

**Exploring early attachments and maladaptive schemas in  
juvenile sexual offenders**

**By AMREEN QAYUM**

A thesis submitted to  
The University of Birmingham  
for the degree of  
DOCTORATE IN FORENSIC PSYCHOLOGY PRACTICE  
(ForenPsyD)

Centre for Forensic and Criminological Psychology  
University of Birmingham  
November 2013

UNIVERSITY OF  
BIRMINGHAM

**University of Birmingham Research Archive**

**e-theses repository**

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

## **DEDICATION**

This thesis is dedicated to all those affected by the issues raised within this thesis, and to all those who have supported, encouraged, supervised, taught and worked alongside me throughout the course of this degree.

## **ABSTRACT**

Little research has been conducted when looking at the causes of juvenile sexual offending. This thesis attempted to highlight some of the gaps within the literature in this area by identifying whether developmental factors play an important role in juvenile sexual offending. This thesis includes a systematic review and review of a psychometric tool, in addition to both an individual case study and a research paper. The findings demonstrated that firstly there was a dearth of research within the area of juvenile sexual offending and early attachment bonds in sexual offending. The research compared two groups of juvenile sex offenders, those who offend against children and those who offend against adults/peers to identify differences on their maladaptive schemas and early attachment to parent and/or caregivers. Results indicated that all juvenile sexual abusers reported insecure attachment styles. Child abusers were mostly associated with a fearful attachment style whereas adult/peer abusers were mostly associated with a dismissive attachment style. Those with a fearful attachment style reported significantly higher scores on the subjugation and self sacrifice schemas. Furthermore, child abusers endorsed higher scores on the enmeshment, subjugation, insufficient self-control and self-sacrifice schemas. Further qualitative and quantitative research is recommended to develop these findings; in conclusion, the findings support previous research on adult sexual offenders, which suggests that sexual offenders are a heterogeneous group of offenders. The thesis highlights the need for further research to be completed in this area, as well as to tailor interventions based on individual needs rather than a 'one size fits all' approach.

## **ACKNOWLEDGEMENTS**

I would like to thank all of those who have provided me with support and guidance throughout the dissertation process. Without these individuals this project would not have been possible. First, I'd like to extend thanks to my supervisor Professor Anthony Beech for his continued support and mentorship throughout this process and his supportive words when I really needed them, to Dr Jacqueline Blissett for her advice and support during all stages of this research and for her patience with me in completing this piece of work. I would like to thank Sue Hanson for her support throughout my doctorate; I really wouldn't have been able to get through it without her. Thank you to the staff and all of the young people at all of the establishments for allowing me to conduct this study at their facility. I would like to thank Mum, Maryam and Fatima for your constant love and support and for letting me get away with all the house work as a result of completing this doctorate! Finally, thanks to my dear husband Wasim for the many sacrifices needed to get to this point, and whose love and support I could not have done without.

## TABLE OF CONTENTS

INTRODUCTION TO THESIS .....	1
CHAPTER 1 .....	
Exploring the link between early attachment bonds and sexual offending in juvenile offenders: A literature review following a systematic approach.....	18
CHAPTER 2 .....	
Exploring the link between early attachment styles and maladaptive schemas in juvenile sexual offenders.....	59
CHAPTER 3 .....	
Psychometric critique of the Young Schema Questionnaire.....	103
CHAPTER 4 .....	
Case Study .....	113
CHAPTER 5 .....	
Discussion of Thesis .....	149
References.....	159

## TABLE OF APPENDICES

Appendix A: Syntax used to search electronic databases.....	187
Appendix B: Inclusion/exclusion criteria.....	190
Appendix C: Quality assessment forms.....	191
Appendix D: Data extraction form.....	195
Appendix E: Table of excluded studies.....	197
Appendix F: Information sheet.....	199
Appendix G: Consent Form.....	203
Appendix H: Summary of Attachment Style Interview.....	205
Appendix I: Young Schema Questionnaire.....	212
Appendix J: Summary of Early Maladaptive Schemas and domains.....	217
Appendix K: Client consent form.....	222
Appendix L: Stages of change model.....	223
Appendix M: Summary of results on Risk Assessment.....	226
Appendix N: Examples of handouts.....	227
Appendix O: Supervision Log.....	243

## LIST OF TABLES

Table 1: Characteristics of Included Studies .....	33
Table 2: Data extraction from included studies.....	41
Table 3: Characteristics of juvenile sexual offenders .....	88
Table 4: A comparison of group differences in attachment style .	92
Table 5: A comparison of group differences between fearful and angry dismissive attachment styles on the YSQ-SF2 schema subscales.....	93
Table 6: A comparison of group differences between child sexual offenders and peer/adult sexual offenders on the YSQ-SF schema subscales.....	96
Table 7: Cognitive Functional Analysis of Ms J's difficulties ...	134



## LIST OF FIGURES

Figure 1: Flowchart: Description of Studies .....	30
Figure 2: Mean age of participants across studies .....	49
Figure 3: Differences in schemas between individuals with a Dismissive and Fearful attachment style.....	94
Figure 4: Differences in schema domains between individuals with a Dismissive and Fearful attachment style .....	94
Figure 5: CBT Formulation of presenting problem .....	137

## INTRODUCTION TO THESIS

This thesis is aimed at exploring early attachment styles and maladaptive schemas in juvenile sexual offenders, thus considering the child or young person, the family, and the wider contexts in which the child and family exist. This introduction aims to introduce readers to this area of research by way of definitions and an overview of the theories and treatment of adolescent sexual offenders.

### **Juvenile Sexual Offender**

Sexual offending is a worldwide phenomenon; for example in England and Wales, the number of male offenders convicted of sexual offences in the UK has increased over the past 20 years. In 2011/12, the police recorded 53,665 sexual offences, accounting for around one per cent of all police recorded crime. This equates to around one offence per year for every thousand people in England and Wales (Ministry of Justice, 2013). Sexual offenders are a heterogeneous group with a number of subgroups including adolescent offenders, female offenders, offenders with learning disabilities, and offenders with mental health problems. Lovell (2002) estimates that around a third of all sexual offences are committed by juveniles. Furthermore, adolescent sexual offenders account for 12.5% of all arrests for rape and 14% of all arrests for other sexual offences (Finkelhor, Ormrod, & Chaffin, 2009).

The term juvenile is used in the legal sense as describing an individual who is under an age fixed by the law at which he or she would be charged as an adult for a criminal act (Merriam-Webster Dictionary of Law, 1996). The most commonly used upper age bound seems to be typically set at

the age of 18 years, the most frequently used age interval in studies of sexually offending adolescents therefore seems to be 12-17 years. The age bound roughly coincides with the age of puberty and consequently could also correspond with developmental changes occurring in this interval (Barbaree & Marshall, 2006) For the purpose of this thesis it is important to be clear on the definition of a juvenile sexual offender. The term juvenile sexual offender will be defined as a young person aged 17 or younger that has committed an illegal act as defined by the laws of the constituency in which it occurred that is sexual in nature (Chaffin, Bonner & Pearce, 2003). However, in chapter 1 the age range used is between 10-20 years of age due to a very small number of studies in the review.

Many efforts have been made to classify juvenile sex offenders (Butler & Seto, 2002; Butz & Spaccarelli, 1999; Hunter, Figueredo, Malmouth, & Becker, 2003) with the goal of improving treatment and risk prediction. Characteristics including personality (Worling, 2001), physical force (Butz & Spaccarelli, 1999), and non-sexual offence history (Butler & Seto, 2002) have been used to classify young offenders; however the most common method uses victim age to classify juvenile sexual offenders into groups who victimise children (child abusers) and those who victimise peers/adults (peer offenders). This stems largely from research on adult sex offenders, in which there is considerable empirical support for the distinction between rapists and child abusers (Barbaree, Hudson, & Seto, 1993; Connolly & Woollons, 2008; Hanson & Bussiere, 1998; Segal & Marshall, 1985; Seghorn, Boucher, & Prentky, 1987). Though there is evidence to show that adult rapists and child molesters differ on factors potentially related to etiology and maintenance of sexually deviant behaviour, the research on juvenile sexual offenders is less conclusive. Consistent differences have been found between victim age based

subgroups of juvenile sexual offenders on various characteristics including victim characteristics, sexual abuse history, and conduct problems. This will be discussed in more detail in chapter 2.

Adolescent sex offenders are a heterogeneous group who differ from each other not only in their offending behaviour but also in their developmental experiences, demographics and clinical features (Letourneau & Miner, 2005; Ronis & Borduin, 2007; Smallbone, 2006). Whilst they are quite distinct and separate from adult sexual offenders they are commonly not distinguishable from adolescent non-sexual offenders (Caldwell, 2002; Letourneau & Miner, 2005). As this finding suggests, adolescent sexual offenders are often part of a larger pattern of general juvenile offending rather than individuals being delinquent specialists in sexual offending (Lussier, 2005). Consequently, there is a general consensus in the research suggesting the recidivism of adolescent sexual offenders to be higher for non-sexual offending than sexual offending (Caldwell, 2002, 2007; Righthand & Welch, 2001; Worling & Curwen, 2000; Worling & Langstrom, 2006). Given the heterogeneity of the adolescent sex offender group, the importance of exploring classifications and typologies has been raised in recent research (Prentky & Burgess, 2000).

Other classification systems have been used for identifying specific groups of adolescent sex offenders. In order to predict future offending, researchers have classified based on psychiatric diagnosis (Vermeiren, 2003), type of offence (Ford & Linney, 1995), and offending history (sexual only or sexual and non-sexual crimes) (Butler & Seto, 2002; Van Wijk, Loeber, Vermeiren, Doreleijers, & Bullens, 2005). Several personality variables, such as limited social skills, sense of inadequacy, and antisocial tendencies, have been used to classify different types

of adolescent sex offenders (Oxnam & Vess, 2006; Richardson, Kelly, Graham, & Bhate, 2004; Smith, Monastersky, & Deisher, 1987; Worling, 2001). These typologies have been developed with the aim of providing useful information on etiology, treatment, and prognosis for this population.

### **Theoretical models of sexual offending**

It is important to note that although many adult and juvenile sexual offenders start out along the same pathway, there are significant differences between juvenile and adult sex offenders as described in chapter 2. Nevertheless, it is important to recognise similarities in the developmental pathway of adult and juvenile sexual offenders especially as adult sexual offenders were once adolescents themselves and, in some cases, adolescent sex offenders. Not only is it difficult to discuss or understand the development of adult sexually abusive behaviour without paying attention to adolescent development, it is equally important when looking at sexually abusive behaviour by juveniles, to pay attention to the development of sexually abusive behaviour in adults.

In recent years, a number of theoretical models have attempted to describe the development of sexually abusive behaviour (O Reilly & Carr, 2004). Although much of the literature has focused on adults, it does have relevance for juveniles who sexually abuse. A common feature for theoretical models is that they either incorporate development aspects of individual psychological functioning that promote criminal behaviour or that they divide sexual offenders into typologies, one of which usually represents a group whose sexual offending is part of a broader pattern of more general antisocial and criminal behaviour. The following theoretical

models inform the clinical assessment and treatment of criminogenic needs in juvenile sexual offenders.

### **Marshall and Barbaree's Developmental model**

Building on a developmental trajectory is Marshall and Barbaree's (Barbaree, Marshall, & McCormack, 1998; Marshall & Barbaree, 1990) model which integrates a range of social, biological and situational features and is strongly influenced by attachment theory. This model incorporates the development of criminal and antisocial behaviour with the emergence of sexual offending. In their model, they trace the individual origins of sexual offending to key experiences in early childhood. Marshall and Barbaree (1990) propose that a developmental pathway that has the potential to culminate in sexual offending begins with relationships with attachment figures that are of a significantly poorer quality than those experienced by most people, usually reflective of somebody who has had abusive, neglectful, or non-nurturing home environments. In these circumstances, although parents may be physically present, they are frequently emotionally unavailable. A young person in this type of home may seek parental attention through disruptive behaviour, when parents respond to the child's disruptive behaviour with an aggressive and violent parenting style, the child experiences a model of parental behaviour that encourages and promotes aggressiveness and coercion.

The situation is worsened in families where maltreatment exists, and problems in attachments, social skill development, self-regulation and the formation of ideas about self and others deepen over time, amplifying biological male predispositions towards physical aggression and sexual behaviour. Deficits in social skills and behavioural interactions and weakened attachments impede development of peer relationships and as the adolescent approaches physical, emotional

and social changes, it creates a new set of demands that the child is unable to meet. This can then lead to problems at school, as the child is unlikely to successfully manage the many opportunities for pro social development offered within the school environment. Instead of developing good relationships with peers and teachers, a child whose interpersonal style is predominantly aggressive is unlikely to be able to form stable relationships. This may then lead to the child developing a negative self-image and a lack of self-confidence. Marshall and Barbaree (1990) propose five defining features of what they call a “syndrome of social disability”. These are (1) an inability to establish and maintain intimate relationships, (2) low self-esteem, (3) diverse antisocial, criminal attitudes and behaviours, (4) lack of empathic skills, and (5) cognitive distortions that support and justify criminal behaviour.

From this point forward, Marshall and Barbaree’s model continues by describing the emergence and consolidation of sexually abusive behaviour in adolescence through to adulthood. Marshall and Barbaree (1990) build their model on evolutionary biological propensities for males to engage in both sexual and aggressive behaviours. They describe one significant social task for males as developing inhibitory controls over these biological tendencies and that developing boys need to learn to separate sex from aggression and inhibit aggression in a sexual context, learning not to use force or threats when pursuing sexual interest. With the further emergence of sexual drive, Marshall and Barbaree (1990) propose that youth who have been exposed to early sexualised behaviour or sexual abuse become insensitive adults, concerned only with their own interests and needs. This model has recently been supported by the work of Seto and Lalumière’s (2010) meta-analysis where they found that early exposure to sex, social isolation, anxiety and low self-esteem are significant elements in the etiology of juvenile sexual abuse.

### **Ward and Siegart model**

Ward and Siegart's (2002) model of sexual offending attempts to integrate what they regard as the best elements of other key models in the literature. In doing so, they draw on the work from Marshall and Barbaree (1990), Finkelhor (1984), and Hall and Hirschman (Hall & Hirschman, 1991, 1992). This model outlines five distinctive developmental pathways that may lead to sexual offending. These are (1) intimacy and social skills deficit pathway; (2) a deviant sexual-script pathway (in which sexual behaviour is erroneously equated with the expression of interpersonal closeness); (3) an emotional dysregulation pathway; (4) antisocial-cognitions pathway; and (5) a multiple dysfunctional-mechanisms (paedophilic) pathway.

### **Ward, Polaschek, and Beech (2006) Integrated Theory of Sexual Offending**

Ward, Polaschek, and Beech's (2006) integrated theory builds on the integrated theory of Marshall and Barbaree (1990). Their model provides for multiple pathways to the development of sexually abusive behaviour, rejecting the idea that a single factor, one size fits all model can explain sexual offending.

In what they call the Integrated Theory of Sexual Offending, Ward et al. (2006) set out to integrate all elements that contribute to the development of sexually abusive behaviour into a single etiological model, and at the same time, consolidate single factor theories into a multi-factorial and comprehensive etiological model. In doing so, they collapse the most commonly cited causes of, or explanations for sexually abusive behaviour in adults into three factors: Biological, ecological, and neuropsychological. Within these three factors, they include early adverse developmental experiences, genetic predispositions, social learning and interactional



processes, environmental conditions, contextual factors (such as intoxication or severe stress), and psychological dispositions (such as deficits in empathy, cognitive distortions, deviant sexual preferences, emotional skills deficits and social incompetence). Grouped into biological factors (including genetics and neurological development), ecological factors (social, cultural and personal circumstances and the physical environment), and neuropsychological factors (motivational, emotional, action selection and control, and perception and memory systems), Ward et al. (2006) describe the continuous interaction of these three sets of elements with one another, coming together to shape the development and expression of all behaviour. In turn, these three factors are acted on, interact with and are shaped by a set of historical and current experiences, including the emotional, cognitive, and social vulnerabilities that result from adverse developmental experiences and other risk factors found in the lives of many sexual offenders that come together to later act out sexually abusive behaviour.

Their integrated theory describes psychosocial functioning as the product of continuous and reciprocal interaction of biology, ecological environments and neuropsychological processes. Sexually abusive behaviour results from the merging of adverse early and historical experiences and their effect on the socio-psychological development of the child and his/her current psychological, social and physical environment, including the impact and influence of current relationships, experiences and circumstances.

### **Becker and Kaplan model**

This model was developed by Becker and Kaplan (1988) who suggest three post offence pathways (re-offending) a young person may follow. The first is termed “a dead end pathway” in

which the young person's sexual offending comes to a dead end and consequently discontinues. Its cessation may be reflective of experiencing negative consequences that have followed from the offence or as a result of the positive impact of intervention. The second pathway identified by this model is the "deviant sexual interest pathway" in which the young person perpetrates additional sexual offences consolidating a paraphilic pattern of sexual arousal which may be due to a number of factors. Firstly, they may have found their sexual offending to be pleasurable, secondly, they may have had minimal consequences for their actions/behaviours, and/or they continue to have deficits in their ability to relate to age appropriate peers. The third post offence pathway described by Becker and Kaplan (1988) is a "delinquency pathway", here the young person continues to engage in sexually abusive behaviour as part of a continued and broader pattern of other criminal behaviour (non-sexual and anti-social).

### **Attachment Theory**

In work with sexual offenders, it has become increasingly common to link disturbed or underdeveloped early attachment relationships to the later development of pathology. The idea that there is a link between childhood experience and later onset of sexually aggressive behaviour has been developing over time (Hudson & Ward, 1997; Lyn & Burton, 2004; Marshall, Serran, & Cortoni, 2000; Smallbone & Dadds, 1998; Ward, Hudson, & Marshall, 1996). Childhood experiences of male sex offenders have been widely regarded as important by clinicians and researchers seeking to explain the development of sexual offending behaviour. Attachment theory, originally proposed by John Bowlby (1969,1973,1980), integrates multiple theoretical perspectives into a coherent approach used to account for the continuity of emotional and interpersonal behaviour experienced across one's life span (Burk & Burkhart, 2003). Bowlby

proposed the following: there is survival value in emotional connections between people; attachment behaviours have neural corollaries in the central nervous system; each person in an attachment dyad builds internal mental representations of the other as a way to maintain a sense of proximity should separation occur; and development occurs continuously rather than in discrete phases (Shorey & Snyder, 2006).

Furthermore, Bowlby proposed that attachment styles are developed and internalized early in childhood and can impact one's ability to develop quality relationships throughout life (Miller, 2002; Shorey & Snyder, 2006). Patterns of attachment are thought to be dependent on how caregivers support the child. Of the three patterns identified, one is related to healthy development while the other two are predictive of disturbed development (Bowlby, 1969). With the use of the "Strange Situation," Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) helped refine attachment patterns. The studies identified that the infant's response to the mother's departure was dependent on the infant's expectation of the mother's behaviour. For example, it appeared that older children upset by laboratory separation were distressed not because of the mother's absence, but due to her seemingly arbitrary behaviour. As such, it was determined that the disruptions experienced by separation from the primary caregiver were regulated by an increasingly complex set of (unconscious) evaluative processes. Based on their work, Ainsworth and her colleagues proposed three distinct infant attachment styles: "secure," "avoidant," and "anxious/ambivalent"

In terms of the link between attachment and sexual offending, Bowlby considered that although infant attachment behaviour and later sexual behaviour are best regarded as separate behavioural

systems, there are close links between the two. For example, proximity-promoting behaviours in humans such as smiling and clinging are characteristic both of childhood attachment behaviour and of adult sexual behaviour. Further links between attachment theory and sexual offending are discussed in chapter 2.

As can be seen from the majority of the theories, developmental factors are important when looking at sexual offending. However Calder (2001) notes that no single theory is generally accepted about why children/adolescents sexually offend. Marshall and Eccles (1993) state that having one single theory of sexual offending is probably not possible, they instead proposed that theories should be developed for specific sexual behaviours. Sexual aggression is described by Ryan (1997) as “a multidimensional model without a clearly defined cause” (p.19). Therefore it is more realistic that juvenile sexual aggression consists of a complex overlap amongst individual psychological, sociological, biological and physiological processes reinforced by the developmental learning environment that the child is brought up in. Having a good understanding of how these theories may help in understanding the pathway of sexual offending can aid in the formulation of treatment for sexual offending.

### **Treatment of adolescent sexual offenders**

Treatment for sexual offending is extremely important, one reason why it should be implemented as a priority is because most sexual offenders abuse multiple victims. Successful treatment would prevent significant cost of treating multiple victims. Furthermore, compared to adults, treatment in adolescence might have a good chance of success if treatment occurs before a fully developed or entrenched pattern of offending is formed (Brooks-Gordon, Bilby, & Wells, 2005).

Specialised treatments for juveniles who have engaged in sexually aggressive behaviour have been widely available since 1985 (Knopp, Rosenberg & Stevenson, 1986). Early treatments were modelled after those designed for adult sexual offenders, with few developmental adaptations for juveniles (Chaffin & Bonner, 1998). A survey of recent programmes found that more than 80% of community-based ( $N = 418$ ) and residential ( $N = 165$ ) juvenile sex offender treatment programs adhere to a cognitive-behavioural or relapse prevention model (McGrath, Cumming, & Burchard, 2003). Nearly all programs responding to the McGrath et al. (2003) survey included the following core treatment targets for youths: taking full responsibility for all aspects of the sexual crime, reducing or correcting cognitions that support sexual offending against women or children), building intimacy/relationship skills and other social skills, promoting awareness of and empathy towards victims, preventing relapse, building family support networks, and controlling sexual arousal.

With regards to effective treatment, in a review of the literature on adolescent sexual offenders, Veneziano and Veneziano (2002) suggest that treatment outcomes for cognitive-behavioural techniques and multi-systemic therapy have been the most promising for juvenile delinquents. In a qualitative review of studies by Tarolla, Wagner, Rabinowitz, and Tubman (2002), it was concluded that family, multi-systemic, and cognitive-behavioural interventions hold the greatest promise for reducing problem behaviours among delinquent adolescents. They suggest that these interventions have shown positive, stable, and long-term treatment effects. However, this review explored juvenile offending in general and not specifically sexual offending. Bourduin and Schaeffer (2002) report a randomised trial whereby a multi-agency multi-method assessment

battery was used to evaluate outcomes in aggressive (i.e., sexual assault) and non-aggressive (i.e. molestation of young children) juvenile sexual offenders (N=48) who were randomly assigned to Multi Systemic Therapy or usual services. Compared to youths who received usual services, youths who received Multi Systemic Therapy showed improvements over a range of outcomes, including fewer behaviour problems, less criminal offending (self-reported), improved peer relations, improved family relations, and better grades at school.

There is also literature to suggest that to develop effective treatments for juvenile sexual offenders, it seems reasonable to draw on the knowledge base regarding the risk factors for sexual offending by adolescents as well as the literature on the types of interventions that have been effective in treating other types of serious antisocial behaviour in adolescents such as criminal activity and substance abuse. In a recent report from a prospective, longitudinal study (Van Wijk et al., 2005) suggest that developmental pathways for juvenile sexual offending are similar to those for juvenile nonsexual offending, thus treatment approaches must have the flexibility to address the known correlates of such offending. Moreover, because there is considerable overlap in the correlates of juvenile sexual offending and non-sexual offending, it seems reasonable to suggest that broad-based treatments that are effective with non-sexually offending delinquent youths may hold some promise for the treatment of sexual offenders as well (Milloy, 1998). Ronis and Borduin (2007) found that juvenile sexual offenders, like other serious juvenile offenders, had lower bonding to family and school and higher involvement with deviant peers than did non-delinquent youth. Regarding interventions that have been identified as effective in treating other types of antisocial behaviour in adolescents, the Surgeon General's report on youth violence (Department of Health Service, 2001) identified three treatments for

juvenile criminal behaviour (functional family therapy, multidimensional treatment foster care, & multisystemic therapy). Significantly, these interventions share a family-based focus, as well as the capacity to address risk factors in the youth and family's natural environment.

Overall, there are many treatment approaches that are being utilised to tackle juvenile sexual offending however many gaps in knowledge remain, and these undermine attempts to understand and effectively intervene against juveniles sexual offending.

### **Aim and structure of thesis**

The aim of this thesis was to investigate the importance of attachment disruptions in early childhood in juvenile sexual offenders. Secondly, this research aims to investigate whether specific schema representations will be related to specific attachment styles. With this in mind, the following questions will be addressed in the thesis:

1. To explore whether maltreatment in childhood is a significant characteristic in juvenile sex offenders?
2. Do all juvenile sexual abusers have an insecure attachment style?
3. Are there significant differences in attachment style between juvenile sexual offenders who abuse children and juvenile sexual offenders who abuse peer/adults?
4. Are there significant differences between juvenile sexual offenders who abuse children and juvenile sexual offenders who abuse peer/adults on their self reported schemas?
5. Are there significant differences between fearful individuals and dismissive individuals when comparing their self reported schemas?

The thesis is structured into five main chapters: The original aim of Chapter one was to present a literature review following a systematic approach examining attachment bonds in juvenile sexual offenders. However, there were not enough articles to conduct a review of attachment theory and juvenile sexual offending, subsequently, a more broad review of family disruptions, maltreatment and family background in juvenile sexual offenders is presented in Chapter one. This chapter confirms that from the studies that were included, maltreatment in early childhood and family structure may play some part in juveniles who sexually offend, however the results were mixed, which suggests there may be other etiological factors which contribute to juveniles who sexually offend. The chapter highlights several limitations identified within the review, particularly with regards to the methodological differences between the studies reviewed, which may have had implications for the studies to be realistically comparable. Furthermore very few studies have been conducted in this area of research and therefore the chapter concludes that there is a definite requirement for more research to be conducted in this area.

Chapter two consists of a research project examining subgroups of juvenile sex offenders who abused either children (child abusers), or adult/peers (peer abusers) on their self-reported schemas and attachment styles. Results indicated that all juvenile sexual abusers reported insecure attachment styles. Child abusers were mostly associated with a fearful attachment style whereas peer abusers were mostly associated with a dismissive attachment style. When looking at the links between attachment styles and schemas, those with a fearful attachment style reported significantly higher scores on the subjugation and self-sacrifice schemas. Furthermore the study investigated whether specific schema representations were related to specific victim types. A statistically significant difference was found between the two groups on the



enmeshment, subjugation, insufficient self-control and self-sacrifice schemas, with child abusers endorsing higher scores on these schemas than peer offenders. Limitations and implications for future research are discussed in chapter 2.

Chapter three critically evaluates the Young Schema Questionnaire (YSQ; Young, 1990) a frequently used measure for exploring early maladaptive schemas. The psychometric properties were explored. Results indicated that whilst the YSQ has good psychometric properties pertaining its reliability and validity, the majority of research has been carried out on non-forensic populations, yet it is still used within forensic settings and to gain pre and post measures for therapeutic intervention in a forensic setting. In order to draw accurate conclusions when using the YSQ to measure early maladaptive schemas, normative data on male and female offenders is needed.

Chapter four includes a case study of an intervention completed with a client, including work to address her stalking tendencies which were primarily associated with her difficulties in forming attachments with her biological parents when she was young. This as well as her not being able to recognise and manage her overwhelming emotions as a result of her symptoms of bipolar disorder resulted in her adopting maladaptive coping strategies and her not being able to form and maintain friendships and relationships appropriately. Assessment was completed using a number of methods including background file search, behavioural analysis of clinical notes, nursing observations, clinical interviews, as well as through using the techniques of functional analysis and formulation. A prolonged period of assessment was necessary to build a positive therapeutic alliance with the client prior to the intervention. The client attended the majority of

her sessions however was resistant in engaging in any therapy, as a result, the sessions were terminated when the client decided that she did not want to attend the sessions. Future treatment recommendations are discussed further.

It has to be noted that although the present thesis is based on adolescent sexual offenders, the case study of a female offender was included, due to the author not having the opportunity to work with an adolescent sample or with any sexual offenders. This case study was deemed suitable as the case linked in well with attachment theory and her formulation highlighted that attachment disruptions in early childhood impacted on her ability to make relationships throughout her life which led to her committing offences and developing stalking tendencies. This case study highlights the importance of attachment disruptions in childhood and how this can have an impact on developing relationships in adulthood which links in well with the theories underpinning the current thesis.

The thesis concludes in Chapter five with a discussion of the general findings in relation to the aims of the thesis. The implications of the findings are considered in terms of research and clinical practice.

## **CHAPTER 1:**

**Exploring the link between early attachment bonds and sexual offending in juvenile offenders: A literature review following a systematic approach**

## **Abstract**

*Aim:* This systematic review aimed to explore attachment disruptions in early childhood and how/if this relates to juvenile sexual offending.

*Method:* A search was conducted on a number of electronic databases in 2007 and again in 2013. The search strategy generated 6521 citations. Abstract and titles were checked for relevance and 4763 citations were removed. Of the remaining citations, 38 were potentially relevant. However, seven were eliminated, as these were duplicate citations. Subsequently, the researcher checked the remaining 31 citations based on inclusion/exclusion criteria. This resulted in a further 19 citations being removed as they did not meet the inclusion criteria. Out of the 12 citations left, four were unobtainable. One study was identified from a reference list. Therefore nine studies were analysed.

*Results:* Of the nine studies reviewed, four studies concluded that maltreatment and/or family disruptions were not specific to sexual offenders only (Benoit and Kennedy, 1992; Bischof, Stith, & Whitney, 1995; Blaske, Borduin, Henggeler & Mann, 1989; Caputo, Frick, & Brodsky, 1999). Four studies (Awad & Saunders, 1991; Daversa & Knight, 2007; Leibowitz, Burton & Howard, 2012; Zakireh, Ronis, & Knight, 2008) found that various developmental and early childhood maltreatment experiences contributed significantly to predicting adolescent sexual offending and one study was neutral in its conclusions (Ronis & Bourdin, 2007).

*Conclusions:* This review had mixed findings on the developmental antecedents of sexual behaviour. Therefore no concrete conclusions can be made from the review due to the conflicting

results. The review highlights various limitations as well as the need for further research within this area.

*Keywords:* Adolescent Sex Offender; Juvenile Sex Offender; Psychosexual Disorders in Adolescence; Teenage sex offenders; Sexually Abusive Adolescents; Young People who Sexually Abuse; Attachment Theory; Attachment Styles; Childhood Development; Family Relations; Disturbed Family; Maltreatment.

## **Background**

Compared to research focusing on adult sex offenders, research on adolescents who sexually offend is limited (Vandiver & Teske, 2006). Although adult men are responsible for the majority of sexual assaults, about 20% of known sexual offenders are juveniles (Barbaree & Marshall, 2006), and a quarter to a third of all detected perpetrations of sexual offences are committed by persons under the age of 21 years (Miner & Munns, 2005; Van Outsem, Beckett, Bullens, Vermeiren, van Horn, & Doreleijers, 2006). Little empirical research has examined the developmental antecedents of adolescent sexual offending. Although it is believed that the quality of the attachment bonds that are formed between a parent and a child may contribute to the etiology of sexual-offending behaviour (Seidman, Marshall, Hudson, & Robertson, 1994), not many studies have explored what variety of family or developmental formative experiences and childhood dispositions may be critical antecedents to adolescent sexual offending. From the limited research on attachment and sexual offending, most of the research concentrates on adults, rather than juvenile sex offenders. However it could be said that it is impossible to separate the two populations particularly because attachment is both a phenomenon of early childhood and a facet of human psychology that operates throughout a life span. Furthermore, because adult offenders were children themselves it could be concluded that if disturbances in attachment are a factor in sexual offending, then this factor would play a role for both adults and juveniles (if both had disrupted attachments).

In work with juvenile and adult sexual offenders, it has become increasingly common to link disturbed or underdeveloped early attachment relationships to later development of pathology. A great deal of attention has been paid to childhood attachment in the literature on adolescent

sexual offending (Marshall & Barbaree, 1990; Marshall, Hudson, & Hodgkinson, 1993; Righthand & Welch, 2001; Ryan, 1999; Smallbone, 2006). Marshall and Marshall (2000) have suggested that poor childhood attachment increases the risk of childhood sexual abuse because vulnerable boys are more likely to seek relationships with adults other than their parents. Insecure attachment is also thought (by these authors), to increase the likelihood of sexual offending because poorly attached individuals are more likely to try to fulfil their intimacy needs in inappropriate relationships. Indeed, recent studies have reported that adult sex offenders differ from other offenders in being more likely to have insecure childhood and adult attachment styles (Lyn & Burton, 2004). Smallbone (2006) suggested that insecure attachment can increase the likelihood of sexual offending by reducing empathic capacity, increasing emotional dysregulation, and increasing the likelihood of a coercive interpersonal style (Baker, Beech, & Tyson, 2006).

Important interpersonal relationships between children and parents, or primary caregivers, have a major influence on a person's working model of relationships. Consequently, relation strategies are shaped by cumulative experiences with other people (McCormack, Hudson, & Ward, 2002). This quality of early relations, or attachment, is important for the ability to form relationships later in life. There is evidence that early maltreatment is related to sexually inappropriate behaviour in adolescents (Almond, Canter & Salfati, 2006; Barbaree & Langton, 2006; Hunter, Figueredo, Malamuth & Becker, 2003; Schwartz, Cavanaugh, Pimental & Prentky, 2006), which indicates that the attachment system and the sexual behavioural system might be inter-related (Marshall & Mazzucco, 1995; Smallbone & Dadds, 2000). Miner and Swinburne-Romine (2004) looked at 43 sexual juvenile offenders and 44 non-sexual juvenile delinquents aged 13-17, it was

ascertained that there is a link between attachment, social isolation and sexually abusive behaviour. Furthermore they state that much of the sexually abusive behaviour of juveniles is the result of social isolation, social inadequacy and social anxiety. These deficits can of course be linked to the hypothesised role of attachment in the development of self-confidence, self-agency, self-efficacy or the failure of attachment experiences. However in a recent meta-analysis (Seto & Lalumière, 2010), male adolescents who sexually offend did not seem to have more attachment problems than male adolescent non-sexual offenders. However, only two studies included in the meta-analysis examined attachment. This limits the conclusions that can be drawn from the meta-analysis and calls for future research to examine childhood attachment in adolescents who sexually offend. Reports of being the victim of child abuse or neglect are common in the group of adolescents who sexually offend. The same is found in other groups of offenders, or other clinical groups of adolescents (Seto & Lalumière, 2010). This indicates that although different kinds of child abuse are common in the backgrounds of adolescents who sexually offend, it might not be specific for just this group. However, being a victim of sexual abuse seems to be a specific feature (Seto & Lalumière, 2010).

The most frequently discussed factor in explanations of adolescent and adult sexual offending is sexual abuse history (Knight & Sims-Knight, 2003; Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995; Marshall & Barbaree, 1990). The sexually abused sexual abuser hypothesis suggests that (male) children who are sexually abused are more likely to engage in sexual offending later in life. Burton (2003) found that adolescent sex offenders who had been sexually abused tended to perpetrate the same kinds of sexual acts they had experienced themselves. Thus, sexually abused sexual abuser explanations would predict a specific association between



previous sexual abuse and sexual offending such that adolescent sex offenders are more likely to have experienced sexual abuse than adolescent non-sex offenders. Further support from this comes from a meta-analysis of 59 studies that compared male adolescents who sexually offend with male adolescent non-sex offenders, adolescents who sexually offend had to a higher degree of atypical sexual interests and a history of sexual abuse (Seto & Lalumière, 2010). Bonner, Walker and Berliner (1999) compared a sample of 201 children with sexually problematic and harmful behaviour with 52 children with no history of sexually harmful and problematic behaviour, and found that the former group had a significantly higher number of children with a history of sexual abuse, and who had witnessed human sexual behaviour. One prospective study by Salter et al. (2003) used a sample of 224 male children who had been sexually abused and found that 26 of them later committed sexual offences as adolescents or as an adult.

Whilst there is evidence for the association between previous sexual abuse and sexual offending, it has to be acknowledged that only a small portion of males who are sexually abused become sexually abusive (Bentovim & Williams, 1998; Friedrich & Chaffin, 2000; Widom, 1996; Williams, 1995). Overall, the research showed that only a minority (12%) of sexually abused children go on to sexually abuse others and that around 50% of juvenile perpetrators of sexual abuse have themselves been sexually abused (Bentovim & Williams, 1998). Furthermore, although a significant minority of adult sexual abusers have been abused themselves, many have not suffered sexual abuse, but may have experienced other forms of child abuse and significant loss in childhood (Glasser et al., 2001). In addition, sexual abuse should not be considered in isolation as it has been found to co-vary with other forms of abuse and with a chaotic family environment (Knight & Sims-Knight, 2004), just as Skuse et al. (1998) found that exposure to

family violence and trauma was a risk factor for sexually harmful behaviour regardless of whether the child or young person had experienced sexual abuse.

Adolescent sex offenders may also be more likely to have experienced (non-sexual) physical abuse or other forms of maltreatment e.g. Becker and Hunter (1997) found that the proportion of juvenile sexual offenders who have experienced physical abuse as children reportedly range from 25 to 50 percent, When looking at the environments that sexual offenders' were brought up in, there are many features which have the potential to damage the quality of early interpersonal relationships. One such feature is the presence of physical abuse. Vizard et al. (2007) explored characteristics of a sample of 280 high risk juvenile sexual abusers, and found that 71% had suffered sexual abuse; 66% physical abuse; 74% emotional abuse; 59% physical neglect and 49% domestic violence and that in many cases individuals had suffered more than one type of abuse. Furthermore, in the Minnesota Survey of Adolescent Sex Offenders (Miner & Crimmins, 1997), data was gathered from 78 juveniles in sex offender treatment compared to a group of 73 violent non-sexual juvenile delinquents and a group of 80 non-delinquent youths. Miner and Crimmins (1997) reported that juvenile sex offenders did not differ significantly from non-sexual juvenile delinquents in either attitude or behaviour, but the sexual offenders were significantly more isolated from family than non-delinquents.

### **The Current Review**

Due to the complexity as to whether there is a link between sexual offending and early attachment, the current review attempts to provide some understanding of the relationship between family relations and adolescent sex offenders. The author aims to look through all

published literature and draw conclusions as to whether adolescent sex offenders can be characterised as having poor bonds with their /parents or caregivers when compared to other adolescents. By conducting this review, it is hoped that the results will help inform future intervention for juvenile sexual offenders. Furthermore, it will help direct future research in this field by highlighting some of the gaps and limitations within this field of research.

### **Existing Review Assessment**

Preliminary searches for existing systematic reviews and meta-analyses were conducted in Cochrane Library and PsycINFO. No existing reviews were found therefore there was a clear need to explore whether attachment disruptions/poor family bonding, and maltreatment are key features in juvenile sexual offenders.

### **Aims**

This systematic review aimed to explore whether attachment disruptions/poor family bonding, and maltreatment were key features in juvenile sexual offenders.

### **Objectives**

The objectives of this systematic review were as follows:

1. Exploring early attachment bonds in juvenile offenders who sexually abuse.
2. To see whether there was a link between poor family relations and sexual offending in juvenile offenders.
3. To see whether maltreatment in childhood was a significant characteristic in juvenile sex offenders

Note: As there is limited research in this area, the review will look at studies that include attachment in childhood, maltreatment and family environment, which may have an effect on attachment bonding.

## **Methods**

### **Sources of literature**

A search was conducted on electronic databases including PsycINFO (1987 to week 1 June 2013, including Journals @Ovid Full Text), MEDLINE (1946 to week 5 October 2013, and EMBASE (1900 to current). A search of Cochrane CENTRAL was also employed in order to search for existing reviews (1801-2013). Searches for all data were completed on the 2<sup>nd</sup> of June 2007 and updated on the 10<sup>th</sup> of November 2013. Email contact was attempted with three authors, of which two did not reply, and one was able to provide a paper.

### **Search strategy**

The databases were accessed electronically, and thus limits were placed on searches. Searches were restricted to articles written in English language. In databases that allowed it, editorials and comment papers were omitted from the search. Unpublished work was also excluded from this review. Although this may lead to some publication bias it was deemed practical. The same searches were applied to all electronic databases; however the relevant search tools were applied for each database leading to slight variation. Relevant searches and references were saved (see Appendix A for syntax).

### **Search Terms**

Both keywords and mapping to subject headings was used as it was an efficient way of searching for studies. (Syntax can be viewed in Appendix A).

### **Study Selection**

Initial scoping searches and a review of previous literature on the databases mentioned above led to the formation of inclusion/exclusion criteria as follows:

Population: Male Juvenile Offenders who have committed a sexual offence aged between 10-20 years old.

Exposure: Attachment with parent/caregiver in childhood, family environment, maltreatment (e.g. sexual abuse, physical abuse, neglect, abandonment).

Comparator: None or juvenile non-sexual offenders, delinquents, non-delinquents.

Outcome: Sexual offence

Study Design: Cross sectional, cohort, and case control

Exclusions: Opinion papers, book reviews, commentaries, editorials, non-English papers, non-published papers, treatment interventions. Female offenders and adult offenders.

A copy of the Inclusion/Exclusion Criteria utilised to assess all studies at this stage has been included in Appendix B. This criterion was applied by the author to all studies. Those abstracts which did not disclose enough information to apply the criteria were assessed using the full text article. All articles passing the criteria or those which the author was unsure about, and any of potential relevance were downloaded as full text.

Note: No limitations were imposed on the type of sexual offences that the participants had committed.

## **Results**

The search strategy generated 6521 citations. The researcher excluded all non-English articles and included only journal articles, resulting in 1457 citations being removed and 5064 citations remaining. Abstract and titles were checked for relevance and 4763 citations were removed. Of the remaining citations, 38 were potentially relevant. However, seven were eliminated, as these were duplicate citations. Subsequently, the researcher checked the remaining 31 citations based on inclusion/exclusion criteria. This resulted in a further 19 citations being removed as they did not meet the inclusion criteria. Out of the 12 citations left, four were unobtainable although attempts were made to retrieve these from the British Library and the authors but this was unsuccessful. One study was identified from a reference list. Therefore the study selection yielded nine studies which both met the inclusion/exclusion criteria. Figure 1 displays the process of study selection with detail regarding the number of studies excluded at each stage.

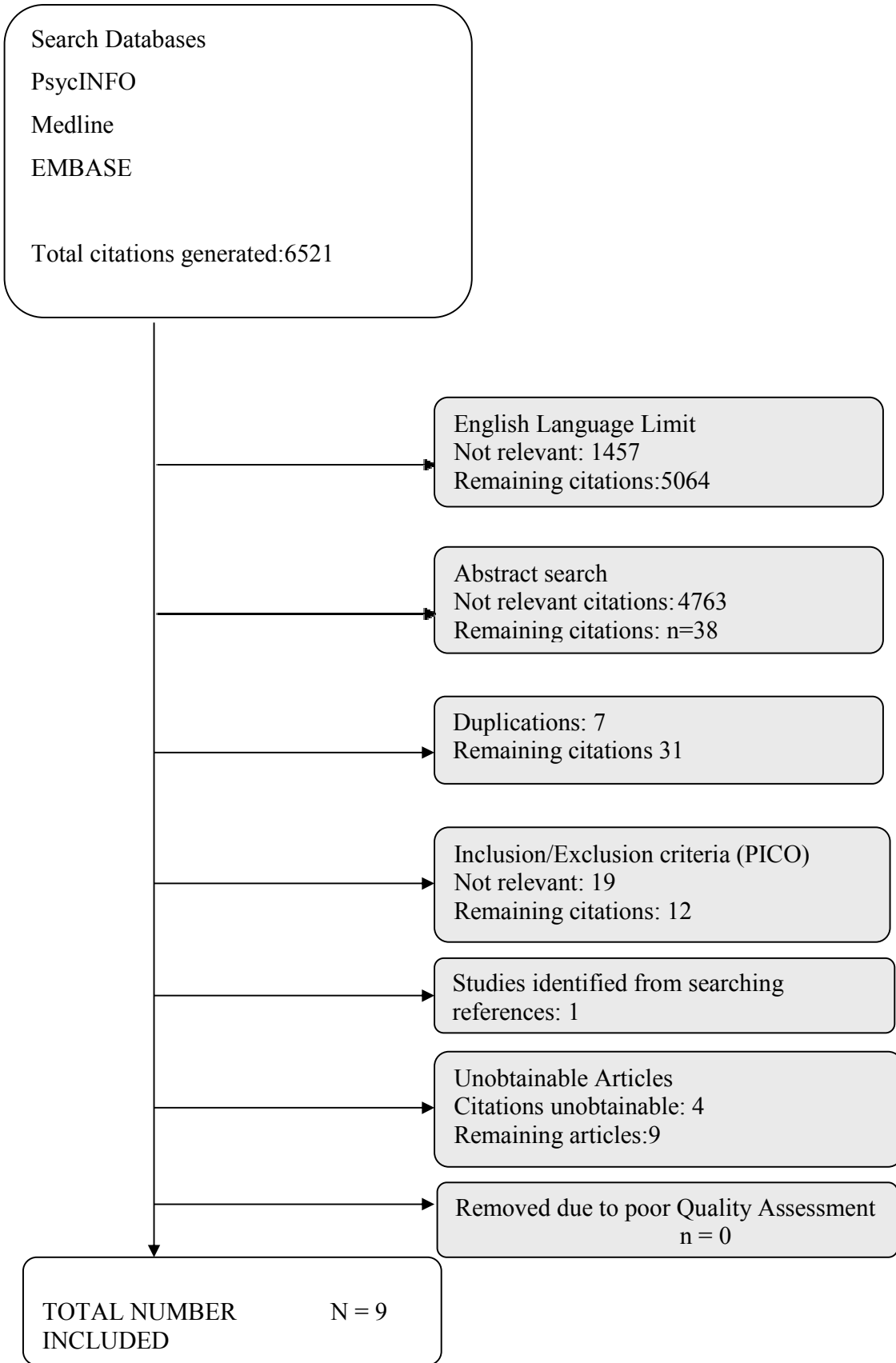


Figure 1: Flowchart: Description of Studies

## **Quality of Assessment**

Following the inclusion/exclusion stage, the methodological quality of included studies was assessed. The key variables assessed were: Aims of the study; study design; sample selection; attrition rates; statistical analysis; clarity of outcome measure; and appraisal of limitations. Each item on the scoring sheets (See Appendix C) was assessed on a three-point scale (Yes (2), and No (1), with an option for 'unknown' which was not included in the scoring, but given extra attention in a qualitative manner. The total quality score was obtained by adding the scores of each item, giving a total score ranging from 0 to 56. Only those assessed to be of good quality (cut-off point of 60%) were included. Although this may produce some bias, it suggests that the conclusions and recommendations of this review are based only on those studies assessed to be of a high quality. It is hoped that by using only the studies of the highest quality, any conclusions that are made will be more generalisable to the population as a whole and recommendations will therefore be more applicable.

## **Data extraction**

A predefined pro-forma was established in order to extract relevant data from each study. The form (see Appendix D) allowed for both general information and more specific details required to make conclusions in this review, and covered the following items:

- Study design
- Sample
- Type of measure
- Outcome of measure



- Strengths and Weaknesses
- Statistical Analysis

This information can be seen in Table 2:

Table 1: Characteristics of Included Studies

Authors/Year	Study Type	Hypotheses/Aims/purpose	Sample Size	Comparison Group	What is being measured?	Findings
Daversa & Knight (2007)	Cohort	The overall severity of childhood maltreatment contributes to the development of the specific core mediating traits of psychopathy, sexual inadequacy, sexual fantasy, and child sexual arousal. These mediators will be used to predict adolescent sexual coercion against younger victims.	329 sexual offenders	None	Attachment disruptions, specific maltreatment experiences, or combinations of early abuse experiences	<p>Various developmental and early childhood maltreatment experiences and specific, mediating personality traits contributed significantly to predicting adolescent sexual offending against younger victims.</p> <p>Emotional abuse and physical abuse were found to be significant developmental antecedents for predicting psychopathy (<math>\beta = .73, p &lt; .01</math>; <math>\beta = -.42, p &lt; .05</math>, respectively), which had a direct effect on sexual fantasy (<math>\beta = .40, p &lt; .001</math>), which in turn predicted child fantasy (<math>\beta = .47, p &lt; .001</math>).</p> <p>Child fantasy was related to child victim (<math>\beta = .48, p &lt; .001</math>). Emotional abuse and physical abuse also directly predicted sexual inadequacy (<math>\beta = .93, p &lt; .05</math>; <math>\beta = -.67, p &lt; .05</math>). Sexual inadequacy predicted both sexual</p>

						fantasy ( $\beta = .46, p < .001$ ) and child fantasy ( $\beta = .29, p < .01$ ), which predicted the outcome variable child victim. Sexual abuse directly predicted sexual fantasy ( $\beta = .13, p < .01$ ), which was related to child fantasy ( $\beta = .47, p < .001$ ).
Bischof, Stith, & Whitney (1995)	Cross-Sectional	It is expected that family environments of adolescent sex offenders would differ from violent and non-violent delinquents and normal adolescents	Sex offenders (n=39) Violent offenders (n=25) Non-violent (n=41)	Violent and Non Violent Juvenile delinquents, Normal Adolescent population	Family Environment	No difference was found amongst the groups. The family systems (assessed by the Family Environment Scale) of adolescent sex offenders was similar to violent and non-violent juvenile delinquents
Blaske, Borduin, Henggeler & Mann (1989)	Cross-Sectional	Evaluating the characteristics of sexual offenders and violent offenders and of the key systems in which they are embedded.	Total sample :60 Sexual offenders (n=15) Assaultive offenders (n=15) Non	4 demographically matched groups: Sex offenders, Assaultive offenders, Nonviolent offenders, and	Family Relations	Significant multivariate effects emerged for both mothers' and sons' reports of family cohesion and adaptability. Univariate analyses and post hoc comparisons revealed that (AO) mothers reported lower family adaptability than did mothers in each of the other groups and that AO and Non Violent Offenders reported lower family adaptability than did either SO offenders or ND adolescents.

			delinquent offenders (n=15)  Non violent offenders (n=15)	Non-delinquent controls		In addition, AO mothers reported lower family cohesion than did mothers in each of the other groups. Similarly, AO adolescents reported lower family cohesion than did either SO or ND adolescents, and NVO boys reported lower cohesion than did ND boys. Univariate and post hoc analyses showed that ND mother-son dyads evidenced higher rates of positive communication than did the dyads in each of the other groups
Ronis and Bourdin (2007)	Cross-Sectional	A more rigorous evaluation of the characteristics of male juvenile sexual offenders and of the key systems in which they are embedded in	Total sample: 115  sexual offenders with peer/adult victims(n=23)  sexual offenders with child victims (n=23)  non-violent	5 demographically matched groups (sexual offenders with peer/adult victims, sexual offenders with child victims, non-violent non-sexual offenders, violent offenders, and non-delinquent youths.	Family Relations	Juvenile sexual offenders were found to have similar problems to those of juvenile non-sexual offenders. Both groups of sexual offenders evidenced disturbances in their family and peers.  Juvenile Sexual offenders showed lower bonding to family than non-delinquent youths  Significant overall effects were observed for parents' reports of family cohesion, $F(3, 20)=9.67$ , $p<.01$ , and family adaptability, $F(3, 20)=6.55$ , $p<.01$ ; and for

			<p>non sexual offenders (n=23)</p> <p>Violent offenders (n=23)</p> <p>Non-delinquent youths (n=23)</p>			<p>youths' reports of family cohesion, <math>F(3, 20)=5.27, p&lt;.01</math>. A marginally significant effect emerged for youths' reports of family adaptability, <math>F(3, 20)=2.70, p=.07</math>.</p> <p>Planned contrasts indicated that juvenile offenders and their parents reported lower levels of family cohesion and adaptability than did their counterparts in the ND group; the planned contrasts did not show any other significant differences between the groups.</p>
Caputo, Frick, & Brodsky (1999)	Cross-Sectional	Investigate the high rate of domestic violence in the family histories of juvenile sexual offenders	<p>Total sample=70</p> <p>Sex offenders (n=23)</p> <p>Violent offenders (n=17)</p> <p>Non contact offenders (n=29)</p>	<p>Sex offenders, Violent offenders, Non-contact offenders)</p>	Family Violence	<p>Results indicated that there were no significant differences in witnessing violence amongst the three groups of juvenile offenders (sex offenders, violent offenders and non-contact offenders)</p> <p>There was greater divergence between the offender groups when the proportion witnessing severe domestic violence was studied. Roughly three times the number of participants in the sex offender group (35%) and violent offender group (29%) groups witnessed severe domestic violence than the</p>

						<p>non contact offender group (10%) and the overall chi square analysis revealed a significant result <math>X^2(2, n=69) = 4.79, p &lt; .09</math></p> <p>Sex offenders were found to have more callous and unemotional traits than the other offenders. This would be a distinguishing factor between sex offenders and other offenders.</p>
Awad and Saunders (1991)	Cohort	Investigate demographic and individual characteristics of 49 adolescent sex offenders	<p>Total sample (n= 118)</p> <p>Juvenile delinquent (n = 24)</p> <p>child molesters (n= 45)</p> <p>adolescent sex offenders (n=49)</p>	<p>Juvenile delinquent</p> <p>child molesters</p> <p>adolescent sex offenders</p>	<p>Physical abuse</p> <p>sexual abuse,</p> <p>psychopathology,</p> <p>family dysfunction</p>	<p>All three groups had high rates of separation from their parents 50% from their mothers and 70% from fathers</p> <p>Both sex offender groups had higher rates of physical abuse than delinquents (child molesters= n=12, 27%; assaulters: n= 14, 33%; delinquents: n=3, 12%)</p> <p>No difference found between assaulters and delinquents on sexual abuse. The incidence of past sexual victimisation was significantly higher among child molesters (n=9, or 21%, <math>p &lt; .01</math>).</p>

Benoit and Kennedy (1992)	Cross-sectional	The incidence of sexual abuse will be more prevalent and frequent in sex offending group when compared to the comparison group of non sex offenders	Total sample (n=100)  Aggressive offenders (n = 25)  Non aggressive offenders (n = 25)  child molesters (n=50)	Aggressive offenders  Non-aggressive offenders  Adolescent child molesters	Sexual abuse Physical abuse	No significant differences were found between the groups on prior sexual abuse ( $X^2 = 9.27, 3, p > .01$ )  No significant differences were found between the groups on prior physical abuse ( $X^2 = 8.88, 3, p > .01$ )
Zakireh, Ronis, & Knight (2008)	Cross-sectional	To evaluate individual beliefs, and histories of juvenile sexual offenders in comparison to non- sexual offenders.	Total sample (n=100)  sexual offenders in residential unit, (n=25)  sexual offenders in outpatient unit (n=25)  non sexual offenders (n=25)	Sexual offenders in residential  Sexual offenders in outpatient unit  Non-sexual offenders,  Non-sexual outpatients	Sexual abuse Physical abuse Psychological abuse	Analyses of group differences in the number of arrests and the reported rates of sexual, physical, and psychological abuse were made. Residential sexual offenders were higher than all other groups on all three types of indicated victimisation. Outpatient sexual offenders were higher on sexual abuse than were the nonsexual offenders.  Chi square Analysis of group differences for reported rates of sexual abuse revealed a significant result $X^2 (3, n=100) = 53.42, p < .001$

			non sexual outpatients (n=25)			<p>with the SR group reporting higher rates of sexual abuse (80%) when compared to SO (28%), NR (0%) and NO (0%).</p> <p>Chi square Analysis of group differences for reported rates of prior physical abuse revealed a significant result <math>X^2(3, n=100) = 8.93, p &lt; .05</math> with the SR group reporting higher rates of sexual abuse (80%) when compared to SO (52%), NR (40%) and NO (50%).</p> <p>Chi square Analysis of group differences for reported rates for psychological abuse revealed a significant difference <math>X^2(3, n=100) = 12.60, p &lt; .01</math> with the SR group reporting higher rates of sexual abuse (80%) when compared to SO (56%), NR (36%) and NO (38%).</p>
Leibowitz, Burton & Howard (2012)	Cross- Sectional	Comparisons of developmental antecedents and behavioural challenges between sexually victimised and non- sexually victimized male adolescent sexual abusers	Total sample: n= 472  Sexually victimised (n= 143)	Sexually victimised and non-sexually victimised adolescent sexual abusers	Emotional abuse  Emotional neglect  Physical abuse	<p>On the physical and emotional abuse subscales of the CTQ, all three groups were significantly different from one another.</p> <p>The victimised juvenile sexual offenders group reporting</p>



		and delinquent youth	<p>Non-sexually victimised adolescent sexual abusers (n=177)</p> <p>Non-sexually victimised delinquent youth (n=152).</p>	Non-sexually victimised delinquent youth.	<p>Physical neglect</p> <p>Sexual abuse</p>	<p>significantly greater levels of all five types of abuse than the other two groups. In 20 out of the 23 analyses (87%), the scale means followed the same pattern: sexually victimized youth had the “worst” results (highest scale scores), followed by non-sexually victimized sexual offenders and general delinquent youth. That is to say, general delinquent youth had fewer behavioural and development problems than victimized and non-victimised juvenile sexual offenders</p> <p>On three of the subscales (emotional neglect, physical neglect and sexual abuse), the general delinquent were not significantly different from non-sexually victimised juvenile sexual abusers.</p>
--	--	----------------------	---	---	---	---

Table 2: Data extraction from included studies

Authors/Year	Study Type	Intervention	Outcome Measure	Statistical Analysis	Limitations	Quality Score%
Daversa & Knight (2007)	Cohort	Computerised form of either Version 3, 4, 5, or 6 of the Multidimensional Assessment of Sex and Aggression (MASA; Knight & Cerce, 1999)	Detailed development history' social, academic, sexual, and antisocial histories, sexually coercive; impulsive acting out, drug and/or alcohol use history, a wide range of sexual behaviours from normal to deviant, sexual preoccupation, sexual compulsivity, sexual inadequacy, masculine self-image difficulties, paraphilia's, sadism, premeditation and planning involved in sexual offences, and expressive aggression.	Structural equation model	<p><u>Strength</u></p> <p>The MASA is a standardised instrument comprising structured questions that have the ability to produce more relevant and comparable responses and provide the subjects with clear-cut response options (Bradburn, 1983), it also inquires about a full array of social, antisocial, and sexual behaviours other than the index offence</p> <p><u>Weakness</u></p> <p>Self-report questionnaire. Studies using self-report questionnaires and historical and retrospective data do not strongly support causal</p>	96.4

					inferences, may not be able to measure all relevant variables, and could be vulnerable to non-response and other sources of bias (Rosenthal & Rosnow, 1991).	
Bischof, Stith, & Whitney (1995)	Cross-Sectional	Family Environment Scale (FES) Moos and Moos (1986)  Delinquency and Sex Offence Self Report	Social Environmental attributes of various types of families. Assess relationship, personal growth, and system maintenance dimensions  Delinquency and Sex Offence Self Report looked at 7 categories: Non-violent offences, general sex offences, child molestation, offences against public order, drug abuse, and status offences	ANOVA	Use of retrospective self-reports can be prone to biases  The participants in the study were voluntary and self-selected & therefore not necessarily representative of the target population  Adolescent sex offenders were closely divided between outpatients and residents. Residential placements are used after other less restrictive alternatives have been exhausted and most often, family dysfunction is a criterion for placement out of the home, therefore this	67.8

					could have been a confounding variable.	
Blaske, Borduin, Henggeler & Mann (1989)	Cross-Sectional	RBPC (Quay & Peterson, 1987),  The mother and adolescent completed several self-report measures, including the Family Adaptability and Cohesion Evaluation Scales-II (FACES-II; Olson, Portner, & Bell, 1982),  the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983), and the  Unrevealed Differences Questionnaire-Revised (URD-R; Borduin, Blaske, Mann, et al., 1989)	Family bonding by measuring cohesion, positive communication, and conflict-hostility -adaptability to assess the level of organization in the family. Family bonding (i.e., warmth, cohesion) and family organisation	Multivariate Analyses of Variance (MANOVA)	<u>Strengths</u>  The use of both self-report and observational methods provided different vantage points on family transactional patterns  <u>Weaknesses</u>  Both observation and self-reports are subjective methods and lack empiricism	75
Ronis and Bourdin (2007)	Cross-Sectional	89-item Revised Behaviour Problem Checklist (RBPC). (Quay & Peterson, 1987).	Measures four dimensions of child/adolescent psychopathology: anxiety-withdrawal, attention problem, conduct disorder, and socialized aggression	ANOVA	<u>Strength</u>  matching of participants across groups increased internal validity	82.1

		<p>30-item Family Adaptability and Cohesion Evaluation Scales-II (FACES-II).(Olson, Portner, &amp; Bell, 1982)</p> <p>Unrevealed Differences Questionnaire-Revised (URD-R; (Borduin et al., 1995)</p>	<p>Parent and youth perceptions of family relations. Family bonding by measuring cohesion, positive communication, and conflict-hostility -adaptability to assess the level of organization in the family. Family bonding (i.e., warmth, cohesion) and family organisation</p> <p>Nine items measuring family affect, decision making, and discipline in the family</p>		<p><u>Weakness</u></p> <p>Small sample size of 115 in total with 23 in each group meant the effect sizes were small</p>	
Caputo, Frick, & Brodsky (1999)	Cross-Sectional	Conflict Tactics Scale (Straus & Gelles, 1990)	Witnessing domestic violence and violence in the family	Chi Square	<p>Measures were based on self-report</p> <p>Small sample size n-69 of which 23 were sexual offenders</p>	69.6
Awad and Saunders (1991)	Cohort	Data was collected via two clinical interviews, psychological testing using the Wechsler Intelligence	Physical and sexual abuse, psychopathology, family dysfunction, parent psychopathology, school	Chi Square test for categorical data and one	Whilst interviewing participants can give valuable information, it can also lead to	62.5

		<p>Scale for Children Revised, Rorschach and the Thematic Apperception test. Two interviews with the parents was then conducted followed by a family interview.</p> <p>Following assessment and interview, clinician then completed a 401 item questionnaire that codes data for computer entry. Questionnaire items were multiple choice and based on factual data. 8 items which referred to the quality of care that the boy had received at different ages, and to the quality of parent child relationship was rated by the rater.</p>	adjustment, social adjustment, alcohol and drug abuse, antisocial behaviour, victim characteristics, sexual deviance in family.	way analysis of variance for ordinal data.	unreported or biased information. However with the use of psychometric data and factual information, the researchers were able to gather important data.	
Benoit and Kennedy (1992)	Cross-sectional	Abuse histories were obtained and coded by two raters	Abuse history measured by the presence or absence of an investigated report of abuse or neglect prior to the date of the commitment offence	Chi square	Data was based on file information which can be misleading if not all information is included.	62.5
Zakireh, Ronis,& Knight	Cross sectional	Early Abuse questionnaire and interview for 4 developmental periods (5, 6-	Sexual abuse Physical abuse emotional abuse	Chi-Square	Strengths: Good comparable group of offenders	82.1

(2008)		10, 11-14, 15-18).	<p>Definitions of each type of abuse were provided along with the questionnaire. Sexual abuse was defined as ever having been forced by an adult, teenager, or child to have sexual contact when the participant did not want to have such contact.</p> <p>Physical abuse was defined as having been beaten physically by someone who had the responsibility of caring for the participant.</p> <p>Psychological abuse was defined as being frequently insulted verbally, made to feel anxious often, and feeling bad about oneself constantly, because of the things said or done by someone who had responsibility of caring for the participant. Following the completion of the EAQ, each participant was interviewed briefly by the first author, who has extensive clinical experience working with youths who sexually offend,</p>	<p>Weaknesses: Information based on self-report from the participants which has limitations.</p> <p>Adolescent sex offenders were closely divided between outpatients and residents. Residential placements are used after other less restrictive alternatives have been exhausted and most often, family dysfunction is a criterion for placement out of the home, therefore this could have been a confounding variable.</p> <p>Although this study includes key comparison groups of nonsexual offenders, it is also important to include a sample of youths who are not involved in criminal behaviour. Without such</p>	
--------	--	--------------------	---	--	--

			about the perpetrator and the exact description of the nature of abuse experienced for each type of abuse indicated. To simplify analysis across groups, each type of victimization was coded as present or absent.		a sample, it is difficult to determine whether characteristics found in this study are truly associated with juvenile delinquency or more generally with common adolescent behaviour	
Leibowitz, Burton & Howard (2012)	Cross-sectional	The Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998). Is comprises of a 34 item scale which screens for traumatic experiences in childhood	Emotional abuse Emotional neglect Physical abuse Physical neglect Sexual abuse	Multivariate Analyses of Variance (MANOVA)	Measures were based on self-report Findings cannot be generalised to non-incarcerated males or community sample.  An additional group of sexually victimised delinquents would have made findings more robust.	82.1



## **Descriptive data synthesis**

The results of the included studies were not statistically combined for quantitative data synthesis due to the heterogeneity of the studies, (e.g. the methodology for each study). Therefore, in reaching conclusions, studies were examined in a qualitative manner.

### Study Population

The total sample of the review comprised of 1473 participants. The total number of participants varied considerably between studies, ranging from 60 (Blaske, Borduin, Henggeler & Mann, 1989) to 472 (Leibowitz et al., 2012). From the total sample in all nine studies included, 1225 (83.2%) were sexual offenders. Of the nine studies included in the review, seven were conducted in the USA and two in Canada. Therefore, none of the studies utilised a European population.

The samples included within all of the studies were recruited from juvenile justice detention centres, training schools, secure custody centres or departments of correction, outpatient units, and residential units/homes. Five of the studies utilised a self-selected sample to recruit participants (Awad & Saunders 1991; Bischof, Stith, & Whitney, 1995; Caputo, Frick, & Brodsky, 1999; Deversa & Knight, 2007; Leibowitz et al., 2012). Two studies utilised a stratified sampling method to recruit participants (Blaske, et al., 1989; Ronis & Bourdin, 2007), and two used a random sampling method (Benoit & Kennedy, 1992; Zakireh, Ronis, & Knight, 2008).

It is also of note that barring two studies, the rest of the studies included in the review were of a cross-sectional design. Cross-sectional studies are only able to identify association and not a causal effect. Therefore, the cross-sectional study design is weaker than cohort designs but due to

the nature of the research area as well the difficulty in researching a forensic population, this could not be controlled for.

The average age of the participants included across the studies is outlined in Figure 2. With the data available in the included studies, the age range of participants was between 10 years old and 20 years old. These comprised of violent non-sexual offenders, non-violent property, drug related offenders, violent and non-violent juvenile delinquents, normal adolescent population, assaultive offenders, sexual offenders with peer/adult victims, sexual offenders with child victims, non-violent non sexual offenders, non-delinquent youths, sexually victimised adolescent sex offenders, non-sexually victimised adolescent sex offenders, and non-sexually victimised adolescent delinquent youth.

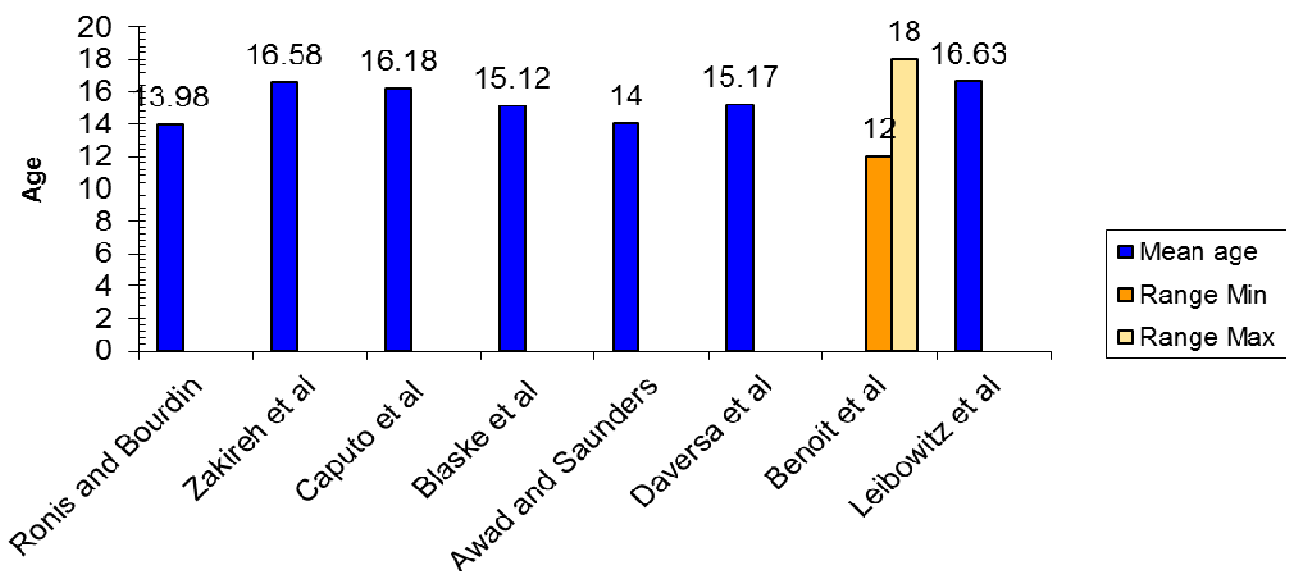


Figure 2: Mean age of participants across studies

### **Measuring Maltreatment, Family Bonds and Attachment Disruptions**

Across the nine studies, a range of factors were measured which included: attachment disruptions, neglect, physical abuse, sexual abuse, and emotional abuse. Attributes of various types of families which assessed: relationship with parents/caregivers, personal growth, and system maintenance dimensions. Cohesion, positive communication and conflict-hostility were measured to determine family bonding. Family affect, decision making, discipline in the family, and domestic violence were also measured. However, it is important to note that there was considerable variation in measuring these constructs. Two studies (Blaske et al., 1989; Ronis & Bourdin, 2007) utilised the Family Adaptability and Cohesion Evaluation Scales (FACES-II, Olson et al., 1982), one study (Daverson & Knight, 2007) used the Multidimensional Assessment of Sex and Aggression. Other tools that were used were, the Conflict Tactic Scale (Caputo et al., 1999), Family Environmental Scale (Bischof et al., 1995); Childhood Trauma Questionnaire (Leibowitz et al., 2012); Early Abuse Questionnaire (Zakireh et al., 2008). One study used file/historical information (Benoit & Kennedy, 1992) and one study used a questionnaire based on factual data (Awad & Saunders, 1991). From this it can be seen, that from the nine studies, only two used the same tool whereas the others used different measures. This may be the reason for the inconsistencies in the findings.

### **Methodological considerations**

Davis and Leitenberg (1987) highlighted a number of methodological problems in the adolescent sex offender literature. They stated that the studies they reviewed were predominantly descriptive, did not include suitable comparison groups of adolescents without a sexual offence history, did not use standardised measures, and combined different types of sex offenders. Seto

and Lalumière, (2010) concluded that This is still true, in particular they state that the reliability and validity of many study measures have not been established, and that most studies are cross-sectional in nature, limiting the causal inferences that can be made Within the current review, the majority of studies used questionnaires/psychometric data, interview and collateral information from files. Though the author has highlighted the weakness in using self-report measures, it has to be noted that within this area of research, it is difficult to substantiate information about childhood experiences without self-report measures. Thus, although these measures can lack reliability (due to fallibility of memory), this method is the most pragmatic one to use in this area of research. In terms of statistical analyses used within the studies, four out of nine studies (44%) used non- parametric tests due to their data being categorical. Some limitations of using a chi-square test is that it does not give much information about the strength of the relationship or its substantive significance in the population. Furthermore, the size of the calculated chi-square is directly proportional to the size of the sample, independent of the strength of the relationship between the variables. Furthermore, categorical data can only really tell you if something is absent or present, in order to make any detailed or causal inferences, other forms of methodology would need to be implemented. Therefore this needs to be taken into account when interpreting and generalising results. However, given the nature of the research topic, this is a method which is widely used in this area of research.

The instruments used in the studies were diverse, varying from widely used standardised instruments to unknown ones and including questionnaires and interviews of a specific nature. These instruments were often used for measuring similar concepts but in different ways. The nature of the samples was diverse and not always well described. Furthermore, of the nine

studies included in the review, seven were conducted in the USA and two in Canada. Therefore, none of the studies utilised a European population. Again, this can have some implications when generalising the results for a European population as vast differences may exist amongst countries with respect to the judicial and rehabilitation principles for detention.

### **Attrition Rate**

This was not applicable to any of studies as none of the studies stated an attrition rate.

## **Discussion**

### **Findings**

The current review examined whether disrupted family relations/maltreatment/disrupted attachments in early childhood was a significant characteristic of juvenile sexual offenders. It aimed to look at whether those who have had disrupted attachments with their parents/caregivers in their early life are more prone to sexual offending. Of the nine studies reviewed, four studies concluded that maltreatment or family disruptions was not specific to sexual offenders only (Benoit et al, 1992; Bischof et al.,1995; Blaske et al.,1989; Caputo et al., 1999). Four studies (Awad & Saunders, 1991; Daversa & Knight, 2007; Leibowitz et al., 2012; Zakireh et al., 2008) found that various developmental and early childhood maltreatment experiences contributed significantly to predicting adolescent sexual offending. Note that one of the studies (Daversa & Knight, 2007) did not have a comparison group. Furthermore, one study (Ronis & Bourdin, 2007) found that both groups of their offenders showed disturbances with their family and peers therefore no differences were found, however they also concluded that juvenile sex offenders

showed lower bonding to their family than non-delinquents. Therefore their conclusions were mixed.

Overall the review highlights that previous research is somewhat contradictory when looking at family background characteristics in juvenile sexual offenders. One of the reason for the ambiguity in results may be due to the variation in methodology i.e. collecting data as well as measuring the constructs of attachment disruptions. Davis and Leitenberg (1987) highlighted a number of methodological problems in the adolescent sex offender literature more than 20 years ago. They noted that the studies they reviewed were predominantly descriptive, did not include suitable comparison groups of adolescents without a sexual offense history, did not use standardised measures, and combined different types of sex offenders. Whilst completing the current review, this still remains the case, in particular that many studies rely on self-report, and that most studies are cross-sectional in nature, limiting the causal inferences that can be made.

### **Strengths and Weaknesses of Review**

The most significant limitation of this review is the limited amount of studies that were obtained/ included, to make concrete conclusions from nine studies would be premature of the authors.

From scrutinising different databases, there was a lot of research on adult sex offenders and their attachment styles, family backgrounds etc. but it was very difficult to obtain studies which were relevant to adolescent sex offenders. The study's original aim was to look at attachment styles in adolescent sex offenders but this had to be generalised into family relations/maltreatment etc.

because different studies used different ways of looking at parental attachment.

The majority of the studies used self-report measures, historical or retrospective data, results from these studies do not strongly support causal inferences. Self-report instruments are argued to measure only what the respondent remembers and so may be biased due to the respondent's limitations of recall. Studies based on retrospective self-reports of childhood experiences are open to a number of possible biases (Widom, 1988). For instance, it is possible that individuals are remembering and possibly reinterpreting/distorting past memories in the context of present experiences. Memory lapses, unconscious denial or repression of childhood traumas may prevent recollection of episodes of abuse.

Despite the above limitations, the author adopted a systematic approach to review the studies by reviewing and grading evidence (using quality assessment and inclusion/exclusion criteria) in order to address its aims and objectives. By using such a method, the author did not only review the findings from the studies but also threats to validity, reliability and methodological quality of the included studies. This is particularly important as the review did not just concentrate on the theory as it looked at previous research using empirical and evidential methodology.

This review strongly highlights the need for more research in this area. So much is written about early attachments/development in adult sexual offenders, unfortunately this is not the case for juvenile sex offenders. With such limited amount of research, it is difficult to make any inferences as to whether juvenile sexual offenders can exclusively be characterised as having poor early attachments with primary caregivers/parents.

As highlighted above, each included study was quality assessed to weigh up the validity of each study. The key variables assessed were: Aims of the study; study design; sample selection; attrition rates; statistical analysis; clarity of outcome measure; identification and measurement of risk factor; and appraisal of limitations. A potential problem with this is the subjectivity of rating each variable, the way in which this could have been overcome by using a second reviewer to assess each study,

### **Methodological limitations of current review**

Methodological considerations are important in efforts to reduce bias in a piece of work, as well as assist future research in conducting methodologically sound research. The search strategies utilised in this review were very comprehensive and inclusive, however there were practical issues that arose. The author was restricted from hand searching relevant journals, and from utilising other resources (such as websites, and other electronic resources) which may have been beneficial in increasing the number of studies located. Financial constraints contributed to extra scrutiny being placed on studies needing to be ordered from the British Library.

Quality assessment items utilised in this review were aimed at maximising the inclusion of methodologically valid studies. Specific attention was paid to sampling procedures and sizes, comparison groups, follow-up, the control and influence of confounding factors, measures of family relations and maltreatment.



### **Interpretation of the findings**

This review had mixed findings with regards to whether poor attachment/family systems can be seen as unique to juvenile sexual offending. Therefore it is difficult to conclude what the implications of this review are in practice. On the one hand, based on the four studies that found no difference between groups on disrupted attachments, and maltreatment histories, it could be concluded that interventions that have been effective in juvenile delinquents in general are likely to be helpful with adolescent sex offenders too.

However Daversa and Knight's (2007) study provides evidence that a thorough knowledge of an adolescent sex offender's early relationships with caregivers, the nature of significant attachments, and the exploration of the interrelatedness or overlapping of abuse experiences and trauma, either witnessed and/or experienced, is crucial to the comprehensive treatment of these youths. Furthermore, the resolution of that trauma would be an important and relevant factor in treating child and adolescent sexual offenders. With this in mind, treatment recommendations would be different in that it would be beneficial for the adolescent to receive treatment for trauma prior to any sexual offending intervention.

### **Conclusion and Recommendations**

Understanding the effects of poor family relations and disruptions in early bonds with parents/caregivers, and determining how these factors motivate adolescents to sexually abuse is critical. This review found mixed results from the limited research available on the developmental antecedents of sexual behaviour. From the studies that were included, it can be concluded that maltreatment in early childhood and family structure may play some part in

adolescents who display sexually harmful behaviour, however as four studies concluded that this is not pertinent to sexual offenders only, there may be other etiological factors which contribute to adolescents' who sexually abuse. For example there is some evidence that exposure to pornography (e.g., Ford & Linney, 1995) may be relatively common among juvenile sexual offenders. Thus it would be useful to look at other developmental factors in sexual offenders. As highlighted previously, with the lack of research in this area, add to that, the variation in methodology for each study, it is difficult to make any concrete conclusions as to whether attachment disruptions are unique to adolescent sexual offenders.

In terms of future research, the author recommends further research to be carried out in this area. A vast amount of research has been conducted with adult sexual offenders but surprisingly not much has been conducted with adolescents. With adult sexual offenders being adolescents or starting their sexual offending in their adolescent years, it would make sense to try and understand sexual behaviour in young people so it can be prevented later. Whilst more research needs to be carried out, it is also important to suggest that, consistent research needs to be conducted using tools which measure the same variables, data from this could then be used to test for similarities and trends amongst this group. In addition, using self-report measures has its flaws (which are mentioned above) therefore careful consideration needs to be taken into account as to which self-report measures researchers are using and what exactly they are measuring.

## **Rationale for Chapter 2**

This systematic review has highlighted the need for further research in the area of attachment and juvenile sexual offending. Therefore, the research in the next chapter attempts to address some of the limitations of previous research as well as to further develop research in this area.

## **CHAPTER 2:**

### **Exploring the link between early attachment styles and maladaptive schemas in juvenile sexual offenders**

## **Abstract**

The present study compared subgroups of juvenile sex offenders who victimised either children (child abusers), or adult/peers (peer abusers) on their self-reported schemas and attachment styles. Results indicated that all juvenile sexual offenders reported insecure attachment styles. Child abusers were mostly associated with a fearful attachment style whereas peer abusers were mostly associated with a dismissive attachment style. When looking at the links between attachment styles and schemas, those with a fearful attachment style reported significantly higher scores on the subjugation and self-sacrifice schemas. Furthermore the study investigated whether specific schema representations were related to specific victim types. Statistically significant differences were found between the two groups on the enmeshment, subjugation, insufficient self-control and self-sacrifice schemas, with child offenders endorsing higher scores on these schemas than peer offenders. Limitations and implications for future research are discussed.

## **Introduction**

### **Definition of Sexual Offending**

Sexual offenders are individuals who have been convicted in a criminal court for a sexual crime. Sexual crimes include crimes that have some sexual intent or component (e.g., murder or attempted murder during the commission of rape, simple assault pled down from rape). This definition excludes persons who are suspected of committing sexual offences (charged but not convicted) and persons who display sexually deviant behaviours. Sex offenders can be divided into two broad categories, adult and juvenile. The criminal justice system holds an adult sex offender fully responsible for their criminal behaviour and subjects them to a range of criminal sanctions. The term juvenile is used in the legal sense as describing an individual who is under an age fixed by the law at which he or she would be charged as an adult for a criminal act (Merriam-Webster Dictionary of Law, 1996). The most commonly used upper age bound seems to be set at the age of typically 18 years. The most frequently used age interval in studies of sexually offending adolescents therefore seems to be 12-17 years. The age bound roughly coincides with the age of puberty and consequently (Barbaree & Marshall, 2006) could also correspond with developmental changes occurring in this interval. For the purpose of this research paper it is important to be clear on the definition of a juvenile sexual offender. The term juvenile sex offender will be defined as a young person aged 17 or younger that has committed an illegal act as defined by the laws of the constituency in which it occurred that is sexual in nature (Chaffin, Bonner & Pearce, 2003).

## **Sexual Deviance**

Sexual offending is a worldwide phenomenon, for example in England and Wales, the number of male offenders convicted of sexual offences in the UK has increased over the past 20 years. In 2011/12, the police recorded 53,665 sexual offences, accounting for around one per cent of all police recorded crime. This equates to around one offence per year for every thousand people in England and Wales. The most commonly recorded sexual offence was sexual assault (including attempts), accounting for 41 % of the sexual offences recorded in 2011/12 (22,053 offences). A further 30 % were for rape (16,041 offences, including attempts). The majority of the remaining police recorded sexual crimes were for exposure or voyeurism (7,007 offences), and sexual activity with minors (5,778 offences) (Ministry of Justice, 2013).

## **Incidence and Prevalence of Sexual Crimes by Male Juveniles**

Sexual offenders are a heterogeneous group with a number of subgroups including adolescent offenders, female offenders, offenders with learning disabilities, and offenders with mental health problems. Lovell (2002) estimates that around a third of all sexual offences are committed by juveniles. Adolescent sexual offenders account for 12.5% of all arrests for rape and 14% of all arrests for other sexual offences (Finkelhor et al., 2009). The term 'juvenile' is used in the legal sense as describing "an individual who is under an age fixed by the law at which he or she would be charged as an adult for a criminal act" (Merriam-Webster Dictionary of Law, 1996). In the majority of US states and in most other western jurisdictions, a person is considered to be an adult when he or she reaches the age of 18. A small minority of US states (N= 10) regard 17 year olds to be adults and an even smaller minority (N= 3) regard 16 year olds as adults (Snyder, 2003).

Research in this area has dramatically risen in the last decade and it has been recognised that adolescents accounted for nearly 16% of all forcible rapes and 17% of all other sex offences (Righthand & Welch, 2001; Snyder, 2005). It is estimated that adolescent offenders are responsible for approximately one third of all cases of child sexual abuse cases (Cawson, Wattam, Brooker & Kelly, 2000). According to the FBI's National Incident-Based Reporting System, adolescents commit nearly one fifth of the sex crimes each year (Puzzanchera, Adams, Snyder, & Kang, 2007), and one of every three sexual assaults involving victims under the age of 18 years (Snyder, 2001). Additionally, youth are responsible for 40% of the sexual assaults involving children under the age of six years (Snyder, 2001).

Official crime statistics in the U.K. illustrate that approximately 23% of all sexual offences committed in the U.K. involve perpetrators aged 21 and younger (Home Office, 1998; Masson & Erooga, 1999). Clearly, official statistics fail to capture the true extent of the problem, as many cases of sexual abuse of children or rape remain undetected and such estimates may be conservative because of the reluctance to report adolescent offenders (Kempton & Forehand, 1992). The serious problem presented by juveniles who engage in sexually abusive behaviour is now well recognised. Juvenile offenders represented more than 16% of arrests for sexual crimes in 2009 (U.S. Department of Justice, Federal Bureau of Investigation, 2010) and are responsible for more than a third of sexual crimes against children (Finkelhor et al, 2009). Juveniles adjudicated for sexual offences are now viewed as uniquely dangerous and are subject to specialised legal and clinical interventions (Chaffin, 2008; Letourneau & Miner, 2005; Zimring, 2004). These findings have led to increased efforts to identify and treat juveniles who sexually



abuse and to the recognition of this group as a distinct population for study (Veneziano, Veneziano, & Legrand, 2000).

### **Characteristics of Juvenile Sexual Offenders**

Despite the high number of sexual offences committed by juveniles, the majority of research to date focuses on adult offenders. Even in the adult literature there is little agreement about causal factors in the development of sexual offending. Only recently have researchers begun to address the developmental characteristics and patterns of individuals who become sexual offenders, including childhood experiences of abuse, neglect, and familial separation, dysfunctional family systems, and poor peer relationships (Righthand & Welch, 2001; Smallbone & Dadds, 1998, 2000). However, not all individuals who endure such adverse circumstances in childhood go on to commit sexual offences against others and not all sexual perpetrators were abused as children. (Glasser et al., 2001) This leads one to believe that the relationship between childhood victimisation and later sexually aggressive behaviour may be mediated by other variables. Therefore, given offenders' early experiences of attachment distress and the interpersonal context in which sex crimes are committed, it seems pertinent and necessary to explore the attachment status of juvenile sex offenders in order to better understand how these individuals think about past and current relationships.

Studies that have described the backgrounds of juvenile male sexual offenders have found an overlap among adolescent sexual offenders, juvenile delinquents, boys from abusive and neglectful families, and socially isolated boys (Righthand & Welch, 2001). Although the samples are only partially comparable and studies differed in methods of data collection and analysis, the

following characteristics of adolescent sexual offenders have been repeatedly described. A history of severe family problems; separation from parents and placement away from home; experience of sexual abuse, neglect, or physical abuse; social awkwardness or isolation; academic and behavioural problems at school; and psychopathology (Veneziano & Veneziano, 2002).

Evidence suggests that both sexual offending and non-sexual offending adolescents have similar rates of academic problems (72% for sexual assaulters' vs 74% for juvenile delinquents, Awad & Saunders, 1989), have family relationships that are characterised by low warmth and minimal involvement from parents (Ford & Linney, 1995). The prevalence of sex offenders with new sexual offence charges during a five year follow-up period was 6.8%, compared to 5.7% for the non-sexual offenders. Furthermore, juvenile sex offenders were nearly ten times more likely to have been charged with a non-sexual offence than a sexual offence (Caldwell, 2007).

### **Classification of Juvenile Sexual Offenders**

Many efforts have been made to classify juvenile sex offenders (Butler & Seto, 2002; Butz & Spaccarelli, 1999; Hunter et al, 2003) with the goal of improving treatment and risk prediction. Characteristics including personality (Worling, 2001), physical force (Butz & Spaccarelli, 1999), and non-sexual offence history (Butler & Seto, 2002) have been used to classify young offenders. However the most common method uses victim age to classify juvenile sexual offenders into groups who victimise children (child abusers) and those who victimise peers/adults (peer offenders). This stems largely from research on adult sex offenders, in which there is considerable empirical support for the distinction between rapists and child abusers

(Barbaree, Hudson, & Seto, 1993; Connolly & Woollons, 2008; Hanson & Bussiere, 1998; Segal & Marshall, 1985; Seghorn. et al., 1987). Though there is evidence to show that adult rapists and child molesters differ on factors potentially related to etiology and maintenance of sexually deviant behaviour, the research on juvenile sexual offenders is less conclusive.

Consistent differences have been found between victim age based subgroups of juvenile sexual offenders on various characteristics including victim characteristics, sexual abuse history, and conduct problems. For example, Hunter, Hazelwood, and Schlesinger (2000) found that, in comparison to adolescents who sexually assault children, those who assault peers were more likely to use moderate or greater force (27.0% for peer offenders, 8.3% for child offenders), have female victims (93.7% for peer offenders, 53.2% for child offenders), have victims that were strangers (29.7% for peer offenders, 11.3% for child offenders), offend during another crime (23.8% for peer offenders, 4.8% for child offenders), and have more previous non-sexual offences (23.4% for peer offenders, 14.5% for child offenders). Adolescents that sexually assault prepubescent children are more likely to have deficits in social skills, and experience isolation. For example, Graves (1993) found that 92% of child molesters in seven different clinical samples reported feeling isolated from peers, in comparison, the corresponding figure for rapists was 23%. Adolescent sexual offenders who abused both child and peer aged victims fell in between (65%). Taken together, it is apparent that the majority of juvenile sexual offenders' experience isolation from peers. However Murphy, Haynes, and Page (1992) found that juvenile sexual offenders appear to be no more socially isolated than delinquent or psychiatric populations.

It has been found that child molesters are more likely to victimise both girls and boys (Worling, 1995), have higher rates (21%) of sexual abuse history when compared to peer abusers (4%) (Awad & Saunders, 1991) and have fewer behaviour problems than peer offenders (Richardson, Bhate, & Graham, 1997). In contrast, peer offenders victimise almost exclusively females (Worling, 1995), typically victimise acquaintances rather than family members (Kemper & Kistner, 2007) and are likely to have more extensive criminal records (Richardson et al, 1997). Two studies comparing adolescent child abusers to rapists found no significant difference in childhood sexual abuse history, parenting problems, or disturbed family backgrounds (Hendriks & Bijleveld, 2004; Hsu & Starzynski, 1990). Additionally, in some samples, rates of physical abuse were higher among child offenders (Ford & Linney, 1995). In other samples, rates were higher in peer offenders (Worling, 1995), and in other samples, rates were comparable between child and peer offenders e.g., Awad and Saunders (1991) found that 27% of child molesters and 33% of peer sexual assaulters reported physical abuse, both of which were higher than the incidence among non-sexual delinquents (12%). Furthermore, they found that when they compared juvenile delinquents to sub-groups of juvenile sex offenders, all three groups had high rates of separation from their parents 50% from their mothers and 70% from fathers.

Research findings thus far indicate adolescent child abusers, or those who sexually assault children at least five years younger than themselves, more frequently exhibit signs of depression, low self-esteem, and lack the necessary social skills to form healthy, rewarding interpersonal relationships (Hunter, 1999). Juveniles classified into this group, much like the adult child abuser, predominantly target children they have known for some time prior to the offence, with up to 40% of their victims being relatives or siblings (Hendriks & Bijleveld, 2004; Hunter,

1999). Similar to adult rapists, youths who perpetrate a sexual offence against same age or older peers tend to abuse mostly strangers or acquaintances, have criminal backgrounds involving nonsexual offences, and are more often diagnosed with conduct disorder than juvenile child abusers (Barbaree et al., 1993; Hendriks & Bijleveld, 2004; Hunter, 1999).

When looking at recidivism rates between the two groups, inconsistent findings have been reported. Vandiver (2006) found that the majority (51%) of their sample (n=158) who were re-arrested, victimised children aged between 6-11 years, 28 % were re-arrested for victimising children aged between 12-17 years and one percent were re-arrested for offending against over 18 year olds. In contrast, others have reported higher rates in peer/adult offenders e.g., Nisbet, Wilson, & Smallbone (2004) found that, participants who had originally victimised adults or peers were significantly more likely than participants who victimised children to be charged with sexual offences as adults, and were also significantly more likely to be convicted for non-sexual offences.

However other studies have found no differences in sexual recidivism rates between child and peer offenders (Hagan, Gust-Brey, Cho, & Dow, 2001; Kemper & Kistner, 2007; Parks & Bard, 2006). Kemper and Kistner (2007) looked at three samples of juvenile sexual offenders based on their type of victim: [1] with children (n=198), [2] with peers or adults (n=77), and [3] with both (n=21). After an average of 5.22 years, the recidivism rate for the three samples were 8.16% for abusers of children, 1.32% assaulters against peers or adults, and 4.76% for mixed type offenders. The overall average re-offence rate for the entire sample was 4.74%. The average re-offence rate for nonsexual criminal behaviour was 40.3%. Parks and Bard (2006) examined

records of 156 male juvenile sexual offenders who had been adjudicated. Based upon both juvenile and adult recidivism data, 9.8% of youth who had offended against peers or adults (n=51) re-offended, whereas 4% of juvenile sexual offenders who molested children (n=74) re-offended. Slightly more than 30% of the study youth committed a non-sexual offence after release from custody. Finally a study by Hagan, Gust-Brey, Cho, & Dow, (2001) followed 50 juvenile sexual offenders who molested children and 50 juvenile sexual offenders who assaulted a peer or older victim. The youth had participated in a correctional facility specialised treatment program and were followed for eight years. Twenty per cent of child molesters and 16% of rapists were convicted of a sexual assault subsequent to being returned to the community. Among the 50 youth incarcerated for non-sex offending crimes, 10% were convicted of a sexual assault after release to the community.

Other classification systems have been used for identifying specific groups of adolescent sex offenders. In order to predict future offending, researchers have classified based on psychiatric diagnosis (Vermeiren, 2003), type of offence (Ford & Linney, 1995), and offending history (sexual only or sexual and non-sexual crimes) (Butler & Seto, 2002; Van Wijk et al., 2005). Several personality variables, such as limited social skills, sense of inadequacy, and antisocial tendencies, have been used to classify different types of adolescent sex offenders (Oxnam & Vess, 2006; Richardson et al., 2004; Smith et al., 1987; Worling, 2001).

So it can be seen that the results of studies that have compared these two groups vary greatly, leading to questions about the utility of classifying juvenile sexual offenders based on victim age. One reason for the variation in findings is due to the inconsistency in classifying juvenile

sex offenders as child offenders or peer offenders due to the variation across studies. Some studies have used victim age (Hunter et al., 2003) whereas others have used offender-victim age discrepancies (Awad & Saunders, 1991), or a combination of victim age and offender victim discrepancies (i.e. child victim is younger than 10 or 12 years of age and 4 or more years younger than offender). Therefore more consistency is need in the classification of victim age in future research to avoid inconsistency of results.

Despite these differences, both types of juvenile sex offenders appear to come from dysfunctional family systems and experience high rates of abuse. These findings suggest that abuse, neglect, and disruption “distinguish the family contexts in which sexual offenders grow up”, and that these early experiences of attachment distress may somehow be related to later offending behaviour, including both child molestation and rape (Marshall, 1989). Although many researchers postulate that these early forms of maltreatment play a significant role in the development and maintenance of sexually aggressive behaviour, few have been able to explain exactly how and why this occurs.

It is important to note however that in a recent meta-analysis, Seto and Lalumière, (2010) found that male adolescents who sexually offend did not seem to have more attachment problems than male adolescent non-sexual offenders. Furthermore, reports of being the victim of child abuse or neglect were common in the group of adolescents who sexually offended but the same was found in other groups of offenders, and other clinical groups of adolescents (Seto & Lalumière, 2010). This indicates that although different kinds of child abuse are common in the backgrounds of adolescents who sexually offend, it is not specific for just this group,

It is also important to note that rates of abuse and neglect are common within non-offending populations. For example, a recent survey by the National Society for the Prevention of Cruelty to Children (NSPCC, Radford et al., 2011) found that nearly one in five secondary school children in the UK have been severely abused or neglected during childhood. The finding comes from a survey of 2,160 parents or guardians of children and young people under 11 years of age, 2,275 children aged 11-17 and 1,761 adults aged 18-24 carried out by the charity in 2009. In all, 5.9 per cent of under 11 year olds, 18.6 per cent of the 11-17 year olds and 25 percent of 18-24 year olds reported severe maltreatment during childhood which included severe physical and emotional abuse by any adults, severe neglect by parents or guardians and contact sexual abuse by any adult or peer. Severe maltreatment experiences were identified on the basis of the type of maltreatment, its frequency, whether there were multiple forms, an injury, whether a weapon had been used, if it was defined by the victim as being abusive or would fall into a more severe category of abuse under the criminal law. This shows that dysfunctional family systems and experience of abuse are common in non-offending populations too.

### **Attachment & Sexual Offending**

In work with sexual offenders, it has become increasingly common to link disturbed or underdeveloped early attachment relationships to the later development of pathology. The idea that there is a link between childhood experience and later onset of sexually aggressive behaviour has been developing over time (Hudson & Ward, 1997; Lyn & Burton, 2004; Marsa et al., 2004; Marshall, Serran, & Cortoni, 2000; Sawle & Kear-Colwell, 2001; Smallbone & Dadds, 1998; Ward, Hudson, & Marshall, 1996). Childhood experiences of male sex offenders have



been widely regarded as important by clinicians and researchers seeking to explain the development of sexual offending behaviour.

Drawing on the evolutionary theory and with extensive reference to ethological data concerning infant-mother interaction, Bowlby (1969, 1973, 1980) described his comprehensive theory of attachment. Earlier ethological research had suggested that infant experiences of maternal interaction may provide a blueprint for subsequent development of other forms of interpersonal behaviour (e.g., Harlow & Harlow, 1965). Consistent with this view, Bowlby (1969) took a life span perspective of attachment, identifying several fundamental instinctive behavioural systems in humans, notably, the attachment, sexual, and parenting systems, which together serve to promote species survival. He considered that although infant attachment behaviour and later sexual behaviour are best regarded as separate behavioural systems, there are close links between the two. For example, proximity-promoting behaviours in humans (such as smiling and clinging) are characteristic both of childhood attachment behaviour and of adult sexual behaviour.

Bowlby (1969) originally argued that although infant attachment behaviour is biologically programmed, the style of attachment is influenced by environmental factors, particularly those related to the characteristics of the infant attachment figure interaction. For Bowlby, secure attachment arises when needs for proximity and comforts are met by the attachment figure. Under such circumstances, the child is likely to develop confidence in the availability of his caregiver, and this in turn promotes confidence in exploring and interacting with his environment, including other people. Insecure attachment on the other hand, is likely to arise under conditions in which the caregiver is rejecting, unavailable, or unreliable, and under those

conditions, a child is likely to lack confidence in the availability of his caregiver and may consequently interact less confidently with his environment. With the development of cognitive perspective taking, a child's strategies for interacting with his caregiver become organised on the basis of what Bowlby termed a 'goal-corrected partnership. Within a secure attachment relationship, attempts by the child to influence the behaviour of his attachment figure come to be based on a degree of cooperation and mutuality. With insecure attachment relationships, however, children have been observed to adopt coercive and non-compliant strategies.

Bowlby (1969) proposed that the principle evolutionary function of attachment behaviour is protection of infants from harm by predators through maintaining proximity to the caregiver. One condition under which the proximity-seeking behaviour of infants is most reliably and intensely elicited is that of distress. Harlow (1961) revealed an important paradox in the attachment behaviour of distressed infants, demonstrating that infant monkeys would cling intensely to avoid a punishing attachment figure. Children of abusive or violent mothers, for example, have been observed to develop disorganised strategies for interacting with their attachment figure, combining aggressive-approach behaviours with ambivalent and avoidant strategies in unpredictable ways (Lyons-Ruth, 1996). Although the continuity of early attachment patterns has not yet been demonstrated beyond middle childhood, it may be reasonable to suppose that adults with a history of distressing attachment relationships may be predisposed to respond with intense, disorganised attachment related behaviours, such as inappropriate sexual behaviour, when revisited by distress.

These theoretical links between childhood attachment and adult attachment related behaviours may have important implications for understanding sexual offending behaviour. For securely attached, sexually mature individuals, sexual behaviour may be activated within a context that includes perceptions of security, reliability and mutuality. Other attachment related behaviours such as those activated by distress, may be functionally separated from the sexual behaviour system, or if they coincide, proximity seeking behaviours may still be constrained by the set goal of mutuality. For insecurely attached, sexually mature individuals, sexual behaviour may be activated with less regard to commitment or mutuality and may indeed be activated in response to negative cognitive and affective states similar to those experienced during problematic early attachment experiences. Disorganisation of attachment related behaviours in adults may result in less functional separation between the attachment and sexual behaviour systems and coercive sexual behaviour strategies may be employed.

### **Adult Attachment Style and Sexual Offending**

Marshall (1989) proposed that attachment insecurity leads to deficits in the skills necessary for achieving intimacy in adult close relationships, resulting in emotional loneliness and social isolation. He proposed that sexual offenders seek intimacy through sexual activity and that the continued failure to achieve intimacy would result in an expansion of the range of sexual activity, ultimately resulting in sexual offending. Sex offenders have been found to be more deficient in intimacy and lonelier than other offenders and non-offending men (Seidman et al., 1994). There is however no evidence to suggest that sexual offenders do equate sexual contact with intimacy or that seeking intimacy through sexual contact would result in coercion of sexual

partners. Furthermore, it has been argued that attachment insecurity alone occurs too frequently in non-clinical populations to represent a risk factor for extreme psychopathology.

In an extension of Marshall's (1989) theory, Ward et al. (1996) proposed that different forms of sexual offending represented different strategies for achieving intimacy and that different types of sex offenders may thus be characterised by different attachment styles. Bartholomew and Horowitz (1991) argued that preoccupied individuals are likely to seek approval and that this is consistent with the grooming strategies used by child abusers, whereas dismissing individuals are likely to be distant and hostile to others, consistent with violent offending, including rape. They made no specific predictions about the fearful category, although they characterised this group as being likely to seek impersonal contact through sex. As with Marshall's original theory, these predictions are over inclusive in applying to all insecurely attached individuals. Furthermore, they are inconsistent with the four-category model: dismissing individuals are conceptualised as being dismissing of intimacy and are thus unlikely to use sexual aggression to achieve closeness, although they may well show other forms of violence, as they do not value other people. This model does not take account of the possible role of attachment disorganisation or the fearful style, despite the evidence of their links with other forms of psychopathology related to sexual offending outlined above.

In order to test their hypotheses, Ward et al (1996) administered two self-report measures of attachment style to 30 rapists, 55 child abusers, 32 violent offenders and 30 other offenders. The Relationship Questionnaire (RQ, Griffin & Bartholomew, 1994) consists of paragraphs describing prototypical attitudes to relationships for each attachment style: participants were

asked to choose their best fitting description and to rate the degree to which they corresponded to each prototype on a 7-point scale. The Relationship Scales Questionnaire (RSQ, Griffin & Bartholomew, 1994) breaks down these paragraphs into thirty items and has four subscales representing each style. The results supported their hypotheses, with child abusers most often associated with a fearful or preoccupied style and rapists and violent offenders associated with a dismissing style.

However, there were some methodological limitations of the study, e.g. there were slight discrepancies between the results from three dependent measures used in this study (prototypical style choice, prototypical ratings from the RQ, and the RSQ). For example, child molesters were more preoccupied compared to the other groups, according to the RSQ, but not so on the RQ prototypical choice measure. The inherent difficulties with self-report measures, and the need to use multiple measurement strategies when assessing complex constructs such as attachment style were highlighted in the study. Furthermore, factor analysis of the RSQ revealed that those items intended to comprise the separate attachment categories actually load on to the two underlying dimensions in quite different ways (Seigert, Ward, & Hudson, 1995). It has already been identified that in general the measurement of attachment styles using categorical measures is considered to be unreliable. It is therefore difficult to draw any conclusions about the relationship between attachment style and offence type.

Smallbone and Dadds (1998) also tested this model, although in their discussion of links between attachment style and sexual offending they referred to the possible influence of attachment disorganisation. Their hypotheses made no reference to disorganisation or fearful attachment but instead predicted that intra-familial child abusers would have more ambivalent attachments and

that stranger rapists would be characterised by avoidant attachment. They compared 16 rapists, 16 intra-familial child abusers, 16 extra-familial child abusers, 16 property offenders, and 16 prison officers using the RSQ (Griffin & Bartholomew, 1994). Their hypotheses were not supported by the data, thus failing to replicate the findings of Ward et al's. (1996) study. These findings can, however, again be considered unreliable due to the use of a categorical approach to measurement of attachment style. Furthermore only scores for the original three attachment categories were used in the analysis, obscuring the possible importance of the fearful style or attachment disorganisation.

Stirpe, Abracen, Stermac and Wilson (2006) in their study which investigated state of mind regarding childhood attachment among subtypes of sexual offenders, found that individuals who sexually offended demonstrated a more "insecure" attachment than normative samples; less than 10% of men who sexually offended were "secure" compared to 45-55% of normative samples. Moreover there were differences between subgroups of sexual offenders with child molesters significantly more likely to be pre-occupied whereas rapist being more likely to be dismissive. Lyn and Burton (2004) found that the presence of a fearful attachment style distinguished sexual offenders from other criminals (i.e. non-sexual offenders). Marshall and Marshall (2010) state that, in their view, "unsatisfactory attachments between parent and child poorly equip the child to develop the skills, self-confidence and confidence in others necessary for them to develop effective relationships" (p.78). They further state that such individuals fail to develop intimate relationships, and that the resultant emotional loneliness sets the stage for aggression and sexually abusive behaviour. Marshall and Marshall (2010) describe the process of poor attachment leading to isolation as one of the main vulnerability factors for sexual perpetration.

Attachment style affects the way in which men engage in intimate relationships and the degree to which they experience loneliness as a result of their lack of intimate involvement.

The research on adult populations of sexual offenders provides a rationale for exploring adolescent population. The characteristics found in adults are likely to be related to developmental processes that have their origins in childhood and adolescent experiences. Additionally, the differential intimacy and attachment style findings between child sexual abusers, rapists and non-sexual abusers would indicate that these behaviours have different adolescent and childhood developmental pathways.

#### **Attachment in juvenile sexual offenders**

As can be seen in the previous section, attachment theory has provided several possible ways to explain sexual offending and has fostered a growing body of research with adult offenders (Baker et al., 2006; Beech & Mitchell, 2005; Rich, 2006). In combination with what is known regarding peer involvement, parental attachment can help us understand the contributors to adolescent sexual offending patterns. Attachment orientation in adolescence and adulthood is less stable than early theorists assumed and is affected not only by early childhood environment, but also by more immediate circumstances and interpersonal experiences (Pietromonaco & Feldman Barrett, 2000). Adolescent attachment organisation is the result of enduring self-concepts and a response to parental and peer behaviours experienced during childhood and adolescence (Allen & Land, 1999). Some time between the ages of 8 and 14 years, a shift occurs in which individuals turn to peers rather than parents for emotional support and comfort (Hazan & Zeifman, 1999). If this shift is hindered, either by active parental resistance or lack of peer

acceptance, the adolescent will be unable to accomplish the major tasks of social development, such as establishing long term romantic relationships (Allen & Land, 1999).

Certain types of insecure attachment, particularly those associated with poor internal representational models of self and anxious attachment (pre-occupied and fearful styles) appear to influence the interpersonal behaviour of adolescents, resulting in the lack of interpersonal reciprocity (Priel, Mitrany, & Shaher, 1998) and poorer relationship outcomes as adults (Collins, Cooper, Albino, & Allard, 2002). Consequently, attachment style, particularly anxious attachment (preoccupied and fearful styles) may lead to alienation and overt rejection from both same and opposite gender peers because these styles co vary with difficulties in developing intimate interpersonal bonds. This overt rejection by peers has been found to lead to high levels of internalised problems, including emotional distress and loneliness (Crick & Bigbee, 1998). The result in adulthood can be lowered self-concept, lack of efficacy in relationships, and immature emotional development (Araji & Finkelhor, 1985; Baker et al., 2006). These resultant factors when combined with pleasure of masturbation (Marshall et al, 1993) and the use of sex as a way to cope with negative emotions (Cortoni & Marshall, 2001) are thought to lead to sexually abusive behaviour.

Although in the past two decades researchers have increasingly identified insecure attachment as a key underlying factor in the development and maintenance of sexually aggressive behaviour, the majority of this research has focused almost exclusively on adult male sexual perpetrators. Very few have extended this theory to the juvenile sex offender and a limited number of studies have been conducted to provide empirical validation of the attachment-sex offending model



within this particular population. In an unpublished dissertation study, Defelice (1996) explored the relationship between abusive childhood histories, family instability, loneliness, social-sexual skills, attitudes supportive of sexual deviance, insecure attachment, and sex offending in a sample of incarcerated juvenile offenders. The Inventory of Parent and Peer Attachment (IPPA), a self-report questionnaire that assesses attachment as a continuous variable instead of a categorical variable, was utilised in this study. The only result Defelice (1996) presented regarding the attachment construct was that both groups of sexual offenders (i.e. rapists and paedophiles) scored relatively low on this measure, thus “suggestive of insecure attachment styles” (p. 38).

Miner, Robinson, Knight, Berg, Swinburne-Romine and Netland (2010), found that consistent with the literature and theoretical conceptualisations, child sexual abuse perpetration is associated with anxious attachment to parents, childhood and adolescent experiences of isolation, and related difficulties with interacting with peers. Miner and Munns (2005) found significant differences between the groups, with sexual offenders reporting significantly higher scores than non-delinquent youths on school isolation and family isolation. Adolescent sex offenders did not differ from juvenile delinquents on this measure. Sex offenders’ scores were significantly higher than juvenile delinquents’ for peer isolation. Miner et al. (2010) found that the relationship between anxious attachment and child sexual perpetration is mediated by isolation from peers and the development of a sense of inadequacy specifically characterised by anxiety with interacting with the opposite sex. They also found that adolescent males who commit sexual offences differ from adolescent males who commit non sex offences in terms of attachment style, discomfort with peer aged females, hyper-sexuality, and preoccupation with sex. Specifically,

the adolescents who committed sexual offences against children were more interested in achieving interpersonal closeness but lacked comfort in interacting with females and were more preoccupied with sex when compared to the delinquent sample. In a recent study, Miner, Robinson, and Berg (2011) compared three groups of male adolescents: sexual offenders with child victims, sexual offenders with peer victims, and male adolescents in treatment for mental health or substance use disorders. They found a statistically significant difference between the three groups, with adolescent boys who abused children reporting higher scores on the anxious attachment style (Mean score=0.90) when compared to sexual offenders with peer victims (mean score= -.02) and male adolescents in treatment for mental health or substance use disorders (.0.92) (higher positive scores=higher levels of anxiety). Furthermore, they found that maternal substance abuse, paternal criminal behaviour, and parental neglect were associated with increased likelihood of perpetrating child sexual abuse. They concluded that these factors could be expected to lead to an anxious attachment and a poor internal working model of self (Bowlby, 1973) and is therefore consistent with previous attachment literature.

### **Cognitive Schemas and sexual offending**

There appears little doubt that maladaptive core beliefs and distorted thinking play an important role in the etiology of sexual offending (Ward, Louden, Hudson, & Marshall, 1995). Research into understanding cognition in sexual offenders has traditionally focussed on the concept of offence specific cognitive distortion (Murphy, 1991). The concept of cognitive distortions has been critiqued and the limitations of the concept in assisting our understanding of sexual offending is discussed elsewhere (e.g., Mann & Beech, 2003). However, research into cognitive structure (schemas) is limited. Dysfunctional or offence related schemas serve to bias the

information processing in a way that makes sexual offence more likely. Practitioners acknowledge that schema level cognition is more relevant to address than situation specific, or surface level cognitive distortions (Mann & Beech 2003). Mann and Hollin (2001) examined the explanations for offending of 45 rapists and identified five categories of schemas; grievance, entitlement, self as victim; control, and disrespect for certain women. They used these beliefs to construct a questionnaire (My Life; Mann & Hollin, 2001) and initial factor analysis with a sample of rapists revealed three factors: Passive Victim, Vengeful entitlement, and Need for Control. This indicates that there are certain types of schemas associated with sexual offending.

Ward (2000) and Ward and Keenan (1999) used the notion of implicit theories to try and provide a framework for conceptualising sexual offenders cognitive distortions. Implicit theories function like scientific theories and are used to explain and make predictions about the world. They suggested that cognitive distortions are generated by maladaptive implicit theories concerning the nature of victims, the offender, and the world. Ward and Keenan (1999) analysed relevant existing questionnaires and research papers and outlined five implicit theories related to child molesters which they proposed were able to account for the majority of offence specific distortions that child molesters use. These included children as sexual objects, entitlement, dangerous world, uncontrollability, and nature of harm. Using a similar method of analysing existing questionnaires for common themes, Polaschek and Ward (2002) proposed five implicit theories that may apply to rapists. These included women are dangerous, women are sex objects, male sex drive is uncontrollable, entitlement, and dangerous world. More recently, researchers are now suggesting that future exploration into the role of cognition in sexual offending should focus on the underlying cognitive structures and processes rather than surface level cognition.

There has been a paucity of literature, however existing literature suggests there may be some identifiable themes in the underlying thinking patterns of sexual offenders, and these may differ between groups of offenders (i.e., child molesters and rapists). For example, Milner and Webster (2005) examined schemas in child molesters, rapists and violent offenders using life maps data. Significant differences were found between the groups for hostility/distrust of women, with the rapist group reporting higher hostility towards women (mean score= 7.4) than the child molester group (mean score =1.7) and the violent offenders (mean score =0.17). A significant difference between groups was also observed for Sexual Entitlement, with rapists endorsing higher levels of association with the sexual entitlement schema (mean score =2.7) than the child molesters (0.77), and the violent offenders (mean score = 0). Finally, the groups differed significantly on the Worthlessness schema with the child molesters had a greater sense of worthlessness (mean score= 1.6) than the rapists (mean score=6.3) and the violent offenders (0.75).

### **Link between schemas and attachment**

Bowlby's (1969, 1982) theory of attachment clearly articulated the potential relevance of insecure attachment styles to psychopathology. According to this model, an infant's development of attachment to the caregiver is a key developmental task that influences the child's representations of the self and others. Bowlby suggested that when children develop negative representations of the self or others, they become more vulnerable to psychopathology. These representations of the self and other, or internal working models, may be linked to cognitive schemas (Beck, 1964), which also organise experience and behaviour. Developing the latter concept further, Young (1994) has defined what he terms early maladaptive schemas as pervasive cognitive themes that tend to develop during childhood, affect self-perception, and

strongly influence personal relationships. Young (1999) suggests that maladaptive core beliefs are the result of dysfunctional interactions with parents, siblings and peers during the first years of life. Central to traditional attachment theory is the main role of the internal working models in the determination of both the child's expectations of interactions with significant others and the child's behaviour within these interactions. Chorpita and Barlow (1998) and Platts, Tyson, and Mason (2002) suggest that attachment style may function as a conceptual bridge, linking early relational experiences with the development of schemas.

A variety of studies provide support for the theory that core beliefs are related to parenting experiences (Harris & Curtin, 2002). Furthermore, Cecero, Nelson and Gillie, (2004) demonstrated that abandonment beliefs predicted a pre-occupied attachment style, a dismissing style was predicted by social isolation, emotional deprivation, abandonment and subjugation beliefs, and a fearful attachment style was predicted by mistrust/abuse and emotional inhibition beliefs. However they assessed romantic attachment rather than attachment to parents/primary caregivers. Furthermore, Ward et al. (1995) state that maladaptive beliefs and distorted thinking play an important role in sexual offending. Despite plausible links between Bowlby's (1969, 1982) internal working models of attachment, and Beck's (1964) notion of schemas (Holmes, 1993), there has been a paucity of literature considering how internal working models of attachment are related to schemas. Therefore this formed a subsidiary aim of the present study.

### **Aims and Hypotheses**

Research in the area of both juvenile sexual offending as well as the relationship between core beliefs and attachment to parent/caregivers is limited, therefore this research aims to investigate

and develop the research in adolescent sexual offending. It is hoped that the current research findings will aid in understanding the role that attachment plays in adolescent sexual offending. Further, this research aims to investigate the association between early maladaptive schemas and attachment style in sexual offenders.

Hypothesis 1: All juvenile sexual abusers will report an insecure attachment style.

Hypothesis 2: There will be significant differences in attachment style between child abusers and peer abusers, with those who sexually offend against children reporting an anxious/ fearful attachment style and those who offend against peers/adults reporting a dismissive attachment style.

Secondly, this research aims to investigate whether specific schema representations will be related to specific attachment styles.

Hypothesis 1: Individuals who report a fearful attachment style will have higher scores on the enmeshment, self-sacrifice, subjugation, abandonment, and dependence schemas when compared to dismissive individuals.

Hypothesis 2: Those with a dismissive attachment style will have higher scores on the social isolation and mistrust/abuse schemas.

The third aim of the study was to investigate whether specific schema representations will be

related to specific victim types: child abusers versus peer/adult group.

Hypothesis 1: Child abusers will endorse schemas which have a theme of worthlessness and therefore will have higher scores on the enmeshment and defectiveness/shame schemas than peer/adult abusers.

Hypothesis 2: Peer/adult abusers will endorse schemas similar to rapists and therefore will have a theme of hostility, suspicion, entitlement and believing the world is a dangerous world. Therefore it is predicted that they will report higher scores on the entitlement and mistrust/abuse schemas.

## **Method**

### **Ethics**

Ethical permission was granted by the University of Birmingham Ethics Committee and the place of residence where the young persons were residing. Each young person was provided with an information sheet and signed consent form before agreeing to undertake the interview. All three participants recruited from the probation service lived with their parents, therefore, an information sheet and consent form was given to their parents to sign. Whilst wider confidentiality was agreed, it was also made clear that recording and rated schedules would be stored securely & confidentially in a locked cabinet with the researcher.

## Sample

Fourteen participants took part in the current study. The sample was recruited from three different sites: Probation service (three participants), and two different residential placements (six participants in one placement and five in the other placement). Each placement manager was approached by the researcher and the aims of the study were explained. Potential participants were then identified by the placement manager. Key workers at each site initially approached the young person and only those participants who were motivated and willing to engage were included in the study. Files were then examined to gather offence history and demographic data for each prospective participant. The characteristics of the 14 male offenders interviewed and their victims can be seen in Table three. The mean age at interview was 14 ( $SD = 1.67$ ), ranging from 12 to 17 years of age. There were no statistically significant age differences between the two groups. Of the 14 participants, three (21%) were convicted for their offence whilst 11 (79%) were given either warnings or a referral order. Three were living in the community with their parents whilst 11 were in residential units. The types of offences ranged from rape (29%), burglary (14%), sexual assault (50%) and exposure (7%). In terms of ethnicity, the majority identified themselves as white Caucasian (93%) and black (7%).

As can be seen in Table 3, participants were divided into two groups by the characteristics of their commitment crimes and available histories: Those with child victims ( $n=8$ ), and those with peers/adult victims ( $n=6$ ). A “child” victim was defined as someone who was at least four years younger than the juvenile abuser. Juveniles who were classified as peer/adult abusers had abused victims who were no more than four years younger or were older than them at the time of their crimes. It is of note that within the peer group many of the victims were children as well, the



difference between the two groups being that within the child abuser group, the children were younger than the abuser by four years. Within the peer group (n=6), two of the participants offended against adults only, three against peer aged children and 1 offender had offences against both peer aged and adults.

Table 3:  
*Characteristics of juvenile sexual offenders (N=14)*

Group	MeanAge (SD)	Type of Offence % (N)				Ethnicity % (N)		Convicted % (N)	
		Rape	Buggary	Sexual Assault	Exposure	White	Black	Yes	No
Child	15 (1.46)	14 (2)	7 (1)	29 (4)	7 (1)	100 (8)	0 (0)	14 (2)	43 (6)
Peer	14 (1.97)	14 (2)	7 (1)	21 (3)	0 (0)	83 (5)	17 (1)	7 (1)	36 (5)
<b>Total Sample:</b>	14 (1.67)	28 (4)	14 (2)	50 (7)	7 (1)	93 (13)	7 (1)	21 (3)	79 (11)

### Procedure

Fourteen young people took part in the study; all were interviewed. Participants were given information sheets (Appendix F) about the research and gave informed consent. The young persons' caregivers were also contacted with an information sheet and consent form to sign (Appendix G). All juveniles were interviewed face to face. This was developed from the Attachment Style interview for Adolescents (ASI; Bifulco, Moran, Ball, & Bernazzani, 2002). The interview had two parts. Part 1, which lasted approximately 45 minutes, consisted of open-ended questions and probes that were designed to facilitate exploration of childhood and family relationships and dynamics. Part 2, which lasted approximately 15 minutes, comprised of

questions which addressed attitudes towards people which included autonomy, mistrust, anxiety, avoidance and anger.

The interviews were coded by the author based on the ASI-AD framework (Bifulco et al., 2002).

In order to check for inter rater reliability, an external coder rated the interviews. The rater was appropriately trained, was off-site and blind to group membership and study objectives.

Interviews were anonymised, recorded in digital form, transferred as PDF files, and mailed to the rater who reviewed the interview files and rated the attachment style. Each rater independently assessed for the overall attachment style: Angry-Dismissive, Fearful, Enmeshed, Withdrawn, Dual attachment, and Secure. An inter-rater reliability analysis using the Kappa statistic was performed to determine consistency among raters. The inter-rater reliability between the raters was found to be  $Kappa = 0.64$  ( $p < 0.05$ ), with a percentage agreement of 80% between the raters. Guidelines for a Kappa statistic state that a Kappa between 0.6 to 0.75 is interpreted as being “good” inter rater (Fleiss, 1981). There was disagreement on one interview rating, this was resolved by the raters by discussing the responses of the participant in more detail.

After the interview, the young person was asked to complete the Young Schema Questionnaire (YSQ-S2; Young & Brown, 2003) which took approximately 20 minutes. All interviews and questionnaire data were subsequently scored according to established procedure and then coded and inputted into SPSS for data to be analysed. Once coded, the ‘angry-dismissive’ and ‘withdrawn’ groups were merged as one group (dismissive) and the ‘enmeshed’ and ‘fearful’ groups were merged together as another group (fearful) which was the comparable group (this was done due to the small sample size).

## **Measures**

### The Attachment Style Interview – for Adolescents (ASI-AD)

The ASI is a semi-structured interview aimed at assessing attachment security and style in adolescents (Bifulco et al., 2002). The ASI has demonstrated good inter-rater reliability in United Kingdom and international settings, an adequate convergent validity with self-report measures of adult attachment styles and romantic attachment attitudes, as well as a good predictive validity for psychiatric disorders, including anxiety, and depression (Figueiredo, Bifulco, Pacheco, Costa, & Magarinho, 2006; Oskis, Loveday, Hucklebridge, Thorn, & Clow, 2011). It has been used reliably at age 13 or more, with the youngest interviewed aged 9 (Oskis et al., 2011). The interview aims to collect evidence-based examples of behaviours which quantify information on the degree of support one is seeking and receiving (in terms of confiding relationships to parents and others) and attitudes around autonomy, mistrust, anxiety, avoidance and anger. There are four insecure styles defined in the ASI-AD: Angry-Dismissive, Fearful, Enmeshed and Withdrawn. There is also a category of Dual or Disorganised when more than one insecure profile is present at the same time (See Appendix H for summary of attachment categories and interview). The ASI-AD is used by trained interviewers who are taught how to rate the verbatim evidence to produce overall classification of attachment styles. The interview usually takes up to 1 hour to administer, and a further 2.5 hours to transcribe selected narrative and rate. Reliability of the measure is good. The inter-rater reliability of the measure is 0.70- 0.84 in adults and 0.76- 1 in adolescents (Oskis et al.,2011).

### Young Schema Questionnaire Short Form version 2 (YSQ-S2)

Internal representations of self and others were assessed using the short form of the Young Schema Questionnaire (YSQ-S2; Young & Brown, 2003, Appendix I). This is a 75-item self-report questionnaire, designed to assess early maladaptive schemas (EMS). The measure asks respondents to rate a series of statements about themselves and their relationships on a 6-point scale, from 'completely untrue of me' to 'describes me perfectly'. The YSQ has 15 subscales, representing the 15 EMS identified clinically with psychotherapy patients (See Appendix J for summary of EMS and domains). Examples of items include the following: Q7, 'I need other people so much I worry about losing them,' Q20, 'I always feel on the outside of groups,' and Q46 'I think that if I do what I want, I'm only asking for trouble.' The validity of the measure has been established through its ability to predict psychopathology, and the internal consistency and test-retest reliability of the sub- scales have been found to be satisfactory (Stopa, Thorne, Waters, & Preston, 2001).

### **Results**

Using a self-report measure of attachment style, 57% of the young people reported a fearful attachment style, and 43% reported a dismissive attachment style. In order to test for differences between those who offend against younger children (child sexual abusers) and those who offend against peer/adults on their attachment style, statistical analysis revealed that 87% of child sexual abusers (n= 8 reported a fearful attachment style whilst 83% of peer /older abusers reported a dismissive attachment style, a difference that was statistically significant ( $p = 0.03$ , Fisher's Exact). These findings are summarised in Table 4.

Table 4

*A comparison of group differences in attachment style*

	<b>Fearful%</b>	<b>Dismissive%</b>
Child sexual abusers (n=8)	87	13
Peer sexual abusers (n=6)	17	83
Total sample (n=14)	57	43

An interesting finding when looking at the data in a qualitative manner is that from the peer group, those who offended against adults only (N=2) reported an angry dismissive attachment style, whereas three participants who offended against peer aged children reported a withdrawn attachment style, indicating that anger was a key feature for the two participants whose victims were older. Unfortunately, due to the small numbers within the group, statistical analyses could not be conducted.

In order to test for differences in schemas endorsed between individuals with a dismissive attachment style and those with a fearful attachment style, a Mann Whitney U test was conducted between the two groups across the 15 individual schemas. The findings are summarised in Table 5. There were no statistically significant differences found between fearful individuals and dismissive individuals on the defectiveness; mistrust; entitlement; enmeshment; emotional deprivation; abandonment; social isolation; failure; dependence; vulnerability to harm; entitlement; emotional inhibition; and unrelenting standards schemas. Individuals with a fearful attachment style endorsed significantly higher scores on the subjugation schema than those with a dismissive attachment style. ( $U= 12.00, p < 0.05$ , one tailed test). Furthermore, Individuals with a fearful attachment style endorsed higher scores on the self-sacrifice schema than those with a dismissive attachment style. ( $U= 12.00, p < 0.05$ , one tailed test).

Table 5

*A comparison of group differences between fearful (N=8) and angry dismissive (N=6) attachment styles on the YSQ-SF2 schema subscales*

Schemas	Group		U
	Fearful	Dismissive	
	Mean Rank	Mean Rank	
Emotional Deprivation	5.94	9.58	11.50
Abandonment/Instability	7.38	7.67	23.00
Mistrust/Abuse	8.25	6.50	18.00
Defectiveness/Shame	7.38	7.67	23.00
Social Isolation/Alienation	6.38	9.00	15.00
Failure to Achieve	8.00	6.83	20.00
Dependence/Incompetence	7.88	7.00	21.00
Vulnerability to Harm or Illness	8.25	6.50	18.00
Enmeshment/Undeveloped Self	8.63	6.00	15.00
Entitlement/Grandiosity	7.44	7.58	23.50
Insufficient Self-Control/-Discipline	8.75	5.83	14.00
Subjugation	9.00	5.50	**12.00
Self-Sacrifice	9.00	5.50	**12.00
Emotional Inhibition	7.00	8.17	20.00
Unrelenting Standards	8.38	6.33	17.00

\*\*  $p < 0.05$

When looking at the schemas endorsed by each group, some trends can be viewed in Figure 3 and Figure 4. When looking at the difference in individual schemas endorsed as well as the difference between the two groups on their schema domains, it can be seen in Figure 3 that dismissive individuals endorsed higher scores than fearful individuals on the emotional deprivation schema. Furthermore the pattern of responses by dismissive individuals suggested a trend which was initially predicted in the current research study, in that they had higher mean scores on the mistrust/abuse, social isolation, and emotional inhibition schemas, however this was not shown to be statistically significant, and therefore it would be interesting to see if the same trend would be found with a larger sample size. In contrast, fearful individuals endorsed

higher scores than dismissive individuals on the subjugation and self-sacrifice schemas. These were shown to be statistically significant.

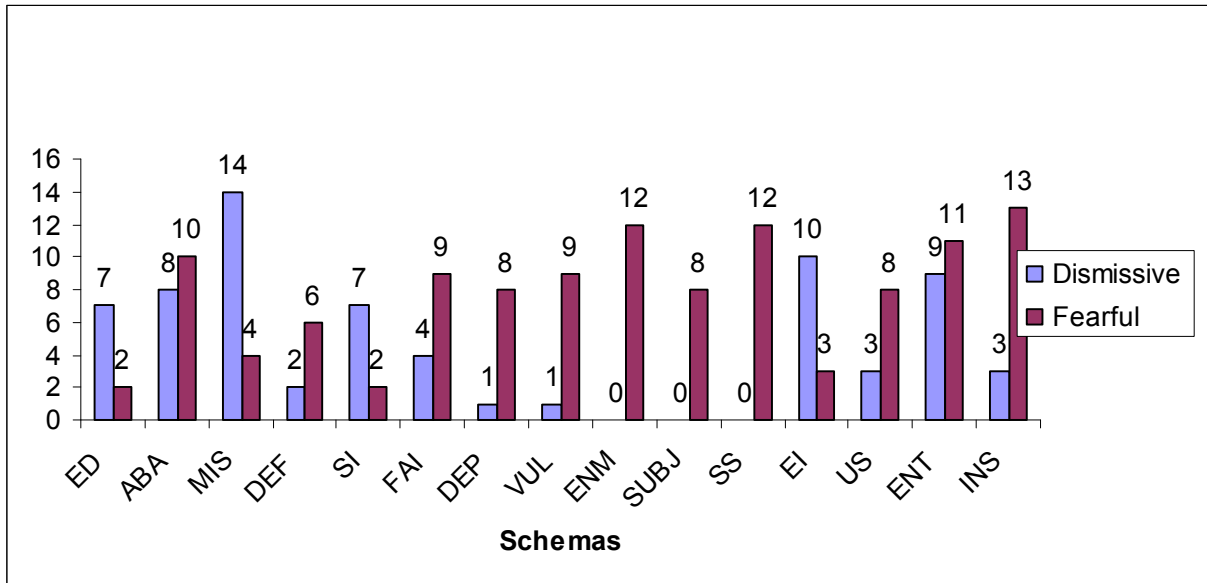


Figure 3. Differences in schemas between individuals with a Dismissive and Fearful attachment style

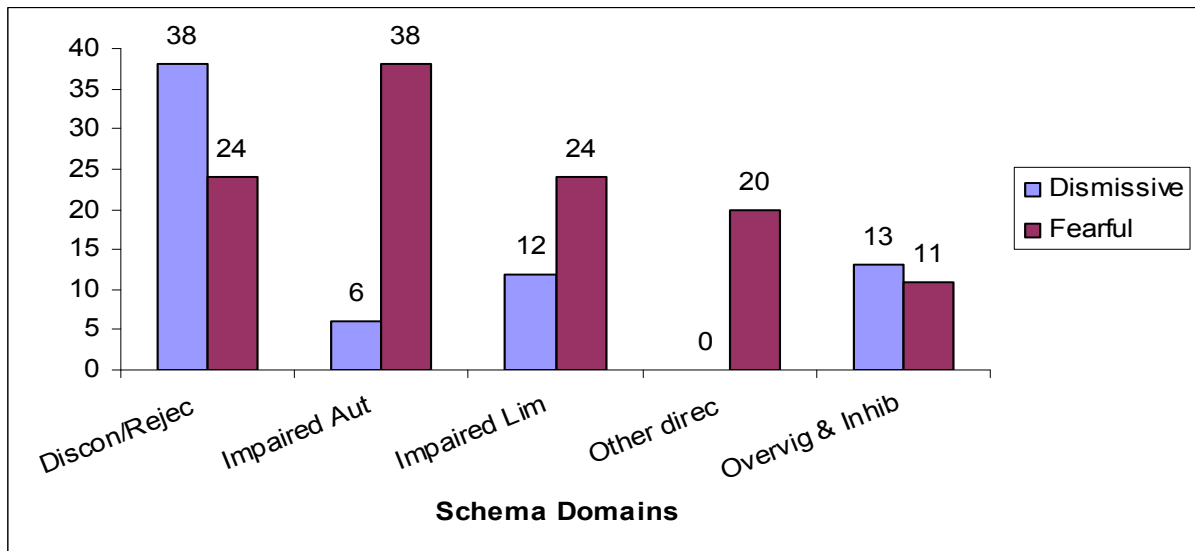


Figure 4. Differences in schema domains between individuals with a Dismissive and Fearful attachment style

Interestingly it can be seen in Figure 4, that dismissive individuals ( $n= 6$ ) schema scores showed a trend towards the disconnection/rejection domain, which is characterised by an expectation that one's needs for security, safety, stability, nurturance, empathy, sharing of feelings, acceptance, and respect will not be met in a predictable manner. Fearful individuals ( $n= 8$ ) scores showed a trend within the impaired autonomy and performance domain which is characterised by expectations about oneself and the environment interfere with one's perceived ability to separate, survive, function independently, or perform successfully. This was predicted in the current study however was not statistically supported. Furthermore, fearful individuals scored higher within the other directedness domain, this domain is characterised by an excessive focus on the desires, feelings, and responses of others, at the expense of one's own needs in order to gain love and approval, maintain one's sense of connection, or avoid retaliation. This was also supported by significant differences found between the two groups on the other directedness domain.

In order to test for differences in schemas endorsed between individuals who offend against children and those who offend against peers/adults, a Mann Whitney U test was conducted between the two groups across the 15 individual schemas. The findings are summarised in Table 6 below. Child offenders endorsed significantly higher scores on the enmeshment schema than those with peer offenders ( $U= 15, p = 0.05$ , one tailed test). A statistically significant difference was found between the two groups on their score on the subjugation schema, with child offenders endorsing higher scores on this schema than peer offenders ( $U= 12, p = 0.05$ , two tailed test). A statistically significant difference was found between the two groups on their score on the self-sacrifice schema with child offenders endorsing higher scores on this schema than



peer offenders. ( $U= 12, p = 0.05$ , two tailed test). A statistically significant difference was found between the two groups on their score on the insufficient self-control schema with child offenders endorsing higher scores on this schema than peer offenders ( $U= 9.5, p < 0.05$ , two tailed test). Furthermore there were no statistically significant differences found between child abusers and peer abusers on the defectiveness/shame; mistrust/abuse; entitlement; emotional deprivation; abandonment; social isolation; failure; dependence; vulnerability to harm; entitlement; emotional inhibition; and unrelenting standards schemas.

Table 6  
*A comparison of group differences between child sexual offenders (N=8) and peer/adult sexual offenders (N=6) on the YSQ-SF schema subscales*

Schemas	Group		U
	Child	Peer/Adult	
	Mean Rank	Mean Rank	
Emotional Deprivation	6.63	8.67	17.00
Abandonment/Instability	7.38	7.67	23.00
Mistrust/Abuse	8.25	6.50	18.00
Defectiveness/Shame	7.38	7.67	23.00
Social Isolation/Alienation	6.38	9.00	15.00
Failure to Achieve	8.00	6.83	20.00
Dependence/Incompetence	7.88	7.00	21.00
Vulnerability to Harm or Illness	8.25	6.50	18.00
Enmeshment/Undeveloped Self	8.63	6.00	**15.00
Entitlement/Grandiosity	8.31	6.42	17.50
Insufficient Self-Control/-Discipline	9.31	5.08	**9.50
Subjugation	9.00	5.50	**12.00
Self-Sacrifice	9.00	5.50	**12.00
Emotional Inhibition	7.00	8.17	20.00
Unrelenting Standards	8.63	6.00	15.00

\*\* $p < 0.05$

## **Discussion**

### **Findings relevance to previous research**

The purpose of the current study was to investigate attachment styles and early maladaptive schemas in young people who sexually abuse. In particular, the research aimed to look for differences in juvenile sexual abusers who offend against peers/adults with sexual abusers who offend against children. It was hypothesised that all of the sample within the group would report an insecure attachment style. Findings revealed that this hypothesis was supported. The present study's findings are consistent with Miner et al'. (2010) where they found that child sexual abuse perpetration was associated with an insecure attachment (anxious) to parents. These findings also support Stirpe et al's. (2006) study, which found that the majority of their sexual offenders had an insecure attachment style. Furthermore, the findings are consistent with Defelice's (1996) study who found that both their groups of children who offend were found to have an insecure attachment style.

Secondly, it was predicted that child sexual abusers will report a fearful attachment style and peer/ adult abusers will report a dismissive attachment style. This hypothesis was supported as statistical analysis revealed that 87.5% of child sexual abusers reported a fearful attachment style whilst 83.3% of older/peer abusers reported a dismissive attachment style, a difference that was statistically significant. These findings support Ward et al. (1996) study where they found that child abusers were most often associated with a fearful or preoccupied style and rapists and violent offenders were associated with a dismissive style. The findings were consistent with previous research (Miner et al. 2011; Miner et al., 2010), where they found that child sexual abuse perpetration was associated with an anxious attachment style to parents.

Research carried out within the adult literature on sexual offending e.g. Stirpe et al. (2006) found differences between subgroups of sexual offenders, with child abusers significantly more likely (41%) to be pre-occupied whereas rapists were more likely (42%) to be dismissively attached. Moreover, Lyn and Burton (2004) found that the presence of a fearful attachment style distinguished sexual offenders from other criminals. The current study found similar outcomes within the adolescent population.

Thirdly, it was predicted that there will be a significant difference between juvenile sexual offenders with a fearful attachment style and those with a dismissive attachment style on their schemas. Some differences were found to be significant. In particular, fearful individuals reported significantly higher scores on the subjugation and self-sacrifice schemas. Furthermore, it was predicted that those with a dismissive attachment style will have higher scores on the social isolation and mistrust/abuse schemas. Findings revealed no significant differences between the two groups on these schemas. When looking at these findings, it can be seen that differences were found on the subjugation and self-sacrifice schemas, both of these schemas include an excessive focus on the desires and feelings of others at the expense of one's own needs in order to gain love and approval. This finding is consistent with Bartholomew and Horowitz (1991) conclusion that preoccupied individuals are likely to seek approval by people which is also consistent with the grooming strategies used by child abusers.

These findings were not supported by Cecero, et al. (2004) who concluded that abandonment beliefs predicted a pre-occupied attachment style, whereas a dismissing style was predicted by social isolation, emotional deprivation, abandonment and subjugation beliefs, and a fearful

attachment style was predicted by mistrust/abuse and emotional inhibition beliefs. The inconsistency in findings may be due to the researchers assessing romantic attachment rather than attachment to parents/primary caregivers (which is what was measured in present study).

The fourth aim of the study was to investigate whether specific schema representations were related to specific victim types. It was predicted that there will be a significant difference between the two groups on their individual schemas. Based on implicit theory research on adults, it was predicted that child abusers will endorse schemas which have a theme of worthlessness whereas peer/adult abusers will endorse schemas which have a theme of hostility, suspicion, entitlement and believing the world is a dangerous world. It was therefore predicted that child abusers will have higher scores on the 'enmeshment' and 'defectiveness' schema than peer/adult abusers. A significant difference was found on the enmeshment schema but no difference was found between the two groups on the defectiveness schema. A high score on the enmeshment schema suggests that child abusers within the present study are likely to have excessive emotional involvement and closeness with a significant other, at the expense of their normal social development. No significant difference was found on the defectiveness schema which does not support the hypothesis that child abusers will endorse schemas of worthlessness.

A statistically significant difference was found between the two groups on the subjugation, insufficient self-control and self-sacrifice schemas, with child abusers endorsing higher scores on these schemas than peer abusers. This would suggest that child abusers within the present study report that they excessively focus on the desires and feelings of others at the expense of their own needs in order to gain love and approval from others. This is consistent with Bartholomew

and Horowitz (1991) theory that child abusers are likely to seek approval which is part of their grooming strategy. Furthermore, they have a difficulty to exercise sufficient self-control and frustration tolerance to achieve their own goals. This also supports Miner et al's (2010) findings where they found that the relationship between anxious attachment and child sexual perpetration is mediated by isolation from peers and the development of a sense of inadequacy, specifically, the adolescents who committed sexual offences against children were more interested in achieving interpersonal closeness when compared to the delinquent sample.

Finally, it was predicted that peer offenders would report higher scores on the entitlement and mistrust/abuse schemas. The findings revealed no significant differences between the two groups on these schemas. This did not support Milner and Webster's (2005) results where they found suspicion and hostility schema as being the most prevalent schema for rapists. The inconsistency in findings may be due to the variation in the schemas that were measured and the method of measuring schema.

The findings from this research provides support for different subtypes of offenders who may benefit from treatment focused on individual needs which may be related to different schemas they hold of themselves and the world. It also lends support that attachment disruptions are pertinent to sexual offenders, and therefore treatment should focus on these disruptions. For example, treatment based on a more systemic approach, where families and services are involved may be beneficial. Support from this comes from Bourduin and Schaeffer's (2002) randomised trial where they found that youths who received usual services vs. youths who received Multi Systemic Therapy showed improvements over a range of outcomes, including fewer behaviour

problems, less criminal offending (self-reported) improved peer relations, improved family relations, and better grades in school. It is important also to note that treatment strategies should also include some sexual offence-specific components such as the offence cycle in order to target any problems related to sexual fantasies, interests or arousal etc. (Hunter & Becker, 1994; Rich, 2003).

### **Limitations of current study and recommendations for future research**

The present study had a number of limitations. First, a convenience sample of adolescent offenders was recruited from multiple settings and collected data from those who agreed to participate. This creates potential bias that could not be measured. On the other hand, because the adolescent samples were recruited in the same way from different institutions, which was from residential units, and probation service, it is unlikely that the differences found among the three groups were related to volunteer bias. Secondly, the small sample size limited the power of comparisons between the groups and therefore did not have sufficient power to detect any effect sizes. A post hoc power analysis (Faul, Erdfelder, Buchner, & Lang, 2009) revealed on the basis of the mean and a between-groups comparison, an n of approximately 88 would be needed to obtain statistical power at the recommended .80 level (Cohen, 1988) for a two tailed test, and an n of approximately 74 would be needed for a one tailed test to reach a statistical significance at the 0.05 level.

In addition, we were unable to recruit comparable numbers of sexual offenders with peer or adult victims which again may have affected the results. Another limitation is the criteria for

classifying juvenile sex offenders as child offenders or peer offenders which varies across studies, this inconsistency makes it difficult to replicate consistent findings.

### **Future Research recommendations**

In spite of the above limitations, the current study provides further understanding of attachment styles and schemas in juvenile sexual abusers. The research provides evidence that juvenile sexual offenders are characterised by an insecure attachment style. Furthermore, the current study's findings did have some consistencies with previous research, and it would be interesting to see if findings would be more consistent with the adult literature in a bigger sample of juvenile offenders. As mentioned previously, sexual offences are among the crimes that invoke the most public concern and it is hoped that future research will be able to provide further understanding of the links between attachment style and schemas in young sexual offenders.

### **Rationale for Chapter 3**

The Young Schema Questionnaire was utilised in this research paper to assess for maladaptive schemas. In the next chapter, this tool is critiqued and its psychometric properties are explored further.

## **CHAPTER 3:**

### **Psychometric critique of the Young Schema Questionnaire**



## **Background**

### **Schema Theory**

Schema theory is an integrative model of psychopathology developed by Young (Young, 1990; Young, Klosko, & Weishaar, 2003). An expansion of traditional cognitive theory, schema theory adds a broader conception of the developmental origins of the cognitive and affective biases seen among patients who have chronic psychological disorders with underlying characteristic traits. Schema theory proposes that maladaptive childhood experiences lead to the development of Early Maladaptive Schemas (EMSs). Young (1990) defines EMSs as self-defeating emotional and cognitive patterns that develop early in childhood and are strengthened and elaborated throughout life. Maladaptive behaviours are thought to be driven by schemas. According to the model, schemas are dimensional, meaning that they have different levels of severity and pervasiveness. The more entrenched the schema, the greater number of situations that activate it, the more intense the negative affect and the longer it lasts. Offending behaviour can be understood as an extreme consequence of schema activation.

A growing body of literature directs the role of core beliefs in the understanding of psychopathology. One of the addressed approaches is Young's Schema Focused Therapy (McGinn & Young, 1996; Young, 1994; Young et al., 2003). Young (1994) identified 18 core maladaptive schemas assumed to encompass deeply entrenched patterns of distorted thinking about the world, oneself, and one's relationship with others. Maladaptive schemas are hypothesised to result from the interaction of nature (e.g., emotional temperament) and nurture (e.g., toxic early life experiences, Young et al., 2003). They are thought to evolve during childhood and elaborate throughout ones lifetime. These maladaptive schemas are hypothesised to increase the individual's vulnerability for psychopathological symptoms in

situations that activate these schemas (Welburn, Coristine, Dagg, Pontefract, & Jordan, 2002). Young, taking a dimensional view, states that schemas are present in every human being, but that they become more rigid and extreme in symptomatic individuals (Young & Klosko, 1994).

### **Assessment of maladaptive schemas**

The assessment of maladaptive schemas has important clinical relevance. Once identified, these schemas can be targeted with interventions to correct them, so that symptomatology is reduced (Young, 1994; Young et al., 2003). The EMSs are assessed using a self-report questionnaire, the Young Schema Questionnaire (YSQ). The YSQ comes in a long form appreciated in clinical practice for its depth and detail as well as a shorter form appreciated for its faster administration. The assessment provided by the short and long forms has been found to be highly comparable from a psychometric standpoint (Stopa et al., 2001). The YSQ has been revised on multiple occasions (long “L”, short “S”, versions 1, 2, and 3) based on clinical observation and emerging validation studies and is now in its third major version.

The YSQ-L1 contained 123 items, 15 EMSs, and three domains (Young, 1990). This has been superseded by the YSQ-L2, which contained 205 items, 16 EMSs, and 5 domains (Young & Brown, 2003a). With it came the first short form, which contained 75 items, 15 EMSs, and 5 domains, the Social Undesirability EMS having been dropped due to its failure to emerge in exploratory factor analysis (YSQ-S2; Young & Brown, 2003b). Soon after came the current long form, comprising of 232 items covering the 18 proposed EMSs (YSQ-L3; Young, 2003), and the related short form (YSQ-S3; Young, 2005), covering the same 18 EMSs in the space of 90 items. New to the YSQ-S3 are the negativity/ pessimism, approval seeking/recognition seeking, and punitiveness EMSs, which are the most recent formal

additions to the theory and assessment tool. The YSQ-S3 consists of five items that evaluate each of 18 EMSs. As in other versions of the questionnaire, respondents are asked to rate the degree to which they agree with each statement on a 6-point Likert scale, ranging from 1 (completely untrue of me) to 6 (describes me perfectly). Each statement reflects one of the 18 EMSs. For example, as part of the abandonment EMS, respondents rate the statement, “I find myself clinging to people I’m close to because I’m afraid they’ll leave me.” A mean score is calculated for each EMS scale. In the YSQ-S3, items in each EMS are distributed across the length of the questionnaire, rather than grouped together as they were in earlier versions of the YSQ.

### **Psychometric Properties**

In order to be a valid and clinically useful measure, the YSQ should be able to differentiate between groups that are known to be different, such as between a clinical and non-clinical sample. Theoretically, it is expected that scoring profiles of clinical and non-clinical subjects can be distinguished, assuming that the clinical sample endorses higher mean scores on all scales of the YSQ. The following section will look at the reliability and validity of the YSQ, in order to determine whether the YSQ is an accurate measure of the construct of schemas.

#### **Reliability**

Reliability refers to the degree to which a tool measures a construct and produces consistent results. A number of factors that pertain to reliability will be discussed further.

#### Internal Reliability

If a measure demonstrates internal consistency, an assumption that different items in the test contribute equally to the overall score, it can be labelled as internally reliable. Generally, an

alpha co-efficient of .70 demonstrates good internal reliability (Kline, 1999). The alpha level for the overall YSQ-SF in a sample of female subjects with eating disorders used by Waller, Meyer and Ohanian (2001) was .96 and the non-clinical group included in the same study had an alpha of .92. Additionally there was no discernable pattern of alpha scores between the long and short form, suggesting that the short form of the scale possesses good internal consistency. Furthermore, in a study conducted by Stopa et al. (2001), individual subscale scores were reported. All 15 scales had alphas  $>.70$  with 10 of the subscales above .80. Additionally high internal consistency (.94 for South Korean sample, and .96 for Australian sample) was found in Baranoff, Oei, Kwon and Cho's (2006) study.

#### Test-retest reliability

It is essential that a psychometric yields the same score for an individual, or when applied to the same population on more than one occasion, only then can it be deemed test retest reliable. This can be assessed using correlation analysis. A minimum level of .70 must be achieved in order to satisfy a good standard. Schmidt, Joiner, Young and Telch's (1995) study demonstrated high test-retest reliability (from .50-.82 in a non-clinical sample).

#### **Validity**

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

#### Face Validity

Face validity adheres to a common sense understanding of the items and simply relating them to the purpose of the test. It is clear that by scanning the items of the YSQ, they are relevant to the construct of Early Maladaptive Schemas. Face validity, however is a subjective

analysis and therefore lacks scientific support and, as such, other areas of validity must be considered.

### Discriminative Validity

Discriminant Validity examines the degree to which the scale is not similar to (diverges from) other scales that it theoretically should be not be similar to. Waller et al. (2001) analysed the discriminant validity of both the YSQ-LF and YSQ-SF using a sample of 60 women who met the criteria for bulimia and 60 women who had no known psychiatric diagnoses. Both the long and short forms produced a significant discriminant function.

### Predictive Validity

The predictive validity is the extent to which a measure is able to predict future outcome. The theory underpinning schemas and the impact they have on behaviour, thoughts and feelings emerged with Beck's (1967) cognitive theory of depression and the YSQ is the first attempt at establishing measurement of schema.

There have been a number of studies that have focussed on the predictive validity of the YSQ. Schmidt et al. (1995) found a positive correlation between the total score on the YSQ-LF and self-reported depression symptoms measured by the Beck Depression Inventory (BDI; Beck, Ward, & Mendelson, 1961). In their sample of 181 undergraduates, in particular, they found two variables (Defectiveness and Dependency schema) which accounted for 33% of the variance of BDI scores. Waller et al. (2001) found a significant effect for the overall score on the YSQ-SF and the frequency of binge eating in their sample of 60 women who met the criteria for bulimia. They identified that 'Emotional Inhibition' was a significant predictor of binge behaviour. Similarly, Welburn et al. (2002) tested the predictive validity of

the YSQ-SF to predict depression; again they found the YSQ-SF accounted a significant proportion (47%) of the variance of depression as measured by the Brief Symptom Inventory (BSI, Derogatis, 1993). A study conducted by Baranoff et al. (2006) assessed the predictive validity of an Australian sample using the BDI scores as the criterion. They found that 44% of the variance of BDI scores was accounted for by the YSQ-SF.

### Content Validity

Content validity refers to whether a test measures all aspects of the construct. The YSQ has been revised on multiple occasions based on clinical observation and validation studies, which led to Young developing a further three EMS's which are included in the third version (YSQ-L3; Young, 2003, YSQ-S3; Young, 2005). New to the third version are the 'negativity/pessimism', 'approval seeking' and 'punitiveness' schemas. There have been many difficulties associated with measuring the construct of schema, one plausible explanation for this is that schemas are thought to operate at an unconscious level within the cognitive system.

### Construct Validity

Good construct validity is indicative of a test accurately assessing the construct that it sets out to measure. It is an ongoing process as construct validity continually becomes refined as a result of new research. Research on the YSQ suggests its value for the assessment of personality disorders as well as other clinical disorders. Data reveal strong correlations between the scales of YSQ with personality disorders (Hoffart, Versland, & Sexton, 2002; Lee, Taylor & Dunn, 1999; Petrocelli, Glaser, Calhoun & Campbell, 2001; Schmidt et al., 1995). Hyler, Rieder, Spitzer, and Williams (1987) found that Young's 'insufficient self-control' and 'defectiveness' schemas had the strongest associations with personality disorder

symptoms. Furthermore, individual schemas have been found to be significantly associated with theoretically relevant personality disorders. For example, mistrust/abuse is highly associated with paranoid personality disorder; dependence is associated with dependent personality disorder, insufficient self-control is associated with borderline personality disorder; and unrelenting standards is associated with obsessive compulsive personality disorder (Schmidt et al, 1995). Specific schemas represented by the YSQ, appear to be related to job burnout among public school teachers (Rittenmyer, 1997), eating attitudes in bulimic psychopathology (Leung, Waller & Thomas, 1999; Meyer, Leung, Feary, & Mann, 2001), eating psychopathology in anorexia nervosa (Leung et al., 1999), and romantic jealousy (Dobrenski, 2001).

### Concurrent Validity

Concurrent validity is the extent to which a test correlates with other tests that measure the same construct. There is little evidence on the YSQ correlating with other measures which test for schemas, the reason for this being that due to Young developing these constructs, there has not been any another test to measure these schemas. More recently, the Brief Core Schema Scale (BCSS; Fowler et al., 2006) was developed to measure positive and negative evaluations of self and positive and negative evaluations of others. They found that their scale had moderate to strong associations with the defectiveness/shame, mistrust/abuse and social isolation schemas from Young's subscales. In addition, they found very low associations between the BCSS and Young's 'failure' and 'self-sacrifice' schemas.

### **Appropriate norms/populations**

To obtain an accurate interpretation of a psychometric measure, normative information is an essential requirement. The items of the YSQ were derived from clinical experience, reflecting

beliefs that the individual has needs for emotional and practical support that will not be met or respected, is incompetent or vulnerable, has poor limits, is excessively focused on others, and must control feelings. The first validation study by Schmidt et al. (1995) used the YSQ with a total of 1,129 graduate students and 187 outpatients. There have been several psychometric studies since then, regarding the short and long form of the YSQ (Young 1990; Young et al., 2003). Factor analysis studies have been conducted in Australia, Spain, Korea, France and Turkey (Baranoff et al., 2006; Calvete et al., 2005; Cecero et al., 2004; Hoffart et al., 2006; Lee et al., 1999; Sezgin, 1996; Welburn et al., 2002). These studies reported differences between clinical and university samples regarding the factorial structure of the instrument, and showed that clinical samples generally better represent the proposed factors. Each schema on the YSQ Long Form has a different number of items to measure it. On the Long Form, Young states that any score of three or more on a schema is 'meaningful', and on the Short Form, any score of two or more is 'meaningful'. From the literature review carried out, it is clear that further research needs to be developed to provide norms for different groups of patients.

### **Conclusions and recommendations**

The constellation of research has confirmed the many psychometric properties of the YSQ. While it has good psychometric properties pertaining its reliability and validity, there is limited research on the revised version (YSQ-L3; Young, 2003, YSQ-S3; Young, 2005), this is needed due to the increasing amount of people using the new version. The majority of research has been carried out on non-forensic populations, regardless it is still used within forensic settings and as pre and post measures of therapeutic intervention in the forensic field of psychology. In order to draw accurate conclusions when using the YSQ to measure early maladaptive schemas, normative data on male and female offenders is imperative.



In conclusion, studies carried out which have looked at the psychometric properties of the YSQ, have clearly demonstrated good psychometric properties across various clinical samples from different countries and varying degrees of client pathology. Nevertheless the measurement of EMS presents an ongoing challenge, as there needs to be consistency in terms of measures of different symptoms and the statistical procedures used. In light of the above, the YSQ-S2 (Young & Brown, 2003) was utilised within the research in this thesis.

#### **Rationale for Chapter 4**

In chapter, 4, a case study is presented of an intervention completed with a client to address her stalking tendencies. Whilst this case study is not of an adolescent sexual offender, this case study links in well with the literature described within this thesis. In particular, the link between attachment disruptions and how they manifest into problematic behaviours in adulthood. Furthermore, the case study shows the link between early attachment disruptions in childhood and how this may have an affect on developing relationships in adulthood. It is important to see how the theories described in the introduction and previous chapters within this thesis manifest within the forensic population and how intervention are then tailored to meet the needs of these individuals.

## **CHAPTER 4:**

### **Case Study**

**CHAPTER 5:**  
**Discussion of Thesis**

## **Aims of Thesis**

Adolescents account for a significant percentage of the sexual assaults against children and women in our society. The onset of sexual behaviour problems in juveniles appears to be linked to a number of factors as described in previous chapters, including child maltreatment and exposure to violence. Emerging research suggests that, as in the case of adult sex offenders, a meaningful distinction can be made between juveniles who target peers or adults and those who offend against children. The former group appears generally to be more antisocial and violent, although considerable variation exists within each population. Although available research does not suggest that the majority of sexually abusive youth are destined to become adult sex offenders, legal and mental health intervention can have significant impacts on deterring further sexual offending.

Research in the area of both adolescent sexual offending as well as the relationship between core beliefs and attachment to parent/caregivers is limited; therefore the aim of this thesis was to further our understanding of the role that attachment plays in juvenile sexual offending by examining the link between poor childhood development and sexual offending in adolescent offenders. Further, this thesis examines the association between early maladaptive schemas and attachment style in juvenile sexual offenders. Due to the heterogeneity in the different types of sexual offenders, this thesis looked at comparing sexual offenders based on their victim type. Each chapter is briefly described and the findings are summarised below.

## **Summary of findings**

The literature review in Chapter 1 examined whether disrupted family relations and/or maltreatment in early childhood was a significant characteristic of juvenile sexual offenders. It aimed to look at whether those who have had disrupted attachments with their parents/care

givers in their early life are more prone to sexual offending. This review had mixed findings on the developmental antecedents of sexual behaviour. From the studies that were included, four studies concluded that maltreatment in early childhood and family structure may play some part in adolescent offenders who sexually offend, however as this is not pertinent to sexual offenders only, there may be other etiological factors which contribute to juveniles who sexually offend. Four studies found significant differences between sexual offenders and other adolescents, therefore supported the theory that developmental factors play a role in understanding sexualised behaviour in adolescent sexual offending. Therefore no concrete conclusions can be made from the review due to the conflicting results. The review highlights various limitations as well as the need for further research within this area. This led to such aspects being examined in the research paper (Chapter 2).

Chapter 2 compared subgroups of juvenile sex offenders who victimised either children (child abusers), or adult/peers (adult/peer abusers) on their self-reported schemas and attachment styles. Research in the area of both adolescent sexual offending as well as the relationship between core beliefs and attachment to parent/caregivers is limited, therefore the aim of the research was to investigate and develop the research in adolescent sexual offending. The main aim of the research was to examine early maladaptive schemas and attachment style in subgroups of juvenile sexual offenders. Results indicated that all juvenile sexual offenders reported insecure attachment styles. Child abusers mostly associated with a fearful attachment style whereas adult/peer abusers were mostly associated with a dismissive attachment style. When looking at the links between attachment styles and schemas, those with a fearful attachment style reported significantly higher scores on the subjugation and self-sacrifice schemas. Furthermore the study investigated whether specific schema representations were related to specific victim types. A statistically significant difference was found between the two

groups on the enmeshment, subjugation, insufficient self-control and self-sacrifice schemas, with the child abuser group endorsing higher scores on these schemas than the peer abuser group.

Chapter 3 examined the psychometric properties of the Young Schema Questionnaire (YSQ) a frequently used measure for exploring early maladaptive schemas. The psychometric properties are explored. This chapter highlights that whilst the YSQ has good psychometric properties pertaining its reliability and validity, the majority of research has been carried out on non-forensic populations, regardless it is still used within forensic settings and as pre and post measures of therapeutic intervention in the forensic field of psychology. In order to draw accurate conclusions when using the YSQ to measure early maladaptive schemas, normative data on male and female offenders is imperative. This measure was used in the research as evidence suggests that maladaptive core beliefs and distorted thinking play an important role in the etiology of sexual offending (Ward, Loudon, Hudson, & Marshall, 1995). Despite the review concluding that the majority of research has been carried out on non-forensic populations, due to the author of the YSQ having developed the constructs of Early Maladaptive Schemas, the YSQ was used in the research to assess for underlying schemas, furthermore the YSQ has shown good psychometric properties across different populations.

Chapter 4 describes a case study of an intervention completed on a client's stalking tendencies. An extensive account of her history is described and results of a semi structured interview (Attachment Style Interview, Bifulco et al., 2002) to assess for attachment style was reported. These methods were used in order to formulate her offending behaviour and her deterioration in mental illness. This indicated that her stalking tendencies were primarily associated with her difficulties in forming attachments when she was young, this as well as her not being able to

recognise and manage her overwhelming emotions as a result of her symptoms of bipolar disorder resulted in her adopting maladaptive coping strategies and her not being able to form and maintain friendships and relationships appropriately. Therefore the aims of the treatment were to help the client develop coping strategies to manage her overwhelming emotions and symptoms of bipolar disorder, and to then carry out offence related work on her insecure attachment that she forms with various people and continues to be a problem for her whilst in hospital. Ms J attended the majority of her sessions however Due to Ms J's resistance with engaging in any therapy, the author was unable to complete any of the objectives that were initially set out. Unfortunately, as a result, the sessions were terminated when Ms J decided that she did not want to attend the sessions.

### **Contribution of thesis to current literature and clinical implications**

As mentioned previously, despite the high number of sexual offences committed by juveniles, the majority of research to date focuses on adult offenders. Even in the adult literature there is little agreement about causal factors in the development of sexual offending. This thesis has provided further research within this area.

The thesis has focussed predominantly on early experiences to aid in the understanding of sexualised behaviour in adolescence. These early experiences include, family background, attachment experiences, and cognition e.g. distorted thinking as a result of early experiences. The review of the current thesis highlighted the gap in research within this area, despite there being a number of theories that put emphasis on early experiences within childhood (both in the adult and adolescent sexual offending literature), only nine studies were included within the review. The majority of the studies used self-report measures, historical or retrospective data. Self-report instruments are argued to measure only what the respondent remembers and so may

be biased due to the respondent's limitations of recall. For instance, it is possible that individuals are remembering and possibly reinterpreting/distorting past memories in the context of present experiences, furthermore memory lapses, unconscious denial or repression of childhood traumas may have prevented recollection of episodes of abuse. From the studies that were included, the review highlighted that there is some evidence to suggest that early experiences/family background play an important role in sexual offending which supports the theories of sexual offending highlighted in the introduction (Marshall and Barbaree, 1990, Ward et al's (2006) integrated theory). Furthermore, the research within chapter 2 also highlighted the role of insecure attachments within sexual offending, therefore, treatment to address disrupted attachments could be viewed as a way of intervening with this population of offenders. However with such a small number of studies included, it was difficult to make any concrete conclusions which can be generalised. For this reason, the empirical piece of research was conducted to address the lack of research.

The empirical piece of research attempted to address limitations of previous research as well as to develop research in the area of juvenile sexual offending. The findings provide further insight and evidence in this area of research as it supports the theory that juvenile sexual abusers will report an insecure attachment style. This provides some evidence to suggest that attachment does play a role in sexual offending. This supports recent studies by Miner et al. (2010), and Stirpe et al. (2006) where they found that child sexual abuse perpetration was associated with an insecure attachment to parents. It is important to highlight this finding, as previous research in the adult literature has focussed on romantic attachments, whereas the current piece of research focussed on attachment with caregivers/parents, therefore to find consistency with the adult literature is an important finding and can help in the intervention of this group of offenders. Chapter two supported previous research by Ward et al. (1996) where they distinguished between child



abusers and peer abusers in relation to their attachment style (fearful vs dismissive attachment style). Furthermore when looking at cognitive schemas within the two subgroups of sexual abusers, the current piece of research found that child abusers endorsed schemas which include an excessive focus on the desires and feelings of others at the expense of ones own needs in order to gain love and approval. This finding is consistent with Bartholomew & Horowitz's, (1991) findings.

As mentioned previously, there are a number of methods currently being used to treat juvenile sexual offenders, whereas the majority of current adolescent sex offender treatment programmes are provided on a one-size-fits-all basis, the research within this thesis provides support for different subtypes of offenders who may benefit from treatment focused on individual needs. The findings from this thesis also lend support to the idea of a more systemic approach, where families and services are involved in the treatment. However treatment strategies should also include some sexual offence specific components to target any problems related to sexual fantasy, interests or arousal (Rich, 2003).

### **Strengths of thesis**

This thesis utilised two theories/models of sexual offending (Cognitive model and attachment theory) as a basis for understanding sexualised behaviour in young people. As a result, this thesis extended themes from previous research which has been limited, in particular for adolescent sexual offending. This thesis used objective methodology both for the systematic review as well as to assess for attachment style and schemas. With there being such variability in the methodology used within this area of research, the current thesis has used two tools (ASI-AD, YSQ-SF2) which have both shown to have good psychometric properties for the adolescent population. The semi structured interview enabled the researcher to ask more in depth questions

rather than just categorical or closed questions which helped clarify and help in rating attachment style to caregivers. And finally, the main strength of this thesis is that it has helped to develop the research in this area further.

### **Limitations of thesis**

The thesis does have several limitations. Firstly the aims of the current study were exploratory in nature due to the minimal amount of previous research regarding attachment in juvenile sexual offenders. Secondly, the study utilised a small sample from two residential units and the probation service, results may therefore have been different if a larger, more representative population were used. Furthermore, it is unclear whether findings would have been different if the sample was from higher security/establishment, as the sample within this research were motivated to engage in the study, some were living within the community.

The groups were divided into either being a child abuser or peer/adult abuser, this was based on collateral information within their files, however, it has to be noted that not all abuse may be reported, particularly if they were not convicted for it. Although this is something that cannot be controlled, it has to be highlighted. Classifying type of offender was difficult as there is variability in the way in which other studies have classified a peer and child abuser. A different classification system may impact on replicating the findings and therefore, having one way of classifying type of juvenile offending would be beneficial for future research.

A number of limitations are apparent in relation to the methods of data collection and the actual data collected. The majority of demographic data was collated from file information which introduced an initial bias relating to the interpretation of the report writers and case note entries. Furthermore, using a semi structured interview as well as self-report measures introduces biases due to the respondent's limitations of recall. Studies based on retrospective self-reports of

childhood experiences are open to a number of possible biases (Widom, 1988). For instance, it is possible that individuals are remembering and possibly reinterpreting/distorting past memories in the context of present experiences. Memory lapses, unconscious denial or repression of childhood traumas may prevent recollection of episodes of abuse, in the same vein some individuals may have under reported due to not wanting to report experiences to the researcher.

Finally, the findings of this research were limited by the categorical nature of the variables used. Future research could benefit from utilising a qualitative approach to explore the variables included in this study in more depth. This would provide a more robust understanding in predicting or making interactions between attachment style, schemas and sexual offending.

### **Future Research**

The findings of this thesis were largely tentative and as a result have identified areas for future consideration in this research area. As mentioned previously, there has been a variation in the methodology used not only to measure attachment but also to classify sexual offenders into different subgroups, therefore future research needs to be consistent in these aspects so that findings can be replicated/tested out. The findings from the current thesis demonstrate a scarcity of research which suggests that more research needs to be conducted in this area to understand the etiology of adolescent sexual offending.

In conclusion, this thesis offers important findings with regards to attachment style and sexual offending in subgroups of juvenile sexual abusers. The findings from the research indicate that sexual abuse perpetration by male adolescents, particularly those who abuse younger children, result from an anxious attachment to parents. Furthermore, the findings from the current study provide some evidence that representations of self and others can be linked to attachment style

and sexual offending. As highlighted in chapter 1, further research needs to be completed in this area, with comparable groups of offenders and with particular attention to the methodological issues highlighted.

## References

- Adewuya, A.O., Ola, B.A., Mosaku, S.K., Fatoye, F.O., Eegunranti, A.B. (2006). Attitude towards antipsychotics among out-patients with schizophrenia in Nigeria. *Acta Psychiatrica Scandinavica*, 113, 207–211.
- Ainsworth, M., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Akiskal, H. S., Bourgeois, M. L., Angst, J., Post, R., Moller, H., & Hirschfeld, R. (2000). Re-evaluating the prevalence of and diagnostic composition within the broad clinical spectrum of bipolar disorders. *Journal of Affective Disorders*, 59, S5–S30.
- Allen, J.P. & Land, D. (1999). Attachment in adolescence. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp.319-335). New York: Guilford.
- Almond, L., Canter, D., & Salfati, G. (2006). Youths who sexually harm: Multivariate model of characteristics'. *Journal of Sexual Aggression*, 12, 97-114.
- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (4th ed) (DSM–IV)*. Washington, DC: APA.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> ed) (DSM-IV-TR)*. Washington DC: APA.
- Angst, J. (1966). *Zur Aetiologie und Nosologie endogener depressiver Psychosen*. Berlin: Springer Verlag.
- Araji, S. & Finkelhor, D. (1985). Explanations of pedophilia: Review of empirical research. *Bulletin of the American Academy of Psychiatry and Law*, 13, 17-37.
- Awad, G. A., & Saunders, E. B. (1989). Adolescent child molesters: Clinical observations. *Child Psychiatry and Human Development*, 19, 195-206.

- Awad, G.A., & Saunders, E. (1991). Male adolescent sexual assaulters, clinical observations. *Journal of Interpersonal Violence*, 6, 446-460.
- Baker, E., Beech, A., & Tyson, M. (2006). Attachment disorganization and its relevance to sexual offending. *Journal of Family Violence*, 21, 221-231.
- Baker, A. J. L., Tabacoff, R., Tornusciolo, G., & Eisenstadt, M. (2001). Calculating number of offenses and victims of juvenile sexual offending: The role of posttreatment disclosures. *Sexual Abuse: A Journal of Research and Treatment*, 13, 79-90.
- Baranoff, J., Oei, T. P. S., Ho Cho, S., & Kwon, S. M. (2006). Factor structure and internal consistency of the Young Schema Questionnaire (Short Form) in Korean and Australian samples. *Journal of Affective Disorders*, 93, 133-140.
- Barbaree, H. E., Hudson, S. M., & Seto, M. C. (1993). Sexual assault in society: The role of the juvenile. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The juvenile sex offender* (pp. 1-24). New York: Guilford Press.
- Barbaree, H. and Langton, C. (2006) 'The Effects of Child Sexual Abuse and Family Environment', In H. E. Barbaree & W. L. Marshall (Eds.), *The juvenile sex offender* (2nd ed., pp. 58-76). New York: Guilford Press.
- Barbaree, H. E., & Marshall, W. L. (Eds.). (2005). *The juvenile sex offender* (2nd ed.). New York: Guilford Press.
- Barbaree, H.E., & Marshall, W.L. (2006). An introduction to the juvenile sex offender: Terms, concepts, and definitions. In H.E. Barbaree & W.L. Marshall (Eds.). *The juvenile sex offender* (2nd ed.) pp. 1-18). New York: Guilford Press.
- Barbaree, H.E., Marshall, W.L., & McCormick, J. (1998). The Development of Deviant Sexual Behavior among Adolescents and Its Implications for Prevention and Treatment. *The Irish Journal of Psychology*, 1, 1-31.

- Bartholomew, K., Kwong, M.J., Hart, S.D. (2001). Attachment. In: Livesley W.J., (editor), *Handbook of personality disorders: theory, research, and treatment*. (pp. 196-230). New York: Guilford Press.
- Bartholomew, K., & Horowitz, L.,M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226–244.
- Beck, A.T., Ward, C., & Mendelson, M. (1961). Beck Depression Inventory (BDI). *Archives of General Psychiatry*, 4, 561–571.
- Beck, A.T. (1964 ). Thinking and depression 2: Theory and therapy. *Archives of General Psychiatry*, 10, 561-571.
- Beck, A.T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Hoeber. Republished as *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.
- Bartholomew K, Horowitz LM. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226–44.
- Becker, J. V., & Kaplan, M. S. (1988). The assessment of adolescent sexual offenders. *Advances in Behavioral Assessment of Children and Families*, 4, 97–118.
- Becker, J. V., & Hunter, J. A. (1997). Understanding and treating child and adolescent sex offenders. In T. H. Ollendick & R. J. Prinz (Eds.), *Advances in clinical child psychology* (pp. 177-197). New York: Plenum.
- Beech, A. R., Craig, L. A., & Browne, K. D. (2009). *Assessment and treatment of sex offenders: A handbook*: Chichester Wiley.
- Beech, A.R., & Mitchell, I. J. (2005). A neurobiological perspective on attachment problems in sexual offenders and the role of selective serotonin re-uptake inhibitors in the treatment of such problems. *Clinical Psychology Review*, 25, 153-182.

- Benoit, J. L., & Kennedy, W. A. (1992). The abuse history of male adolescent sex offenders. *Journal of Interpersonal Violence, 7*, 543–548.
- Bentovim, A., & Williams, B. (1998). Children and adolescents: Victims who become perpetrators. *Advances in Psychiatric Treatment, 4*, 101–107.
- Bifulco, A., Moran, P.M., Ball, C., & Bernazzani, O. (2002). Adult attachment style. I: Its relationship to clinical depression. *Social Psychiatry & Psychiatric Epidemiology, 37*, 50–59.
- Bischof, G.P., Stith, S.M., & Whitney, M.L. (1995). Family Environments of Adolescent Sex Offenders and Other Juvenile Delinquents, *Adolescence, 30*, 157- 170.
- Blaske, D. M., Bourdin., C.M., Henggeler, S., & Mann, B. (1989). Individual, family & peer characteristics of adolescent sexual offenders and assault offenders. *Journal of Developmental Psychology, 25*, 846-855.
- Borduin, C.M., & Schaeffer, C.M. (2002). Multisystemic treatment of juvenile sexual offenders: A progress report. *Journal of Psychology and Human Sexuality, 13*, 25–42.
- Bowlby, J. (1969), *Attachment and loss, Vol. I: Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Vol. II, Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss, Vol. III, Loss: Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment and loss, Vol. I, Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Bradburn, N. M. (1983). Response effects. In P. H. Rossi, J. D. Wright, & A. B. Anderson (Eds.), *Handbook of survey research* (pp. 289-328). New York: Academic Press.



- Brewster, M.P., (2003). Power and control dynamics in prestalking and stalking situations. *Journal of Family and Violence, 18*,207–217.
- Brooks-Gordon, B. M., Bilby C, Wells, H (2005). A Systematic Review of Psychological Interventions for Juveniles who have Sexually Offended or at Risk of Sexually Offending. Final report for NHS National Programme on Forensic Mental Health R & D.
- Bruch, M. (1998). The UCL case formulation model: clinical application and procedures. In M. Bruch & F. W. Bond, *Beyond diagnosis: Case formulation approached in CBT*. (pp. 19-43) Chichester: John Wiley & Sons.
- Burk, L., & Burkhart, B. (2003). Disorganized attachment as a diathesis for sexual deviance: Developmental experience and the motivation for sexual offending. *Aggression and Violent Behavior, 8*, 487-511.
- Burton, D. (2003). Male adolescents: Sexual victimization and subsequent sexual abuse. *Child and Adolescent Social Work Journal, 29*, 277–296.
- Butler, S., & Seto, M. (2002). Distinguishing two types of adolescent sex offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 83-90.
- Butz, C., & Spaccarelli, S. (1999). Use of physical force as an offense characteristic in subtyping juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 11*, 217-232.
- Calder, M.C. (2001). *Juveniles and children who sexually abuse: Frameworks for assessment* (2<sup>nd</sup> edition). Dorset: Russell House Publishing.
- Caldwell, M. F. (2002). What we do not know about juvenile sexual reoffense risk. *Child Maltreatment, 7*, 291-302.
- Caldwell, M. F. (2007). Sexual offense adjudication and sexual recidivism among juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*, 107-113.

- Calvete, E., Estevez, A., Lopez de Arroyabe, E., & Ruiz, P. (2005). The Schema Questionnaire – Short Form; structure and relationship with automatic thoughts and symptoms of affective disorders. *European Journal of Psychological Assessment, 21*, 90 – 99.
- Caputo, A. A., Frick, P.J., & Brodsky, S. L. (1999). Family Violence and Juvenile Sex Offending: The Potential Mediating Role of Psychopathic Traits and Negative Attitudes toward Women. *Criminal Justice and Behaviour, 26*, 338 – 356.
- Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000). *Child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect*. London: NSPCC.
- Cecero, J. J., Nelson, J. D., & Gillie, J. M. (2004). Tools and tenets of schema therapy: Toward the construct validity of the Early Maladaptive Schema Questionnaire-Research Version (EMSQ-R). *Clinical Psychology and Psychotherapy, 11*, 344–357.
- Chaffin, M., Bonner, B., & Pierce, K. (2003). NCSBY Fact Sheet: *What research shows about adolescent sex offenders*. Oklahoma City, OK: Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center.
- Chaffin, M. (2008). Our minds are made up-Don't confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child Maltreatment, 13*, 110-121.
- Chaffin, M. & Bonner, B. (1998). "Editor's Introduction: 'Don't shoot, we're your children': Have we gone to far in our response to adolescent sexual abusers and children with sexual behavior problems?" *Child Maltreatment, 3*, 314-316.
- Chorpita, B. F., Brown, T. A., & Barlow, D. H. (1998). Diagnostic reliability of the DSM-III-R anxiety disorders: Mediating effects of patient and diagnostician characteristics. *Behavior Modification, 22*, 307–320.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*, 2nd Edition. Lawrence Erlbaum Associates, Inc., Hillsdale, New Jersey.

- Collins, N.L., Cooper, M.L., Albino, A., & Allard, L. (2002). Psychosocial vulnerability from adolescence to adulthood: A prospective study of attachment style differences in relationship functioning and partner choice. *Journal of Personality, 70*, 965-1008.
- Connolly, M., Woollons, R. (2008). Childhood sexual experience and adult offending: an exploratory comparison of three criminal groups. *Child Abuse Review, 17*, 119 - 132.
- Cooke, M.A., Peters, E.R., Greenwood, K.E., Fisher, P.L., Kumari, V. & Kuipers, E. (2007). Insight in psychosis: influence of cognitive ability and self-esteem. *British Journal of Psychiatry, 191*, 234-237.
- Cooke, M.A., Peters, E.R., Kuipers, E. & Kumari, V. (2005). Disease, deficit or denial? Modes of poor insight in psychosis. *Acta Psychiatrica Scandinavica, 112*, 4-17.
- Cortoni, F., & Marshall, W. L. (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 13*, 27-43.
- Crick, N.R., & Bigbee, M. A. (1998). Relational and overt forms of peer victimization: A multi-informant approach. *Journal of Consulting and Clinical Psychology, 66*, 337-347.
- Daversa, M.T., & Knight, R.A. (2007). A Structural Examination of the Predictors of Sexual Coercion against Children in Adolescent Sexual Offenders. *Criminal Justice and Behavior, 34*, 1313 – 1333.
- Defelice, A. F. (1996). Contributing factors to the development of adolescent sex offending. *Dissertation Abstracts International, 57* (3-B), 2140.
- Department of Health and Human Services (DHHS). (2001). Youth violence: a report of the Surgeon General. Available from:  
[www.surgeongeneral.gov/library/youthviolence/toc.html](http://www.surgeongeneral.gov/library/youthviolence/toc.html)
- Depue, R. A., Kleiman, R. M., Davis, P., Hutchinson, M., & Krauss, S. P. (1985). The behavioral high-risk paradigm and bipolar affective disorder: VIII. Serum free cortisol in

- non-patient cyclothymic subjects selected by the General Behaviour Inventory. *American Journal of Psychiatry*, 142, 175–181.
- Derogatis, L. R. (1993). *Brief Symptom Inventory (BSI): Administration, scoring and procedures manual*. (3rd ed). Minneapolis, M.N. National Computer Systems.
- Douglas, K.S., Dutton, D.G., (2001). Assessing the link between stalking and domestic violence. *Aggression and Violent Behavior*; 6, 519–46.
- Dressing, H., Kuehner, C., Gass, P., (2005). Lifetime prevalence and impact of stalking in a European population. *British Journal of Psychology*, 187, 168–72.
- Dutton, D.G., Saunders, K., Starzomski, A., Bartholomew, K., (1994). Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships. *Journal of Applied Social Psychology*, 24, 1367– 1386.
- Dutton, L.B., Winstead, B.A., (2006). Predicting unwanted pursuit: attachment relationship satisfaction, relationship alternatives, and break-up distress. *Journal of Social and Personal Relationships*, 23, 565– 586.
- Farmer, A., Lam, D., Sahakian, B., Roiser, J., Burke, A., O’Neill, N., Keating, S., Powell Smith, G., & McGuffin, P. (2006). A pilot study of positive mood induction in inter-episode bipolar subjects compared with healthy controls. *Psychological Medicine*, 36, 1213–1218.
- Figueiredo, B., Bifulco, A., Pacheco, A., Costa, R., & Magarinho, R. (2006). Teenage pregnancy, attachment style, and depression: A comparison of teenage and adult pregnant women in a Portuguese series. *Attachment and Human Development*, 8, 123–138.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.

- Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). Juveniles who commit sex offenses against minors. Retrieved December 2012 from United States Department of Justice website downloaded from: <https://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf>
- Fleiss, J. L. (1981). *Statistical methods for rates and proportions*. New York: Wiley.
- Ford, M., & Linney, J. (1995). Comparative analysis of juvenile sexual offenders, violent nonsexual offenders, and status offenders. *Journal of Interpersonal Violence, 10*, 56–70.
- Forbes, E. E., Miller, A., Cohn, J. F., Fox, N. A., & Kovacs, M. (2005). Affect-modulated startle in adults with childhood-onset depression: Relations to bipolar course and number of lifetime depressive episodes. *Psychiatry Research, 134*, 11–25.
- Fowler, D.G., Freeman, D., Smith, B., Kuipers, E.K., Bashforth, H., Coker, S., Hodgekins, J., Gracie, A., Dunn, G., & Garety, P.A. (2006). The Brief Core Schema Scales (BCSS): psychometric properties and associations with paranoia and grandiosity in non-clinical and psychosis samples. *Psychological Medicine, 36*, 749–759.
- Glasser, M., Kolvin, I., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry, 179*, 482–494.
- Grant, A., Mills, J., Mulhern, R. & Short, N. (2004). *The therapeutic alliance and case formulation*. Retrieved 13/01/12 from [http://www.sagepub.com/upm-data/9667\\_023127ch2.pdf](http://www.sagepub.com/upm-data/9667_023127ch2.pdf)
- Graves, R.E., Openshaw, D.K., Ericksen, S., Jones, K., Timothy, A., & Vogel, M. (1994). *Conceptualizing youthful sex offenders*. Paper Presented at the 10th National Training Conference of the National Adolescent Perpetrator Network, Denver, CO
- Griffin, D. W., & Bartholomew, K. (1994). The metaphysics of measurement: The case of adult attachment. *Advances in Personal Relationships, 5*, 269–308.

- Gruber, J., Johnson, S. L., Oveis, C., & Keltner, D. (2008). Risk for mania and positive emotional responding: Too much of a good thing? *Emotion, 8*, 23–33.
- Hagan, M.P., Gust-Brey, K.L., Cho, M.E. & Dow, E. (2001). Eight year comparative analyses of adolescent rapists, adolescent child molesters, other delinquents, and the general population. *International Journal of Offender Therapy and Comparative Criminology, 45*, 314-324.
- Hall, G. C. N., & Hirschman, R. (1991). Toward a theory of sexual aggression: A quadripartite model. *Journal of Consulting and Clinical Psychology, 59*, 662–669.
- Hall, G. C. N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology. *Criminal Justice and Behavior, 19*, 8–23.
- Hanson, R.K., & Bussière, M. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348-362.
- Harlow, H. F. (1961). The development of affectional patterns in infant monkeys. In B. M. Foss (Ed.), *Determinants of infant behaviour* (pp. 75-97). London: Methuen.
- Harlow, H. F., & Harlow, M. K. (1965). The affectional systems. *Behavior of Nonhuman Primates, 2*, 287–334.
- Harris, A.E., & Curtin, L. (2002). Parental perceptions, early maladaptive schemas, and depressive symptoms in young adults. *Cognitive Therapy and Research, 26*, 405-416.
- Hazan, C. & Zeifman, D. (1999). Pair bonds as attachments: Evaluating the evidence. In J. Cassidy & P.R. Shaver (eds.), *Handbook of attachment: Theory, research and clinical applications* (pp.336-354). New York: Guilford.
- Hendriks, J., & Bijleveld, C. C. J. H. (2004). Juvenile sexual delinquents: Contrasting child abusers with peer abusers. *Criminal Behaviour and Mental Health, 14*, 238-250.

- Hoffart, A., Versland, S., & Sexton, H. (2002). Self-understanding, empathy, guided discovery, and schema belief in schema-focused cognitive therapy of personality problems: A process-outcome study. *Cognitive Therapy and Research, 26*, 199–219.
- Holmes, J. (1993). *John Bowlby and attachment theory*. London: Routledge.
- Home Office. (1998). *Criminal statistics for England and Wales, 1997*, CMD.4162, Home Office, London.
- Hsu, L. K. G., & Starzynski, J. (1990). Adolescent rapists and adolescent child sexual assaulters. *International Journal of Offender Therapy and Comparative Criminology, 34*, 23-30.
- Hudson-Allez, G., (2006). The stalking of psychotherapists by current or former clients: beware of the insecurely attached. *Psychodynamic Practice, 12*, 249–260.
- Hudson, S. M., & Ward, T. (1997). Intimacy, loneliness and attachment style in sexual offenders. *Journal of Interpersonal Violence, 12*, 323–339.
- Hunter, J.A. (1999) Understanding juvenile sexual offending behaviour: emerging research, treatment approaches and management practices. Center for Sex Offender Management. Retrieved from: <http://www.csom.org/pubs/juvbrf10.pdf>
- Hunter, J. A., & Figueredo, A. J. (1999). Factors associated with treatment compliance in a population of juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 11*, 49-67.
- Hunter, J., Figueredo, A., Malamuth, N., & Becker, J. (2003). Juvenile sex offenders: Toward the development of a typology. *Sexual Abuse: A Journal of Research and Treatment, 15*, 27–48.
- Hunter, J.,A., Hazelwood, R.R., & Sleisinger, D. (2000). Juvenile-perpetrated sex crimes: Patterns of offending predictors of violence. *Journal of Family Violence, 15*, 81-93.

- Jacobs, W. R., Kennedy, W.A., & Meyer, J. B. (1997). Juvenile delinquents: A between group comparison study of sexual and non-sexual offenders. *Sexual Abuse: A Journal of research and treatment*, 9, 201-217.
- James, D.V., Farnham, F.R., (2003). Stalking and serious violence. *Journal of the American Academy of Psychiatry and Law*, 31, 432–439.
- Johnson, S. L., McKenzie, G., & McMurrich, S. (2008). Ruminative responses to positive and negative affect among students diagnosed with bipolar disorder and major depressive disorder. *Cognitive Therapy and Research*, 32, 702–713.
- Jonson-Reid, M.J., & Way, I. (2001). Adolescent Sexual Offenders: Incidence of Childhood Maltreatment, Serious Emotional Disturbance, and Prior Offenses. *American Journal of Orthopsychiatry*, 71, 120-130.
- Kahn, T.J., & Chambers, H. J. (1991). Assessing re-offense risk with juvenile sexual offenders. *Child Welfare*, 70, 333-345.
- Kahn, T.J., & Lafond, M.A. (1988). Treatment of the adolescent sexual offender. *Child and Adolescent Social Work Journal*, 5, 135-148.
- Kamphuis, J., Emmelkamp, P.M.G., De Vries, V. (2004). Informant personality descriptions of postintimate stalkers. *Journal of Personality Assessment*, 82, 169–179.
- Kemp, R. & David, A. (1995). Psychosis: insight and compliance. *Current Opinion in Psychiatry*, 8, 357-361.
- Kemper, T. S., & Kistner, J.A. (2007). Offense History and Recidivism in Three Victim-Age-Based Groups of Juvenile Sex Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 409–424.
- Kempton, T., & Forehand, R. L. (1992). Suicide attempts among juvenile delinquents: The contribution of mental health factors. *Behavior Research and Therapy*, 30, 537-541.



- Kienlen, K.K. Developmental and social antecedents of stalking, (2002). In: Kropp, R., Hart, S.D., & Lyon, D.R. Risk assessment of stalkers: Some problems and possible solutions. *Criminal Justice and Behavior*, 29, 590-616.
- Kline, P. (1999). *The handbook of psychological testing* (2nd ed.). London: Routledge.
- Knight, R. A., & Cerce, D. D. (1999). Validation and revision of the Multidimensional Assessment of Sex and Aggression. *Psychologica Belgica*, 39, 135-161.
- Knight, R. A., & Sims-Knight. (2003). Developmental antecedents of sexual coercion against women: Testing of alternative hypotheses with structural equation modeling. *Sexual coercion: Understanding and management*. Ed. R. A. Prentky, E. Janus, & M. Seto. (pp.72-85). New York: New York Academy of Sciences.
- Knopp, F. H., Rosenberg, J., & Stevenson, W. (1986). *Report on nationwide survey of juvenile and adult sex-offender treatment programs and providers: 1986*. Brandon, VT: Safer Society Press.
- Kobayashi, J., Sales, B.D., Becker, J.V., Figueredo, A.J., & Kaplan, M.S. (1995). Perceived parental deviance, parent-child bonding, child abuse, and child sexual aggression. *Sexual Abuse: A Journal of Research and Treatment* 7, 25-43.
- Kropp, P. R., Hart, S. D., & Lyon, D. R. (2008). *Guidelines for stalking assessment and management (SAM)*. Vancouver, Canada: ProActive ReSolutions Inc.
- Lacro, J.P., Dunn, L.B., Dolder, C. R., Leckband, S.G., & Jeste, D.V. (2002). Prevalence of and risk factors for medication non-adherence in patients with schizophrenia: A comprehensive review of recent literature. *Journal of Clinical Psychiatry*. 63, 892–909.
- Langhinrichsen-Rohling, J., & Rohling, M. (2000). Negative family-of-origin experiences: are they associated with perpetrating unwanted pursuit behaviors? *Violence & Victims*, 15, 459–471.
- Leahy, R. L. (2001). *Overcoming Resistance in Cognitive Therapy*. London: Guildford Press.

- Lee, C. W., Taylor, G., & Dunn, J. (1999). Factor structure of the Schema Questionnaire in a large clinical sample. *Cognitive Therapy and Research*, 23, 441–451.
- Leibowitz, G.S., Burton, D.L., & Howard, A. (2012). Part II: Differences between sexually victimized and nonsexually victimized adolescent sexual abusers and delinquent youth: Further group comparisons of developmental antecedents and behavioral challenges. *Journal of Child Sexual Abuse*, 21, 315-326.
- Leonard, K. (1957). *Aufteilung der endogenen Psychosen*. Berlin: Akademieverlag.
- Letourneau, E. J., & Miner, M. H. (2005). Juvenile sex offenders: A case against the legal and clinical status quo. *Sexual Abuse: Journal of Research and Treatment*, 17, 293-312.
- Leung, N., Waller, G., & Thomas, G. (1999). Core beliefs in anorexic and bulimic women. *Journal of Nervous and Mental Disease*, 187, 736–741.
- Levant, M., & Bass, B. (1991). Parental identification of rapists and pedophiles. *Psychological Reports*, 69, 463-466.
- Linehan, M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Publications.
- Linehan, M. (1993). *Skills Training Manual for Treating Borderline Personality Disorders*. New York: Guilford Press.
- Lingam, R., & Scott, J. (2002). Treatment non-adherence in affective disorders. *Acta Psychiatrica Scandinavica*, 105, 164 –172.
- Lisak, D. (1994). Subjective assessment of relationships with parents by sexually aggressive and non-aggressive men. *Journal of Interpersonal Violence*, 9, 399-411.
- Lisak, D., & Roth, S. (1990). Motives and psychodynamics of self-reported un-incarcerated rapists. *American Journal of Orthopsychiatry*, 60, 268–280.
- Lovell, E. (2002). *Children and young people who display sexually harmful behaviour*. London: NSPCC.

- Lussier, P. (2005). The criminal activity of sexual offenders in adulthood: Revisiting the specialization debate. *Sexual Abuse: A Journal of Research and Treatment, 17*, 269–292.
- Lyn, T., S. & Burton, D. L. (2004). Adult attachment and sexual offender status. *American Journal of Orthopsychiatry, 74*, 150–159.
- Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology, 64*, 64–73.
- Malkoff-Schwartz, S., Frank, E., Anderson, B., Sherrill, J. T., Siegel, L., Patterson, D. & Kupfer, D.J. (1998). Stressful life events and social rhythm disruption in the onset of manic and depressive bipolar episodes: A preliminary investigation. *Archives of General Psychiatry, 55*, 702-707.
- Mann, R. E., & Beech, A. R. (2003). Cognitive distortions, schemas, and implicit theories. In T. Ward, D. R. Laws, & S. M. Hudson (Eds.), *Sexual deviance: Issues and controversies* (pp. 135–153). London: Sage.
- Mann, R. E., & Hollin, C. R. (2001). *Schemas: A model for understanding cognition in sexual offending*. Paper presented at the 20th Annual Research and Treatment Conference, Association for the Treatment of Sexual Abusers, San Antonio, TX.
- Marsa, F., O'Reilly, G., Carr, A., Murphy, P., O'Sullivan, M., Cotter, A., & Hevey, D. (2004). Attachment styles and psychological profiles of child sex offenders in Ireland. *Journal of Interpersonal Violence, 19*, 228–251.
- Marshall, W. L. (1989). Invited essay: Intimacy, loneliness and sexual offenders. *Behaviour Research and Therapy, 27*, 491–503.
- Marshall, W. L., & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of sexual*

- assault: Issues, theories, and treatment of the offender (pp. 257–275). New York: Plenum Press.
- Marshall, W. L., Eccles, A., & Barbaree, H. E. (1993). A three tiered approach to the rehabilitation of incarcerated sex offenders. *Behavioral Sciences & the Law, 11*, 441-455.
- Marshall, W. L., Hudson, S. M., & Hodgkinson, S. (1993). The importance of attachment bonds in the development of juvenile sexual offending. In H. E. Barbaree, W. L. Marshall, & S. M. Hudson (Eds.), *The Juvenile Sex Offender* (2006, pp. 164- 181). New York: Guilford.
- Marshall, W. L., & Marshall, L. E. (2010). Attachment and intimacy in sexual offenders: An update. *Sexual and Relationship Therapy, 25*, 1-5.
- Marshall, W.L., & Mazzucco, (1995). Self-esteem and parental attachments in child molesters. *Sexual Abuse: Journal of Research and Treatment, 7*, 279-285.
- Marshall, W.L., Serran, G.A., & Cortoni, F.A. (2000). Childhood attachments, sexual abuse and their relationship to adult coping in child molesters. *Sexual Abuse: A Journal of Research and Treatment, 12*, 17–26.
- Masson, H. & Erooga, M. (1999). Children and young people who sexually abuse others: incidence, characteristics and causation. In: M. Erooga, and H. Masson, (eds) *Children and young people who sexually abuse others: challenges and responses*. London: Routledge.
- McCormack, J., Hudson, S. M. & Ward, T. (2002). Sexual offenders' perceptions of their early interpersonal relationships: An attachment perspective. *Journal of Sex Research, 39*, 85-93.
- McGrath, R. J., Cumming, G. F., & Burchard, B. L. (2003). Current practices and trends in sexual abuser management: The Safer Society 2002 Nationwide Survey. Brandon, VT: Safer Society Press.

- Meloy, J.R. (1997). Predatory violence during mass murder. *Journal of Forensic Sciences*, 42, 326-329.
- Meloy, J.R., (1998). *The psychology of stalking: clinical and forensic perspectives*. (pp. 51–67). San Diego, CA, US: Academic Press, Inc.
- Meloy, J.R., & Gothard, S. (1995). Demographic and clinical comparison of obsessional followers and offenders with mental disorders. *American Journal of Psychiatry*, 152, 258–63.
- Merriam-Webster's Dictionary of Law*. (1996). New York: Merriam-Webster.
- Meyer, C., Leung, N., Feary, R., & Mann, B. (2001). Core beliefs and bulimic symptomatology in non-eating- disordered women: The mediating role of borderline characteristics. *International Journal of Eating Disorders*, 30, 434 - 440.
- Milner, R. J., & Webster, S. D. (2005). Identifying schemas in child molesters, rapists and violent offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17: 425–439.
- Miner, M.H., & Crimmins, C.L.S. (1995). Adolescent sex offenders: Issues of etiology and risk factors. In, *The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice*, edited by B.K.
- Miner, M. H., & Munns, R. (2005). Isolation and normlessness: Attitudinal comparisons of adolescent sex offenders, juvenile offenders, and non-delinquents. *International Journal of Offender Therapy and Comparative Criminology*, 49, 491-504.
- Miner, M. H., Robinson, B. E., Knight, R. A., Berg, D., Swinburn Romine, R. S., & Netland, J. (2010). Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement, and hypersexuality. *Sexual Abuse: A Journal of Research and Treatment*, 22, 58-77.
- Miner, M.H., & Swinburne-Romine, J. (2004). *Understanding child molesting in adolescence: Testing attachment-based hypotheses*. Paper presented at the 8th International

Conference of the International Association for the Treatment of Sexual Offenders,  
Athens, Greece.

Miner, M.H., Berg, D., & Robinson, B. E. (2011, submitted). Roots of sexual abuse.

Milloy, C. D. (1998). Specialized treatment for juvenile sex offenders: A closer look.  
*Interpersonal Violence, 13*, 653–656.

Milner, T., & Robertson, M. (1990). Comparison of physical child abusers, intrafamilial sexual  
child abusers and child neglecters. *Journal of Interpersonal Violence, 5*, 37- 48.

Ministry of Justice, (2013). Offender Management Statistics Quarterly, July to September 2012,  
Retrieved from:  
<http://www.justice.gov.uk/downloads/statistics/prison-probation/omsq/OMSQ-Bulletin-Jul-Sep-2012-final.pdf>

Ministry of Justice, (2013). An overview of Sexual Offending in the England and Wales.  
Retrieved from: <http://www.justice.gov.uk/downloads/statistics/criminal-justice-stats/sexual-offending/sexual-offending-overview-jan-2013.pdf>

Moos, R. H., & Moos, B. S. (1986). Family Environment Scale Manual (2<sup>nd</sup> Eds.). Palo Alto,  
CA: Consulting Psychologists Press.

Mullen, P.E., Pathé, M., Purcell, R., & Stuart, G.W. (1999). Study of stalkers. *American Journal  
of Psychiatry, 156*, 1244–1249.

Mullen, P.E., Pathé, M., & Purcell, R. (2001). Stalking: new constructions of human behaviour.  
*Australian & New Zealand Journal of Psychiatry, 35*, 9–16.

Murphy, W.D., Haynes, M.R., & Page, I.J. (1992). Adolescent sex offenders. In W. O'Donohue  
& J.H. Geer (Eds). *The sexual abuse of children: Clinical issues: Vol. II* (pp. 394-429).  
Hillsdale, NJ: Erlbaum Associates.

National Society for the Prevention of Cruelty to Children (2011) *Child Abuse and neglect in the  
UK today*. London: NSPCC.

Retrieved from:

[https://www.nspcc.org.uk/Inform/research/findings/child\\_abuse\\_neglect\\_research\\_PDF\\_wdf84181.pdf](https://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf)

Nelson, H. (1997). *Cognitive behavioural therapy with schizophrenia: A practice manual*. Cheltenham: Stanley Thornes.

Nisbet, I.A., Wilson, P.H., & Smallbone, S.W. (2004). A prospective longitudinal study of sexual recidivism among adolescent sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*, 223-234.

Olson, D. H., Portner, J., & Bell, R. (1982). Family adaptability and cohesion evaluation scales. In D. H. Olson, H. I. McCubbin, H. L. Barnes, A. Larsen, M. Muxen, & M. Wilson, *Family inventories* (pp. 5-24). St. Paul: University of Minnesota, Department of Family Social Science.

O' Reilly, G., & Carr, A.; (2004). A Review of Theoretical Models of Sexual Offending In: O' Reilly, G., Marshall, W., Carr, A., & Beckett, R (eds). *The Handbook of Clinical Intervention with Young People who Sexually Abuse*. East Sussex: Brunner-Routledge.

Oskis, A., Loveday, C., Hucklebridge, F., Thorn, L., & Clow, A. (2011). Anxious attachment style and salivary cortisol dysregulation in healthy female children and adolescents. *Journal of Child Psychology and Psychiatry, 52*, 111–118.

Oxnam, P., & Vess, J. (2006). A personality-based typology of adolescent sexual offenders using the Millon adolescent clinical inventory. *New Zealand Journal of Psychology, 35*, 36-44.

Parks, G.A. & Bard, D.W. (2006). Risk factors for adolescent sex offender recidivism: Evaluation of predictive factors and comparisons of three groups based upon victim type. *Sexual Abuse: A Journal of Research and Treatment, 18*, 319-342.

- Perris, C. (1966). A study of bipolar (manic-depressive) and unipolar recurrent depressive psychoses. VI. Studies in perception: colour-form preference. *Acta Psychiatrica Scandinavica. Supplementum; 194*, 92–101.
- Petrocelli, J. V., Glaser, B. A., Calhoun, G. B., & Campbell, L. F. (2001). Early maladaptive schemas of personality disorder subtypes. *Journal of Personality Disorders, 15*, 546–559.
- Pietromonaco, P. R., & Feldman, B. L. (2000). Internal working models: What do we really know about the self in relation to others? *Review of General Psychology, 4*, 155-175.
- Platts, H., Tyson, M., & Mason, O. (2002). Adult attachment style and core beliefs: Are they linked? *Journal of Clinical Psychology and Psychotherapy, 9*, 332–348.
- Polaschek, D. L. L., & Ward, T. (2002). The implicit theories of potential rapists: What our questionnaires tell us. *Aggression and Violent Behavior, 7*, 385–406.
- Prentky, R., & Burgess, A. (2000). Forensic management of sexual offenders. New York: Kluwer Academic/ Plenum.
- Prentky, R. & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) Manual*. Bridgewater, MA: Justice Resource Institute.
- Priel, B., Mitrany, D., & Shahar, G. (1998). Closeness, support and reciprocity: A study of attachment styles in adolescence. *Personality and Individual Differences, 25*, 1183-1197.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward and integrative model change. *Journal of Consulting and Clinical Psychology, 51*, 390–395.
- Purcell, R., Pathé, M., & Mullen, P.E. (2002). The prevalence and nature of stalking in the Australian community. *Australian & New Zealand Journal of Psychiatry, 36*, 114–120.
- Puzzanchera, C., Adams, B., Snyder, H., & Kang, W. (2007). Easy access to FBI arrest statistics 1994-2005. Bureau of Justice Statistics, US Department of Justice.



- Quay, H. C., & Peterson, D. R. (1987). *Manual for the Revised Behavior Problem Checklist*. Coral Gables, FL: University of Miami.
- Quinsey, V. L., & Lalumiere, M. L. (1996). *Assessment of sexual offenders against children*. Thousand Oaks, CA: Sage.
- Rich, P. (2006). *Attachment and sexual offending: Understanding and applying attachment theory to the treatment of juvenile sexual offenders*. West Sussex, UK: John Wiley & Sons.
- Richardson, G., Bhate, S. & Graham, F. (1997). Cognitive-based practice with sexually abusive adolescents. In Hoghughi, M., Bhate, S. and Graham, F. (eds.) *Working with sexually abusive adolescents*. Thousand Oaks, CA: Sage.
- Richardson, G., Kelly, T., Graham, F. Bhate, S. (2004). A personality based taxonomy of sexually abusive adolescents derived from the Millon Adolescent Clinical Inventory (MACI). *British Journal of Clinical Psychology*, 43, 285-298.
- Righthand, S., & Welch, C. (2001). *Juveniles who have sexually offended: A review of the professional literature*. Washington, DC: U.S. Office of Juvenile Justice and Delinquency Prevention.
- Rittenmyer, G. J. (1997). The relationship between early maladaptive schemas and job burnout among public school teachers. *Dissertation Abstracts International*, 58(5-A), 1529.
- Ronis, S.T., & Borduin, C. M., (2007). Individual, Family, Peer, and Academic Characteristics of Male Juvenile Sexual Offenders. *Journal of Abnormal Child Psychology*, 35, 153–163.
- Rosenfeld, B., Galietta, M., Ivanoff, A., Garcia-Mansilla, A., Martiez, R., Fava, J.; Fineran, V., & Green, D. (2007). Dialectical behavior therapy for the treatment of stalking offenders. *International Journal of Forensic Mental Health*, 6, 95–103.

- Ryan, G.D. (1997). Perpetration prevention: Primary and secondary. In *Juvenile Sexual Offending: Causes, Consequences and Correction*, edited by G.D. Ryan and S.L. Lane. San Francisco, CA: Jossey-Bass, pp. 433–454.
- Ryan, G. (1999). Treatment of abusive youth: the evolving consensus. *Journal of Interpersonal Violence, 14*, 422 - 436.
- Ryan, G. and Lane, S. (1991), *Juvenile Sexual Offending: Causes, Consequences and Correction*, 1<sup>st</sup> edition, Lexington Books, Massachusetts.
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., & Skuse, D. (2003). Development of sexually abusive behaviour in sexually victimized males: A longitudinal study. *The Lancet, 361*, 471–476.
- Sawle, G.A., & Kear-Colwell, J. (2001). Adult attachment style and pedophilia: A developmental perspective. *International Journal of Offender Therapy and Comparative Criminology, 45*, 32–50.
- Schmidt, N. B., Joiner, T. E., Young, J. E., & Telch, M. J. (1995). The Schema Questionnaire: Investigation of psychometric properties and the hierarchical structure of a measure of maladaptive schemas. *Cognitive Therapy and Research, 19*, 295–321.
- Schwartz, R.C., Cohen, B.N. & Grubaugh, A. (1997). Does insight affect long-term inpatient treatment outcome in chronic schizophrenia? *Comprehensive Psychiatry, 38*, 283-288.
- Schwartz, B., Cavanaugh, D. Prentky, R., & Pimental, A. (2006). Family violence and severe maltreatment in families of sexually reactive children and adolescents. In R.E. Longo & D.S. Prescott (Eds.), *Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA: New England Adolescent Research Press.
- Segal, Z.V., & Marshall, W.L. (1985). Heterosexual social skills in a population of rapists and child molesters. *Journal of Consulting and Clinical Psychology, 53*, 55-63.

- Seghorn, T., Boucher, R.J., & Prentky, R.A. (1987). Childhood sexual abuse in the lives of sexually aggressive offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 26*, 262-267.
- Seidman, B. T., Marshall, W. L., Hudson, S. M., & Robertson, P. J. (1994). An examination of intimacy and loneliness in sex offenders. *Journal of Interpersonal Violence, 9*, 518-534.
- Seigert, R. J., Ward, T., & Hudson, S. (1995). The structure of romance: A factor analytic examination of the relationship scales questionnaire. *New Zealand Journal of Psychology, 24*, 13-20.
- Seto, M. C. & Lalumière, M. L. (2010). What Is So Special About Male Adolescent Sexual Offending? A Review and Test of Explanations through Meta-Analysis. *Psychological Bulletin, 136*, 526 -575.
- Sezgin, N. (1996). *The normative study of schema questionnaire on Turkish university students: A pilot study*. 26th Congress of European Association for Behaviour and Cognitive Therapy, Budapest, Hungary.
- Sheridan, L., Gillett, R., & Davies, G. (2002). Perceptions and prevalence of stalking in a male sample. *Psychology, Crime & Law, 8*, 289-310.
- Shorey, Hal S. & Snyder, C. R. (2006). The role of adult attachment styles in psychopathology and psychotherapy outcomes. *Review of General Psychology, 10*, 1-20.
- Smallbone, S. W., & Dadds, M. R. (1998). Childhood attachment and adult attachment in incarcerated adult male sex offenders. *Journal of Interpersonal Violence, 13*, 555- 573.
- Smallbone, S. W., & Dadds, M. R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse: A Journal of Research and Treatment, 12*, 3-15.
- Smallbone, S. W. (2006). Social and psychological factors in the development of delinquency and sexual deviance. In H. E. Barbaree & W. L. Marshall (Eds.), *The juvenile sex offender* (2nd ed., pp. 105-127). New York: Guilford Press.

- Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. *Child Abuse and Neglect, 11*, 101-108.
- Smith, W. R., Monastersky, C., & Deisher, R. M. (1987). MMPI-based personality types among juvenile sexual offenders. *Journal of Clinical Psychology, 43*, 422-430.
- Snyder, H. (2001). Youth Arrests 2000. Washington, DC: Office of Youth Justice and Delinquency Prevention.
- Snyder, H. N. (2003). Juvenile arrests 2001. Retrieved December 2012 from U.S. Department of Justice Web site: <https://www.ncjrs.gov/pdffiles1/ojjdp/201370.pdf>
- Spitzberg, B.H., & Cupach, W.R. (2003). What mad pursuit? Obsessive relational intrusion and stalking related phenomena. *Aggression and Violent Behavior, 8*, 345–75.
- Stirpe, T., Abracen, J., Stermac, L., & Wilson, R. (2006). Sexual offenders' state-of-mind regarding childhood attachment: A controlled investigation. *Sexual Abuse: A Journal of Research and Treatment, 18*, 289-302.
- Stopa, L., Thorne, P., Waters, A., & Preston, J. (2001). Are the short and long forms of the Young Schema-Questionnaire comparable and how well does each version predict psychopathology scores? *Journal of Cognitive Psychotherapy, 15*, 253–272.
- Straus, M. A., & Gelles, R. J. (1990). *Physical Violence in American Families*. New Brunswick, NJ: Transaction Publishing.
- Sturmey, P. (1996). *Functional analysis in clinical psychology*. Chichester: Wiley.
- Tarolla, S., Wagner, E., Rabinowitz, J., & Tubman, J. (2002). Understanding and treating juvenile offenders: A review of current knowledge and future directions. *Aggression and Violent Behavior, 7*, 125-143.
- Thomas, J., Knowles, R., Tai, S., & Bentall, R. P. (2007). Response styles to depressed mood in bipolar affective disorder. *Journal of Affective Disorders, 100*, 249–252.

- Tingle, D., Barnard, G. W., Robbin, L. Newman., G. & Hutchinson, D. (1986). Childhood and adolescent characteristics of paedophiles and rapists. *International Journal of Law and Psychiatry*, 9, 103-116.
- Tonin, E. (2004). The attachment styles of stalkers. *Journal of Forensic Psychiatry & Psychology*; 15, 584–590.
- Vandiver, D. M. & Teske, Jr. R. (2006). Juvenile Female and Male Sex Offenders: A Comparison of Offender, Victim, and Judicial Processing Characteristics, *International Journal of Offender Therapy and Comparative Criminology*, 50, 148-165.
- Van Outsem, R., Beckett, R., Bullens, R., Vermeiren, van Horn, J. & Doreleijers, T. (2006). The Adolescent Sexual Abuser Pack (ASAP) assessment measures Dutch revised version: A comparison of personality characteristics between juvenile sex offenders, juvenile perpetrators of non-sexual violent offences and non-delinquent youths in the Netherlands. *Journal of Sexual Aggression*, 12, 127-141.
- Van Wijk, A., Loeber, R., Vermeiren, R., Pardini, D., Bullens, R., & Doreleijers, T. (2005). Violent juvenile sex offenders compared with violent juvenile non sex offenders: Explorative findings from the Pittsburgh Youth Study. *Sexual Abuse: A Journal of Research and Treatment*, 17, 333-352.
- Varga, M., Magnusson, A., Flekkøy, K., David, A.S., & Opjordsmoen, S. (2007). Clinical and neuropsychological correlates of insight in schizophrenia and bipolar I disorder: does diagnosis matter? *Comprehensive Psychiatry*; 48, 583-591.
- Veneziano, C., Veneziano, L., & Le Grand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence*, 15, 363–374.
- Veneziano, C. & Veneziano, L. (2002). Adolescent sex offenders: A review of the literature. *Trauma, Violence and Abuse*, 3, 247-260.

- Vermeiren R. Psychopathology and delinquency in adolescents: a descriptive and developmental perspective. *Clinical Psychology Review*, 23, 277-318.
- Vermeiren, R., De Clippele, A., Schwab-Stone, M., Ruchkin, V., & Deboutte, D. (2002). Neuropsychological characteristics of three subgroups of Flemish delinquent adolescents. *Neuropsychology*, 16, 49–55.
- Waller, G., Meyer, C., & Ohanian, V. (2001). Psychometric properties of the long and short versions of the Young Schema Questionnaire: Core beliefs among bulimic and comparison women. *Cognitive Therapy and Research*, 25, 137–147.
- Ward, T. (2000). Sexual offenders' cognitive distortions as implicit theories. *Aggression and Violent Behavior*, 5, 491–507.
- Ward, T., Day, A., Howells, K., & Birgden, A. (2004). The multifactor offender readiness model. *Aggression and Violent Behaviour*, 9, 645-673.
- Ward, T., Hudson, S. M., & Marshall, W. L. (1996). Attachment style in sex offenders: A preliminary study. *The Journal of Sex Research*, 33, 17-26.
- Ward, T., & Keenan, T. (1999). Child molesters' implicit theories. *Journal of Interpersonal Violence*, 14, 821–838.
- Ward, T., Louden, K., Hudson, S. M., and Marshall, W. L. (1995). A descriptive model of the offense chain for child molesters. *Journal of Interpersonal Violence*, 10, 452-472.
- Ward, T., Polaschek, D., & Beech, A. R. (2006). *Theories of sexual offending*. Chichester, UK: Wiley.
- Ward, T., & Siegert, R. J. (2002). Toward and comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime, and Law*, 9, 319–351.
- Warren, L., MacKenzie, R., Mullen, P. E., & Ogloff, J. R. P. (2005). The problem behaviour model: the development of the stalkers clinic and a threateners' clinic. *Behavioral Sciences and the Law*, 23, 387–397.

- Welburn, K., Coristine, M., Dagg, P., Pontefract, A., & Jordan, S. (2002). The Schema Questionnaire -Short Form: Factor analysis and relationship between schemas and symptoms. *Cognitive Therapy and Research*, 26, 519–530.
- Wessler, R. A. & Wessler, R.L. (1980). *The principles and practice of rational-emotive therapy*. London: Jossey-Bass.
- White, J., Kowalski, R.M., Lyndon, A., & Valentine, S. (2000). An integrative contextual developmental model of male stalking. *Violence & Victims*, 15, 373–88.
- Widom, C.S. (1988). Sampling biases and implications for child abuse research. *American Journal of Orthopsychiatry*, 58, 260-270.
- Wilson, J.S., Ermshar, A.L., & Welsh, R.K. (2006). Stalking as paranoid attachment: a typological and dynamic model. *Attachment Human Development*, 8, 139–57.
- World Health Organisation (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: WHO.
- Worling, J. R. (1995). Adolescent sibling incest offenders: Differences in family and individual functioning when compared to adolescent nonsibling sex offenders. *Child Abuse and Neglect*, 19, 633-643.
- Worling, J. R. (2001). Personality-based typology of adolescent male sexual offenders: Differences in recidivism rates, victim-selection characteristics, and personal victimization histories. *Sexual Abuse: A Journal of Research and Treatment*, 13, 149-166.
- Worling, J. R., & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse and Neglect*, 24, 965-982.
- Worling, J. R., & Langstrom, N. (2006). Risk of sexual recidivism in adolescents who offend sexually: Correlates and assessment. In H. E. Barbaree, and W. L. Marshall, (Eds.), *The juvenile sex offender*, 2<sup>nd</sup> edition, (pp. 219-247. New York, NY: Guilford Press.

- Yen, C.F., Chen, C.S., Ko, C.H., Yeh, M.L., Yang, S.J., Yen, J.Y., Huang, C.F., & Wu, C.C. (2005). Relationships between insight and medication adherence in outpatients with schizophrenia and bipolar disorder: Prospective study. *Psychiatry & Clinical Neuroscience*, *59*, 403–409.
- Young, J. E. (1990). *Cognitive therapy for personality disorders: A schema focused approach*. Sarasota, FL: Professional Resource Exchange.
- Young, J. E. (1994). *Cognitive therapy for personality disorders: A schema-focused approach* (2nd ed.). Sarasota, FL: Professional Resource Exchange.
- Young, J. E., & Klosko, J. S. (1994). *Reinventing your life*. New York: Plume.
- Young, J. (1999). *Cognitive therapy for personality disorders: A schema-focused approach* (3rd ed.). Sarasota, FL: Professional Resource Exchange, Inc.
- Young, J. E., & Brown, G. (2003). YSQ-S2. retrieved from <http://www.schematherapy.com/>
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York, Guilford Press.
- Young, J. E., & Brown, G. (2003a). YSQ-L2. Retrieved from <http://www.schematherapy.com/>
- Young, J. E., & Brown, G. (2003b). YSQ-S2. Retrieved from <http://www.schematherapy.com/>
- Young, J. E. (2003). *Young Schema Questionnaire-Long Form 3 (YSQL3)*. New York: Schema Therapy Institute.
- Young, J. E., Pascal, B., & Cousineau, P. (2005). *Questionnaire des Schemas de Young (YSQ-S3)*. New York: Schema Therapy Institute.
- Zakireh, B., Ronis, S. T., & Knight, R. A. (2008). Individual beliefs, attitudes, and victimization histories of male juvenile sexual offenders. *Sexual Abuse: Journal of Research and Treatment*, *20*, 323-351.
- Zimring, F. E. (2004). *An American travesty: Legal responses to adolescent sexual offending*. Chicago, IL: University of Chicago Press.



## Appendix A: SEARCH TERMS AND SYNTAX

### PsycINFO (including Journals@OVID full text)

1. \$Juvenile sex\$.mp.
2. \$Adolescent sex\$.mp
3. (Comparative studies and sexual offending).mp. [mp=title, abstract, heading word, table of contents, key concepts]
4. (Juvenile sex and non sex offenders).mp. [mp=title, abstract, heading word, table of contents, key concepts]
5. Psychosexual disorders in adolescents.mp. [mp=title, abstract, heading word, table of contents, key concepts]
6. Young people who sexually abuse.mp
7. exp Attachment Theory/
8. exp Childhood Development
9. 1 & 8
10. 2 and 8
11. 1 and 7
12. 2 and 7
13. \$Adolescent sex offen\$.mp. [mp=title, abstract, heading word, table of contents, key concepts]
14. 7 & 13
15. Insecure attachment in adolescent sex offenders.mp. [mp=title, abstract, heading word, table of contents, key concepts]
16. exp Child Neglect/ or exp Early Experience/ or childhood neglect.mp
17. 1 & 15
18. 1 & 16
19. 2 & 16
18. Young people who sexually abuse.mp
19. family background
- 20.neglect
21. 1 and 19
- 22.2 and 19
- 23.1 and 20
- 24.2 and 20

## **MEDLINE**

1. \$Juvenile sex\$.mp.
2. \$Adolescent sex\$.mp
3. (Comparative studies and sexual offending).mp. [mp=title, abstract, heading word, table of contents, key concepts]
4. (Juvenile sex and non sex offenders).mp. [mp=title, abstract, heading word, table of contents, key concepts]
5. Psychosexual disorders in adolescents.mp. [mp=title, abstract, heading word, table of contents, key concepts]
6. Young people who sexually abuse.mp
7. exp Attachment Theory/
8. exp Childhood Development
9. 1 & 8
10. 2 and 8
11. 1 and 7
12. 2 and 7
13. \$Adolescent sex offen\$.mp. [mp=title, abstract, heading word, table of contents, key concepts]
14. 7 & 13
15. Insecure attachment in adolescent sex offenders.mp. [mp=title, abstract, heading word, table of contents, key concepts]
16. exp Child Neglect/ or exp Early Experience/ or childhood neglect.mp
17. 1 & 15
18. 1 & 16
19. 2 & 16
18. Young people who sexually abuse.mp
19. family background
- 20.neglect
21. 1 and 19
- 22.2 and 19
- 23.1 and 20
- 24.2 and 20

## **EMBASE**

1. \$Juvenile sex\$.mp.
2. \$Adolescent sex\$.mp

3. (Comparative studies and sexual offending).mp. [mp=title, abstract, heading word, table of contents, key concepts]
4. (Juvenile sex and non sex offenders).mp. [mp=title, abstract, heading word, table of contents, key concepts]
5. Psychosexual disorders in adolescents.mp. [mp=title, abstract, heading word, table of contents, key concepts]
6. Young people who sexually abuse.mp
7. exp Attachment Theory/
8. exp Childhood Development
9. 1 & 8
10. 2 and 8
11. 1 and 7
12. 2 and 7
13. \$Adolescent sex offen\$.mp. [mp=title, abstract, heading word, table of contents, key concepts]
14. 7 & 13
15. Insecure attachment in adolescent sex offenders.mp. [mp=title, abstract, heading word, table of contents, key concepts]
16. exp Child Neglect/ or exp Early Experience/ or childhood neglect.mp
17. 1 & 15
18. 1 & 16
19. 2 & 16
18. Young people who sexually abuse.mp
19. family background
- 20.neglect
21. 1 and 19
- 22.2 and 19
- 23.1 and 20
- 24.2 and 20

**Appendix B:  
Inclusion/Exclusion Criteria Form**

	<b>Inclusion</b>	<b>Exclusion</b>
<b>Population</b>	Male Juvenile Offenders who have committed a sexual offence aged between 10-20 years old	Adult sex offenders Female Juvenile sex offenders
<b>Exposure</b>	Attachment with parent/caregiver in childhood, Family Environment, maltreatment, neglect, sexual abuse, physical abuse.	N/A
<b>Comparator</b>	None or juvenile non-sexual offenders or non delinquents	N/A
<b>Outcomes</b>	Sexual offence	N/A
<b>Study design</b>	Cross sectional Cohort Case control	Opinion papers, book reviews, commentaries, editorials, non-English papers, non-published papers, treatment interventions

## Appendix C: QUALITY ASSESSMENT FORMS

### Cross Sectional Study

QUESTION	Y	N	U	COMMENTS
Has the study addressed a clearly focused issue?				
Is the study addressing attachment bonds, disrupted family environment, past abuse etc in juvenile sexual offenders				
<b>STUDY DESIGN</b>				
Is a cross sectional study an appropriate way of answering the question under the circumstances?				
Has the study addressed the question being asked?				
<b>SELECTION BIAS</b>				
Was the sample representative of the defined population?				
Was a sufficient sample size used?				
Was there sufficient information about the demographic background factors of the sample?				
Were any potential confounding variables controlled for?				
Were the groups comparable in all important confounding variables?				
<b>MEASUREMENT AND DETECTION BIAS</b>				
Has disrupted family been clearly defined and measured?				
Has maltreatment been clearly defined and measured/				
Were the measurements for outcome objective?				
Was the outcome measure validated?				
Were the assessment instrument(s) for outcome (psychometrics/questionnaire) standardised?				
Was the outcome assessed in the same way across groups?				
Were the participants blind to the research?				
Were the assessor(s) blind to the exposure?				
<b>ATTRITION BIAS</b>				
N/A				
<b>OUTCOME BIAS</b>				
Was outcome measured in a correct way?				
Were the measures valid and reliable for the defined population?				
<b>STATISTICS</b>				
Was the statistical analysis used correct?				
<b>RESULTS</b>				

Are results unbiased?				
Are the results significant?				
Is the size of effect reasonable?				
Are methods and design reliable?				
Have limitations been discussed?				
<b>APPLICABILITY OF FINDINGS</b>				
Can results be applied to families regardless of culture and size?				
Can the results be applied to the UK population?				

## QUALITY ASSESSMENT FORMS

### Cohort Study

QUESTION	Y	N	U	COMMENTS
<b>INITIAL SCREENING</b>				
Has the study addressed a clearly focused issue?				
Is the study addressing attachment bonds, disrupted family environment, past abuse etc in juvenile sexual offenders				
<b>STUDY DESIGN</b>				
Is a cohort study an appropriate way of answering the question under the circumstances?				
Has the study addressed the question being asked?				
<b>SELECTION BIAS</b>				
Was the sample representative of the defined population?				
Was a sufficient sample size used?				
Was there sufficient information about the demographic background factors of the sample?				
Were any potential confounding variables controlled for?				
Were the groups comparable in all important confounding variables?				
<b>MEASUREMENT AND DETECTION BIAS</b>				
Has disrupted family been clearly defined and measured?				
Has maltreatment been clearly defined and measured/				
Were the measurements for outcome objective?				
Was the outcome measure validated?				
Were the assessment instrument(s) for outcome (psychometrics/questionnaire) standardised?				
Was the outcome assessed in the same way across groups?				
Were the participants blind to the research?				
Were the assessor(s) blind to the exposure?				
<b>ATTRITION BIAS</b>				
N/A				
<b>OUTCOME BIAS</b>				
Was outcome measured in a correct way?				
Were the measures valid and reliable for the defined population?				
<b>STATISTICS</b>				
Was the statistical analysis used correct?				
<b>RESULTS</b>				
Are results unbiased?				
Are the results significant?				

Is the size of effect reasonable?				
Are methods and design reliable?				
Have limitations been discussed?				
<b>APPLICABILITY OF FINDINGS</b>				
Can results be applied to families regardless of culture and size?				
Can the results be applied to the UK population?				



## Appendix D: DATA EXTRACTION FORM

### General Information

**Date of data extraction**

**Author**

**Identification of the reviewer**

**Source (e.g. Journal)**

### Re-verification of study eligibility

Population:

	Male juvenile offenders who have committed a sexual offence	Y	N	?
	Aged between 12-19 years old	Y	N	?
Exposure:	Attachment with parent/caregiver in childhood	Y	N	?
	Disrupted family Environment	Y	N	?
	Maltreatment/neglect/abuse	Y	N	?
Comparator:	Non sexual offender/Non delinquent	Y	N	?
Outcome:	Sexual offence	Y	N	?
<b>Study Design</b>	Cross sectional	Y	N	
	Cohort	Y	N	
	Case controlled			

**Continue?            Yes            NO**

## **Specific Information**

### **Population Characteristics**

1. Target population (describe)
2. Inclusion criteria
3. Exclusion criteria
4. Recruitment procedures used
5. Characteristics of participants:

- 1) Type of maltreatment/attachment disruption?
- 2) Who carried out the measurement
- 3) How was outcome measured?
- 4) If a tool was used, was it validated? If so, how?
- 5) How was the validity of the self reported behaviour maximised?
- 6) Limitations:
- 7) Notes:

### **Analysis**

1. Stats technique used
2. Were confounding variables assessed?
3. Overall study quality            good            reasonable            poor

**Appendix E:  
References of excluded studies**

<b>References</b>	<b>Reason for Exclusion</b>
Graves, R. B., Openshaw, D. K., Ascione, F. R., & Ericksen, S. L. (1996). Demographic and parental characteristics of youthful sexual offenders. <i>International Journal of Offender Therapy and Comparative Criminology</i> , 40 (4), 300-317.	Unobtainable
Kobayashi, J., Sales, B.D., Becker, J.V., Figueredo, A.J., and Kaplan, M.S. 1995. Perceived parental deviance, parent-child bonding, child abuse, and child sexual aggression. <i>Sexual Abuse: A Journal of Research and Treatment</i> 7(1):25-43.	Unobtainable
Campagna. (2007). Attachment and Sexual Offending: Understanding and Applying Attachment Theory to the Treatment of Juvenile Sex Offenders. <i>Journal of American Academy of Child and Adolescent Psychiatry</i> , 46 (7), 892-893.	Review of a book
Van Wijk, A.P., Vreugdenhil, C., Van Horn, J., Vermeiren, R, Doreleijers, Theo A. H (2007). Incarcerated Dutch juvenile sex offenders compared with non-sex offenders. <i>Journal of Child Sexual Abuse</i> . 16, 1-21.	Unobtainable
Silovsky, J., & Nice, L. (2002). Characteristics of young children with sexual behaviour problems: A pilot study. <i>Child Maltreatment</i> , 7, 187-197.	Sample was adolescents without offending history
Steel, J. L., & Herlitz, C. A. (2005). The association between childhood and adolescent sexual abuse and proxies for sexual risk behavior: A random sample of the general population of Sweden. <i>Child Abuse &amp; Neglect</i> , 29, 1141-1153.	General population not offenders
Righthand, S. & Welch, C. (2001). Juveniles who have sexually offended. A review of the professional literature. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.	Review
James, A & Neil, P (1996). Juvenile Sexual Offending: One-Year Period Prevalence Study Within Oxfordshire. <i>Child Abuse &amp;</i>	Female sample included

<i>Neglect, 20: 477-485</i>	
Campbell, K. (2007), Attachment and Sexual Offending: Understanding and Applying Attachment Theory to the Treatment of Juvenile Sexual Offenders by P. Rich (2006). West Sussex: John Wiley & Sons, Ltd. <i>Howard Journal of Criminal Justice, 46, 211-213</i>	Book review
Seto, M.C. & Lalumiere, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. <i>Psychological Bulletin, 136, 526-575.</i>	Review
van Wijk, A., Vermeiren, R., Loeber, R., Hart-Kerkhoffs, L., Doreleijers, T., & Bullens. R. (2006). Juvenile sex offenders compared to non-sex offenders: A review of the literature 1995–2005. <i>Trauma, Violence, &amp; Abuse, 7, 227–243.</i>	Review
Jonson-Reid, M.J., & Way, I. (2001). Adolescent Sexual Offenders: Incidence of Childhood Maltreatment, Serious Emotional Disturbance, and Prior Offenses. <i>American Journal of Orthopsychiatry, 71, 120-130</i>	Included a small percentage of female offenders
Bleil, W. J., Hughes, T.L, Sutton, L.R., Marshall, S.N., Crothers, L.M., Lehman, C., Paserba, D., Talkington, V., Taormina, R., & Huang, A. (2013). Maltreatment and depression in adolescent sexual offenders with autism. <i>Journal of child sexual abuse, 22, 72- 89.</i>	Unobtainable

## Appendix F

### INFORMATION SHEET FOR CARER/SOCIAL WORKER

#### Title of the research project:

Research on interpersonal style in adolescents

#### Principal Researcher:

Amreen Gaffar  
University of Birmingham

#### Supervisor:

Professor Anthony Beech  
University of Birmingham

Thank you for your interest in this research study. Before you decide whether you want to take part you need to understand why the research is being done and what it will involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

#### What is the purpose of the study?

This research is looking at young people and their family relationships. I will be asking the young person to fill in a questionnaire as well as interviewing them. The interview consists of questions about the relationship they share with people close to them, how they perceive relationships with people and how this affects their behaviour.

#### Does the young person have to take part in the study?

Participation in this research study is completely voluntary and the young person does not have to take part. This information sheet describes the study and what will be asked of them to allow you as the carer to make an informed choice. At the end, you will be asked to sign a consent form to show you have agreed for young person to take part. The young person is free to withdraw at any time, without giving a reason.

#### What will the young person be asked in the questionnaire and interview?

The questions will ask about the relationship the young person shares with people close to them, how they perceive relationships with people and how this affects their behaviour.

#### How long will it take?

This is dependent on each individual, but the interview and questionnaire should take no more than an hour.

#### What are the possible disadvantages and risks of taking part?

Some of the questions may touch on personal issues that some may find distressing. If the young person finds any of the questions distressing, the young person can stop answering them at any time. Support will also be given by the staff where young person is residing.

**Will information be kept confidential?**

The data collected in this study will be used only for the purpose described in this form, and will be available only to the Principal researcher listed on this Information Sheet. All records related to the young person's involvement in this research study will be stored in a locked filing cabinet which will only the principle researcher will have access to it.

Every effort will be taken to protect the names of the participants in this study. The identity of the young person will not be recorded as part of their data, and will not be revealed in any publication that may result from this study. All information provided will be kept confidential, except as governed by law. Professional ethics (and in some cases statutory obligations) will sometimes require Confidentiality may be breached for reasons such as the risk of "serious harm" to individuals or to yourself.

**What will happen if the young person does not want to carry on with the study?**

The young person is free to withdraw from the study at any time. Should they choose to withdraw, they can also request that any data collected from participation to be withdrawn from the study. If this request is made, any data collected from them will be located and destroyed. This request can be made at any time prior to the submission of the data for publication.

**What will happen to the results of the research study?**

It is hoped that the data from this study will be used in a published research paper or a conference presentation, though this is not assured.

**When will data be disposed?**

In accordance with the university code of practice for research, data will be stored and preserved for 10 years. Therefore, data will be disposed of after 10 years.

**Further information and contact details.**

If you would like any further information, please contact the researcher on:

## PARTICIPANT INFORMATION SHEET

### Title of the research project:

Research on interpersonal style in adolescents

### Principal Researcher:

Amreen Gaffar

University of Birmingham



### Supervisor:

Professor Anthony Beech

University of Birmingham



Thank you for your interest in this research study. Before you decide whether you want to take part you need to understand why the research is being done and what it will involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

### What is the purpose of the study?

This research is looking at young people and their family relationships. I will be asking you to fill in a questionnaire as well as interviewing you. The interview consists of questions about the relationship you share with people close to you, how you perceive relationships with people and how this affects your behaviour.

### Do I have to take part?

Your participation in this research study is completely voluntary and you do not have to take part if you do not wish to. This information sheet describes the study and what you will be asked to do to allow you to make an informed choice. At the end you will be asked to sign a consent form to show you have agreed to take part. Even if you have completed the consent form you are free to withdraw at any time, without giving a reason. Whether or not you participate in this research study will have no effect on your placement/care

### What will I be asked in the questionnaire and interview?

The questions will ask you about the relationship you share with people close to you, how you perceive relationships with people and how this affects your behaviour.

### How long will it take?

This is dependent on each individual, but the interview and questionnaire should take no more than an hour.

### What are the possible disadvantages and risks of taking part?

Some of the questions may touch on personal issues that you find distressing. If you find that any of the questions are causing you distress, please remember you are free to stop answering them at any time. If you feel you want to discuss anything with the researcher, please use the contact details above. Support will also be given by the staff where you are currently staying.

**Will my taking part in the study be kept confidential?**

The data collected in this study will be used only for the purpose described in this form, and will be available only to the Principal researcher listed on this Information Sheet. All records related to your involvement in this research study will be stored in a locked filing cabinet which can only be accessed by the principle researcher.

Every effort will be taken to protect the names of the participants in this study. Your identity will not be recorded as part of your data, and will not be revealed in any publication that may result from this study. All information you provide will be kept confidential, except as governed by law. Professional ethics (and in some cases statutory obligations) will sometimes require Confidentiality may be breached for reasons such as the risk of "serious harm" to individuals or to yourself.

**What will happen if I don't want to carry on with the study?**

You are free to withdraw from the study at any time. Should you choose to withdraw, you can also request that any data collected from your participation be withdrawn from the study. If you request this, any data collected from you will be located and destroyed. You may make this request at any time prior to the submission of the data for publication.

**What will happen to the results of the research study?**

It is hoped that the data from this study will be used in a published research paper or a conference presentation, though this is not assured.

**When will data be disposed?**

In accordance with the university code of practice for research, data will be stored and preserved for 10 years. Therefore, data will be disposed of after 10 years.

**Further information and contact details.**

If you would like any further information, please contact the researcher on:



## Appendix G:

### CONSENT FORM-Parent/Caregiver

Hello, my name is Amreen. I am from the University of Birmingham and am currently doing some research which is looking at young people and their family relationships. I will be asking the young person to fill in a questionnaire as well as interviewing them which will help me understand them better. The interview consists of questions about the relationship they share with people close to them, how they perceive relationships with people and how this affects their behaviour.

#### CONTENT/FOCUS OF INTERVIEW

- I will be asking the young person questions about their school, their friends, and their family.
- The young person may withdraw from the study at any time
- The young person may ask for their data to be destroyed at any point prior to the publication of the research findings based upon it.
- Do you have any questions at this point? – If you think of anything you Please do not hesitate in asking

**I agree for (Name of young person) to be interviewed by Amreen Gaffar (Forensic Psychologist in Training)**

#### Signed By:

Caregiver's name \_\_\_\_\_ Signature \_\_\_\_\_

Researcher's name \_\_\_\_\_ Signature \_\_\_\_\_

## CONSENT FORM-Participant

Hello, my name is Amreen. I am from the University of Birmingham and am currently doing some research which is looking at young people and their family relationships. I will be asking you to fill in a questionnaire as well as interviewing you which will help me understand you better. The interview consists of questions about the relationship you share with people close to you, how you perceive relationships with people and how this affects your behaviour.

### CONTENT/FOCUS OF INTERVIEW

- As I've said, we're meeting today because I want to learn about things that happen to young people your age and how young people feel about them. So I'm going to ask you about things that have happened to you and people you're close to.
- I understand that the researcher is going to ask me questions about the relationship I share with my friends and family  
Yes  No
- I understand that I can withdraw from the study at any time  
Yes  No
- I understand that I can ask the researcher to destroy my data at any point prior to the publication of the research findings based upon it.  
Yes  No
- I have read and understood the information sheet that has been given to me.  
Yes  No
- Do you have any questions at this point? – If you think of anything, you can ask me at any time!

**I agree to be interviewed by Amreen Gaffar (Forensic Psychologist in Training)**

**Signed By:**

Participant's name \_\_\_\_\_ Signature \_\_\_\_\_

Researcher's name \_\_\_\_\_ Signature \_\_\_\_\_

## Appendix H:

### Attachment Style Interview Summary

#### Introduction

The ASI is a standardised interview used with adolescents or adults and assesses security of attachment and attachment style in addition to quality of relationship with close others. It has previously been used in high-risk community series of adolescents and their mothers to examine risks for psychological disorder. In community series around half of individuals score as 'Clearly Secure' with just over a quarter 'mildly insecure' and 20% markedly or moderately insecure. It is only the markedly or moderately insecure that have high rates of psychological disorder and high rates of childhood neglect/abuse. The following summary is of the ASI rating procedure. The interview is very similar for adults and adolescents, with the exception of partner being rated for adults and parent(s) for adolescents, and Very close Others are always adults for adult interviewees, but can be adolescent peers for adolescent interviewees.

The measure is in three sections: Quality of Relationships, Attachment Attitudes and Overall attachment profile

#### Quality of Relationships

Detailed questioning is made about supportiveness of relationship with (a) Partner or Parent/carer b) one very close other (VCO) c) a second very close other and if no partner/parent/carer c) a third very close other. VCOs can be family or friends, of either gender. High Support is high confiding of emotionally charged topics, high positive interaction and high feelings of closeness in the relationship in a person needs to be seen monthly. High is equivalent to 1.marked or 2.moderate on a 4-point scale (3:some, 4:little/none) Support scales assessed – Partner/Parent or Very Close Other (up to 3)

#### Confiding in other:

The extent to which the young person is able to talk to other person about personal feelings, crises and emotionally charged topics. Supporting evidence of examples of recent confiding required.

#### Active Emotional Support from other

The extent to which the other person has responded to confidences, strong personal feelings and/or crisis in a sympathetic, helpful and understanding way. The rating is made on the basis of the frequency and strength of such supportive behaviour. Negative response will reduce the rating.

#### Positive Quality of Interaction with other

The extent to which time spent together is characterised by a positive tone. Take into account intensity and persuasiveness of tone. Also enjoyment of joint activities.

#### Negative Quality of Interaction with other

The extent to which time spent together is characterised by a negative tone. Take into account intensity and persuasiveness of tone. Include tension, rows, quarrelling or more intense conflict

#### Felt Attachment to other

The extent to which the simple existence of the other person provides a particular kind of emotional support for the young person in terms of a feeling of inner security and safety. Denotes an emotional dependency and bond with partner.

### **Ability to Make and Maintain Relationships**

The presence of 2 or more close and confiding relationships is taken to denote secure style. Less than this is an indicator of insecure attachment style. Insecurity can involve isolation with few relationships, or involvement but with disruptive or superficial relationships. Where relationships are supportive but negative attitudes about attachment are present then a rating of 'mildly insecure' style can be made. This carries low risk of disorder and dysfunction.

### **Attachment attitudes**

Attitudes indicating closeness/distance in relating, and fear and anger are covered prior to assessing attachment style.

#### **AVOIDANT ATTITUDES**

##### **Mistrust**

The extent to which the young person lacks trust in people close to him/her, as well as outsiders and is suspicious of their motives and behaviour. The level is indicated by intensity of attitude and generalization to range of others. May have either angry or fearful components.

##### **Constraints on Closeness**

The existence of attitudinal blockages inhibiting the development or maintenance of close confiding relationships and care eliciting. Barriers within the individual to achieving closeness and seeking help and irritation at closeness with specific expectations of rejection.

##### **Self-reliance**

The extent to which the young person feels able to cope well on his/her own, values his/her independence and is not very dependent on others for practical and emotional help. A high rating denotes over-self-reliance and a low rating over-dependency.

##### **Anger**

Rate the extent to which the young person feels hostile, resentful, or jealous of others close to him/her. Include parents and siblings, partners, children, VCO/confidants and other friends. This may also include resentment about the past. Take into account negative interaction ratings and whether these emanate mainly from the client. A high rating can be made even if the anger is present but not easily expressed to the persons concerned. If the anger is entirely provoked then rate lower than if it is an overreaction to some minor 'slight'.

#### **ANXIOUS ATTITUDES**

##### **Fear of Rejection**

The extent to which constraints on closeness are based on fear of getting close, specifically on fears of rejection or being let down. Discomfort will be rated at the lower levels and generalization to a wide

range of others at the higher levels. Take into account discomfort at signs of closeness. Give priority to feelings of anxiety rather than intolerance

**Desire for company**

The extent to which the young person likes/needs to have a high degree of contact with close others; has high dependency on others; and likes/needs a high level of companionship. A high rating denotes excessively frequent contact with others, whereas a low rating indicates avoidance of social situations.

**Fear of Separation**

The extent to which there is distress at temporary separations from close others. The young person may fear being abandoned and losing people close to him/her. Take into account fears of being alone, anxious searching behaviour when others are later than expected, etc. Rate highly whether he/she expresses concern for his/her own safety/protection or that of the close other.

The profile of scales rated will provide the type of insecure attachment. Usually these occurs within the avoidant or anxious groupings. However, more disturbed individuals may have dual or disorganised style with features of both avoidant and anxious styles.

### Description of Attachment Style Profiles

There are five main attachment styles in the AS: Clearly Secure and four types of insecure styles – Enmeshed, Fearful, Angry-Dismissive and Withdrawn. The first two are often analysed as anxious styles and the latter two as Avoidant. The insecure styles can be rated as marked, moderate or mild levels.

#### ANXIOUS STYLES

##### **Enmeshed**

This is a dependent attachment style as exhibited by high Desire for Company, and low Self-reliance. Thus avoidance characteristics such as Constraints on Closeness and Fear of Rejection will usually be low. These individuals tend to have fairly superficial relationships and despite high number of social contacts may have few which are objectively close. At times this style will involve high Anger – typically when dependency needs are not met. This may lead to high ambivalence and ‘push-pull’ in relationships. Reporting style is likely to be full and emotional and prone to idealisation. At the extreme it may be incoherent with contradictory reporting between the idealised view and the actual situation.

##### **Fearful**

This attachment style is characterised by fear of being rejected or let down and thus anxiety in social interaction. This may relate to actual experiences of having been let down which has generalized to fear of future interactions. There may, however, be high desire to get close to others, together with fear of doing so. Fearful style will always have high level of ‘Fear of Rejection’ rated, and is the only style that rates high on this scale. Reporting style may indicate underlying anxiety with discussing emotive material, but will usually be full and expressive once the person accepts the interviewer.

#### AVOIDANT STYLES

##### **Angry-Dismissive**

This style is characterised by high Mistrust, high Self-reliance and low Desire for Company. Its key characteristic is high Anger. These people will choose to be on their own and often be contemptuous of others or claim others can't be trusted. They will also tend to be isolated but more 'prickly' than the Fearful type. Angry-Dismissive style will always have a high Anger rating. Reporting style will tend to be brief and laconic and maybe a little sharp or irritable with the interview situation.

##### **Withdrawn**

This is an avoidant 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. It can appear as very practical, rational and non-emotional style. Reporting style is often brief, factual and unemotional.

## SECURE

This is the most stable style with a lack of negative attitudes denoting either anxious/ambivalence or avoidance. Self-reliance and Desire for Company will usually be rated in the average range and this will denote flexibility in approach/avoidance issues. This style is always accompanied by good ability to make and maintain relationships – thus involving at least 2 close support figures. Reporting style is usually coherent and clear.

## DUAL STYLE

A small number of individuals score as having two styles – the most common is Angry-Dismissive and Fearful. The profile will be very mixed – having all the avoidant characteristics including anger, but also having high fear of rejection and possibly some possessiveness or fear of separation. Other combinations are also possible. The origins of dual or disorganised style have not yet been well established on the ASI, but appear to be linked with the most chaotic and abusive childhood experiences.

## **ATTACHMENT SUMMARY/INFORMATION SHEET FOR YOUNG PEOPLE**

What is the Attachment Style Interview (ASI)?

This interview consists of a series of questions about a young person's close relationships, about people you can go to for support and how you feel about getting close or asking for help. A young person with a good support network from friends or family will have a better relating style, and will usually find it easier to ask for help, talk about person issues and trust others. This is called a Secure attachment style.

For others, with insecure styles, getting close and asking for help is more difficult. This may be because they just don't trust other people, see themselves as 'loners' or feel angry with other people for not doing enough for them. Other young people want to be with their friends or family all the time and feel lonely when on their own and need to depend on other people in order to cope. These different ways of relating to other people usually arise because of childhood experiences where children have learned different ways of coping with difficulties.

Young people who find it difficult to make relationships and have less secure styles are more likely to have had difficult childhood experience and may not be living with their parents. However we know attachment style can change, and often in a positive direction following improvements in relationships and meeting new people and changing circumstances. We think that improving a young person's way of relating to others, and attachment style will improve their lives and feeling of wellbeing.

What is considered good support?

The ASI is an interview assessment that asks about closeness and support from parents, friends and other family members. Ideally a young person will name two people that they feel close to and to whom they can go for help and support when needed.

You will be asked some questions about whether you can tell anyone about any problems you have and whether these people are helpful and sympathetic or offer advice. You may be asked for examples of when you last talked to them in this way. You will also be asked about what it is like when you are together with the person you are close to – is the atmosphere good, friendly, warm, or can it be irritable or argumentative or aggressive? On the basis of these questions and your answers we can assess whether each relationship is good in support.

In order to consider your attachment style as secure, we would expect around two people that you can go to for help. This can be family or friends or carers in the home.

What are the attachment styles?

There are 5 different styles together with a rating of how strongly the style applies to you (e.g. marked, moderate, mild or little/none). You will see that each of these has positive features at the 'mild' end, but involves more difficulties at the 'marked' end. These styles reflect differences in how close or distant young people are with others, and whether they have angry or fearful elements in their relating style.



## ATTACHMENT STYLES

### Strengths and weakness approach

#### SOCIABLE mild----- moderate-----marked -ENMESHED:

You like company, are sociable and enjoy having others around you a lot of the time and miss them when they are away. You are generally quite trusting. Other people's opinions are very important to you in making up your mind. You get anxious or upset when those close to you are away and you have to spend time alone. You may have lots of friends, but not be as close to them as you would like.

#### SENSITIVE mild----- -moderate-----marked FEARFUL:

You are careful about getting too close to others because you feel they may let you down or reject you which will be upsetting. However, you value closeness and want close relationships. You feel anxious about some aspects of close relationships such as when others are away and what others may think of you. You stay away from close relationships usually.

#### ASSERTIVE mild-----moderate-- --- marked ANGRY-DISMISSIVE

You are very independent minded and like to manage without other people's help. You are cautious about getting close to others because you find other people can be unreliable and you get annoyed when they let you down. You have found that other people can't always be trusted and are often just out for themselves. You can manage well on your own and can assert yourself in arguments or disputes. At times you get quite angry with other people. This makes you stay away from getting close.

#### SELFRELIANT mild-----moderate-----marked WITHDRAWN

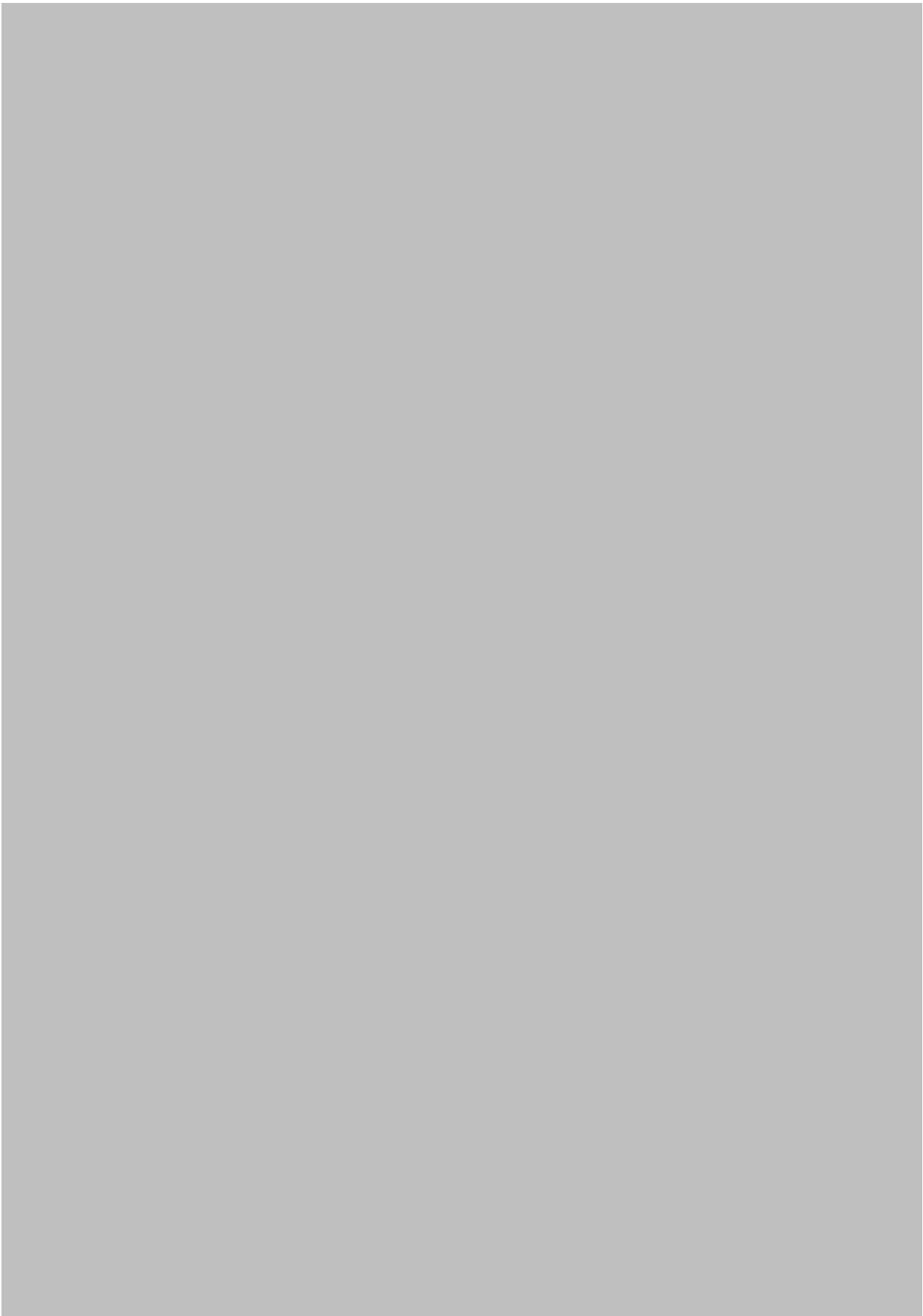
You feel very independent and value your privacy and need time alone. You are cautious about getting close to other people and like to rely on your own judgement in making decisions. However you do not easily get angry or upset about others letting you down. You consider yourself a 'loner'.

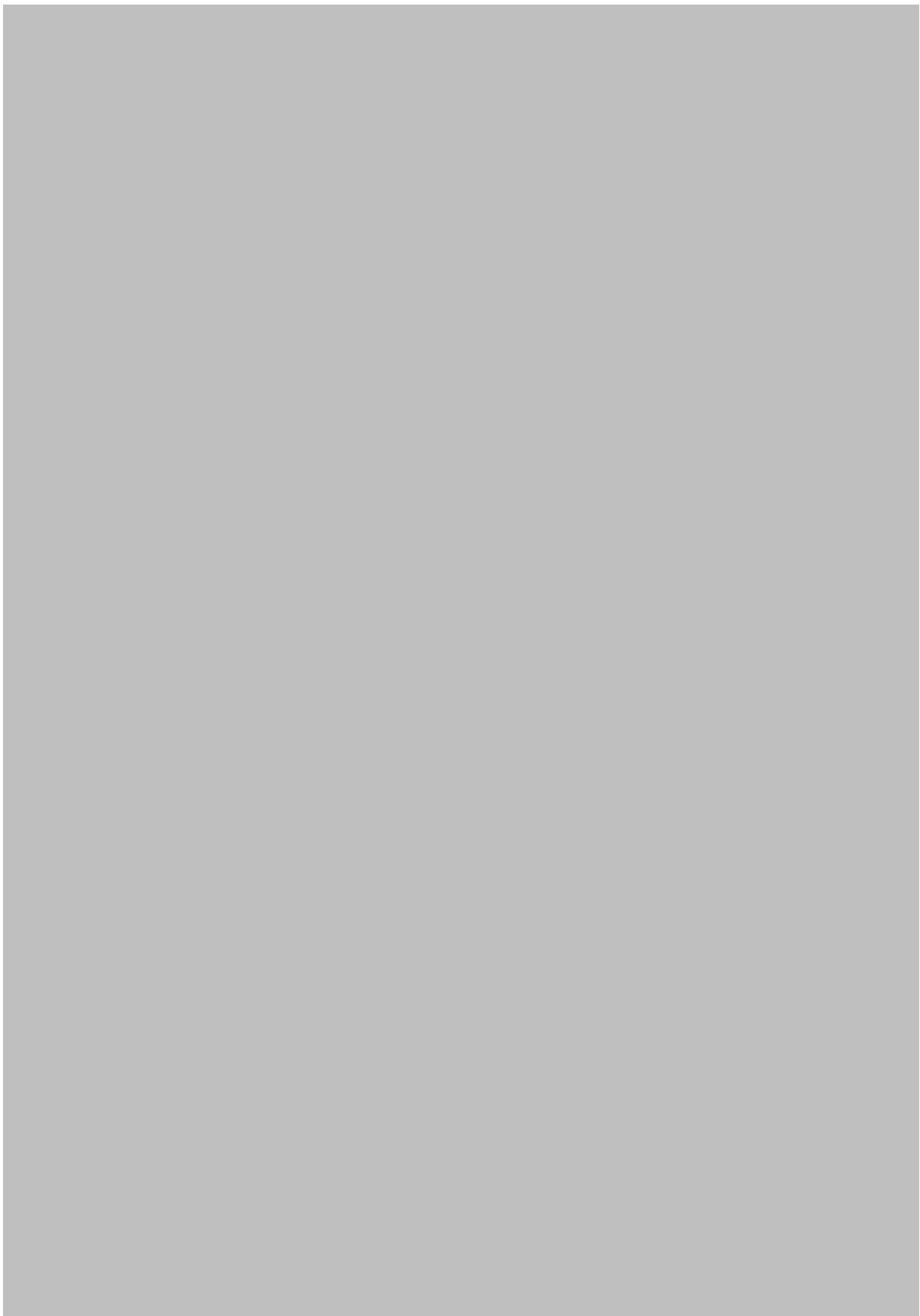
#### SECURE/ ADAPTIBLE

You are comfortable getting close to others and are able to rely on them for help and advice. But you are also make your own mind up about important decisions. You like company but also like to have some privacy. You trust easily and do not readily get angry or upset at being let down. You do have some close friends and/or family.

**Appendix I:**  
**Young Schema Questionnaire-Short Form Version 2**











## **Appendix J:**

### **Summary of Early Maladaptive Schemas and Domains**

#### **1. ABANDONMENT / INSTABILITY (AB)**

The perceived instability or unreliability of those available for support and connection. Involves the sense that significant others will not be able to continue providing emotional support, connection, strength, or practical protection because they are emotionally unstable and unpredictable (e.g., angry outbursts), unreliable, or erratically present; because they will die imminently; or because they will abandon the patient in favour of someone better.

#### **2. MISTRUST / ABUSE (MA)**

The expectation that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage. Usually involves the perception that the harm is intentional or the result of unjustified and extreme negligence. May include the sense that one always ends up being cheated relative to others or "getting the short end of the stick."

#### **3. EMOTIONAL DEPRIVATION (ED)**

Expectation that one's desire for a normal degree of emotional support will not be adequately met by others. The three major forms of deprivation are:

- A. Deprivation of Nurturance: Absence of attention, affection, warmth, or companionship.
- B. Deprivation of Empathy: Absence of understanding, listening, self-disclosure, or mutual sharing of feelings from others.
- C. Deprivation of Protection: Absence of strength, direction, or guidance from others.

#### **4. DEFECTIVENESS / SHAME (DS)**

The feeling that one is defective, bad, unwanted, inferior, or invalid in important respects; or that one would be unlovable to significant others if exposed. May involve hypersensitivity to criticism, rejection, and blame; self-consciousness, comparisons, and insecurity around others; or a sense of shame regarding one's perceived flaws. These flaws may be private (e.g., selfishness, angry impulses, unacceptable sexual desires) or public (e.g., undesirable physical appearance, social awkwardness).

#### **5. SOCIAL ISOLATION / ALIENATION (SI)**

The feeling that one is isolated from the rest of the world, different from other people, and/or not part of any group or community.

#### **6. DEPENDENCE / INCOMPETENCE (DI)**

Belief that one is unable to handle one's everyday responsibilities in a competent manner, without considerable help from others (e.g., take care of oneself, solve daily problems,

exercise good judgment, tackle new tasks, make good decisions). Often presents as helplessness.

#### 7. VULNERABILITY TO HARM OR ILLNESS (VH)

Exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it. Fears focus on one or more of the following: (A) Medical Catastrophes: e.g., heart attacks, AIDS; (B) Emotional Catastrophes: e.g., going crazy; (C): External Catastrophes: e.g., elevators collapsing, victimized by criminals, airplane crashes, earthquakes.

#### 8. ENMESHMENT / UNDEVELOPED SELF (EM)

Excessive emotional involvement and closeness with one or more significant others (often parents), at the expense of full individuation or normal social development. Often involves the belief that at least one of the enmeshed individuals cannot survive or be happy without the constant support of the other. May also include feelings of being smothered by, or fused with, others OR insufficient individual identity. Often experienced as a feeling of emptiness and floundering, having no direction, or in extreme cases questioning one's existence.

#### 9. FAILURE TO ACHIEVE (FA)

The belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers, in areas of achievement (school, career, sports, etc.). Often involves beliefs that one is stupid, inept, untalented, ignorant, lower in status, less successful than others, etc.

#### 10. ENTITLEMENT / GRANDIOSITY (ET)

The belief that one is superior to other people; entitled to special rights and privileges; or not bound by the rules of reciprocity that guide normal social interaction. Often involves insistence that one should be able to do or have whatever one wants, regardless of what is realistic, what others consider reasonable, or the cost to others; OR an exaggerated focus on superiority (e.g., being among the most successful, famous, wealthy) -- in order to achieve power or control (not primarily for attention or approval). Sometimes includes excessive competitiveness toward, or domination of, others: asserting one's power, forcing one's point of view, or controlling the behaviour of others in line with one's own desires---without empathy or concern for others' needs or feelings.

#### 11. INSUFFICIENT SELF-CONTROL / SELF-DISCIPLINE (IS)

Pervasive difficulty or refusal to exercise sufficient self-control and frustration tolerance to achieve one's personal goals, or to restrain the excessive expression of one's emotions and impulses. In its milder form, patient presents with an exaggerated emphasis on discomfort-avoidance: avoiding pain, conflict, confrontation, responsibility, or overexertion---at the expense of personal fulfilment, commitment, or integrity.



## 12. SUBJUGATION (SB)

Excessive surrendering of control to others because one feels coerced - - usually to avoid anger, retaliation, or abandonment. The two major forms of subjugation are:

A. Subjugation of Needs: Suppression of one's preferences, decisions, and desires. B.

Subjugation of Emotions: Suppression of emotional expression, especially anger.

Usually involves the perception that one's own desires, opinions, and feelings are not valid or important to others. Frequently presents as excessive compliance, combined with hypersensitivity to feeling trapped. Generally leads to a build up of anger, manifested in maladaptive symptoms (e.g., passive-aggressive behaviour, uncontrolled outbursts of temper, psychosomatic symptoms, withdrawal of affection, "acting out", and substance abuse).

## 13. SELF-SACRIFICE (SS)

Excessive focus on voluntarily meeting the needs of others in daily situations, at the expense of one's own gratification. The most common reasons are: to prevent causing pain to others; to avoid guilt from feeling selfish; or to maintain the connection with others perceived as needy. Often results from an acute sensitivity to the pain of others. Sometimes leads to a sense that one's own needs are not being adequately met and to resentment of those who are taken care of. (Overlaps with concept of co-dependency.)

## 14. EMOTIONAL INHIBITION (EI)

The excessive inhibition of spontaneous action, feeling, or communication -- usually to avoid disapproval by others, feelings of shame, or losing control of one's impulses. The most common areas of inhibition involve: (a) inhibition of anger & aggression; (b) inhibition of positive impulses (e.g., joy, affection, sexual excitement, play); (c) difficulty expressing vulnerability or communicating freely about one's feelings, needs, etc.; or (d) excessive emphasis on rationality while disregarding emotions.

## 15. UNRELENTING STANDARDS / HYPERCRITICALNESS (US)

The underlying belief that one must strive to meet very high internalized standards of behavior and performance, usually to avoid criticism. Typically results in feelings of pressure or difficulty slowing down; and in hyper criticalness toward oneself and others. Must involve significant impairment in: pleasure, relaxation, health, self-esteem, sense of accomplishment, or satisfying relationships.

Unrelenting standards typically present as: (a) perfectionism, inordinate attention to detail, or an underestimate of how good one's own performance is relative to the norm; (b) rigid rules and "shoulds" in many areas of life, including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with time and efficiency, so that more can be accomplished.

## Schema Domains

<u>Schema Domain</u>	<u>Schemas within the domain</u>
<p><b><i>Disconnection and Rejection</i></b></p> <p><i>Abusive, traumatic childhoods, unstable family life, experienced rejection and humiliation, feel different and lacking in some way, long periods of insecurity and inconsistent parenting</i></p>	<p><b><i>Abandonment/Instability</i></b></p> <p><b><i>Mistrust/Abuse</i></b></p> <p><b><i>Emotional Deprivation</i></b></p> <p><b><i>Defectiveness/Shame</i></b></p> <p><b><i>Social Isolation/Alienation</i></b></p>
<p><b><i>Impaired Autonomy and Performance</i></b></p> <p><i>Often over-protected and controlled as children, or neglected and ignored, left alone with no interest shown in their lives, continually undermined and made to feel incompetent, or were encouraged to be dependent on others</i></p>	<p><b><i>Dependence/Incompetence</i></b></p> <p><b><i>Vulnerability to Harm</i></b></p> <p><b><i>Enmeshment</i></b></p> <p><b><i>Failure</i></b></p>
<p><b><i>Impaired Limits</i></b></p> <p><i>Have not developed an internal sense of control, difficulty respecting the rights of others, families were very unboundaried, children did not have rules</i></p>	<p><b><i>Entitlement</i></b></p> <p><b><i>Insufficient Self-Control/Self-Discipline</i></b></p>
<p><b><i>Other Directedness</i></b></p> <p><i>Experienced conditional love (i.e. I will love you only if...), family overly (continued)</i></p>	<p><b><i>Subjugation</i></b></p> <p><b><i>Self-Sacrifice</i></b></p>

<p><i>concerned with appearances, parents focused on their own needs</i></p>	
<p><b><i>Over-vigilance and Inhibition</i></b>   <i>Strict control by parents to gain compliance, learned to be watching all the time waiting for bad things to happen, frightened to express feelings, severe punishments</i></p>	<p><b><i>Emotional Inhibition</i></b>   <b><i>Unrelenting standards/Hypercriticalness</i></b></p>

**Appendix K:  
Consent Form**

I consent to the information disclosed during interviews and assessments with Ms Gaffar (Trainee Forensic Psychologist) to be used within her Case Study Project at the University of Birmingham. I understand that the information provided will be anonymised within the report so my personal details will not be disclosed.

Signed (Client).....

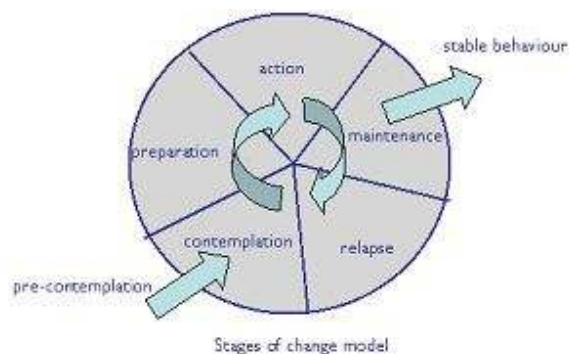
Signed (Trainee Forensic Psychologist).....

Signed (Supervising Psychologist).....

## Appendix L: The stages of change model:

### The Stages of Change

- Pre-contemplation (Not yet acknowledging that there is a problem behaviour that needs to be changed)
- Contemplation (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- Preparation/Determination (Getting ready to change)
- Action/Willpower (Changing behaviour)
- Maintenance (Maintaining the behaviour change) and
- Relapse (Returning to older behaviours and abandoning the new changes)



#### Stage One: Pre-contemplation

In the pre-contemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current bad habit(s) and do not feel it is a problem. They may be defensive in the face of other people's efforts to pressure them to quit.

They do not focus their attention on quitting and tend not to discuss their bad habit with others. In AA, this stage is called "denial," but at Addiction Alternatives, we do not like to use that term. Rather, we like to think that in this stage people just do not yet see themselves as having a problem. Are you in the pre-contemplation stage? No, because the fact that you are reading this shows that you are already ready to consider that you may have a problem with one or more bad habits.

### Stage Two: Contemplation

In the contemplation stage people are more aware of the personal consequences of their bad habit and they spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it.

In this stage, people are on a teeter-totter, weighing the pros and cons of quitting or modifying their behaviour. Although they think about the negative aspects of their bad habit and the positives associated with giving it up (or reducing), they may doubt that the long-term benefits associated with quitting will outweigh the short-term costs.

It might take as little as a couple weeks or as long as a lifetime to get through the contemplation stage. (In fact, some people think and think and think about giving up their bad habit and may die never having gotten beyond this stage)

On the plus side, people are more open to receiving information about their bad habit, and more likely to actually use educational interventions and reflect on their own feelings and thoughts concerning their bad habit

### Stage Three: Preparation/Determination

In the preparation/determination stage, people have made a commitment to make a change. Their motivation for changing is reflected by statements such as: "I've got to do something about this — this is serious. Something has to change. What can I do?"

This is sort of a research phase: people are now taking small steps toward cessation. They are trying to gather information (sometimes by reading things like this) about what they will need to do to change their behavior.

Or they will call a lot of clinics, trying to find out what strategies and resources are available to help them in their attempt. Too often, people skip this stage: they try to move directly from contemplation into action and fall flat on their faces because they haven't adequately researched or accepted what it is going to take to make this major lifestyle change.

### Stage Four: Action/Willpower

This is the stage where people believe they have the ability to change their behaviour and are actively involved in taking steps to change their bad behaviour by using a variety of different techniques.

This is the shortest of all the stages. The amount of time people spend in action varies. It generally lasts about 6 months, but it can literally be as short as one hour! This is a stage when people most depend on their own willpower. They are making overt efforts to quit or change the behaviour and are at greatest risk for relapse. Mentally, they review their commitment to themselves and develop plans to deal with both personal and external pressures that may lead to slips. They may use short-term rewards to sustain their motivation, and analyze their behaviour change efforts in a way that enhances their self-confidence. People in this stage also tend to be open to receiving help and are also likely to seek support from others (a very important element).

### Stage Five: Maintenance

Maintenance involves being able to successfully avoid any temptations to return to the bad habit. The goal of the maintenance stage is to maintain the new status quo. People in this stage tend to remind themselves of how much progress they have made. People in maintenance constantly reformulate the rules of their lives and are acquiring new skills to deal with life and avoid relapse. They are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance. They remain aware that what they are striving for is personally worthwhile and meaningful. They are patient with themselves and recognize that it often takes a while to let go of old behaviour patterns and practice new ones until they are second nature to them. Even though they may have thoughts of returning to their old bad habits, they resist the temptation and stay on track.

## Appendix M: Risk Assessment Scores

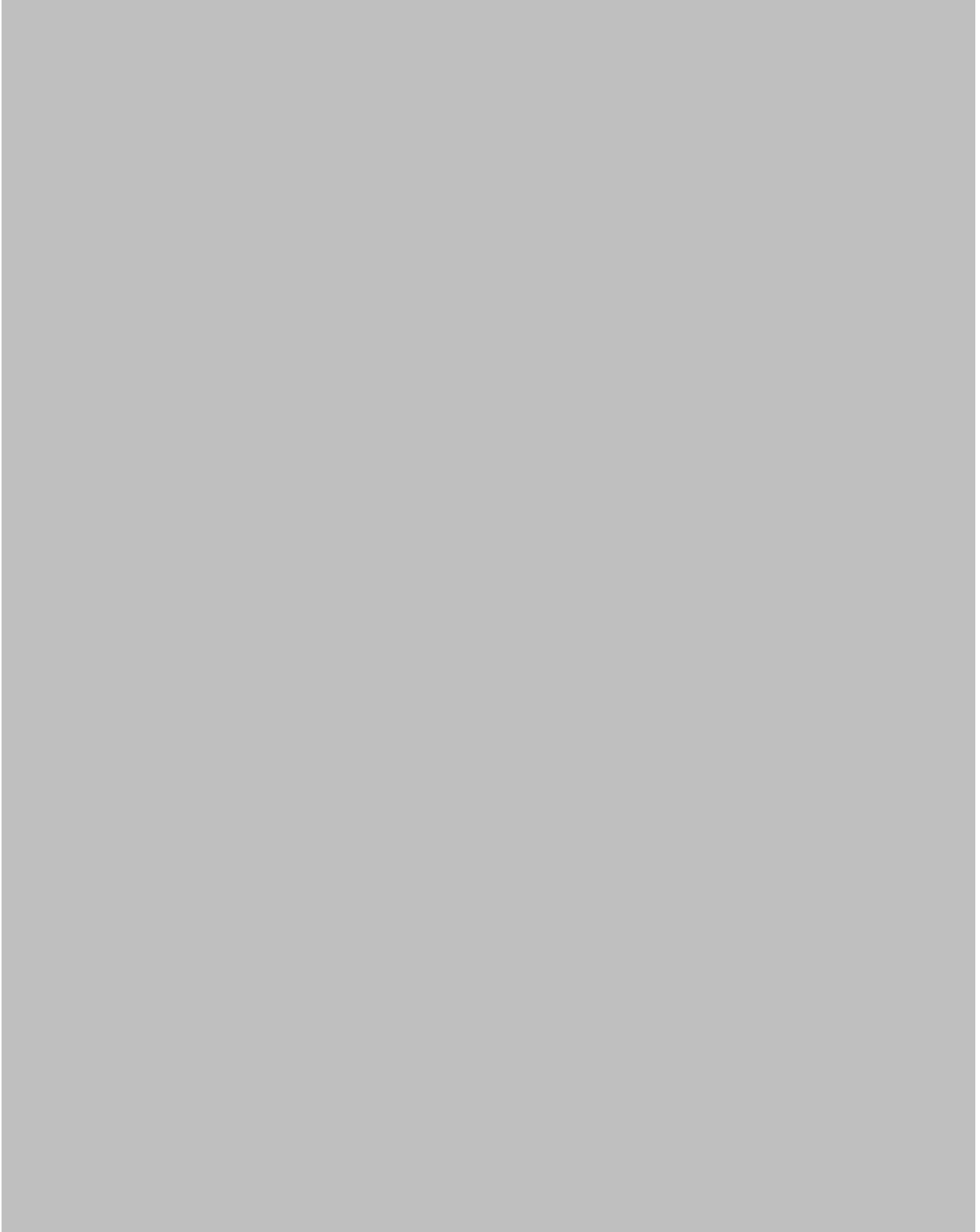
Summary of SAM codes items for Ms J

Summary of SAM

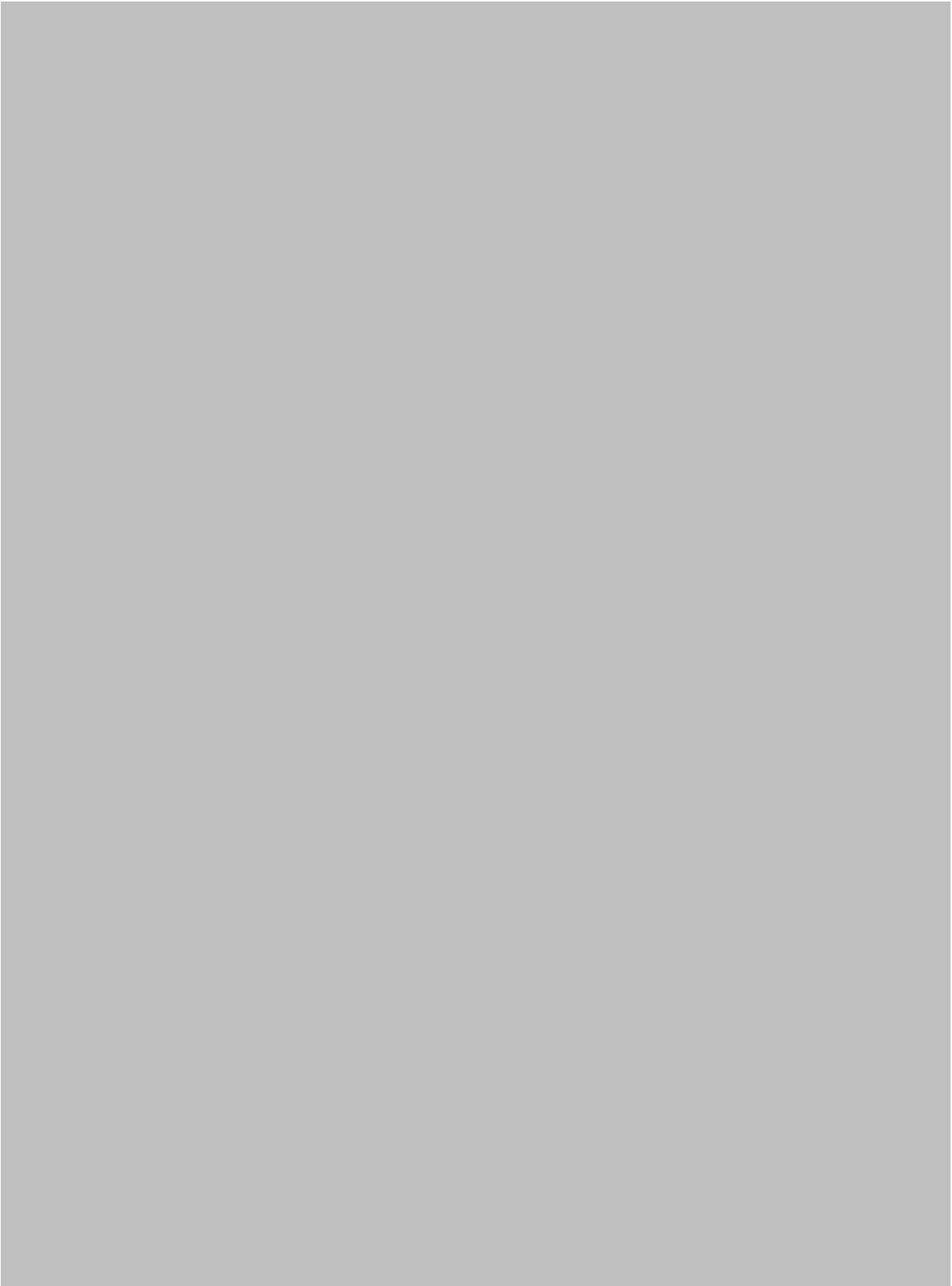
<u>Nature of Stalking</u>		PREVIOUS	CURRENT
N1	Communicates about victim	Y	N
N2	Communicates with victim	Y	N
N3	Approaches victim	Y	N
N4	Direct contact with victim	Y	N
N5	Intimidates victim	Y	N
N6	Threatens victim	?	N
N7	Violence towards victim	N	N
N8	Stalking is persistent	Y	?
N9	Stalking is escalating	Y	?
N10	stalking involves supervision violations	Y	N
<u>Perpetrator Risk Factors</u>			
P1	Angry	N	N
P2	Obsessed	Y	?
P3	Irrational	?	N
P4	Unrepented	Y	Y
P5	Antisocial lifestyle	Y	?
P6	Intimate relationship problems	Y	Y
P7	Non intimate relationship problems	Y	Y
P8	Distressed	Y	?
P9	Substance Use problems	Y	N
P10	Employment and financial problems	Y	N



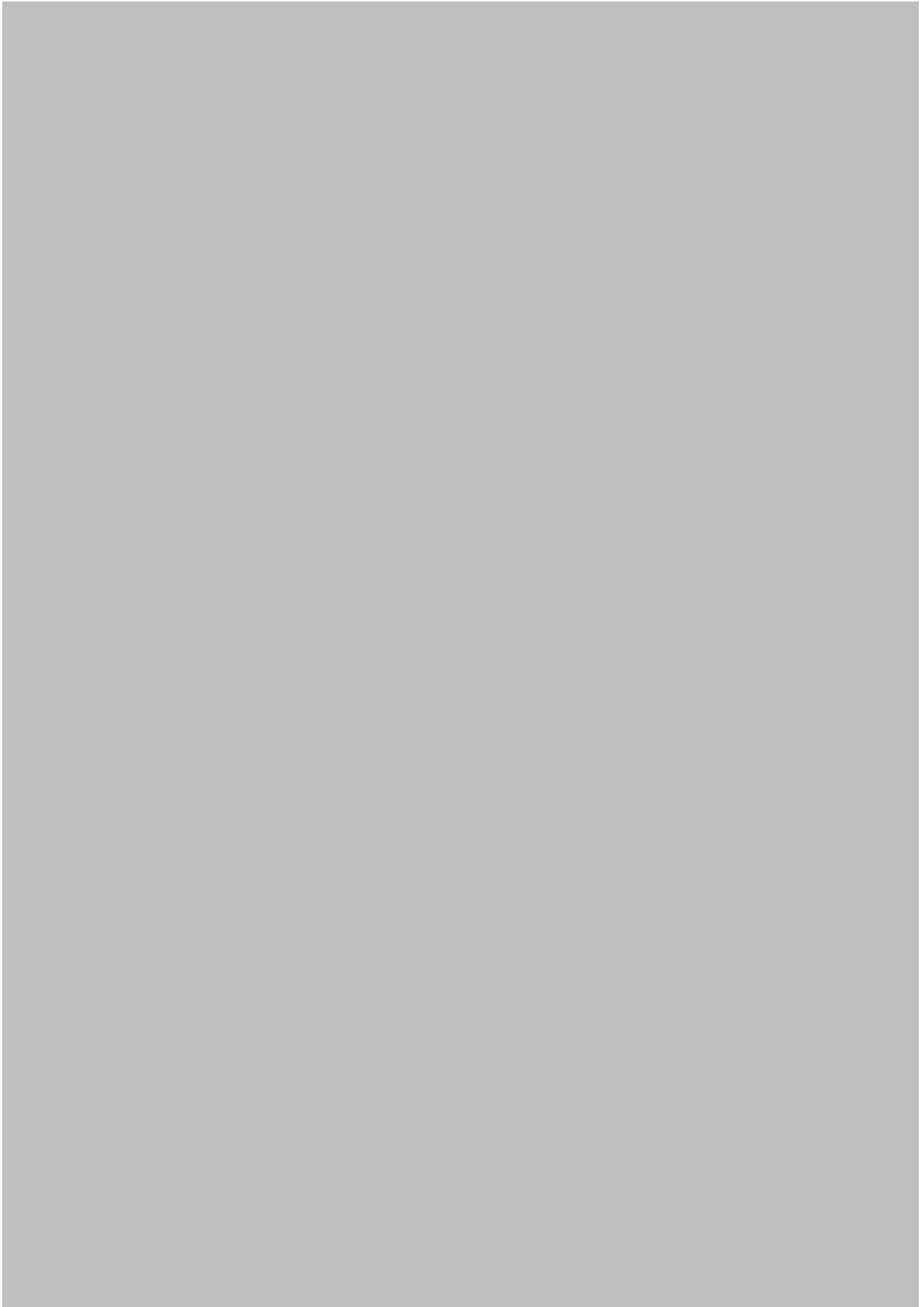
**Appendix N:  
Examples of handouts**















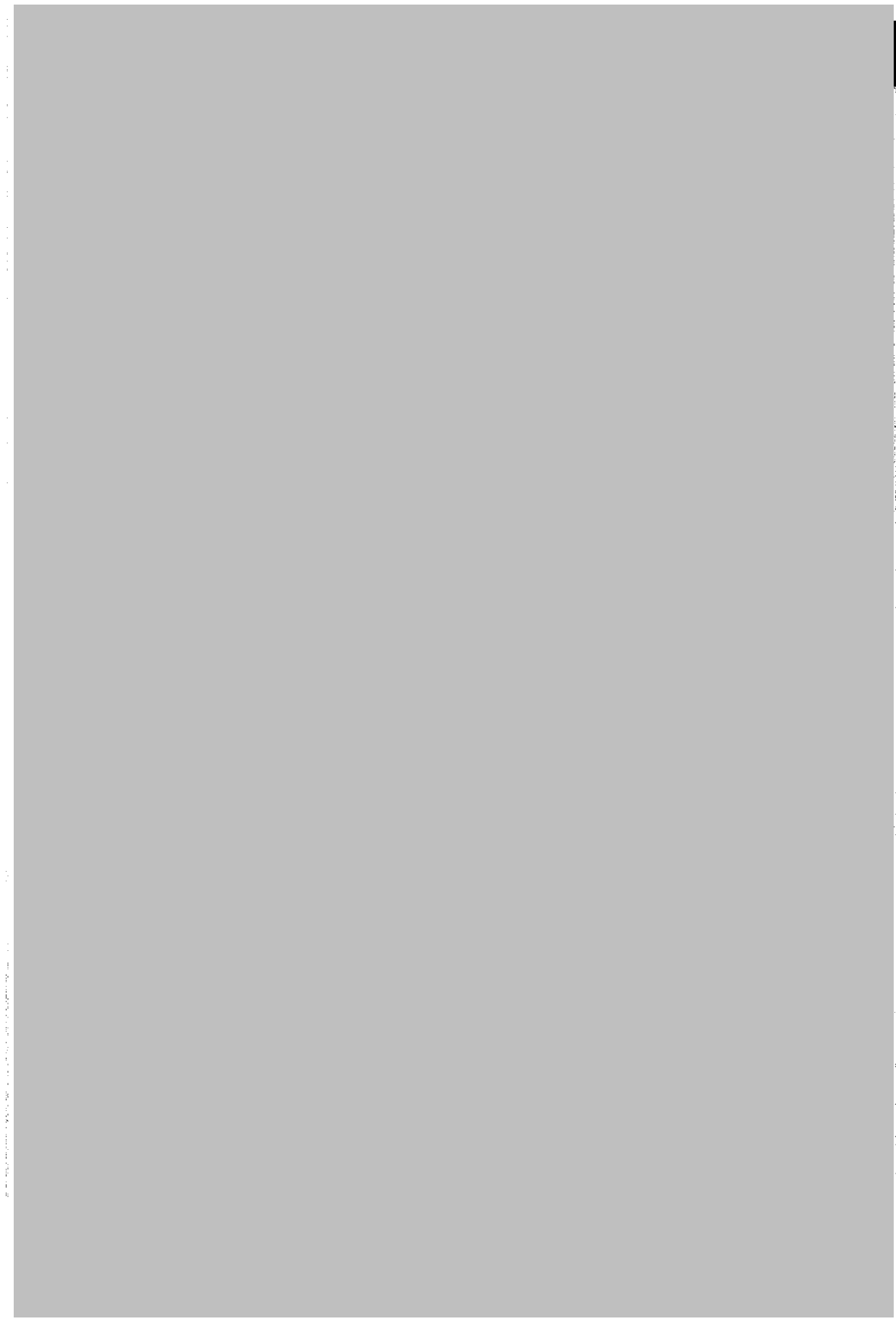








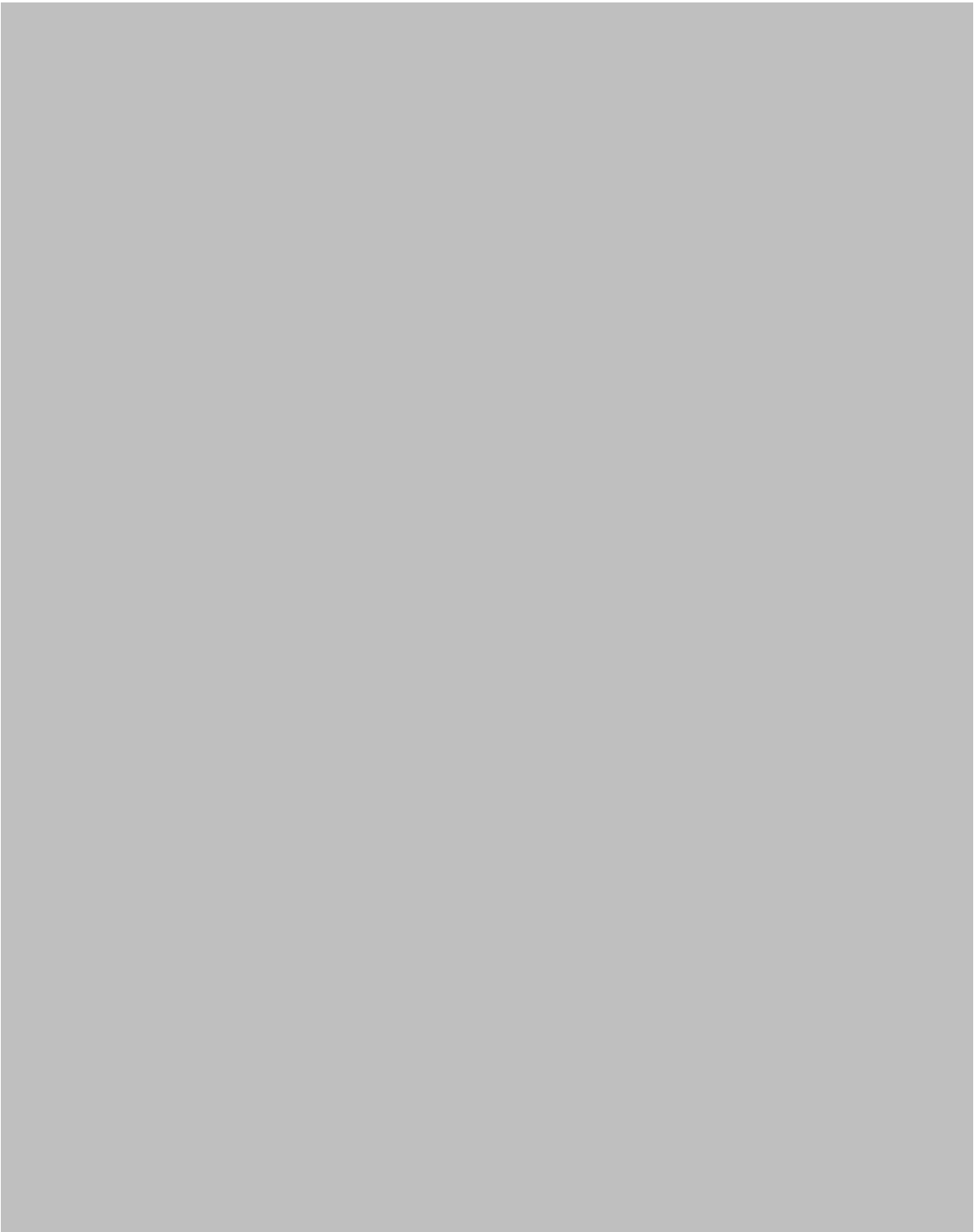














## Appendix O: Supervision Notes

<b>Supervision Notes</b>		
<b>Date</b>	<b>Nature of task</b>	<b>What I did, Reflection, Future Tasks</b>
05.02.10 1.5 hours	Supervision with Phil Coombes (PC)	<p><i>What I did:</i> Introduction to case study client. Introduction to client</p> <p>Ms J is a female offender who is diagnosed with Bipolar Disorder. Her index offence was for harassment and criminal damage due to her stalking behaviour for which she was convicted and detained under section 37/41 (Mental Health Act 1983). Currently, Ms J has disclosed that she is having obsessive thoughts about two staff members, in addition, she has been observed by the nursing staff to be inappropriately staring at certain members of staff, and becoming elated when these staff members are on the ward. In addition, her admission assessment highlighted that Ms J currently shows no insight into her previous problems. The team felt that the risk that Ms J currently poses is mild, however, given her historical behaviour as well as her index offence, the team agreed that Ms J needs to complete this work before she can be considered for eventual discharge, with her current level of insight being poor, the team felt that she still poses a moderate risk within the community.</p> <p><i>Future actions:</i> Read background information on Ms J to prepare a formulation and treatment plan.</p>
12/02/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i> Spoke to PC about the case study of Ms J and discussed how best to engage with her. PC stated that the most important factor is to build a therapeutic relationship with her in particular as she feels anxious about one to one therapy, in addition, she does have attachment difficulties so it is important for her to trust her therapist. I agreed that I would spend more time on the ward and arrange to meet with her.</p>
19/02/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i> Planned a strategy for work with Ms J. Decided on</p>

		a plan for initial work to engage Ms J. Agreed that will initially support Ms J for the coping with emotions group, this will be low level intervention but will give me a chance to build a therapeutic relationship with her.
26/02/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i></p> <p><b>Areas of work discussed:</b></p> <p>I spoke about how my session with Ms J did not go to plan, i.e. I had planned to go through the emotional regulation work we had done in the DBT group, however, I found it difficult for Ms J to focus on the session as she was talking about various things. PC explained that sessions will not always go to plan so I don't have to worry; he also stated that the session did focus on regulating emotions, as she was regulating her emotions within the session (crying).</p>
03/03/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i></p> <p>Discussed with PC the reasons for why Ms J may be avoiding me as she did not attend her last session and did not engage in much conversation; Firstly, it may be because she actually does feel poorly. After much discussion, I remembered that in the emotion group, Ms J mentioned that when staff members start talking to another patient whilst she is talking to them, even if the patient interrupts, Ms J will walk off and go to her room and will not talk to that staff member as she feels that they obviously don't care. This may indicate schemas of disconnection and rejection. We formulated the functioning of her behaviour.</p> <p><b>Reflection:</b></p> <p><i>Found this supervision very useful, as I realised schemas within me as well as the ones Ms J may be holding and how this may be affecting both Ms J and I</i></p> <p><b>Future Work:</b></p> <p>Read up on Therapeutic ruptures and motivational</p>
09/03/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i></p> <p>Spoke about a difficult session I had with Ms J,</p>

		<p>Explaining to PC that she was avoiding me and that I think it would be more useful to spend the next few sessions building a therapeutic relationship with her.</p> <p>PC asked me what I wanted from the session, I stated that I want Ms J to stop seeing me as a psychologist, as I felt that she had a negative view of psychologists, and therefore avoiding me. PC stated that he felt it was fine for me to use the next few sessions to do this.</p> <p><b>Reflection:</b> Feel that due to the supervision I am receiving, I am able to formulate the functioning of behaviours a lot better than I used to.</p>
23/03/10 1 hour	Supervision with PC re case study	<p><i>What I did:</i></p> <p><b>Areas of Discussion:</b></p> <p>Discussed my session with Ms J from last week as well as this week. We discussed the functioning of her behaviour. PC asked what I thought; I stated that I felt she was avoiding me and that she is not wanting to talk about these things with me. PC stated that he felt, that she was trying to tell me the things she wants to work on but that should look at the contemplation model, and where Ms J may fit into it. PC agreed with me that I should do low level motivational work with her, and within the sessions, all that needs to be looked at will eventually be addressed once the therapeutic relationship is formed.</p> <p><b>Reflection:</b> Need to be more aware of what I am taking into sessions to avoid counter transference.</p>
21/04/10 1.5 hours	Supervision with PC re case study	<p><i>What I did:</i></p> <p>Session in activity hall playing table tennis</p> <p>Reflected on her shift in behaviour and attitude towards me</p> <p>Discussed the importance of Therapeutic relationship building</p>

<p>30/04/10 1.5 hours</p>	<p>Supervision with PC re case study</p>	<p><i>What I did:</i></p> <p>Discussed difficulties in engagement Patient uses avoidance techniques within sessions e.g. looking outside of the window throughout the session Formulated within supervision the functioning of her behaviour.</p>
<p>01/05/10 1 hour</p>	<p>Supervision with PC re case study</p>	<p>Discussed:</p> <p>Ms J: (case study)</p> <ul style="list-style-type: none"> <li>• Reason for declining session</li> <li>• Observations by staff</li> </ul>
<p>14/05/10  1 hour</p>	<p>Supervision with PC re case study</p>	<p>Ms J (Case study)</p> <ul style="list-style-type: none"> <li>• Discussed how I will write up her case study</li> <li>• Agreed to administer the Attachment style interview which I can include in the case study write up</li> </ul>