I found solace in her company. She helps me calm down and listen to me. She is like and angel to me. It is quite unique. It is like a mother and son relationship. She is the only person in the home that knows everything about me. Without X there is no me. I felt that she abandoned me when she went to work abroad for 6 months. It was hard. (Separation) I always wonder where they are. And sometimes I panic. It is getting better but it was bad in the past. It is pretty bad to manage. It all falls to pieces. #16 It's some sort of like this magical spark. We always make each other laugh, and make each other realise certain aspects of situations. It's extremely fun, it's joking, relaxed. She gives me confidence more than anything. She always knows how. She knows me. (Separation) I think I would feel very alone, very scared, very lost. You can feel her love and tender. Even in just a phone call. (Separation) It would be very, very hard. It would be very awful. (Separation) It's just such a long wait. Even if they're just away for a couple of days. I worry about their safety. #17 (Separation) I would probably not be around. If you know what I mean…

		(Separation) I worry a lot because I wonder what they're doing and I wonder what they think I am doing. I do (worry) really a lot. Really upsetting. #18 (Separation) It was nerve wracking.
	Tangible support **Tangible support**	#2 I would tell him a fair bit. Not a lot but just enough for him to be in the picture. It would be easy to find someone else to rely on If she wasn't there it would be the same #3 I tell her how I'm getting on, some issues, not to deep. #6 (I'll tell him) something I thought he may need to know. Sometimes I just mention it. #8 He knows about that anyways. #12 He gives me advice, helps me along the way and stuff like that. He helps me out but I have other people I can rely on as well. I have been talking to X and she has been giving me advice so I didn't really need to talk to him. #13 To play stuff like squash and take me to one to ones (rely) #15 As much detail as they need to know. #17 He already knew about that
Relational Barriers	*Description*	#2 Some things I wouldn't tell her #3 Sometimes I just can't be bothered #3 Sometimes I just wanna be around someone but not for them to keep talking to me. #8 I don't really talk to him about personal things because that just got to do with me #10 With a lot of persuading from him (confiding details) #12 There is just something, I have got to trust them. If I can't trust them, I won't do anything. #13 I don't really trust anyone. I say hello to people. But I still don't trust them. It is difficult to ask for help. I try to do it myself and 9 times out of 10 I mess it up. There is quite a few people I wouldn't go to for help. I just never really allowed them to get close to me. #17 If I wanted to speak to him about something, if I wanted to, I would expect him not to tell anyone else. I wouldn't go to him but if I wanted to talk to him about it I could.
	Person-perception	#6 Sometimes it might take a while (to get very close) I don't necessarily like talking about everything with people if I don't know them that well. I would like to get to know them first. It is quite hard to make a judgment if you don't know the person. If I get to know the person quite well I am not afraid they will reject me.

<u>Relational Barriers</u>	**Person-perception**	#7 It takes time to get someone's trust. #10 Only people I got to know for a space of time (trust) #12 It would take a little while to trust them because I need to know who they are and if I can rely on them #13 No I just don't trust people in general because even your friends might stab you in the back. It is just best not to trust people. #15 I test them quite a bit. #16 They can talk behind your back and be really kind to you but then behind your back they can be really nasty. Sometimes I do because you don't know them enough yet. You need to know more about them (back off) #17 I've known them for a certain amount of time and I know if I can trust them or not. #18 People are out for themselves
	Negative Affectivity (Self-perception)	#7 I have trust problems. I am an odd character in a way I have anxiety levels so I find it difficult to socialize. It takes time. #10 (Anger) Mainly every day, with everyone. Because of my main general attitude and mood. I am just generally moaning and not happy. #13 Yes, very difficult to get very close. Because I raise a mask a lot of the time. I don't want people to see the real me. I feel that I haven't done enough for myself. #17 Because of some insecurities of mine and takes me a while to figure them out (hard to get close to people) #18 I just think sometimes that people are scared of me
	Negative Affectivity (self-other interaction)	#2 I just feel like it's not right. I might not feel comfortable with that. The first stages I absolutely hate. Once I get to know them a bit it's alright. #3 I talk to her with difficulty (PQI) It is a bit awkward. Silence… Sometimes it is awkward. Most of the times I am not good at having other people telling me their problems. I do listen but… #6 It's alright. It is a bit awkward like… Sometimes I feel a bit crowded #7 It can be awkward at times If they keep pushing it (annoying to have people around)

<u>Relational Barriers</u>		#10 (PQI) Sometimes it is a bit awkward. #13 Sometimes I don't wanna see her. It is uncomfortable. It's weird. I just push them away. Sometimes it is too much. #15 (PQI) It can be awkward I prefer to be on my own. I prefer my own company. #16 It's just panic. If I get too close then what are they gonna do? When you're too close to someone, you're the most vulnerable then so it's easier for them to hurt you. #17 It's a bit crowded and loud and annoying (people around) #18 (PQI) It was difficult, arguing... I just feel uncomfortable (back off)
	Negative past experiences	#3 Just because sometimes I have trusted people and they let me down so I am a bit reluctant to trust people. #6 In the past someone let me down #7 That is the kind of thing you think 'Are you going to do the same thing?' #10 Because I haven't been able to trust people on my past. Because it happened before (can't trust people in case they let you down) #13 Just I always live in fear because you put your life in other people's hands. It is so hard to trust people because I have been so let down. You always feel you're being plotted against. It has been the case numerous times in the past. #15 People have let me down before. In quite a lot of occasions. #16 It has happened before. You trust someone and then they do something. I think because I have been let down so many times before and automatically I meet someone and I'm judging them straight away because of the past. (person perception) #17 I've been let down by a lot of people. Pretty much my whole family and because of that it takes me a while to trust people and get to know people because I'm mostly caged in and bottle things up. #18 I have always been like that. Because people have let me down before (not trusting)

Appendix 15: Mapping

1. RELATIONAL GOALS				
	1.1 Tangible support	**1.2 Predictability**	**1.3 Validation**	**1.4 Emotional Bond**
#2 **Michael** (Staff, therapist) Avoidant Crossover	I would tell him a fair bit. Not a lot but just enough for him to be in the picture. It would be easy to find someone else to rely on If she wasn't there it would be the same		(Anger) Sometimes if they are not listening to me, or being rude to me.	
#3 **John** (family, staff, therapist) Anxious Peer abuser	I tell her how I'm getting on, some issues, not too deep.		(NQI) She does not listen. When it's about family things she kind of makes decisions for herself without asking anyone. It is easy to talk to him. I tell him a bit more than I tell my nan because he understands more. He takes my side. (NQI) When he does not listen.	It made me feel better
#6 **Terry** (family, friend, staff)	(I'll tell him) something I thought he may need to know. Sometimes I just mention it.	I quite liked it when she was there	(NQI) Sometimes he like gets angry if I have done something wrong or bad and he doesn't quite listen what I am trying to say	I find it quite nice to have people around me. It makes you feel quite accepted.

Avoidant Peer abuser			(Worries) I know by her tone of voice and what she would say She is quite an understanding person, and supportive. (Anger) Being treated like a little kid sometimes. Being looked after all the time.	
#7 **Sam** (friends) Dual Child abuser		She would just check on me even though I don't want that to happen If I am not talking to him, he knows I am not ok	We considered one another's opinions and what was going on. I had problems, she had problems. He would have more of an understanding. He has been through the same things as me. (Anger) Sometimes I feel that some people treat me as a child still, and I absolutely hate it.	Makes me feel more comfortable If it meant not being friends anymore I could not manage, no. We talk. We rather do more talking than keep ourselves occupied in a situation. We play Xbox but would be more focused on the conversation. We have our friendship so we rely on that. We always do something Someone you can start to trust and share

				similar interests. Just being with someone is important, and have friends as well.
#8 **David** (family, staff, friend) Secure Child abuser	He knows about that anyways.	She is caring. When we lived together in foster care when I was ill she used to make me some food and give me a cup of tea and stuff like that. She is always there anyways. Sometimes I need him to be there for me. They will be back any minute.	I always feel that I am listened to, if I say it in the right manner.	I just tell him and he makes me feel more happy.
#10 **Peter** (staff, therapist) Dual Child abuser			By listening to everything I say.	He helped me manage my feelings. He comforts me in a way. It is fun and relaxing. Comfortable. It was comforting, I was happy. It was fun.
#12 **Brian** (staff) Anxious	He gives me advice, helps me along the way and stuff like that. He helps me out but I have other people I can rely on as well. I have been talking to X and			

Crossover	she has been giving me advice so I didn't really need to talk to him.			
#13 **Jack** (staff) Anxious Crossover	To play stuff like squash and take me to one to ones (rely)	He is very good at what he does. It's good to have one person that you know it is gonna be there and you know she is gonna stick by you	She actually listens, which is really good. She won't judge me. (NQI) If I feel she is criticising me I get angry. (NQI) He just doesn't see things how I see. She listened and gave me advice. She just understands because she has gone through a lot. I just think 'Why do you lecture me?' (Anger) It is kind of awkward because when people give me their opinion it is like they are pressuring me into doing it. I get annoyed because it is setting me up to fail in a way but they don't realise that. (Anger) People don't take me seriously.	She treats me as a son. I found solace in her company. She helps me calm down and listen to me. She is like and angel to me. It is quite unique. It is like a mother and son relationship. She is the only person in the home that knows everything about me. Without X there is no me. I felt that she abandoned me when she went to work abroad for 6 months. It was hard. (Separation) I always wonder where they are. And sometimes I panic. It is getting better but it was bad in the past. It is pretty bad to manage. It all falls to pieces.

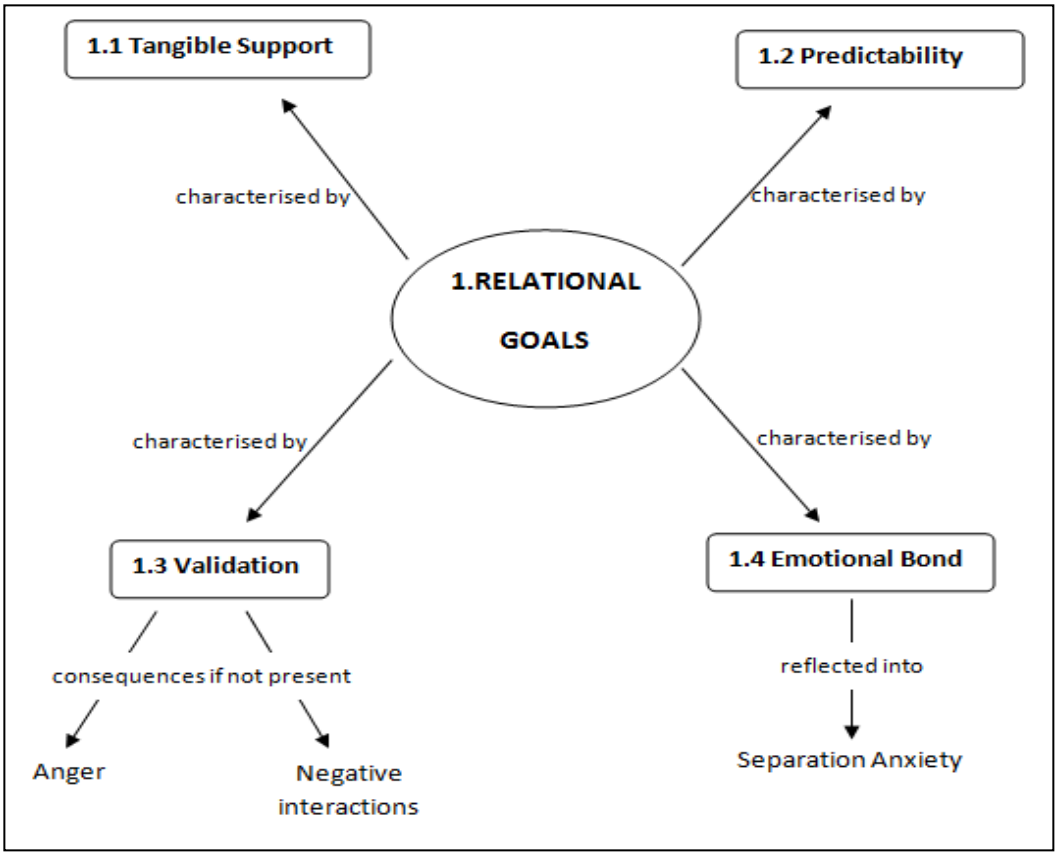
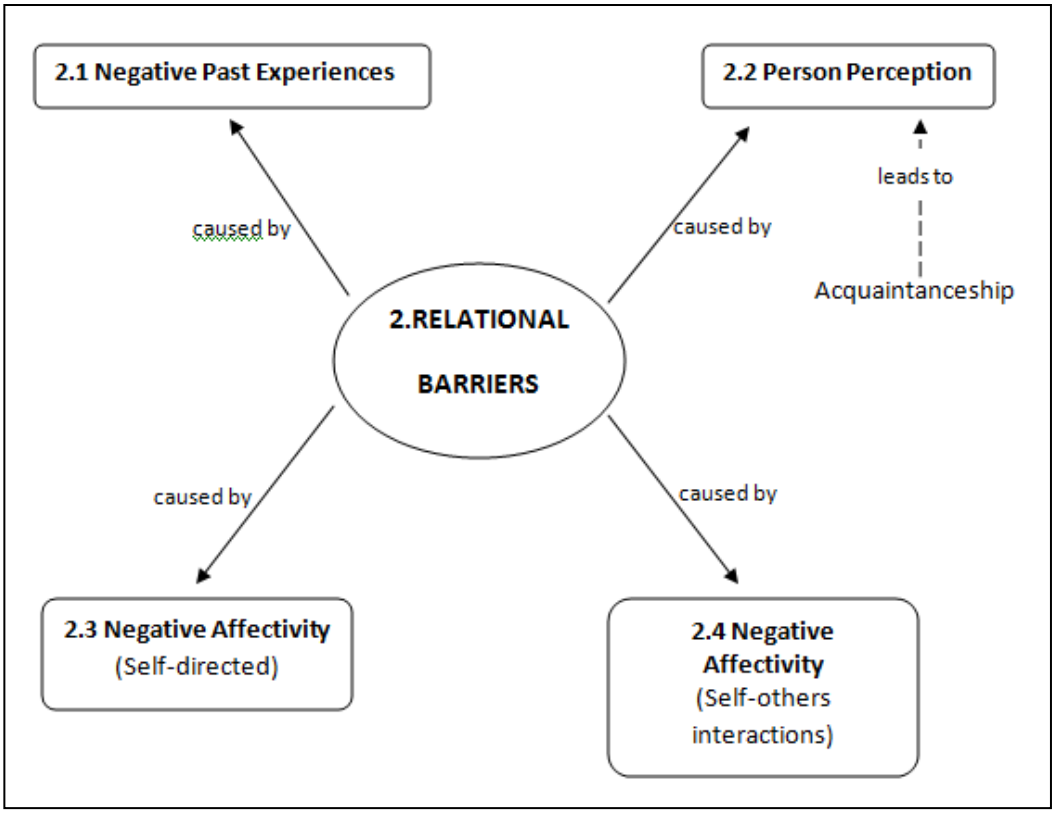
#15 **Rich** (staff, therapist, family) Dual Child abuser	As much detail as they need to know.	He is there when I need him. She is always on my side, no matter what.		
#16 **Paul** (familyx2, staff) Anxious Child abuser		She constantly rings up to check if I am alright and keeps open communication. She is the only person I can talk to. She's always there. She is always thinking about me.	She always gives me the right advice, the tone of her voice is very soft and it doesn't sound like she's doing something else or concentrating in something else. She has time for me, for that. I basically tell her all my worries and all my issues. She always makes sure she has time for me. She has this sort of really quiet tone and it's almost like soft and gentle and warming. There is a tenderness. She always lets me speak first. We won't end the conversation until I feel that I am listened to and cared for.	It's some sort of like this magical spark. We always make each other laugh, and make each other realise certain aspects of situations. It's extremely fun, it's joking, relaxed. She gives me confidence more than anything. She always knows how. She knows me. (Separation) I think I would feel very alone, very scared, very lost. You can feel her love and tender. Even in just a phone call. (Separation) It would be very, very hard. It would be very

			(NQI) Sometimes she is a little misunderstanding on someone. (Anger) If someone says something personal about you and they go away but then do the same act themselves, that really, really annoys me.	awful. (Separation) It's just such a long wait. Even if they're just away for a couple of days. I worry about their safety.
#17 **Ian** (partner, friend, staff) Dual Crossover	He already knew about that	I've known her all my life. I know how she sounds when she is being sarcastic, not bothered and when she is bothered. If I wanted to speak to him about something, if I wanted to, I would expect him not to tell anyone else. I wouldn't go to him but if I wanted to talk to him about it I could.	(NQI) When he doesn't tell me what's going on with me	(Separation) I would probably not be around. If you know what I mean… (Separation) I worry a lot because I wonder what they're doing and I wonder what they think I am doing. I do (worry) really a lot. Really upsetting.
#18 **Nathan** (familyx2, staff) Dual Crossover		Just to be there for me. For being there for me and supporting me	He was quite understanding. Just his body posture and what he says.	(Separation) It was nerve wracking.

2. RELATIONAL BARRIERS				
	2.1 Negative Past Experiences	**2.2 Person-perception**	**2.3 Negative Affectivity (Self)**	**2.4 Negative Affectivity (Self-others interactions)**
#2 **Michael** (Staff, therapist) Avoidant Crossover				I just feel like it's not right. I might not feel comfortable with that. The first stages I absolutely hate. Once I get to know them a bit it's alright.
#3 **John** (family, staff, therapist) Anxious Peer abuser	Just because sometimes I have trusted people and they let me down so I am a bit reluctant to trust people.			I talk to her with difficulty (PQI) It is a bit awkward. Silence… Sometimes it is awkward. Most of the times I am not good at having other people telling me their problems. I do listen but…
#6 **Terry** (family, friend, staff)	In the past someone let me down	Sometimes it might take a while (to get very close) I don't necessarily like talking about everything		It's alright. It is a bit awkward like… Sometimes I feel a bit crowded

Avoidant Peer abuser		with people if I don't know them that well. I would like to get to know them first. It is quite hard to make a judgment if you don't know the person. If I get to know the person quite well I am not afraid they will reject me.		
#7 **Sam** (friends) Dual Child abuser	That is the kind of thing you think 'Are you going to do the same thing?'	It takes time to get someone's trust.	I have trust problems. I am an odd character in a way I have anxiety levels so I find it difficult to socialize. It takes time.	It can be awkward at times If they keep pushing it (annoying to have people around)
#8 **David** (family, staff, friend) Secure Child abuser				
#10 **Peter** (staff, therapist) Dual Child abuser	Because I haven't been able to trust people on my past. Because it happened before (can't trust people in case they let you down)	Only people I got to know for a space of time (trust)	(Anger) Mainly every day, with everyone. Because of my main general attitude and mood. I am just generally moaning and not happy.	(PQI) Sometimes it is a bit awkward.

#12 **Brian** (staff) Anxious Crossover		It would take a little while to trust them because I need to know who they are and if I can rely on them		
#13 **Jack** (staff) Anxious Crossover	Just I always live in fear because you put your life in other people's hands. It is so hard to trust people because I have been so let down. You always feel you're being plotted against. It has been the case numerous times in the past.	No I just don't trust people in general because even your friends might stab you in the back. It is just best not to trust people.	Yes, very difficult to get very close. Because I raise a mask a lot of the time. I don't want people to see the real me. I feel that I haven't done enough for myself.	Sometimes I don't wanna see her. It is uncomfortable. It's weird. I just push them away. Sometimes it is too much.
#15 **Rich** (staff, therapist, family) Dual Child abuser	People have let me down before. In quite a lot of occasions.	I test them quite a bit.		(PQI) It can be awkward I prefer to be on my own. I prefer my own company.
#16 **Paul** (familyx2, staff) Anxious Child abuser	It has happened before. You trust someone and then they do something. I think because I have been let down so many times before and automatically I meet someone and I'm judging them straight away because of the past. (person perception)	They can talk behind your back and be really kind to you but then behind your back they can be really nasty. Sometimes I do because you don't know		It's just panic. If I get too close then what are they gonna do? When you're too close to someone, you're the most vulnerable then so it's easier for them to

		them enough yet. You need to know more about them (back off)		hurt you.
#17 **Ian** (partner, friend, staff) Dual Crossover	I've been let down by a lot of people. Pretty much my whole family and because of that it takes me a while to trust people and get to know people because I'm mostly caged in and bottle things up.	I've known them for a certain amount of time and I know if I can trust them or not.	Because of some insecurities of mine and takes me a while to figure them out (hard to get close to people)	It's a bit crowded and loud and annoying (people around)
#18 **Nathan** (familyx2, staff) Dual Crossover	I have always been like that. Because people have let me down before (not trusting)	People are out for themselves	I just think sometimes that people are scared of me	(PQI) It was difficult, arguing... I just feel uncomfortable (back off)

Appendix 16: Relationship between themes and sub-themes