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An exploration of attachment strategies among young people who engage in harmful sexual behaviour

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**An exploration of attachment strategies among young
people who engage in harmful sexual behaviour.**

by

Bartosz Zaniewski

A thesis submitted to Plymouth University in partial
fulfilment for the degree of

DOCTOR OF PHILOSOPHY

Faculty of Health, Education and Society

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Abstract

An exploration of attachment strategies among young people who engage in harmful sexual behaviour.

Bartosz Zaniewski:

Background: It is estimated that adolescent offenders account for 65% of contact child sexual abuse. A range of explanatory theories and models of intervention have been proposed. These are mainly based on cognitive theories with Cognitive Behavioural Therapy (CBT) and psycho-education remaining as the dominant models of treatment intervention. This research explored the issue of harmful sexual behaviour from the psychosocial perspective, drawing on attachment theory and social constructionism.

Aim: The research explored attachment strategies among young people with harmful sexual behaviour. It examined young people's understanding and explanations regarding their sexually abusive behaviour. This included an exploration of how the participants' accounts and defensive strategies were shaped by wider family and cultural discourses regarding masculinity and sexual activity. In selected cases, the family intergenerational patterns of attachment and emotional regulation were analysed. Furthermore, the research explored the prevalence of harmful sexual behaviour in the study area. This included an exploration of statutory responses and services which were offered to people who engaged in harmful sexual behaviour.

Methods: The research employed three interconnected research methods: a) a quantitative audit data of fifty cases which had been reported to the Children's Services; b) qualitative and descriptive quantitative exploration of eight Transition to Adulthood Attachment Interviews and semi-structured interviews; c) qualitative exploration of the family context and trans-generational patterns of defensive strategies by conducting an Adult Attachment Interview in three cases. The analysis of the attachment and open-ended interviews utilised a combination of the structured 'discourse analysis' developed for the Adult Attachment Interview and Critical Discourse Analysis.

Findings: The research found that there was no clear and consistent pathway of social care for young people who engaged in harmful sexual behaviour. The analysis of psychological defensive processes found that all of the participants presented with complex insecure attachment strategies alongside intrusions of unresolved traumas or losses. The exploration of intergenerational patterns of attachment strategies identified that all parents showed complex avoidant attachment strategies with intrusion of unresolved trauma and loss. The qualitative study identified a range of discourse themes and strategies in the accounts the young people offered in order to explain their actions and to maintain their sense of self. The dominant discourse themes shared by the young people were: a) life is hard and violence is normal; b) a sense of powerlessness; c) sexual entitlement, d) bravado and denial of vulnerability.

Conclusion: Complex insecure attachment strategies with intrusion of trauma and loss play a significant role in the development of harmful sexual behaviour. In addition, the study suggests that the complex relationship between care, comfort and sexual behaviour should be a

central focus of clinical interventions with this group of young people and should be investigated further in future research studies.

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Abbreviations

AAI – Adult Attachment Interview

BAI-Y - Beck Anxiety Inventory for Youth.

BANI-Y - Beck Anger Inventory for Youth

BDBI-Y - Beck Disruptive Behaviour Inventory for Youth

BDI-Y - Beck Depression Inventory for Youth

BSCI-Y - Beck Self-Concept Inventory for Youth

CAMHS – Children and Adolescent Mental Health Service

HSB – Harmful Sexual Behaviour

IPPA – Inventory Peer and Parent Attachment

JACAT – Joint Agency Child Abuse Team

PDS – Posttraumatic Diagnostic Scale

RF – Reflecting Functioning

TAAI – Transition to Adulthood Attachment Interview

Utr – Unresolved Trauma

Author's Declaration

At no time during the registration for the Doctor of Philosophy has the author been registered for any other University award.

Work submitted for this research degree at Plymouth University has not formed part of any other degree either at Plymouth University or at another establishment.

During the course of the study a number of relevant courses were attended to gain transferable and research skills including Clinical Application of Adult Attachment Interview and Clinical Application of Child Attachment Measures. Relevant seminars and conferences were attended at which work often was presented.

Signature.....

Date.....

1. Personal and professional contexts inspiring the research and research overview.

1.1 Background

This research has evolved from my practice as a social worker as well as from my academic background. I hold an MA in Applied Social Sciences with a specialisation in working with young offenders. I have practiced as a social worker for over ten years. Throughout my career I have worked with both victims and perpetrators of sexual abuse, therefore, my attention was particularly drawn to young people with harmful sexual behaviour. Currently I am employed by the National Society of Prevention Cruelty to Children (NSPCC) as a consultant social worker. I have been delivering therapeutic interventions for young boys with harmful sexual behaviour.

My experience of working with young people with harmful sexual behaviour was that they come from very diverse backgrounds and could present with various unmet needs. Some of them came from a family background which could be described as highly disorganised and lacking in boundaries. It was not uncommon for these young people to have suffered prior multiple abuses. For example, I worked with a young boy who was accused of indecent assault on his younger half-sister. He had been on the Child Protection Register under the category of 'neglect' prior to the alleged incident. He was described by his Community Psychiatric Nurse as presenting with symptoms of post-traumatic stress disorder.

However, I have also worked with juveniles where there was no evidence of prior abuse or other issues which would require professional intervention but yet they still perpetrated harmful sexual behaviour. For instance, in the case of a thirteen year old boy who groomed his

eight year old cousin to perform oral sex, he was described as very good student with good peer relationships. The family had no history of any prior involvement from statutory agencies or evidence of child protection issues.

These two cases highlighted the heterogeneity of this group but also gave cause to reflect on why these boys, who seemed to have such different childhood experiences, both engaged in harmful sexual behaviour. I became interested in how these young people position and manage themselves, particularly in the context of their family, as well as in social and intimate relationships. I was curious about what strategies they use and how these individual strategies became meaningful and functional in the context of an individual's life story. I wondered how the strategies could be utilised in therapeutic interventions. Furthermore, I realised that majority of explanatory theories and models of interventions are based on cognitive theories and seemed to marginalise the developmental and relational perspective. This resulted in intervention models which were mainly based on Cognitive and Behavioural Therapy and individual work with young people but were lacking developmental and family work (Rich, 2011).

Arguably one's family context plays one of the most significant roles in shaping one's developmental trajectory. It provides early experience which forms templates for further behaviours; lays the foundation for understanding self and others; delivers behavioural reference models but also imprints a fundamental sense of security, self-worth, love and acceptance. The family is responsible for providing a nurturing environment, which protects

from adversities and enables an individual to develop into healthy adulthood. Therefore, all disruptions to the continuum of care arrangements, challenges faced by a family, or a family background characterised by trauma alongside a lack of balancing protective factors, can considerably impact one's developmental pathway. An individual not only lives in the family context but, together with the family, lives in a broader socioeconomic and cultural context. This very often determines family values and roles within the family with particular emphasis on male and female roles. It also provides an individual with a unique example of how the family as a unit deals with environmental factors and challenges. Consequently, it provides the necessary framework for understanding the individual's strategy for coping with life's challenges. Besides the family context, a young person's development and behaviour is also influenced by peer relationships, which become particularly important in adolescence. Last but not least, during adolescence both psychobiological development and behavioural emotional maturation simultaneously occur. In adolescence, behavioural and emotional responses are intertwined with puberty and brain maturation and at the same time brain development is strongly influenced by a nurturing family environment. Irrefutably evidence shows that a safe and stable home environment, which provides love and care, positively affects brain development, particularly in the regions responsible for regulation of emotions (Music, 2010). Furthermore, there is strong evidence to support the view that unresolved trauma and loss can significantly impact on brain development and subsequently on the capacity for information processing, coping strategies and abilities (Creeden et al. 2005).

It is clear that an average young person does not develop in a void but is affected by a range of variables. Though some events may play a more significant role, it would be naïve to seek a single explanatory model to understand their behaviour. Instead, a holistic approach needs to be taken which identifies significant issues in an individual's life; examining them in relation to the broader context, which includes family factors, socioeconomic variables and an individual's psychobiological development. Subsequently, an attempt to understand harmful sexual behaviour among adolescents has to be based on a multi-factorial theoretical framework and not limited to a single theory (Rich, 2011).

1.2 Setting the context

Although the problem of young people with sexually harmful behaviour has been recognised as a matter for concern in the United Kingdom for some time, the professional community and public were reluctant to recognise it as a significant issue. Evidence of sexually problematic youth behaviour appeared sporadically in the literature as early as 1940's (Waggoner and Boyd, 1941), but for many years it was ignored by most practitioners and researchers. It was commonly labelled as "adolescent adjustment reaction" or "normal sexual experimentation" (Barbaree, Marshall, and McCormick, 1998).

It could be argued that this reluctance reflected the fact that "child abuse" and particularly abuse of sexual nature, which involves children and young people, presents a profound challenge to society. The phenomenon of "child abuse" seems to be a socially constructed label rather than an "objective condition" (Gelles, 1975, Freeman 1983, Taylor 1989). The meaning of

“child abuse” has evolved over decades as a result of interactions between governments, the public as well as professionals; where news coverage of the actions of various public figure/institutions; developments in professional practice responding to waves of new research as well as political innovation and legislations as regards the rights of children. Furthermore, the concept of “child abuse” is constantly changing since it is always situated in a social and historical context and cannot be free from turbulences and swings in public opinion and professional attitudes (Reder, Duncan and Gray, 1993, Morrison, Erooga and Beckett, 1994). It has been argued that the recognition of child abuse progressed over time in a number of specific stages. Kempe (1979) argued that firstly it was largely denied that physical or sexual abuse constitutes a significant and widespread problem but was rather seen as being perpetrated only by psychotic, drunken or drugged parents or foreign visitors. The second stage was characterised by attention only being paid to severe forms of physical abuse. As a result of better management of severe physical abuse towards children, a third stage emerged whereby other forms of maltreatment were recognised, such as physical neglect leading to failure to thrive among infants. During the fourth stage society finally began to recognise emotional abuse and neglect. Finally, in stage five sexual abuse was recognised (Kempe, 1979). New forms of abuse towards young people and children are still being identified, for example child sexual exploitation and trafficking.

Given that it has taken decades to acknowledge that child sexual abuse by adults existed, leading to it being seriously addressed in the UK in the 1980s; the reluctance by the authorities

to view youth committing incidents of harmful sexual behaviour towards other minors is an unfortunate yet natural strands of this reluctance. There is evidence that in the nineteenth-century physical and sexual abuse was known to physicians but was disbelieved (Masson, 1985, Reder, 1989). The denial of sexual abuse toward children has continued. For example, Wakefield and Underwager (1988) claimed that sexual abuse was over-reported and that children make false allegations. Modern societal and professional responses to sexual abuse seemed to vary from over tolerance and collusion on the one hand, to intolerance and repulsion on the other (Morrison, Erooga and Beckett, 1993). Olafson and colleagues (1993) concluded that child sexual abuse was subjected to 'cycles of discovery and suppression' in public and professional awareness. This resulted in a long and persistent history of cultural denial about sexual behaviour against children in despite of new evidence of child maltreatment, for example Child Sexual Exploitation (Fimin and Beckett et al. 2014).

Calder (1997) argued that the deficit in the knowledge base, lack of well-developed procedures and services, as well as discomfort with the subject, contributed to professionals' reluctance in acknowledging the problem. Nevertheless, with developing research alongside changes in social climate and increased public awareness, such behaviours became better explained not as innocent juvenile sexual 'experimentation' but as deviant and harmful behaviour (Becker et al. 1986, Cavanagh et al. 1988). The National Children's homes report (1992) drew attention to the problem in the UK. Currently there is consensus amongst researchers, the professional community and policy makers that young people with harmful sexual behaviour constitute a

significant concern. It is estimated that between a third and a quarter of child sexual abuse is committed by young people under eighteen years old. It is also recognised that this problem requires specific and multi-agency responses (Masson and Hackett 2003, Erooga and Masson et al. 2006, Hutton, 2007).

1.3 Nomenclature and definition

Hackett and Masson (2003) noted that harmful sexual behaviour (HSB) is a well-established problem for practitioners and within the academic community and also reasonably embedded in public awareness. For example, specialised services for young people who display HSB have developed (Hackett et al. 2003). National guidance for services working with children *Working Together* referred to practice and procedures regarding harmful sexual behaviour (Masson et al. 2006). However, HSB is still not free from moral and ethical dilemmas and shades of interpretation (Rich, 2011).

Throughout this study the term “harmful sexual behaviour” is the preferred term but it will be used synonymously with other terms such as “sexually problematic behaviour” or “sexually inappropriate behaviour” and other variants.

There is a range of labels used in literature to describe young people who engage in harmful sexual behaviour. It is virtually impossible to avoid labelling but it needs to be done with caution since it can have serious consequences. Those opposed to strong categorisation claim that labelling adversely contributes to the developing identity of young people and the way they are perceived by society. Being labelled “deviant” may increase the likelihood of a young person committing a deviant act (Rich, 2011). It has also been argued that young people should

not be described as “sex offenders” as it aligns them too closely with adult sex offenders, although they are significantly different (Schmidt, Bonner and Chaffin, 2011). Those who are in favour of labels such as “young sex offenders” claim that it helps to identify the problem, set a clear framework and remind the young person and the family of the real issue that they have to work on. Arguably, use of the phrase “young sex offenders helps to focus on the victim(s) whilst retaining the sense of crime(s) have been committed (Rich, 2011). However, some studies into adult sex offenders concluded that such labelling does not provide an appropriate framework which would support understanding of the nature of sexual offending and associated variables (Maddan, 2008).

Questionably this inconsistency with terminology also reflects the lack of a clear definition of young people who display sexually abusive behaviour. It highlights that the language referring to juveniles with sexually harmful behaviour is not precise or clearly delineated.

However, as claimed by Jenks (1996), it also may reflect a common challenge resulting from holding a simplistic and dichotomous concept of children as “innocent victims” or “depraved individuals”. The notion of sexually harmful behaviour does not easily fit with a commonly held image of young people. Rich (2011) acknowledges that labelling carries a risk of narrowing and standardising interventions without recognition of the multi-dimensional nature of harmful sexual behaviours.

“Young people who displays harmful sexual behaviour” is my preferred term since it implicates a clear distinction between a young person and their behaviour. The phrase seems less oppressive and allows for the possibility of exploring problematic sexual behaviour in close

correlation with unmet needs rather than as an entrenched part of one's personality. However, I will also use other terms such as "young people with harmful sexual behaviour" or "sexually abusive youth". This is to avoid repetitions. For the purpose of this research the working definition of sexually harmful behaviour is taken from Ryan and Lane (1997) and is described as a sexual activity that takes place against a victim's will, without consent or in an aggressive, exploitive, manipulative or threatening manner.

1.4 Ethical issues

This research and work with young people with harmful sexual behaviour is laden with ethical issues. First of all, young people with harmful sexual behaviour are considered to be a highly vulnerable group. Previous research shows that they have often experienced greater levels of family dysfunction and prior physical, emotional or sexual maltreatment or neglect. Secondly, the nature of this research is very sensitive and personal. The participants were encouraged to talk about particular behaviours, which are considered to be emotive, deviant and socially unacceptable. Therefore, the researcher is obliged to ensure that the research does not impact adversely on the participants. However, there is also a need to balance these considerations against the impact that research of this kind can make for the greater good; hence the fact that I have carefully considered the balance between the potential conflict of interests of the values of society (i.e. the opportunity to expand the knowledge in this area of concern for society and professionals working in the field, furthermore to contribute this study into growing area of

research) and the need to protect individuals. In addition, there is an arguable risk that by inviting research into sexually harmful behaviour, it becomes validated.

A central ethical issue in this research is informed consent, which presents some limitations. For example, the researcher cannot fully anticipate the possible impact of the research on the participants. In addition, by the time this research is introduced to the young people, most likely they have already been through the criminal justice or social care systems. They may feel disempowered and compelled to consent to research participation through a series of misconceptions about the consequences of refusing. For example, they may consent in anticipation of costs or benefits resulting from this decision i.e. not only may they understand that if they do not participate it will affect their treatment but they may also be concerned about workers' attitudes towards them if they do not consent and the possible impact on outcomes.

The study also has specific ethical issues in terms of confidentiality, particularly in light of criminal justice or social care requirements requiring the disclosure of any information relating to potential serious threats to an individual or to public safety. However, the importance of ensuring the validity of research data through confidentiality has also been stressed. The participants in this research were informed about the limits of confidentiality and the researcher's duty to protect potential victims. The project was approved by the University of Plymouth Ethics Committee, by the local Children's Services Governance Research Panel and by NSPCC Ethics Committee. Informed consent was obtained from participants. Ethical issues are further discussed in Chapter 5.6.

1.5 Theoretical Perspective

As Erooga and Masson et al. (2006) noticed, academic knowledge of regarding harmful sexual behaviour among young people is still developing; one of the crucial findings was the acknowledgment that young people with harmful sexual behaviour form a heterogeneous group and come from all socioeconomic and ethnic backgrounds (Caldwell, 2002, Becker and Hicks, 2003). Researchers and practitioners know more about psychosocial characteristics of these young people (Way, 2005, Kavoussi et al. 1988, Araj, 1997, Hutton, 2007); there is substantial evidence regarding a correlation between abusive family environments with evidence of prior neglect, physical and sexual abuse (Awad et al. 1984, Araj, 1997, Hanson and Slater 1998, Hall, Mathews, and Pearce, et al. 1998, Silovsky 2002, Hutton and Whyte, 2006, Hutton, 2007). However, it has to be noted that “family backgrounds are diverse and may or may not be dysfunctional” (Chaffin et al. 2002). It is widely recognised that there is no-one-type- fits- all pathway of development leading to sexually abusive behaviour but rather it is a multi-faceted process driven by a variety of factors (Rich, 2011).

A number of models drawing on different theoretical perspectives have been proposed to explain harmful sexual behaviour. These encompass learning theory perspectives (underpinned by learning through modelling, or observational learning, Bandura, 1986); developmental theories locating sexual deviance in terms of profiles of normal child development (Friedrich 1990, 1991) and family systems theory which locates sexually harmful behaviour within the context of wider cultural factors, such as the family dynamics (Marshall, Barbaree and McCorninck, 1998). Ideas derived from social constructionist perspectives attempt to take

account of gender roles and the prevalence of male offenders (Lea et al. 1999, Lea and Auburn, 2003, Auburn and Lea, 2003). Finally, trauma and post-traumatic stress theories consider the role of an offender's own sexual, physical and emotional traumatisation as a key to understanding sexual offending as a re-enactment of traumatic states (Rasmussen, Burton and Christopherson, 1992, Araj, 1997).

There have been various attempts to categorise young people with harmful sexual behaviour in an effort to acknowledge the diversity and heterogeneity of this group (Johnson 2002, Almond and Canter 2007, Leversee et al. 2011, Hickey et al. 2011) but the adequacy of this has been subject to debate with some researchers claiming that there is no evidence of significant differences between types of sexually abusive youth (Ronis and Borduin, 2007). It seems that the majority of juveniles with problematic sexual behaviours may share common experiences and features which could be deemed as predisposing and precipitating factors, including poor social skills, adverse family circumstances, attachment insecurity or a prior history of maltreatment and conduct disorder (Smallbone et al. 2005, Carpentier, Proulx and Lussier et al. 2005, Rich, 2011).

It has been recognised that an understanding of sexually harmful behaviour needs to draw on multi-dimensional explanations. This approach is reflected in several models, which have been proposed over last two decades (Hall and Hirschman, 1992, Ward and Siegert, 2002) and are explained in Chapter 3. However, we are still a long way from fully understanding why young people display sexually abusive behaviour (Rich 2011).

1.6 Intervention and services

Over the last decade the range of intervention models and therapeutic approaches has grown. However, as observed by Hackett (2005), there remains concern that services for this group of young people are patchy and not widely available. Furthermore, the outcomes for young people are inconsistent (Hackett, 2005).

Erooga and Masson et al. (2006) recognised that when the issue of young people displaying HSB first emerged as a matter of concern in UK in early 1990s, professionals tried to apply adult treatment models for working to tackle it. However, it was soon recognised that such models cannot be simply transferred into working with adolescents. Mainly this was because treatment for young people needed to draw on several theories, including developmental attachment and/or trauma and post trauma theories (Hackett et al. 2003). This is not to say that these theories are irrelevant for adult treatment but that they need to be incorporated differently due to the significantly different developmental stages and social/family positions that exist between adults and children. Additionally, adult treatment was mainly based on Cognitive-Behavioural Therapy and focused on risk management and risk avoidance strategies, while treatment for young people needs to be more holistic and consider developmental needs, as well as the family and home environment (Hackett, 2004). Furthermore, though aetiology of sexually harmful behaviour is yet to be fully understood, there is strong evidence that young people differentiate from the adult population in a way that has important implications for treatment formulation and treatment methods. For example, juveniles are less driven by sexual interest and rarely engage in sexually predatory behaviours or meet the criteria for paedophilia

(Rich, 2011). In addition, Rich (2011) claims that compared with adults, young people seldom have a long term tendency to commit sexual offences. Sexual abusiveness is often one of several anti-social behaviours displayed by them. They also seem more likely than adults to commit illegal sexual behaviours in groups, which, to some extent, reflects the significance of peer relationships and its strong influence in adolescence. In addition, juveniles still have greater developmental fluidity, which manifests itself in higher victims' gender cross over but also they do not yet have a fixed pattern of arousal and sexual interests (Calder, 1997).

When working with young people, it is also important to take into consideration that adolescence is a period of significant cognitive changes. It is a period of crucial neurological development, extended over time. For example, the cognitive transition in adolescence is characterised by developing advanced thinking abilities, which permit thinking that is more deliberate and more controlled (Keating, 2004). In addition, it has been argued that brain changes take place in ways that may provoke individuals to seek novelty and stimulation several years before complete maturation of the brain system that controls judgment and decision making (Steinberg, 2007). As a result, the young people may require substantially more external support and guidance to help them developing and maintaining appropriate behaviours. It is also essential to understand that the development of intellectual skill is not just a function of cognitive maturation but also a response to environmental stimulants and opportunities to learn (Vygotsky, 1978). All this has to be taken into consideration when planning an intervention with a young person. Adult type interventions very often require certain levels of cognitive ability in terms of insight, ability to recognise triggers and risk factors

and the ability to develop strategies for self-management. Young people may not be able to meet these demands from a developmental perspective. In addition, a young person has a significantly different role within family systems. This is because the young person often is a recipient of financial/practical support but also guidance, protection and emotional support. In contrast the adult is likely to be a “provider”, in particular within parent-child dyad. This needs to be reflected in a holistic intervention. This is so that the intervention should go beyond cognitive-behavioural treatment or psycho-educational interventions. It should deal with personality development and cognitive issues; family and community systems, differentiation between normative- experimentation behaviours and abusive behaviours; it should also address trauma and loss in cases where this is relevant (Hackett, 2004, Calder 2011, Rich 2011). The issues related to available interventions are discussed further in Chapter 3.4.

1.7 The research project theoretical framework:

The field of sexual abuse has been dominated by traditional, typically cognitive based theories (Rich, 2011). Cognitive theories locate this issue in an individual’s cognitive processes and in turn how these lead to sexually abusive behaviours. Arguably they reduce complex behaviours to cognitive processes but they ignore social and emotional factors. Acts of sexual abusiveness are often committed by individuals with unmet needs. However, in this theoretical framework, aetiology of sexual abusiveness is limited to an intellectual practice but marginalised relational dimension. This research attempted to explore sexual abusiveness from a psychosocial perspective taking in consideration one’s developmental history and social context, and how this affects thoughts, feelings and behaviours of individual. Attachment theory and social

constructionism were chosen as the most suitable and comprehensive frameworks for this study (Bowlby, 1969, 1973, 1980, Gergen, 1985). This is because attachment theory offers an important integrative approach in that it draws on ideas from cognitive theory, object relations, systems theory and learning theory. Arguably attachment theory captures intra-and interpersonal processes of individuals, which are essential in effective day- to- day functioning. This includes processes related to ensuring protection from danger and reproduction and although the attachment system and sexual system are distinct, they interact closely (Crittenden, 2008). Attachment theory is based on the view that experience of early family relationships and significant life events shape attachment behavioural patterns and also internal working models, which serve to regulate, interpret and predict attachment related thoughts, feelings and behaviours (Bowlby, 1969, 1973, 1980, 1988, Crittenden, Dallos, Kowalska and Landini, 2015). Subsequently, emerging attachment style manifests in social skills and psychosocial competence and may shape sexual behaviour. It is of particular relevance that attachment theory also provides a framework for explaining and understanding the development of maladaptive strategies within a context of an individual/personal and family history, including unresolved trauma and loss. It also takes into consideration biological and neurobiological development (Crittenden 2006). Furthermore, social constructionism provides a framework which allows the examination of what sense the young people make of their lives, how they understand and construct their identity and behaviours, or how they position and manage themselves in social context. In some ways the research attempts to bridge the gap between interior and exterior of the young people's existence. The research recognises that the

attachment theory and social constructionism stem from very different epistemological assumptions. Chapters 3.1.6, 3.1.7 and 4.1 examine and justify these choices and explore theoretical links between attachment theory and social constructionism.

To date there have been attempts to consider the relevance of ideas from attachment theory in understanding and explaining the aetiology of sexually harmful behaviour drawing upon the widely documented significance of factors such as family abuse, family disruption and conflict. The close interactions between the attachment and caregiving systems that mutually influence parents and their children have also been acknowledged (Smallbone et al. 2005, Rich, 2006). A number of theoretical models based on attachment theory have been proposed (Marshall, Hudson and Hodgkinson et al. 1993, Santry and McCarthy, 1999, Burk and Brukhart in press, Minner, 2004, Smallbone et al. 2005) but there is a lack of any sufficient evidence from direct research into adolescents with sexually harmful behaviour and their attachment styles (Rich 2006). It seems that most of the concepts linking attachment style and sex offending among young people are based on situational evidence, implicating some association with experiencing a disrupted family background and traumatic events or research into adult sex offenders as opposed to in-depth analysis of attachment processes as a subject for legitimate study (Marshall, Serran and Cortoni, 2000, Marshall, Hudson and Hodgkinson, 1993, Rich, 2006, Creeden et al. 2013). Alternatively, evidence is based on broad self-report studies, which employ self-reported inventories. Smallbone and Dadds et al. (2000) argued that it is beneficial to conduct detailed attachment focused research using narrative measures for assessing

attachment styles. This is because the reliability of self- reported measures has been questioned, but also the inventories do not map attachment strategies but offers overall classification.

To date social constructionism has been mainly employed by feminist theorists in an attempt to explain sexual abuse. In essence feminist theories claimed that gender and in particular how male dominant roles are constructed and in turn endorse sexual abuse, are a crucial feature of child sexual abuse (MacLeod and Saraga, 1998). However, despite of vast amount of research regarding how the gender and in particular masculinity is constructed, there is virtually no recognition of how these processes arguably contribute to the development of harmful sexual behaviour in assessment or treatment models (Frosh and Emerson, 2004).

1.8 Overview of the research programme and structure of the dissertation:

The research and the thesis have a number of broad as well as specific aims. The specific aim was to explore attachment strategies among young people who display harmful sexual behaviour. Furthermore, it aimed to understand how early family relationships and experiences, significant life events and current emotional well- being influence the way that a young person develops his/her capacity for thinking and feeling and how this may be linked with sexual behaviour. The research also explored the extent and nature of sexual offending committed by juveniles in the local context of the identified research area including the understanding that services hold regarding these young people, how services view the relevance of family factors and subsequently what interventions may follow. The thesis offers

in-depth analysis of data and conceptualises how findings contribute to academic knowledge regarding harmful sexual behaviour, attachment and social constructionism. In addition, it offers some guidance for practice.

Chapter 2 - Literature review

This chapter provides a systematic literature review. This draws on existing research and academic knowledge and establishes a theoretical framework for this project. It offers a comprehensive characterisation of young people who display harmful sexual behaviour. The chapter considers how socio-cultural contexts shape sexuality and sexual norms.

Chapter 3 - Theoretical Explanatory Models, Assessment and Intervention

This chapter reviews the main theoretical models that have been employed to explain sexual offending. Each theory is described in turn and critiqued in terms of its conceptual assumptions and treatment implications. There will also be a comparison across competing theories considered from a 'social constructionist' perspective.

Chapter 4 - Research Aim

This chapter outlines the research's aims. It explains the theoretical perspective underpinning this research.

Chapter 5 - Methods and Methodology

This chapter outlines the research design, methods and methodology employed in the research. It describes tools and the rationale behind my decision to utilise them. Furthermore, it outlines how the analytic tools were developed and employed in the analysis of the data. In summary the research employs a mixture of quantitative and qualitative methods. These include a

descriptive quantitative audit data of fifty cases which were referred to the local Children's Services with regard to concerns about HSB and qualitative exploration of the Transition to Adulthood Attachment Interview (TAAI), Adult Attachment Interview and semi-structured interview. The interviews were analysed and interpreted using Critical Discourse Analysis and Attachment Discourse Analysis (Van Dijk et al. 1993, George, Kaplan and Main, 1985, Crittenden et al. 2006). In addition, the research employed inventory measures including: the Inventory of Parent and Peer Attachment (IPPA), the Beck Youth Inventory and the Post-Traumatic Stress Diagnostic Scale (PDS). The intention was to analyse self-report measures against analyses of attachment based on the narrative interview method. This is to consider validity of self-reported measures. The chapter also reflects on ethical issues including impact of the research on the participants and data production.

Chapter 6 - Study 1: Prevalence and service provision in designated research area

The chapter presents an assessment of the prevalence of young people reported to have engaged in sexually harmful behaviour towards other young people in the designated research area. Alongside this and to set the local context, it maps the understanding that services appear to hold regarding these young people, including the view of the relevance of family factors and what interventions follow as a result. This is followed by an assessment of a correlation between the family profile/background and sexual offending and an assessment of the range and type of services available for these young people. In addition, the context of the

sexual behaviours including other offences, difficulties and interventions that may be in place from Social Care or other services will be explored.

Chapter 7 - Study 2: Qualitative Case Studies

This chapter describes the findings from interviews of three young people who participated in a semi-structured interview and the TAAI. An additional five case studies are found in Appendix B. Attachment Discourse Analysis (George, Kaplan and Main, 1985) was chosen as the primary method of this study to investigate young people's attachment strategies in depth. The analysis was not limited to overall attachment classification but the research looked at specific attachment strategies as identified by Attachment Discourse Analysis. It explored how meanings are constructed at each level of memory representation, for example the semantic, episodic, visual, procedural and expressed affect and integrative/reflective aspects of the accounts (Crittenden 1997, Crittenden et al. 2006). The analysis identified possible unresolved traumas and loss. It considered participants' reflective functioning, which plays an important role in promoting and maintaining a secure attachment, and enhances better interpersonal communication (Fonagy, Steele, Steel and Target, 1997). Critical Discourse Analysis explored the juveniles' understanding of their actions, sexuality and peer relationships.

Chapter 8 - Family case studies

This chapter explored the wider family context in which these young people have grown up. Findings from the Adult Attachment Interviews which were undertaken with an opportunistic sample of parents are presented and cross referenced against individual interviews. The

chapter outlines the ways that parents regulate their emotions and considers what strategies may have been transmitted or developed in the families as ways of coping with emotional distress. It also presents a relational analysis drawing on both the AAI and TAAI for related pairs of parents and their children.

Chapter 9 - Discussion, clinical implications and further recommendation

This chapter summarises key findings from the research. The research aims are reviewed and examined in terms of how they have been fulfilled in the light of my research findings. These findings are critically examined in the context of existing evidence and theories, particularly attachment theory and social constructionism. This concluding chapter also makes recommendations for clinical practice and for further research.

2. Literature Review

This chapter will start by considering the various definitions of harmful sexual behaviour as set out in legal frameworks and the broader cultural perspectives regarding what types of activities constitute harmful sexual behaviour. It will then explore the extent of the problem both currently and historically and how these definitions relate to the perceived scope of the problem. It is important to consider cultural and legal definitions since these mark out both what are understood to be unacceptable behaviours and also sanctions the types of intervention developed to manage the problems. Within the framework that seems to designate HSB as problematic issue (Erooga and Masson et al. 2006), this chapter will explore psychological and sociological explanations in the context of life cycle development and the emergence of sexual behaviours during adolescence. The chapter will review research which has attempted to delineate the characteristics of young people who are described as sexual offenders in terms of psychological characteristics. It will also consider them in terms of their family and other relational contexts such as peer relationships and how this may be related to the process of defining certain sexual behaviour as deviant and problematic. An important issue that will be considered is that definitional processes are paramount, for example how initial defining of what is acceptable and not acceptable sexual behaviour develops within the family and is shaped by these families' dynamics and values. However, it is also important to recognise that the constellations of meanings formed may be in conflict with the normative values and rules in the wider community and culture.

2.1 Defining the problem

Definition of harmful sexual behaviour is complex and varying. As it was noted in Chapter 1 over last two decades the understanding of HSB has evolved from “innocent experimentation” perspective to viewing it as “harmful sexual behaviour” (NOTA, 2003). Behaviours now regarded to be sexually harmful were not typically seen as assaultive; instead these acts were more likely to be seen as examples of sexual experimentation (Barbaree, Hudson and Seto 1993). Such minimising or discounting of the problems was commonplace despite some early research that had challenged this position. For example, Groth (1977) and Becker et al. (1986) found that adolescents who displayed harmful sexual behaviour had also displayed various ‘healthy sexual behaviours’ prior to behaving in harmful way. Barbaree et al. (1993) observed that by the early 1990s, professionals’ attitudes changed and the tendency to minimise adolescent sexual abusiveness reduced substantially. This was reflected in a rise in criminal investigations regarding allegations of sexual abuse, which were perpetrated by young people (Barbaree, et al. 1993). This suggests that there are no set- in- stone criteria which determine what harmful sexual behaviour is and this existing criteria is subject to interpretation, which could be influenced by a range of factors such as political climate, e.g. an existing trend such as not to criminalise young people (McCartan, Law, Murphy and Baily, 2010); or high profile case, e.g. following the case of Jimmy Savile in the UK, NSPCC recorded an increased number of referrals regarding sexual abuse. Furthermore, changes in the law also determine what sexual behaviours are deemed as harmful, e.g. new legislation regarding publishing private sexual clips as ‘revenge porn’, which was introduced in 2015.

As discussed in Chapter 1 “harmful sexual behaviour” is the preferred term used in this research. However, it will be used synonymously with other terms such as “sexually problematic behaviour” or “sexually inappropriate behaviour”. Although harmful sexual behaviour is well recognised amongst practitioners, academics and policy makers, boundaries which identify and define sexually abusive behaviour still seem to be unclear and prone to subjective interpretation. For example, Rich (2011) argues that some sexual behaviour which are displayed by adolescents such as obscene phone calls, voyeurism or even genital exposure, can be defined as highly inappropriate from adult point of view. However, these behaviours are often part of developmental pathway, so it is questionable whether they should lead to prosecution or harmful sexual behaviour treatment (Rich, 2011). In addition, the terminology which is used in the literature is imprecise. Various labels have been suggested, such as ‘sexually aggressive children’ (Araji, 1997), ‘young abusers’ or ‘young sexual abusers’ (Vizard, 2002), ‘young people who sexually harm’ (NOTA, 2003) and ‘young people with harmful sexual behaviour’ (Hackett, 2004). Although these terms and labels have different connotations they are very often used inter-changeably (Rich, 2011). In addition, difficulties in defining “harmful sexual behaviour” are also compounded by a lack of knowledge regarding adolescent sexuality and what constitutes normal sexual development (Lovell, 2002, Barberee and Marshall 2005, Tolman and McClelland et al. 2011)

Alongside changes in the public and professionals’ attitudes, increasing research has been directed at exploring the extent and range of the problems. Arguably, as with other ‘problems’,

definitions and diagnoses can both help to draw attention to problems that were previously not noticed (under inclusivity) but they can also label some activities which could be labelled as 'normal' as deviant (over inclusivity). It seems particularly relevant to harmful sexual behaviour, as sexual behaviour seems to be subjected to a range of moral, legal and cultural constraints.

2.1.1 Legal, moral and cultural context

In order to define HSB, a range of factors needs to be taken into consideration including the child's development, legal frameworks and cultural influences. Criminal frameworks, e.g. the Sexual Act, (2003) provide a definition of sexual offence and offender: a sexual offender is defined as a person who was convicted in a criminal court of sexual crime. It also outlines the range of sexual offences. However, criminal law is limited to young people who are over the age of criminal responsibility, which is a ten year old in England and Wales (<https://www.gov.uk/age-of-criminal-responsibility>). Arguably applying only a legal framework may falsely suggest that children who are too young to be held criminally responsible cannot behave in harmful way. In turn it may result in a lack of services for younger children. For example, Hackett and Deacon (2011) found that young people were more likely to be offered a risk assessment if the police were involved. Equally a thirteen year old boy who engaged in consensual oral sex with twelve year old girl could be charged with statutory rape. This is because the English law specifies that a child under thirteen years old has no mental capacity to give consent (Sexual Act, 2003).

Arguably the law relating to children is informed by legislation relating to adults. Although it provides useful definitions of sexual crimes, it does not reflect the complexity of adolescent sexual abusiveness.

Sexual behaviour is also prone to moral condemnation and occurs in particular cultural contexts. It seems that religious and moral judgments are readily made with regard to all form of sexual behaviour but particularly regarding behaviour which falls outside the “norm”. For example, homosexual behaviour has been condemned throughout centuries (Scroggs, 1983, <http://www.theguardian.com/commentisfree/2014/oct/24/popes-fine-words-on-homosexuality-are-useless-while-the-catholic-church-still-calls-it-a-sin>). Likewise; premarital sex between adolescents is strongly condemned by most major religions. In the past masturbation had been described as leading to mental health problems and suicide, and it is still seen as a sin by major religions (Stengers, Van Neck and Hoffmann 2001).

Notably there are a range of labels and adjectives used in literature to describe youths with sexualised behaviour including “adolescent sex offenders”, “sexual aggressors”, and “paedophiles” or “child molesters” These terms have frequently been used interchangeably by academics or professionals. However, terms such as “juvenile sex offender” or “sexual aggressor” may reflect punitive attitudes and moral judgements surrounding this issue. It can be claimed that certain labels rather reflect political and moral overtones and are not free from moral or judgmental connotation.

However, adolescence is a period when significant shift towards interest in sex takes place. Masturbation is one of the first sexual behaviours for many young people and part of a normative sexual development (Santrock, 2001). Young people also feel under peer pressure to commence their sex life when they are still in their teens and long before they even consider marriage, with the peak of the pressure falling in brackets between age thirteen and sixteen (Richardson et al. 2011).

Another significantly influential source of modelling of understanding regarding sexual behaviour comes from mass culture and technology. Cultural influences and technology development contributes to new forms of sexual behaviour, for example, sexting. Sexting is defined as ‘exchange of sexual messages or images” (Livingston et al. 2010) and ‘creating, sharing and forwarding of sexually suggestive nude or nearly nude images (Lenhart, 2009). Livingston et al. (2010) reported that 12% of eleven to sixteen years old in the UK have seen or received sexual message. Some other research suggests a range from 15-40% of youth being somehow involved in sexting. Sexting, like voyeurism or peeping, could be deemed as sexual crime i.e. this is because it may involve making and distributing abusive images of children (Sexual Act, 2003). In this case very often self-images but also encouraging a boyfriend or a girlfriend, who is under eighteen years old, to send a naked image of themselves can be seen as a sexual offence. A recent report prepared for NSPCC by Ringorse, Gill, Livingstone and Harvey (2012) identified that although sexting includes a range of behaviours motivated by sexual

pleasure it also could be linked with harassment, bullying and even violence. Nevertheless, it seems to be accepted by some groups of young people and also adults as a normative behaviour (Livingstone and Harvey, 2012).

Furthermore, there are contradictions in media fictional and non-fictional representations whereby sexual abuse is severely condemned, sex offenders are frequently portrayed as 'feared monsters' (Cucolo and Perlin, 2013, Spiesel et al. 2013) but at the same time, highly sexual behaviours are prompted as a norm, particularly through pop music, sitcoms and reality shows. Pop culture seems to be promoting 'cool and glamorous' images of sexual behaviours that very often link to or contribute to positive social status. Lichter and colleagues (2000) described it as glamorisation of sex without consequences. This is compounded by the fact that pornography has been generally normalised and become socially acceptable (Lofgren-Martenson and Masson, 2010).

Arguably society including young people constructs their understanding regarding appropriate and inappropriate sexual behaviours based on contradicting messages stemming from different legal, moral and cultural principals. The legal system attempts to protect us from harm and punish a crime and is based on criminal evidence which goes beyond doubt. However, at the same time it may criminalise sexual behaviours which are within an expected developmental pathway of young people (Rich, 2011). Alternatively, decisions not to prosecute in certain cases due to a lack of evidence may be interpreted as an approval of the sexual behaviours in

question. Moral judgment often stems from religious beliefs and provides a code of sexual morality which regulates sexual activities and values. However, arguably it is challenged by liberal discourse regarding sexuality, which seems to be reflected in pop culture. Overall, it seems that it becomes less clear what sexual behaviours are expected at certain developmental stages.

2.1.2 Normative Sexual Development

Before making conclusions with regard to a definition of harmful sexual behaviour, consideration needs to be given to what is a normative as opposed to deviant sexual behaviour for adolescents. Unfortunately, there has been very little research into normative sexual behaviours in adolescence and instead the majority of research regarding adolescent sexuality equated sex not with normative aspects of adolescence development but with danger and risk. This was characterised by concerns related to the danger of unprotected sex or teenage pregnancy rather than assessing adolescent developmentally normative sexual behaviours (Barberee and Marshall 2005, Bancroft et al. 2005, Tolman and McClelland et al. 2011). Santorck (2001) suggested a following statistical continuum of adolescence normative sexual behaviours:

- Sexual interest/ sexual arousal
- Masturbation – more common among males than females;
- Ejaculation (wet dreams)

- Kissing (males 13.9 years; females 15 years)
- French kissing (males 14.6 years, females 15.5 years)
- Touching breasts (males 14.6 years, females 16.2 years)
- Touching the penis (males 15.7 years)
- Touching the vagina (males 15.4 years; females 16.4 years)
- Sexual intercourse (males 16.3 years; females 17 years)
- Oral sex (males 16.9 years; females 17 years)

There is some evidence supporting a linear progression of adolescent sexual behaviours. For example, Canadian research found that a majority of twelve and thirteen year old adolescents engaged in light sexual activities such as hugging, holding hands, and kissing. More advanced sexual activities such as petting and sexual intercourse were reported less by this age group but they were more common for older adolescents. The authors claimed that light sexual activities represent a phase of development in which youth may limit their sexual conduct. It would also suggest that there is a progression from light to heavy sexual activities (Williams, Connolly and Cribbie et al. 2008).

However, the trajectory of adolescence's sexual behaviours is dynamic with a degree of deviance. First of all, an understanding of the development of sexual responsiveness has underlined the substantial influence of a hormonal drive. For example, a production of testosterone increases for boys during puberty and testosterone is linked with sexual

responsiveness (Steinberg, 2005, Giotakos et al. 2003). Secondly, young people develop their own identity within youth culture, through the process of peer identification they take on different “scripts”, which due to technology development seems to be crossing cultural and geographical boundaries. The cultural crossover and fluidity of information contributes to the variability of sexual attitudes and behaviour, e.g. attitude towards pre-marital sex whereby an individual may come from a community where pre-marital sex is condemned but at the same time is exposed to messages condoning pre-marital sex through social media. As a result, the range and timing of sexual behaviours occurrence could vary. For example, whilst research conducted in 2001 found that oral sex statistically occurred after the onset of full sexual intercourse and in third stage of adolescence (Sanock, 2001), in 2005 Halper – Flesher and colleagues found that adolescents perceive oral sex as less risky, more acceptable, less of a threat to their beliefs and more likely to happen for them and that a greater number of their peers have engaged in it than in vaginal sex at younger age. This was in contrary to earlier studies which found that it was uncommon among adolescents to experience oral sex before sexual intercourse (Kinsey et al. 1948, 1953, Schofield, 1965). Cultural variations have also to be taken in consideration, for example Hensel et al. (2008) found in a sample of African American adolescents that oral sex occurs before, simultaneously or concurrent with intercourse rather than as a substitute. It seems, therefore, that the range of acceptable normative developmental sexual behaviour is largely socially constructed. Furthermore, being sexually active is deemed as a marker of social inclusion by young people (Richardson et al. 2010).

It also has to be noted that there is consistent evidence that advanced sexual activities in early adolescence are associated with substantial psychosocial problems which in turn are very often associated with the risk factors of adolescent problem behaviours and were related with atypical pathway including behavioural problems and with a range of negative developmental influences in adolescence (Allan Guttmacher Institute, 2001, Coley and Chase – Landsdale, 1998, Williams, Connolly and Cribbie et al. 2008; Bancroft et al. 2005).

2.1.3 Harmful sexual behaviour – definition

Arguably adults and professionals present certain attitudes towards sexual behaviour which are determined by social, moral and legal constraints. However, adolescents experiment with social boundaries and test them and very often they are yet to have the ability to appreciate that certain sexual behaviours are considered to be morally wrong, socially inappropriate, harmful or illegal (Barbaree and Marshall 2005). There is, therefore, a need to have a clear distinction between sexual experiments, sexual inappropriate behaviour and harmful sexual behaviour. Ryan (1999b, p.424) wrote: “It is not the sexual behaviour that defines sexual abuse but, rather, it is the nature of the interaction and the relationship that give an accurate definition”.

Elements which help to define the dynamic of sexual behaviour include: the quality and nature of consent, age and cognitive capacity of consenting youth, how and under what conditions consent was obtained, equality between the partners as well as context in which the sexual behaviour develops and occurs (Rich, 2011). Cavanagh–Johnson (1998) provided a valuable

description of normal sexual behaviours in pre-adolescent children. She suggests that the children involved are of similar age, size and developmental status. They participate in sexual activity voluntarily and the participation is mutual. The sex play behaviours are not excessive and they are limited in type and frequency and by the children's interest in sex. The sexual behaviour is balanced by curiosity about other aspects of the child's life and it seems to be motivated by developmental curiosity. The degree of intensity and frequency and also context are very often decisive factors regarding whether the behaviour falls still within or outside a norm. The National Task Force on Juvenile Sex Offending (1993, p.6) concluded: "The laws regarding sexual behaviour does not entirely define abuse: some behaviour may be prohibited by law but may not be regarded as abusive, while some abuse behaviours are not covered by law. It is the nature of the relationship; the inequality of the participants, presence of exploration, coercion, and control; manipulation, and the abuse of power; combined with a sexual behaviour which constitutes sexual abuse". The task force referred to consent, equality and coercion and defined these terms as follows:

Consent – an arrangement that included an understanding of what is proposed. This includes consideration for age, developmental level, functioning and experience; knowledge of social standards for proposed behaviour/interaction; awareness of potential consequences and alternatives; respecting agreements or disagreements; voluntary decision and mental competence.

Equality – two participants operating with the same level of power in a relationship neither controlled nor coerced by other.

Coercion – an exploitation of authority, use of bribes, or threats of force or intimidation to gain cooperation or compliance.

(Calder, 1997, Rich 2011)

As Epps (1997) noted, it is not always clear what constitutes sexually abusive behaviour, but factors such as coercion, manipulation or force are considered as evidence of abuse. Behaviours motivated by control or power whether it is through age, size, social status or other factors which put a perpetrator in a position of authority, are treated as abusive (Araji et al. 2004). These beliefs are summarised in Ryan's (1997b) framework, which defines sexually abusive behaviour as an interaction with person(s) of any age that is perpetrated: a) against the victim's will, b) without consent, c) in an aggressive exploitive, manipulative, or threatening way. Hackett presented sexual behaviour as a continuum (Table 2.1)

Table 2.1 Continuum of Sexual Behaviours

Normal	Inappropriate	Problematic	Abusive	Violent
Developmentally expected	Single instance of inappropriate sexual behaviour	Problematic and concerning behaviour	Victimising intent or outcome	Physically violent sexual abuse
Socially Acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unacceptable	Include misuse of power	Highly intrusive
Consensual. mutual. reciprocal	Context of behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure victim compliance	Instrumental violence which is physiologically and/or sexually arousing to the perpetrator
Shared decision-making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocity or equal power	Informed consent lacking or not able to be freely given by victim	
		May include levels of compulsivity	May include elements of expressive violence	

Hackett, 2010

Nevertheless, despite some significant progress in researching the harmful sexual behaviour amongst young people and attempts to define the issue, it seems that there is still no clear and coherent definition of the problem. Arguably consent, equality and coercion are socially constructed. For instance, consent, which is negotiated in interpersonal dimension, may feature elements of coercion. An example is a range of strategies that young people may use to convince their partners to engage in sexual activity including: sweet talks, expressions of love,

alcohol, threats to leave or emotional threats and manipulation “if you love me, prove it” type argument. Although the relevant factors helping to recognise harmful sexual behaviour have been identified, the criteria are not free from individual subjective judgment with echoes of moral, religious or cultural discourses. Subsequently the boundaries defining individual factors are not fixed and clear. They are very much situational and depend on a range of variables. One may argue that defining harmful behaviour occurs on several levels. Firstly, it happens between individuals directly involved in the incident through action and reaction of ‘perpetrator’ and a ‘victim’. This includes their understanding, motivation etc. Secondly it is defined by feedback from significant others such as parents/carers or family members. Thirdly it is seen by professionals through a legal/safeguarding lens but professionals who are still biased due to their professional background and personal beliefs and attitudes. At all three levels there is a variety of possible interpretations and these interpretations are hardly ever consistent with each other. This may lead to significant consequences whereby for example, the same behaviour is differently defined by young people, family, a professional with a mental health background and a social worker. An example is a case where a young girl reported to her mother that her older brother was coming to her bedroom and pressing against her trying to kiss her. It started from a game in which she initially consensually participated but then she stopped enjoying this and asked her brother to stop it, which he didn’t. Her mother perceived this as child sexual abuse although struggled to articulate an understanding of what appropriate sexual behaviour was. She discussed her concerns with a mental health worker who assessed this behaviour and concluded that it was ‘attention seeking’ stemming from the child’s past

childhood experience. This resulted in a lack of further investigation or a follow – up and two years later the girl disclosed that her brother had engaged in sexual intercourse with her. Though it is a difficult task there is arguably a need for more precise terminology and consistent understanding of what constitutes harmful sexual behaviour across professionals but also within the community. But it is questionable how achievable this is.

2.2 Prevalence and nature of harmful sexual behaviour

Although the public and professionals' awareness has grown, arguably, sexual abuse still remains largely unreported to the Police (Erooga and Masson et al. 2006, McCartan, Law, Murphy and Baily, 2010). In particular, there is still a tendency to minimise the problem of harmful sexual behaviour displayed by young people. Subsequently the number of young people displaying harmful sexual behaviour is not fully known (McCartan, Law, Murphy and Bailey, 2010).

Most recent UK government statistics based on criminal convictions and cautions indicate that 8.2% of all those cautioned or convicted for sexual offences were between ten and seventeen years old (Ministry Of Justice, 2013). Criminal statistics only refer to recorded crimes supported by sufficient criminal evidence and arguably represent only a small proportion of harmful sexual behaviour displayed by young people. For example, Hackett et al. (2003) found that 56% of services across the UK, including the Youth Offending Team, worked with young people with harmful sexual behaviours, who were not charged with any offences. Various UK based studies suggest that teenagers are responsible for between 30-50% of all child sexual abuse incidents

(Vizard et al. 2007). Most recently Radford et al (2011) found that in the UK young people perpetrated about 65.9% of the contact sexual abuse against children and adolescents

The range of sexually harmful behaviours spread from non-assaultive/non-contact behaviours (e.g. exhibitionism, voyeurism) to hands on/assaultive acts (e.g. sexual touching, rape).

Findings by Finkelhor, Ormrod et al. (2009) in the USA claim that the most common sexually abusive behaviour perpetrated by both juveniles and adults was fondling – 44.5%, followed by rape - 28.3%. Findings from the UK based study show higher percentages of more severe behaviours. In the sample (n) out of 280 of cases referred to National Assessment and Treatment Service, 83% of young people were referred for fondling, 38% for vaginal rape and 34% for anal rape (Vizard et al.2007).

An early research study regarding harmful sexual behaviour identified that 31% of incidents involved extreme coercion such as use of knives, and an additional 12 % a blunt instrument was used (Groth, 1997). More recent studies indicate that there was little use of force in sexual abuse perpetrated by adolescents. Vizard et al. (2007) identified that 8% of young people used physical threats of harm, 36% used verbal threats of harm but 34% groomed a 'victim' prior to abuse. Violence is more prevalent in peer to peer abuse or young person to adult but young people who display sexually harmful behaviour towards younger children rarely go beyond use of threats or manipulation. Overall, it seems that young people use a range of strategies from coercive to more subtle tactics to gain a victim's compliance, with the majority employing the latter (Hunter, 2000, Rich, 2011).

Despite difficulties in establishing accurate figures, above statistics and nature of sexual incidents suggest that harmful sexual behaviour perpetrated by children and young people is a considerable problem that impacts both on the victim but also the young people who display those behaviours, as well as their families (NSPCC, 2011).

2.3 Young People and Their Families

It has become recognised that adolescents who engage in harmful sexual behaviour form a heterogeneous group and come from all socio-economic and ethnic backgrounds (Caldwell, 2002; Becker and Hicks, 2003).

2.3.1 Family background

It has been argued that troubled family backgrounds and histories of prior physical, emotional and sexual maltreatment may contribute to the development of sexually harmful behaviour (Awad et al. 1984, Hutton, 2007, Araj, 1997, Hutton and Whyte, 2006). Seto and Laumiere (2010) found that young people who display harmful sexual behaviour were five times more likely to have a history of child sexual abuse as opposed to non-sexual offending young people. They were also more likely to have experienced physical or emotional abuse. In addition, they were more likely to be brought up in families with inappropriate sexual boundaries characterised by early exposure to pornography or sex and exposure to inter-familial sexual violence. Furthermore, families of young people with sexually harmful behaviour are very often described as unstable and disorganised due to a range of factors such as mental health

problems, criminality of parents, poor economic situation, substance and alcohol misuse and medical problems (Browne and Falshaw, 1998; Dolan et al. 1996; Graves et al. 1996; Gray 1999, Manocha and Mezey, 1998). In addition, a family environment was characterised by inaccessible parents, lax parental control or 'discipline' that was too harsh, promotion of family secrets and the stimulation of a sexual climate (Smith and Israel, 1987, Manocha and Mezey, 1998, Davis and Leitenber, 1987, Barbaree, Marshall and McCormick, 1998). Other 'destabilising' issues which have been identified in families of young people with sexually harmful behaviour include: parental separation, single parent homes and absent father homes are reported in a number of studies (Browne and Falshaw, 1998, Graves et al. 1996, Manocha and Mezey, 1998, O'Reilly et al. 1998). Some research also reported a significant number of disrupted care histories with many young people having been in care at one time (Dolan et al. 1996, Manocha and Mezey 1998). Vizard's UK based descriptive study provided an excellent overview of issues related to family backgrounds of young people with harmful sexual behaviour (Table 2.2).

Table 2.2 Family background of young people displaying harmful sexual behaviour (Vizard et al. 2007)

	<i>n(280)</i>	(%)
Emotional/psychological abuse	206	74
Parental separation/divorce/death	204	73
Childhood sexual abuse	200	71
Physical abuse	186	66
On Child Protection Register	180	64
Inconsistent parenting	178	64
Physical neglect	166	59
Harsh parental discipline	148	53
Lack of parental supervision	137	49
Witnessing Domestic Violence	136	49
Inadequate family sexual boundaries	123	44
Death of a family member or significant other	84	30
'Risk to Children' offender within the family	78	28
All types of abuse/neglect	71	25

The study identified that 92% of the sample suffered neglect, witnessed domestic violence, or experienced one form of abuse (Vizard et al. 2007). Descriptive studies of the families of young people who engage in harmful sexual behaviour are useful in highlighting factors that may have contributed to development of harmful behaviour. An emerging picture of the family background of young people who display HSB suggests that they have been exposed to a high level of danger compounded by an inaccessible or unpredictable attachment figure, and that

they lived in a violent and sexualised home environment. An analysis of family dynamics and developmental experience is necessary in order to reveal what processes may have occurred leading up to harmful sexual behaviour. This could provide a better understanding of these young people and the role of harmful sexual behaviour and in turn enable the provision of a more needs-specific, tailored and effective intervention. There have been attempts to employ a systemic approach in tackling harmful sexual behaviour (Bentovim et al. 1998), and more recently multi-systemic therapy (Borduin et al. 2009). Both frameworks are described in detail in Chapter 3.

2.4 Developmental Experience of Young People Who Engage in Harmful Sexual Behaviour.

The developmental experience of young people with harmful sexual behaviour is likely to be determined by a complex and challenging family background. An analysis of literature regarding correlation between child maltreatment and harmful sexual behaviour highlighted high rates of child sexual and physical abuse, family violence, neglect and emotional abuse, which often were experienced from an early age. These have been accepted as general developmental risk factors which contribute to the development of sexually abusive behaviours (Bailey, 2000, Righthand and Welch 2001, Way 2002).

2.4.1 Sexual victimisation

It has been a common assumption that young people who engage in harmful sexual behaviour were sexually abused themselves. However, there is substantial variability in the reported frequency of sexual victimisation in the literature ranging from 4% to 60% (Epps and Fisher et al. 2004). Early studies reported that between 25% and 75% of adolescents who engaged in harmful sexual behaviour had a prior history of sexual victimisation (Worling, 1995). Other studies estimated that between 20% and 70% of adolescent sex offenders had been sexually abused (Hanson and Slater, 1998). Slivovsky and Niec (2002) identified that 38% of their sample had been sexually abused and Simons (2006) reported that sexual victimisation amongst young people with harmful sexual behaviour ranges from 40% to 80%. Meta-analysis of research combining data from 50 studies indicated that approximately 40.3% of young people with harmful sexual behaviour had themselves experienced sexual victimisation in childhood. This is about 3 times the rate found in a non-sexual offending youth (Burton and Schatz, 2003). The UK based research confirms a high frequency of sexual victimisation. Vizard et al. (2007) found that 71% of her sample (n=280) suffered sexual abuse and Hackett (2012) in his retrospective study identified that over 50% of the sample (n=700) were subjected to sexual abuse as children.

Overall this indicates that sexual victimisation is an important factor to consider. There are various theoretical explanations that have been suggested regarding the mechanisms whereby sexual victimisation may predispose young people to engage in sexually harming behaviour themselves. For example, psycho-dynamic theory suggests that some young people who were

sexually victimised become victimisers in order to achieve a sense of mastery over their own abuse (Rasmussen, Burton, and Christopherson et. al. 1992). Although sexual victimisation could be a vulnerability factor, it does not fully explain why some young people display harmful sexual behaviours. One significant shortcoming of this as an explanation is that a significant proportion of young people who engage in sexually abusive behaviour appear to have had no history of sexual victimisation. However, it is possible that many have indirectly experienced inappropriate or abusive forms of sexual behaviour towards others, for example have witnessed sexual violence, abuse and rape in their own families. Sexual traumatisation, as other form of trauma may result from vicarious experiences not simply direct ones (Crittenden et al. 2015).

2.4.2 Maltreatment

Several authors supported the view that a history of physical abuse and exposure to family violence is strongly associated with the development of sexually abusive behaviour (Knight and Prentky, 1993, Righthand and Welch, 2004, Knight and Sims-Knight, 2004). Becker and Hunter (1997) claimed that 25% to 50% of juveniles who sexually abuse have a history of physical abuse. Spaccarelli and colleagues (1997) reported that 44% of their sample had a history of serious physical abuse. Further evidence was provided by Righthand (2001) who reported that 41% of young people with harmful sexual behaviour had been physically abused by a parent or carer. Slovinsky (2002) found that 47% of young people from her sample were subjected to physical abuse and Vizard et al. (2007) identified that 66% of her sample suffered physical abuse. Research also suggests that neglect or emotional abuse were frequently experienced by

those with sexually harmful behaviour (Manocha and Mezey, 1998, O'Reilly et al. 1998, Gray et al. 1998). Vizard et al. (2007) claimed that 74% of young people participating in her research had experienced emotional/psychological abuse and 59% physical neglect.

2.4.4 Interfamilial violence

It is widely accepted that exposure to domestic violence is a risk factor in developing anti-social behaviour but also in relation to harmful sexual behaviour. Continuing research appears to provide consistent evidence that inter-familial violence features in approximately half of all cases concerning adolescents displaying harmful sexual behaviour. Early research by Lewis (et al. 1979) suggested that 79% of juvenile sex offenders had witnessed domestic violence. Righthand et al. (2001) reported that 44% of their sample were exposed to violence at home. Silovsky (2002) identified that 58% of young people with harmful sexual behaviour had witnessed inter-familial violence. A more recent UK based study by Vizard et al. (2007) estimated that 49% of adolescents engaging in sexually abusive behaviour had been exposed to domestic violence. It is also claimed that sexual victims who are exposed to domestic violence, are more likely to become perpetrators of sexual harm (Skuse et al. 2000). Hunter and colleagues (2004) added that an exposure to violence in childhood increases the risk of aggression and delinquency in young sexual offenders.

However, it still seems unclear why some young people who experienced physical abuse develop harmful sexual behaviour, and some do not. Researchers suggest that this may depend on the victim-offender relationship, the frequency and type of physical abuse but also the

developmental stage in which it occurred (Prentky 1993, Burton 2000, Knight and Sims-Knight 2003 and 2004).

An important question is how these young people had processed/interpreted and emotionally absorbed their childhood experience; what defensive strategies they employed to cope with their experiences and how these shapes their identity. Without this knowledge it is only possible to speculate how these experiences affected their mental states and how these in turn shape their offending behaviours. The development of a sense of self and processing events in the family and outside requires emotional support, guidance and conversation with parents or other attachment figures. This may mediate the effects of observing or experiencing violence or abuse and there is relatively little research regarding these processes and how they may help to differentiate young people who despite having experienced domestic abuse, physical or sexual victimisation are able to avoid engaging in sexual offending behaviour from young people who do so.

2.4.5 Mental Health Difficulties

A body of research identified that harmful sexual behaviour co-occurs with some mental health disorders. Early research found that 20% of an outpatient research sample had some symptoms of adjustment disorder with depressed moods (Kavoussi et al.1988). Becker et al. (1991) found that 42% of their sample suffered from major depressive symptoms. Other research found that 50% of participants had an anxiety disorder and 35% suffered from mood disorders (Shaw et al. 1993). Cavanaugh, Pimenthal and Prenty (2008) found that in a sample of 667 boys with harmful sexual behaviour 66.7% had Attention-Deficient-Hyperactivity-Disorder, 55.6% suffered

from Post-Traumatic Stress Disorder, and 44.9% had Mood Disorder. There is also a suggestion that a history of psychiatric problems is more frequent in juvenile sexual offenders (Barbaree, Hudson and Seto, 1993, James and Neil, 1996).

2.4.6 Adolescent females who engage in harmful sexual behaviour

Knowledge about young people who engage in harmful sexual behaviour is mostly based on research with young males. However, there is a growing body of research regarding young females. To date the research concluded the following with regard to young females who engage in harmful sexual behaviour:

- The majority had been harmed sexually.
- Many of the young women had suffered sexual harm at a young age which was generally at a younger age than their male counterparts.
- Young females are often harmed sexually by more than one perpetrator and many are sexually harmed by females.
- The histories of young females indicates that if they engage in sexual harm their own experiences of being abused is more likely to have been repetitive and severe when compared with young males, with more use of force and aggression, and more likely to include histories of multiple abuse.
- Mental health problems are common in young females, including suicidal ideation and attempts, these being more frequent than in young males, with high levels of anxiety

and depression, a higher provenance of diagnosis of PTSD when compared with young males but with less frequent diagnosis of Conduct Disorder.

- In comparison with their male counterparts young females begin their harmful sexual behaviour at an earlier age, are less likely to abuse strangers, and more likely to offend within a care giving role and/or within the family, and are more likely to abuse children and children of younger age.

(Masson et al. 2012, Hackett, 2014)

In conclusion male adolescent sexual abusers have typically been described in the research literature as having experienced various forms of abuse resulting in a number of psych-social problems and social skill deficits, often being socially isolated, lacking intimacy skills and sexual knowledge as well as experiencing a high level of social anxiety (Richardson et al.1997, Way, 2005). An overview of young women who sexually offend indicates that they have experienced very disturbed backgrounds, high levels of both physical and sexual victimisation and problematic relationships with parents and peers (Ryan and Lane, 1997, McCartan, Law, Murphy and Bailey, 2010). Given the consistent findings of high levels of reported adverse childhood experience and psychosocial difficulties including mental health problems it seems essential to view harmful sexual behaviour within this wider context. An implication of this is that interventions into harmful sexual behaviour should not be confined to offence specific work, or restricted to only individual work with the young person. The research indicates the need to work with families of the young people in order to address the variety of contributing

family factors. These include parent-child dynamics, and general family functioning. It is important to recognise that factors, such as child abuse, child maltreatment and emotional neglect are not simply historical factors that now reside 'in' the child but maybe ongoing problems which will have impeded positive change in the young offender and may in fact signal even more extreme problems emerging in the future. For example, Crittenden and Newman (2010) claim that adult PTSD trauma is often tied to childhood trauma.

2.5 Discussion

As discussed in this chapter there is an extensive body of evidence that young people who have engaged in harmful sexual behaviour have frequently experienced a variety of forms of adversity through their childhoods. These include direct physical and sexual abuse, witnessing domestic abuse, emotional neglect, witnessing conflicts and violence between their parental figures towards other family members and separations or removal from their homes into institutional care. In addition, this group of young people typically present with significant psychosocial problems, including difficulties in emotional self –regulation. This profile of difficulties and dangers in childhood prompted consideration for the relevance of attachment theory in an exploration of this group of young people. Detailed exposition of attachment theory is described in the following chapter 3 but the key assumptions of the attachment theory and its relevance are outlined for the purpose of the literature review chapter.

A primary factor is that attachment theory is essentially concerned with the effect of danger and adversity on children's development. This fits very well with the profile of dangers and separations that this population of children have typically experienced. Secondly, attachment

theory has evolved to offer a framework for understanding not only the influence of specific dangers but also of the quality of the parent/ child relationship in shaping the child's personality and development. Specifically, attachment theory proposes that the quality of the primary carer/child relationship evolves into internal working models which subsequently provide templates for interpreting self and others but also encompasses strategies to process information and manipulate the environment (Bowlby, 1969, 1973, 1980). The core assumption is based on an evolutionary conceptualisation that these strategies evolve as attempts to ensure safety and ability to engage in human relationships and eventually ensure reproduction. The attachment strategies vary from secure to insecure attachment with different subcategories including what is often referred to as disorganised attachment (Bowlby, 1969/82, 1973, Crittenden and Classen, 2000).

Evidence indicates that young people who have engaged in sexually offending behaviours have typically experienced both direct dangers but also conflictual and difficult family relationships and complex relationships with their parents. This makes attachment theory a strong candidate for a consideration of the difficulties displayed by this group of young people. It has been hypothesised that insecure attachment could be a precipitating factor in a development of harmful sexual behaviour, and in particular that disorganised attachment could be a predisposing factor (Smallbone et al. 2005, Rich, 2006). However, there is little direct research exploring a link between attachment style and harmful sexual behaviour with regard to adolescence and findings from research regarding adult sex offenders' attachment style are mixed. The research that has been conducted has been somewhat inconsistent: Marshall (et al.

2000), using self-reported measures, found no significant difference between child sex molesters, non-sexual offenders and non-offenders with regard to their attachment style. Prior to this research, Ward et al. (1996) came to a similar conclusion. Smallbone and Dadds conducted a series of research studies which also employed self-reported attachment measures (Smallbone and Dadds, 1998 et al. 2000, and et al.2001). Firstly, they conducted research with regard to adult population of sex offenders and property offenders. This research showed that sex offenders reported less secure attachment with their parents (Smallbone and Dadds, 1998). Subsequently Smallbone and Dadds conducted two studies with undergraduate students (Smallbone and Dadd et al. 2000, 2001). They discovered that childhood attachment insecurity predicted aggression, anti-sociality and was significantly associated with sexual coercion. Both studies showed some conflicting results regarding a role of parental attachment. The first study showed that paternal avoidant attachment emerged as an important predictor of coercive sexual behaviour. However, the second study identified maternal avoidant attachment as a predictor of coercive sexual behaviour. They concluded that insecure patterns of both maternal and paternal attachment were associated with coercive sexual behaviour independently of aggression and anti-sociality. Marsa et al. (2004) compared four groups: child sex molesters, non-violent sex offenders, non-violent offenders and non-offenders, and found that child sex molesters were four times less likely to have secure adult attachment than other groups. In regard to adolescence the majority of conceptualisation regarding insecure attachment is based on assumptions from indirect evidence. This is that young people with harmful sexual behaviour typically experienced physical, emotional and sexual victimisation (Vizard, Monck,

and Mish, 1995, Hackett, 2013), and exposure to physical violence (Vizard et al. 2007, Spaccarelli, Bowden, Coatsworth and Kim, 1997). It has been argued that experience of child abuse results in insecure attachment (Crittenden and Ainsworth, 1989, Cicchetti and Toth, 1995). Lightfoot and Evans (2000) claimed that, in addition to high prevalence of physical, verbal and domestic abuse, young people with harmful sexual behaviour experienced multiple disruptions to their primary attachment relationship prior to age seven, which significantly impacts on their attachment style. This is supported by evidence for various studies. For example, it was observed that this population of young people experience more troubled family relationships (Vizard, Mock, and Mish, 1995), high level of parents' conflicts, separations and divorce (Blaske, Borduin, Henggeler, and Mann, 1989, Ford and Linney, 1995), and less family cohesion (Bischof, Stih, and Whitney, 1995) as opposed to non-sexually offending young people.

Miner and colleagues researched links between attachment and harmful sexual behaviour over two decades but failed to establish strong evidence supporting a causal link between attachment and harmful sexual behaviour (Miner and Crimmins, 1997, Miner, 2004, Rich 2011). In the recent study Miner and colleagues (2010) concluded that attachment anxiety indirectly contributes to engagement in harmful sexual behaviour. Attachment anxiety was calculated as a combination of preoccupied and fearful strategies minus a combination of secure and dismissing strategies. They argued that attachment anxiety with a lack of misanthropic attitude leads to interpersonal inadequacy and this, combined with over-sexualisation, can lead to

displaying harmful sexual behaviour. The study claimed that harmful sexual behaviour appears as means for gaining intimacy but also is fuelled by a fear of rejection.

Overall the current research available suggests that there appears to be no strong empirical evidence suggesting that adult sex offenders and adolescents who engage in harmful sexual behaviour differ significantly from the general population of offenders or non-offender with regard to attachment style. There is no evidence that insecure/disorganised attachment has causal effect on harmful sexual behaviour.

However, some of the difficulties regarding finding evidence may be related to methodological problems. Assumptions about nature of attachment are very often drawn from circumstantial/environmental evidence or research using self-reported measures. Use of self-report measures has been criticised. For example Smallbone and Dadds (2001) noted that the retrospective self-reported measures were likely to contain substantial reporting biases shaped by the participants' attachment strategies. They suggested that narrative measures such as the Adult Attachment Interview may be more valid in that assessment of attachment is based on in-depth exploration by researchers of defensive processes in the person's accounts rather than an assumption that participants have full insight into their own strategies and defenses.

Secondly, self-report measures may lead to overall classification of attachment style rather than exploring details of the attachment strategies. Further to this the kinds of developmental experiences reported in the lives of these young people suggest that they are likely to hold complex attachment strategies, consisting of mixtures of insecure patterns and also patterns that are disrupted unresolved states of trauma and loss. Reduction of attachment strategies to

simple overall secure/ insecure classification may mask more subtle and complex differences. In contrast research on attachment strategies, using more sophisticated methods, such as the AAI, may lead to better understanding of the range of strategies used by an individual. This also emphasises the dynamic and mediating role of attachment strategies rather than a simplistic reduction of predisposing or precipitating factors.

Therefore, two strands of the argument suggest the relevance of attachment theory:

1. That it conceptually fits well with the area of behaviour.
2. It is apparent that despite this apparent relevance there had been little direct investigation of attachment insecurity in young sex offenders.
3. The research so far which has explored its relevance has employed relatively insufficient, sophisticated measurement and hence the inconclusive findings require further investigation.

Likewise, it seems legitimate to draw on social constructionism in order to gain insight to how these young people interpreted their childhood experiences and subsequently how they construct their identity and position themselves in social context. In particular, how the meaning, which they assign to certain behaviours and experiences, which are deemed by society as abusive, e.g. domestic violence or sexual abuse; may be constrained by family dynamic and their defensive mechanisms. Furthermore, social constructionism would allow identifying what wider discourse these young people draw on in order to preserve their self-integrity.

2.6 Summary

This chapter outlined current trends and research finding regarding harmful sexual behaviour among adolescence. The chapter also reviewed a definition of sexual offending, examined the contributions of family and personal factors. It has provided a statistical picture of the group and their family background. Based on findings from literature review it argued the relevance of attachment theory as a main explanatory framework. It also argued essential role of social constructionism in exploring meaning forming by young people displaying harmful sexual behaviour. The next chapter will explore further what theoretical and psychological models have been employed to explain harmful sexual behaviour in young people and how these are employed by professionals working with this group of young people.

3. Theoretical Explanatory Models, Assessment and Intervention

This chapter will provide an overview of the main theoretical models that have been employed to explain sexual offending. Each theory will be described and then critiqued in terms of its conceptual assumptions. The treatment implications for each model will be described but it is also suggested that applications in this field have tended to be based on eclectic integrations of various theories, hence it is difficult to tease out the specific efficacy of any one theory. There will also be a comparison across the theories with social constructionism described and also considered in terms of the critique it offers of the other theoretical positions. Furthermore it will outline how these are incorporated into treatment models. It will argue that treatment models adopt a 'scatter gun' approach, a result of which it is hard to tell what models are relevant or why treatments work or do not work.

3.1 Underpinning psychological theories

3.1.1 Social learning theory

Social learning theory (Bandura, 1986) argues that human beings learn through observation. Learning happens through exposure to and assimilation of 'modelling events'. A 'modelling event' is a behaviour or a set of behaviours, which seem attractive and rewarding and in due course develop into behavioural templates. The process encompasses direct and indirect learning. According to social learning theory, there are four sub-processes occurring during the learning process:

- *Attentional processes* – in order to become a modelling event, behaviour needs to be recognised and attract a level of attention. Attentional processes are enhanced by the salience of the behaviour and a prospect of psychological physical or social reward.
- *Retention processes* refer to the ability to remember and collate information from the 'modelling event' into a prototype of the behaviour. The most effective way of retaining a template is by behavioural or mental rehearsal of the observed model.
- *Motoric reproduction processes* refer to organising behavioural responses in accordance to retained model. This requires an adequate level of observation and skills to reproduce the behaviour but also feedback from 'others' to assess whether the action was correctly executed.
- *Motivational processes* concern incentives for undertaking modelled behaviours and subsequently reinforcing the behaviour. These include: direct incentives, those that young people receive for displaying modelled behaviour, and vicarious incentives, rewards received by other people who undertake the modelled behaviour but the young person witnesses it and anticipates that she or he will receive the same rewards for behaving in this way. There are also self – generated incentives that include affect-based rewards such as feelings of greater self-efficacy.

(Bandura, 1986)

Given the family environment of young people with harmful sexual behaviour, which emerges from research) and developmental experience of young people with harmful sexual behaviour

(Chapter 2.3 and 2.4), it has been claimed that they are likely to have been exposed to several 'modelling events' which could contribute to pathways of developing abusive behaviour (Burton et al. 2005). These 'modelling events' include: domestic abuse and other forms of aggression, physical and sexual abuse, and criminality, but they could have been exposed to verbal rationalisation and justification of these behaviours, too. Due to the often chaotic home environment they also could have witnessed adult sexual behaviours and have easy access to pornography.

Some academics claim there are strong suggestions from research that a sexually aggressive youth may have learnt this behaviour from their own experience of victimisation (Ryan, 1989, Dicenso, 1992, Venziano, Venziano and Legrand, 2000, Burton, 2003). Referring to social learning theory, Ryan (1989) proposed that sexual aggression is learnt and reinforced by sexual victimisation and may lead to sexually abusive behaviours in adolescence. Burton et al. (2002) compared a group of sexually victimized non-sexually offending juveniles with a group of sexually victimized, sexually offending juveniles and found that young people who sexually offended have: a) a closer relationship with their perpetrators; b) a longer duration of sexual victimisation; c) more forceful sexual victimisation as oppose to non-sexually abusive delinquents. He concluded that youths seem to repeat much of what they learnt through their own victimisation. Burton et al. (2005) claims that severe sexual victimisation may result in greater salience, explain increased memory of the event, and greater anxiety and symptomatology following from the trauma of the event, including sexually inappropriate behaviours. Similarly, he claims that young people learn how to use violence as a strategy that

helps to meet their needs in interpersonal interactions by witnessing aggressive and violent behaviour. Observation of violence and abusive behaviours could re-inforce the young people's own sexual victimisation. Alternatively violence and abusive behaviour could be used to compensate for psychosocial deficits and subsequently lead to displaying harmful sexual behaviour (Burton and Meezan et al. 2005).

Social learning theory makes a significant point with regard to developing technology and broad exposure to the media, which has created a new and very influential source of modelling. Brown et al. (2005) described the media as a "super peer" in terms of its influence on the beliefs, attitudes and behaviours of adolescents. The media promotes sexual attitudes and trends but also exposes young people to violence and aggression. Rich (2011) wrote that in combination with social messages about sexual behaviour, the personal vulnerabilities of juveniles and the social conditions they live under can further contribute to their sexualised interests, ideas and behaviours.

Pornography provides access to a range of sexual behaviour, which could be gained through various means, e.g. internet via mobile phone, tablet or computer; magazines and films. It paints an unrealistic picture of sexual relationships, provides distorted messages regarding consent in sexual relationships and reduces, usually, females to sexual objects. It also lacks any linking between sexual relationships and intimacy. There is strong evidence that sexually abusive youths were significantly more likely to be exposed to explicit pornographic material before the age of ten than non- sexually abusive juveniles (Leguizmo 2000). Burton and Meezan et al. (2005) recognised that it is still unclear how pornography contributes to the development

of harmful sexual behaviour. They hypothesised that hard-core explicit pornography may increase the salience of sexual behaviours. However, they do not specify why it increases the salience of the event and why it is rewarding, apart from the obvious conclusion about the pleasure of orgasm. This hypothesis does not explain enough about the possible role of pornography. However, by viewing this in a broader context, for example considering a chaotic family environment lacking emotional warmth and comfort but characterised by high level of traumagenic events, arguably viewing pornography may serve as a comfort strategy. It may also provide discourses validating certain attitudes. However, this explanation goes beyond social learning theory and introduces ideas about trauma and attachment theory or social constructionism.

Furthermore, social learning academics have claimed that masturbation and orgasm may reinforce the cognitive rehearsal leading to retaining distorted information about sexual behaviours, as well as resulting in cognitive distortions about sex. In some cases this may combine with memories about their own victimisation. This may also lead to developing attitudes and beliefs supporting sexually aggressive behaviour.

However, social learning theory does not explain how an experience of abuse is perceived as an incentive to develop abusive behaviour. For example, 'modelling events' such as incidents of domestic abuse or physical abuse are unlikely to be rewarding for victimised young people. Physical abuse is typically associated with fear, anxiety, and shame and with physical pain. Information from 'the event' is retained in memory. Mental rehearsal (or memories related to the abusive event) is likely to further trigger a sense of anxiety or fear, which is arguably

negative reinforcement rather than an incentive. Furthermore, reproduction of the behaviour is likely to bring negative consequences or feedback from others. Subsequently due to a lack of positive reinforcements coupled with negative feedback from others, abusive behaviour should stop developing. Although social learning theory explains to some extent how victims of sexual abuse may become victimisers, it also needs to be acknowledged that an experience of child sexual abuse is complex. As with regard to domestic abuse or physical violence these experiences are associated with complex and difficult feelings that are hardly rewarding. From purely social learning theory's angle there seems to be not enough incentive to reproduce abusive behaviour. Arguably there is no incentive in harming anyone close to one unless other aspects such as trauma theory are introduced. For example, adolescents may employ sexual arousal and masturbation to manage difficult emotions related to trauma. Subsequently sexual comforting gets mixed up with anger, fear and anxiety and becomes conditioned into sexually assaultive fantasies (Hunter and Becker, 1994). Through behavioural rehearsal a young person may attempt to achieve some form of reward whereby, for example, physical pleasure or psychological gratification are produced in an achieving mastery over conflict resulting from the abuse (Watkins and Bentovin, 1992). Although the behaviour may be the result of a 'modelling event', it is produced in response to trauma. Social learning theory may explain to some extent how some victims of sexual abuse may learn the abusive behaviour but it does not explain why or how they became perpetrators. It does not account for the majority of victims of sexual abuse who do not become perpetrators. It does not explain either why there are offenders without a history of sexual abuse who sexually harm.

3.1.2 Cognitive theory

Cognitive theory has been well established as one of the main explanatory theoretical framework in field of sexual abuse (Ward and Beech et al. 2006). Cognitive theory has evolved over years from single factor theories, e.g. cognitive distortions, to multifactorial explanations i.e. extended mind theory (Ward and Casey et al. 2010). In summary, cognitive theories refer to mental constructs such as cognitive structures, processes and products which serve to interpret self, others and the meaning behind behaviours. Cognitive theories proposed that an individual develops systems of beliefs which are based on an individual's early developmental experience; hence mirror subjective rather than objective truth. Systems of beliefs are linked in cognitive *schemes*, which generate predictive knowledge that provides guidance to understand self, others and the social world. The 'guidance' is based on assumption and prediction as opposed to objective truth and therefore is prone to misinterpretation, which may lead to serious mistakes in social interaction. Cognitive theorists argue that most of the time individuals access *schemes* automatically and unconsciously. This leads to reinforcing *these schemes* by relevant new social experience. As a result *schemes* may become chronically activated and automatically control an individual's interpretation of the social world (Barber, 1998, Fiske and Taylor 1991, Crick and Dodge, 1994, Nisbett and Ross, 1980).

Cognitive scholars emphasise a direct link between thought processes, emotions and behaviours. Academics from the field of sexual abuse theorised that sex offenders tend to interpret social cues in negative way hence this interpretation triggers negative emotional states which they manage by using sexual fantasies (Abel, Becker and Cunningham et al. 1984).

When the sexual fantasies become too difficult to manage, they employ cognitive statements to justify and normalize those fantasies. These cognitive statements were described as *cognitive distortion* (Abel, 1984, Abel et al. 1989).

Cognitive distortion refers to offence- supportive cognition in relation to sexual offending. It has been hypothesised that sex offenders' cognition was the outcome of inappropriately channelled sexual interests regarding children that developed in adolescence (Abel, Becker and Cunningham-Rathner, 1984, Ward, 2002, Mann and Beech, 2003). The early cognitive approach did not explain the mechanism leading to the development of cognitive distortions. It was not clear whether *cognitive distortion* played an aetiological or maintaining role in sex offending (Gannon et al 2009, O'Ciardha and Ward et al. 2012). Over decades it proved to be difficult to develop a clear definition of *cognitive distortion* (Gannon and Polaschek, 2006, O'Ciardha and Gannon, 2011) but it is accepted that the term includes: a belief system, justification, perceptions, judgments, excuses, defensiveness, rationalization and denial or minimisation (O'Ciardha and Ward et al. 2012).

O'Ciardha and Ward (et al. 2012) proposed the following working definition of *cognitive distortion*: "Cognitive distortions in sex offenders are specific or general beliefs/attitudes that violate commonly accepted norms of rationality, and which have been shown to be associated with the onset and maintenances of sexual offending. These beliefs may violate rationality norms in a number of ways - for example, they may be based on sources of evidence that are not considered to be sufficient to ground particular beliefs/attitudes." Ward (1999; 2002) also

introduced the term 'implicit theories', which he described as particular types of cognitive schemes supporting sexual offending:

- Children are sexual objects , i.e. children enjoy sex and have adult motivation
- Nature of harm, i.e. a belief that offending behaviour is not harmful or is beneficial
- Uncontrollability, i.e. a belief that offending behaviour is outside the offender's control
- Entitlement, i.e. the offender's needs or wants supersede those of others
- Dangerous world, i.e. a belief that the world is a hostile and dangerous place where no one or only children can be trusted

He claims that these schemes began to develop in early childhood when clusters of particularly unusual or adverse experiences merge together to create predictive knowledge, though they may change throughout a lifetime in light of new evidence. Additional two implicit theories were proposed for rapists:

- Women are unknowable, i.e. women are inherently different to men and should be treated with suspicion (it was later revised as women are dangerous by Prolaschek and Gannon, 2004)
- Women are sex objects, i.e. they are created to service the sexual needs of men

Research regarding cognitive distortion in adult sex offenders gives a mixed picture. Gannon et al. (2009) refer to a number of studies which were unable to identify statistical difference

between rapists and other offenders. However, she also quotes several research studies which identified that child molesters tend to have more acceptances of beliefs condoning child abuse than other sex offenders (Arkowitz and Vess 2003, Bumby, 1996) and non-sex offenders (Bumby, 1996, Hayashino, Wurtle and Klebe, 1995, Marshall, Marshall, Sachdev, and Kruger, 2003). An exploration of cognitive processes indicates some differences between sex offenders and non-sex offenders. For example, Keown, Gannon and Ward (2008) identified that the speed and pattern of responding to certain situations supports the hypothesis of *uncontrollability* among child molesters. Malamuth and Brown (1994) found that sexually aggressive males perceive assertive/hostile females as sending seductive signals. They explained this by invoking the idea of pre-existing distorted schemes. Nevertheless, Gannon et al. (2009) concluded that with regard to cognitive processes, research is relatively limited and gives a mixed picture. There is little evidence highlighting differences between adults who sexually abuse children and comparison groups; studies regarding rapists suggest that these males are likely to struggle to interpret women's affective cues. Some studies also suggested that sex offenders who abuse children associate children with sexual concepts more strongly in long term memory than men who do not sexually offend, which may suggest that sex offenders' cognitive content supports offending behaviour, e.g. a belief that children are sexual objects (Kamphuis, De Ruiter, Janssen, and Spiering 2005).

Ward and colleagues (2000) attempt to place *cognitive distortions* within the development of theory of mind in children and attachment theory. They argued empathy and intimacy deficits and cognitive distortions indicate that sex offenders are lacking in awareness of other people's

beliefs, intentions, perspectives and needs. Researchers claimed that attachment to the primary caregiver plays a crucial role in developing 'theory of mind' i.e. secure attachment enhances the capacity for mentalisation and reflective functioning (Fonagy, Steel, Steel and Target et al. 1997). Ward and colleagues (2000) suggest that distorted 'implicit theories' develop as a result of problematic attachment. This is because, due to insecure attachment, sex offenders may experience a delay in acquiring a theory of mind and this impacts on the development of adaptive 'implicit theories'. As a result they may not only fail to understand other people's mental states, but also their theories contain false assumptions. Ward and Casey (2010) also attempt to explain cognitive distortions by applying extended mind theory. They proposed that an individual's cognitive structures go beyond the brain and extend to the environment. They include internal structures such as beliefs, attitudes, mental states and cognitive processes but also external components, in which mental state or belief can be externally encoded and helped the person to perform cognitive task, e.g. justify behaviour. For example, the belief that females are created to serve male's sexual needs can be externally encoded in pornography or an environment with is excessively 'macho'. Subsequently those become functional part of the individual's cognitive system. Therefore cognition is not only confined to processes which occur in the brain and central nervous system but it is also extended to social and cultural context. The treatment requires addressing internal beliefs and external factors which contributes to those beliefs. The extended mind theory offers a broader framework of understanding cognition and distorted belief. It incorporates individual cognitive processes and external social and cultural context.

Arguably the developmental experiences of young people who engage in harmful sexual behaviour could contribute to a development of distorted cognitions supporting sexual abusiveness. Sexual victimisation may contribute to viewing children as sexual objects. This could be re-enforced by the sexual pleasure which is sometimes felt by victims during abuse. Furthermore, a relationship between a victim and a perpetrator goes beyond this simplistic dichotomy. It revolves around different roles such as parent, child, husband or wife. As a result concept of harm and abuse become blurred or they are conceptualised as not harmful. Another contributing factor is domestic abuse, which is strongly associated with a sense of male entitlement (Silverman and Williamson et al. 1997). It also emphasises power and role imbalance, which is also characteristic for sexual abuse. In addition, as discussed in chapter 2, the home environment of these young people is very often conflictual and volatile, which may contribute to an 'implicit theory' that the world is dangerous. Happe and Frith (1996) claim that a child may develop a "theory of nasty minds" if brought up in an environment characterised by abuse, conflicts and negative attitudes. Subsequently the children may develop to use their cognitive skills in the domain of anti-social behaviour.

However, the idea of cognitive distortions is directly taken from working with adults and research regarding cognitive distortions among young people is virtually non-existent. In addition, studies regarding cognitive distortions largely rely on self-report measures. As a result they are prone to two main biases:

- Attempts to preserve socially acceptable self-image by participants mean they may not always give honest answers

- Imperfect attempts to access higher order cognitive structures and processes mean the information given is not an accurate reflection of entrenched beliefs

(Gannon, Ward and Collie et al. 2006)

Ward and O Ciardha acknowledged that research based on indirect methods is inconclusive (O' Ciardha and Ward 2012). It is therefore difficult to know whether certain cognitive distortions are the product of higher cognition or the result of situational circumstances and reflect attempts by the subjects to present themselves in a certain way. Auburn (2010), using a discursive psychology perspective, argues that sex offenders employ certain discursive practices, e.g. minimisation, to project a particular identity within a given context. Furthermore, cognitive theories heavily rely on conscious cognitive processes. They implicate that individuals have full control over their mental processes and that they have an insight into how a distorted cognition developed. Subsequently one would be able to de-construct and re-construct this at the cognitive level. However, such approach marginalises subconscious processes, which influence humans' behaviours (Cramer, 2002; Crittenden 2006). For example, cognitive distortions may be rooted in subconscious defensive mechanisms. The belief that offending behaviour is not harmful could be related to unresolved trauma caused by a person's own victimisation. This is that a victim identified with an abuse to protect himself from feelings of helplessness or weakness. Subsequently this cognitive statement may be a manifestation of self-defensive strategies i.e. identification (Cramer, 2002). An implication of cognitive approach may be that an intervention is focused on outcomes of subconscious processes, but influential subconscious drives are undetected and untreated.

3.1.3 Psychoanalysis

Subconscious defensive processes were introduced by Freud and further developed by his daughter and contemporary psychoanalytic scholars (Freud, 1896, 1915, Freud 1936, Villant, 1992a, 2000, Cramer, 1991, 2006). Freud (1923, 1933) proposed tripartite structure of mind: *it*, *I*, and *above-I*. *It* relates to instinctive and amoral aspects of the personality, which demand to be satisfied. *I* represents the part of the personality which is aware of *its* demands but also is aware of outside world. *I* is conscious, thinks logically and makes decisions. *Above I* - represents features of the personality which developed through an interaction with authority, and which sets restrictions on what actions are acceptable. The three components of the model are better known as *id*, *ego* and *superego*. This categorisation allowed consideration of human's behaviour from the perspective of conflicting internal processes stemmed from different aspects of the personality - the *ego* is driven by *id* but confined by *superego*. The structural model of mind is interwoven with unconscious defensive mechanisms. Psychoanalysis argued that certain unconscious defensive mechanisms were developed in order to protect *ego* from a threat of painful and unpleasant thoughts and feelings (Freud, 1894, Freud, 1937, Cramer, 2006). These thoughts and feelings could be related to historic traumatic experience, demands from *superego* or *id*. For example, unacceptable urges or desires do still influence an individual's behaviour but it happens at unconscious level as defensive mechanisms block them from entering the conscious part of the mind. Similarly a sense of guilt or anxiety can be related to unconscious processes related to *superego* and be rooted in authoritarian and traditional upbringing. The defensive mechanisms are natural and normal. They are necessary to maintain

daily functioning, and are useful in times of stress or threat, e.g. they allow one to manage fear or anxiety in order to enable problem-solving. However, they can be detrimental if they are overactive and employed when there is no threat (Cramer, 1991). Subsequently they can lead to various difficulties including neurosis, obsessions or phobias. It generally can manifest in emotional self-regulation problems.

Sexual Aggression

Psychoanalysis seems to occupy a peripheral role in field of sexual abuse, and in particular there has been relatively little research regarding the application of the psychoanalysis to work the young people who sexually harm (Vizard and Usiskin et al. 2006). Several reasons explain this situation. Firstly, psychoanalysis has focussed on adults and has attempted to explain adult sexually abusive behaviours in rather old fashion terms such as 'deviance', 'perversion' or 'aberrations' (Freud, 1905, Glasser, 1979). Secondly credibility of psychoanalysis suffered from early failure to acknowledge that child sexual abuse existed. Although Freud came across in his practice disclosures regarding experience of child sexual abuse, he concluded that they were derived from fantasies and not from real events. Memories of sexual abuse were deemed as an expression of Oedipus complex i.e. the wish of having sex with a parent of opposite sex (Freud, 1896, Masson 1992). Subsequently it resulted in mistrust and this had been interpreted as placing responsibility for abuse in the child (Woods, 2003). Furthermore, it is widely believed that psychoanalysis is ineffective in the treatment of conduct disorder (Bailey, 2002). There are, however, also important aspects of psychoanalysis, which can offer an understanding of

individual pathways to harmful behaviour. In particular psychoanalysis offers a framework which takes sexual behaviour as a fundamental instinct and a model for considering how this instinct shapes unconscious processes which ultimately drive our actions.

The centrality of sexual instincts in psychoanalytical theory is important since rather than needing to explain why sexual deviancy occurs it assumes that the sexual domain of experience is paramount (Freud, 1905). Freud recognised the relevance of sexual feelings in children's development and of sexual feelings in family relationships. Arguably it is likely that sexual feelings may become distorted, confused and even abusive yet they are seen on a continuum of normal development not as feelings that are essentially unique to people who commit sexual offences. By placing sexual instincts as central, psychoanalysis can also help to illuminate links between sexual instincts and aggression and more broadly between the links between psychosexual and identity development, and trauma (Freud, 1905, 1933, Glasser, 1979).

Freud (1905) proposed that the psychological development occurs in consecutive psychosexual stages. He argued that the first five years are most important in shaping adult personality. The *Id* must confine to social norms, the *ego* and *superego* must develop in order to restrain the *id*. The process results in a constant conflict i.e. each stage is associated with a particular conflict which needs to be resolved before the individual can successfully move to the next stage. According to Freud (1905) *Oedipus complex* and *castration anxiety* were crucial for psychosexual development. During this stage the child becomes aware of anatomical sex differences, which sets in motion the conflict between erotic attraction, resentment, rivalry,

jealousy and fear. The *Oedipus complex* (in boys) and the *Electra complex* (in girls) oscillates around rivalry between the child and the same-sex parent for the affection of the opposite sex parent. Any further abnormalities in sexual behaviours were determined by the extent of fixation and trauma at this stage.

Freud's ideas of psychosexual development including a development of sexual abnormalities has been criticised as not scientific. However modern psychoanalytic writers presented Freudian psychosexual developmental model in a new light and claimed that his proposal should be considered as representing *dependence, separation and rivalry* (Brown and Pedder 1991). Glasser (1964, 1979) developed a theory of the core complex. He argued that there is conflict between a desire for fusion with the maternal object and a fear of annihilation of individuality. An individual is longing for union and closeness where he feels secure. However for some individuals this can also trigger a fear of permanent loss of self. As a result the individual employs aggression in order to control the object so the object is kept at safe distance. Glasser claimed that this process is started by trauma in early development. He argued that one of the infant's responses to early threats is to mobilise a particular form of sexualised aggression. Subsequently it turns later into sadism and sexual aggression as a tool, which protects from fears of loss (Glasser, 1988). Stoller (1997) argued that perverse acts serve to re-enhance a traumatic past, but in doing so, the man re-writes his trauma. This is that feeling of humiliation related to being a victim are overridden by sexualisation resulting in pleasure, revenge and triumph.

It is particularly relevant for the young people with harmful sexual behaviour to consider trauma, defensive mechanisms such as *identification with aggressor* and *repression* or *displacement*, and sexual aggression (Freud, 1936, Cramer, 2002). A vast proportion of young people with harmful sexual behaviour had experienced various form of abuse. Arguably the abuse magnified internal conflict between *dependence* and *separation*. This is because *separation* not only evoked fear of abandonment but the abuse reinforced a sense of inability to be independent, whereby an individual can be safe; an ability to develop strong *ego*. This intensified a desire for a fusion with the maternal object for protection and security, which in turn is associated with a fear of losing identity. However, this fear is further amplified by the maternal object that is abusive or neglectful, or used the child to meet her needs (Glesser, 1988). Aggression may become a compensatory fantasy ultimately leading to identification with the aggressor, as subsequent a display of abusive behaviour. Abusive behaviour becomes a form of displacing anger, which is rooted in one's own victimisation and related to the perpetrator, onto a more vulnerable child. The aggressive/abusive behaviour could have become a pattern of traumatic responses. The traumatic experience of abuse is repressed but when it is triggered, the affect is managed by identification with aggressor and when this is insufficient, by displacement of anger in the form of abuse onto a victim. This could explain why young people who were victims of abuse became abusers.

The other important aspect is to consider puberty as a pivotal point. The emerging sexuality and an interest in sexual relationships on one hand trigger a desire for a union but at the same time, for boys, it triggers a fear related to their masculinity and a disintegration of *ego*. Laufer

and Laufer (1984) claimed that adolescent experience a process of breakdown. This is because the sexually mature body results in weak *ego* which is unable to deal with conflicting demands of the inner and external world. Overall sexual aggression is employed to protect from annihilation. Alvarez (1995) distinguished between “affectively provoked” and “predatory” aggression. The first one is an intense reaction to perceived threat. The latter is calculated and unprovoked; very often preceded by methodical observation of the victim whilst the victim is unaware of the threat. Young people who display harmful sexual behaviour are rather lacking aggression that could be described as “predatory”. They are more opportunistic which resonates with ‘affectively provoked’ aggression, which is impulsive and unpredictable. The ‘affective provoked’ aggression is also related to a lack of strong *ego*, which echoes with research findings noted that these young people present difficulties in self-control and self-regulation (see chapter 2). Arguably harmful sexual behaviour allows the male individual to retain control and feel empowered in face of threat/crisis. Given the traumatic background of these young people, the desire for union is likely to tap into unresolved conflicts and trauma, which accelerated defensive reactions resulting in abusive behaviour.

Overall psychoanalysis may not be effective in changing conduct disorder, however it provides theoretical context for exploration of internal processes which affect behaviour. Secondly it offers platform for inclusion of gender and in particular how boys who live in climate of violence or were abused may be constructing their identity. Furthermore it conceptualises about early family relationships and how these impact psychosocial development and functioning.

3.1.4 Systems Theory

Although psychoanalysis acknowledges an impact of early relationships, it stops short and does not include other family members in treatment but works with an individual. Subsequently individual psychoanalytic approach was criticised as leading to escalation of problems due to a lack of interpersonal approach (Jackson, 1957, Bateson, 1972). From this perspective a systems approach arose. It shifted focus from an intrapsychic view of the person to an interpersonal one, and from linear approach *causes-effect*, to circular interactions: “Rather than focusing on how one event or action cause another... it is more appropriate to think of people as mutually generating jointly constructed patterns of actions based on continual process of change” (Dallos and Darper, 2000: p. 32). An overarching concept of systems theory is that problems are seen not to reside in individuals but are seen as relational or interactional patterns. So the question becomes not why a young person may be engaging in sexually harmful behaviour but how this may have evolved from or been shaped by the nature of the family relationships he grew up in. Systems theory proposes that people are primarily influenced by relationships and mutually impact each other through interaction processes. Individuals are immersed in communications and at the same time they are the communication, which is based on “feedback” that is exchanged between individuals. Feedback is dynamic and evolving, its meaning is co-created within constant interactions and conversations (Hedges, 2005). The family is seen as a system which is governed by explicit and implicit rules and organisational structure. The ‘rules’

governing family interactions may be such that some families are very rigid and isolated, and uninclined to change, while others may be unduly predisposed to events and changes in their wider environment. The family system is made up of subsystems but at the same time it is a part of larger suprasystem. For example, with a family several subsystems can co-exist such as parental marital siblings, gender or age. However, an individual member is made up of various systems including physical such as cardiovascular and nervous, or psychological, e.g. ego, id or superego. Suprasystems include extended family, a local community or church. These are part of larger suprasystem and so on. The interactions/communication between systems and subsystem occurs over multi-dimensional boundaries including physical boundaries, emotional or psychological (Barker, 2007). This approach reflects complexity of human interactions where internal and external worlds are interwoven. Arguably the permeability of boundaries serves an overarching goal, which is constructed within the family system, and is constantly formulated during interactions. This formulation and communication is determined by entwining internal and external processes. This also accepts that people respond in diverse and unpredictable ways, therefore feedback could be misunderstood and subsequently it may lead to the development of rigid patterns resulting in destructive behavioural patterns, for example, abusive behaviours. However, this approach to explaining abusive behaviours was heavily criticised. Critics argued that it ignored the abuse of power inherited in the way roles and relationships of male and female are socially constructed. Furthermore, it indicated that a victim was as much responsible for the abuse as a perpetrator (Bentovim et al. 1998).

Researchers and clinicians have attempted to explore the relevance of a systemic approach to the work with sexual abuse. With regard to work with adolescents who engage in harmful sexual behaviour, Bentovim et al. (1998) argued that systemic perspective allows us to consider the intimate relationship that exists between the perpetrator and other family members, the history of the family and the wider social context. He drew on the work of Goldner et al. (1990) when he conceptualised how the particular family history and social context places pressures on its members to continue behaving in an abusive way. This is that males have a need to be powerful and not be seen as a victim of traumatic event. Subsequently their need is aggravated in families where there is deprivation, and where the boys were forced into submission to abuse. They will then find women who are predisposed through their traumatic experience to take on roles of subservice and collusion (Wood, 2003). This approach also acknowledges that harmful behaviour is not only defined by the nature of the act itself but also by the ways the act is socially constructed within the family and the wider social network. However, they acknowledged the criticism and proposed that the family work can only take place after certain criteria are met. Typically the work was postponed until specific needs of a victim and perpetrator were met through individual treatment (Bentovim, Elton, Hilderbrand and Vizard and Tranter, 1988).

Bentovim (1995) proposed the *Trauma organised system*. The system includes the perpetrators and victims of sexual abuse and their families. It can also include the social and professional network. He argued that the members of the system collude in denying the abuse and they

silence and blame the victim. The aim of the systemic intervention is to interrupt the processes of denial and silencing. Bentovim (1995) argued that the perpetrator constructs his behaviour as being provoked by the victim and in doing so the perpetrator ensures that the victim takes responsibility and blame for the abuse. This maintains the victim's silence and prevents disclosures. The perpetrator grooms not only the victim but also other family members. As a result the family members chose not to see abuse, which further maintains abuse and the victim's silence. Bentovim (1995) claimed that professionals are drawn in by the system by believing that the victim is falsely convinced of the perpetrator's abuse. For example, in some instances they easily accept that the victim retracts accusations. Or alternatively they do not believe the victim because there is no enough criminal evidence. As a result feedback in the traumatic organised system propelled the family life into secrecy and denial.

The systemic approach to work with young sex offenders argues that there need to be a comprehensive family assessment, which assesses the family's capacity to respond to the treatment. If prognosis is fairly optimistic, the treatment should include individual or group intervention for the perpetrators, victims, siblings and parents with concurrent family intervention involving both dyadic and whole family sessions. The desired result is that the trauma organised system is replaced by a system of family and professional relationships in which the well-being of children and young people is safeguarded (Bentovim 1998).

3.1.5 Trauma

The American Psychiatric Association (APA) defines trauma as 'actual and threatened serious injury to psychological self and responses of intense fear, helplessness and horror, which has lasting effect on emotional functioning' (American Psychiatric Association, 2000). Early studies regarding trauma were associated with battlefield experiences of veterans from World War I and then World War II (Kardiner, 1941, Kardiner and Spiegel, 1947). Trauma theory in civilian context started developing later and initially it was associated with grief after losing a loved one (Lindemann, 1944). As a result of further research, it was argued that the definition of trauma should include threats to the psychological self, particularly for young people and children who were subjected to emotional or psychological abuse, who witnessed domestic violence or experienced neglect (Allen, 2001, McMackin, Leisen, Cusack, LaFratta and Litwin, 2002). Several clinicians have noted its application to other forms of trauma including child sexual abuse (Benedek, 1985, Finkelhor, 1986). For children, sexually traumatic events may also include developmentally inappropriate sexual experiences without threat of actual violence or injury.

Allen (2001) proposed a spectrum of trauma in order to enhance understanding of its impact on victims and related later difficulties. The continuum includes impersonal trauma such as a large disaster, through interpersonal trauma, for example assault or rape by stranger, to attachment trauma whereby trauma is embedded in attachment relationship such as parent-child or husband-wife. He argued that attachment trauma is likely to have more devastating effects compared with other types of trauma. This is because it has significant impact on neurological development in the self-regulation system of the developing brains of young victims.

Furthermore, the attachment figure usually is an expected source of safety and not of danger. The severity of attachment trauma depends on the age of the child, the child's dependence on adult for survival the extent of coercion, the power differential the level of aggression and sadism encountered, and the frequency and duration of the abuse (Allen, 1997).

Further to that, trauma has significant impact on neurodevelopment. It has been recognised that trauma and abuse could significantly impact the limbic system, and subsequently adversely contribute to self-regulatory capacity (Teicher 2007, Creedon 2006, Bengis and Cunningham 2006, Zeiger 2002, Ogden, Minton and Pain 2006, Longo et al. 2011). For example, Teicher (2008) suggested that childhood abuse can contribute to the development of impulse control disorders and can lead to a cycle of violence and sexual offence perpetration. The Training and Research Institute, in Albuquerque, NM (2004) claims that adversely impact of neglect and abuse on brain development may result in reduced ability to control emotional responses and increased potential for depression and delinquent and criminal behaviour. Furthermore, it was suggested that emotional trauma increases risk for irritability and hostility/aggression, and also is responsible for incorrect emotional memories, poorer verbal memory, absence of fear conditioning and an increased risk of psychopathic tendencies (Long et al. 2011). As result traumatised children are likely to develop a number of difficulties related to self-regulation, interpreting social cues and information processing. Subsequently it impacts on their ability to regulate intensity of affective responses, e.g. increased aggression or dissociation, and also affects the ability to learn from previous experience in a way that other young people are able to integrate prior experience and re-model their responses. This also can result in perceiving

social/environmental cues as threatening due to hyper-vigilance. There is evidence that traumatic responses become a central feature in how the brain functions when a child endures trauma resulting in the stress responses being locked in 'overdrive', leading to a vicious cycle of escalation arousal and dysfunctional stress responses (Perry, 2001).

Given findings from literature review (chapter 2.4) it seems an obvious decision to include trauma as an important perspective in understanding aetiology of harmful sexual behaviour (Creeden et al. 2006, Rassmussen, Burton and Christopherson et al. 1992). Most of these youngsters could be characterised by symptoms commonly seen in association with an interpersonal stressor such as: feelings of ineffectiveness, shame, despair, or hopelessness; feeling permanently damaged; hostility; social withdrawal; feeling constantly threatened; impaired relationships with others.

However, the correlation between trauma and harmful sexual behaviours still remains relatively under-researched. Trauma is a complex and dynamic concept therefore it would be too simplistic to describe it as a predictive factor. The majority of the individuals who experience trauma do not go on to engage in sexual offending. However at the same time a large number of young people who engaged in harmful behaviour have experience traumatic events.

It is recognised that trauma has an adverse effect on capacity and the knowledge that is required to effectively regulate the self. But it seems the impact of a traumatic event very much depends on the quality of external support and an individual's personal resilience. Chapter 2

outlined psychosocial difficulties which are experienced by these young people and also provided description of the family backgrounds, which are common for many young people displaying HSB. Subsequently, it can be argued that not only did the family provide a quality support system, but indeed it was often the source of trauma. Subsequently it can lead to over-reliance on the inner world, which again due to developmental experience may be very fragile. Hence it takes the form of developing a fantasy world or delusions about personal prowess and strengths. These delusional states of power and bravado stem from powerlessness, helplessness or fear in real life. Sexual fantasies and sexual arousal could become a powerful medium helping to forget about the roughness of reality. In addition, trauma can result in a development of maladaptive strategies and acting out a range of problematic behaviours. These behaviours are likely to include repeated or modified behaviours which had been experienced or witnessed by the child. Traumatized children find it extremely difficult to test alternative behaviours. Therefore it can be argued that as they start and continue successfully employing maladaptive behaviours, including strategies based on sex as a self-regulation strategy, these behaviours may become more harmful and become more difficult to eradicate. This is because with age they are likely to tune and polish maladaptive behaviours. Subsequently, these young people develop a very different understanding of their HSB as opposed to professional or social understandings. This is very often reinforced by distorted ideas about the self, the world and human interactions derived from trauma.

3.1.6 Attachment theory

Attachment theory was selected as the dominant conceptual framework for this research. This is because attachment theory bridges the internal and external world. Attachment theory, in its' essence, is about ensuring species' survival. In a classic sense attachment theory proposes that children have an instinctual need to seek protection and comfort from their parents in times of danger and distress (Bowlby 1969/1982). Recently it has been proposed that attachment is a lifelong interpersonal strategy to respond to threat and danger which reflects intrapersonal strategy for processing information (Crittenden and Classen, 2000). It also argues that sex and reproduction are important aspects of the theory, which are very influential from puberty onwards. The theory essentially focuses on protection and reproduction, however it is conceptualised in broad inter and intrapersonal context, and hypothesizes how these dimensions are interwoven. In doing so it explores how these strategies develop and evolve over time, how they become meaningful and functional for an individual in particular external contexts. The attachment framework embraces aspects of ethological, evolutionary, psychoanalytic, developmental and behavioural and cognitive theories. Arguably attachment theory provides a framework for continuity of behavioural and emotional experience across an individual's life span.

Attachment theorists propose that children employ a range of attachment behaviours, which are structured in response to internal and external cues and aim to maintain proximity with a caregiver in order to increase a sense of safety. The parents' responses to a child's attachment behaviours shape the strategies that children learn to be able to manage their feelings and

relationships with others. The strategies are based on two sources of information i.e. cognitive and affective. The cognitive strategies stems for temporal order of events. The affective strategies are related to a level of emotional arousal assigned to a particular event. Overall these strategies are classified into three main attachment categories:

- Type A (secure)
- Type B (avoidant)
- Type C (resistant/ambivalent)

(Ainsworth et al. 1978)

Securely attached children consider equally affective and cognitive information whilst processing incoming information. They behave flexibly and openly within relationships. They feel secure to express their own mental state without great distortion, defence or censorship. They are able to reflect on their own and others' feelings and thoughts. These are children who feel loved, accepted and understood. They are characterised by high self- esteem and better psychosocial functioning.

Insecure children are much more anxious about their caregivers. They lack a belief that their needs will be attended to at times of need. Typically children with avoidant strategies experienced parents who ignored or rejected them in times of distress and consistently didn't respond to attachment behaviours. Subsequently these children minimise or omit their affect

while they process information. They are usually emotionally independent, self-sufficient and compliant, particularly in the presence of their carer (Howe, 2005).

Ambivalent children are usually brought up by parents who are unpredictable and preoccupied with own needs. As a result such children exaggerate distress by employing a range of coercive strategies to control others, e.g. strong display of emotions including threats, anger or seduction for example. They omit cognition in their processing. Those children are usually characterised by high anxiety and anger as they are unable to predict parents' responses (Howe 2005).

There is fourth widely used attachment classification, disorganised, which attempts to categorize some children who exhibit conflicting or disoriented behaviours that prevent them from being classified easily as displaying single organisation of attachment behaviour in face of danger (Main and Solomon 1986,1990). Disorganised attachment "refers to the apparent lack of, or collapse of, a consistent strategy for organising responses to the need for comfort and security when under stress" (Lyons-Ruth, 1996: p.67). However it has been also argued that disorganised attachment in fact shows an organised pattern of using behaviours oscillating between extreme avoidant and ambivalent styles (Crittenden, 1994).

Children with 'disorganised' attachment style are most likely to be brought up by parents and carers with unresolved losses, fears and traumas and subsequently provide disorganised care. Such parents present usually as frightened and distressed by the child's attachment behaviours but also at the same time frightening the child. Subsequently the child not only synchronises

with the carer's deregulated and distressed state of mind but also sees themselves as a source of the carer's fear and the carer as a threat. The child who presents with a 'disorganised' style is unable to explore and make sense of their own mental state or manage it, neither are they able to attune with other people's mental states.

Attachment theorists claim that retained and hardwired attachment-related experience develops into "internal working models". Internal working models incorporate cognitive, emotional and interpersonal states. These are mental constructs which encompass mental representations of the attachment figure, the self and the environment. They become mental properties which impact on behaviours, relationship style and social competence. Their function is to regulate, interpret and predict the attachment figure and self-attachment related behaviours, thoughts and feelings; but it is also argued that they serve a broader aim as a mental template through which humans make sense of, respond to, engage in and manipulate the environment (Bowlby, 1969/1982, 1973, 1980, Howe, 1999, Rich, 2006).

The role of attachment in the development of harmful sexual behaviour could be considered in two dimensions. Firstly secure early attachment relationship promotes higher level of emotional awareness, empathy and positive expressiveness (Muse, 2011). It also fosters positive and autonomous sense of self with an ability to take the perspective of another including empathising with other's distress, effective communication and an ability to tolerate and share negative feelings (Howe, 2002, Music 2011). These are core elements of quality interpersonal relationships. Arguably adverse childhood experience results in attachment insecurity and internal working models of close relationships that are characterised by fear,

indifference and exploitation. Within such parameters, harmful sexual behaviour may become a legitimate way of addressing needs for intimacy and tackling emotional loneliness. In this context the impact of puberty and emerging importance of sex and reproduction need to be acknowledged. There are two parallel processes taking place. First of all there is growing drive for intimate and sexual relationships. This experience could be inviting but also threatening. It can elicit a mixture of excitement, positive feelings and fear, in particular fear of rejection, and cause some emotional difficulties. Furthermore it could be threatening to adolescents' identity because it requires that an individual shows vulnerabilities. It also demands reciprocal interactions. Secondly heterosexual peer attachment recalls the sensual and physical closeness of the mother-infant dyad (Crittenden, 2008). This can further impact on a degree of anxiety related to physical closeness and intimacy, in particular if childhood experience was negative, but this is likely to happen rather at subconscious level. For some young people attachment strategies which were functional within a family dynamic may not be effective in peer relationships. Subsequently the young people are unable to self-manage in context of demands to establish and maintain close and intimate relationships. Sexual behaviour offers a way of escaping from the internal negative affective states brought by these relationships. Overall psychosocial competences play a pivotal role in determining quality of this experience. Given that psychosocial deficits have been found in the population of adult sex offenders and young people who engage in harmful sexual behaviour and encompass poor capacity for empathy, inadequate emotional coping skills and poor quality interpersonal relationships including

intimacy deficit, it is possible that individuals may attempt to find intimacy and also address their emotional loneliness through harmful sexual behaviour.

Marshall (2000) argued that sexual behaviour could serve as a coping mechanism to manage difficult emotions. He claims that attachment vulnerability combined with other predisposing or precipitating factors make individuals more likely to engage in harmful sexual behaviour. This model emphasises that young people with attachment deficit are more susceptible to being a victim of sexual abuse, which could be a significant factor in developing harmful sexual behaviour. Sexual victimisation in conjunction with poor self-regulatory skills results in using external based means to self-regulate such as sexual coping. This starts from an early onset of masturbation and sexual acts employed to deal with emotional difficulties stemming from family history and childhood problems as well as from current problems, and develops towards ongoing sexual coercion.

Burk and Burkhart (2003) build on this model. They pointed out that this model does not explain how attachment insecurity directly leads to harmful sexual behaviour. They hypothesise that sexual offending is an extreme attempt to control interpersonal relationships, most relevant to individuals who present with a disorganised attachment style. This is because they fail to internalise adequate self-regulatory skills; subsequently they use an external strategy i.e. harmful sexual behaviour, in order to avoid a more disorganised self-state at times of frightening experiences. Burk and Burkhart suggested that a combination of disorganised attachment and a specific sexual experience may result in using sexual behaviours as a self-regulatory mechanism. They claimed that biological relational and cultural factors influence

whether sexualised copying strategy becomes maladaptive i.e. combined with coercion and control. Miner and colleagues (2010) claimed that harmful sexual behaviour appears as a means for gaining intimacy but also is fuelled by a fear of rejection. Specifically, this study claimed that attachment anxiety increases peer isolation and subsequently contributes to expectations of rejection by the opposite gender. This expectation of rejection was married with a relatively high sex drive and preoccupation with sexual thoughts and fantasies. It also found that adolescents who engaged in harmful sexual behaviour scored higher on sexual compulsivity, or lack of sexual behavioural restraint.

The other dimension where attachment is relevant to harmful sexual behaviour is the co-existence of an attachment system and sexual system. Secure attachment is established through a repeated pattern of behaviours which aim to provide protection in time of danger, comfort in time of distress, proximity in time of isolation and predictability in time of chaos. Attachment behaviours include: holding/hugging, gazing, sucking, reaching, touching, caressing, kissing and following. These behaviours, on the surface, are similar to sexual behaviours (Crittenden, 2008). The similarities go beyond the physical level and include emotional states. This is because sex can also provide a sense of security, comfort and proximity. However, as Bowlby (1969) had argued, the attachment and sexual system were distinct and driven by differing instinctual drives. Nevertheless, he also saw them as inter-related and all families need to work out how the inter-relationship between the two is mapped out. An important issue is the aspect of sexuality in parent-child dyad. Freud claimed that sexual energy is present from infancy and that sexuality is the primary organiser of human adaptive and dysfunctional

behaviours throughout the lifespan. In contrast, Bowlby did not accept sexualisation of children but instead he desexualised mothers. It is assumed that prepubescent children do not normally respond preferentially to sexual stimuli, have sexual feelings or have functional sexual organs. However, their parents are sexual. Therefore, it is possible that they can have sexual responses to their children. Crittenden (2008) suggested that patterns of adult integration of information may be relevant to whether and how adults act on sexual feelings that are elicited by children. There is some evidence that close involvement with children precedes deviant sexual interest (Worley, 2000). In turn the parents' responses mediate integration of attachment and sexual systems in children. The integration of these systems is not solely limited to sexuality in parent-child dyad but it also contextualised by broader family functioning. This includes strategies to elicit experience of family comfort and intimacy and a sense of physical and psychological safety. An example can be offering intimacy and sex to avoid physical violence in domestic abusive relationships. The implication is that the attachment system and sexual system may become poorly integrated, which subsequently could lead to confusing sexual needs with attachment needs and to misinterpreting interpersonal cues. It is also likely that these two aspects are intertwined. This is because some young people who display harmful sexual behaviour have a poorly integrated attachment and sexual system, and at the same time they show a lack of behavioural restraint. As a result, what on the surface seems like sexually behaviour, may in fact have a very different underline sense. This is because the information processing does not filter and assign information properly and secondly, the sexual system overtakes responses due to its powerful nature.

This has been reflected in Smallbone's model (Smallbone et al. 2005). He proposes that attachment difficulties can be both predisposing and precipitating factors in developing sexual behaviours. He agrees with the argument that attachment insecurity significantly contributes to psychosocial difficulties and in this way it is the predisposing factor. In particular Smallbone emphasised problems in developing behavioural restraint as a significant contributing factor to harmful sexual behaviour stemming from insecure attachment. He also proposed that disorganised attachment is a precipitating factor because some children fail to integrate sexual care and attachment systems appropriately and consequently they misinterpret social cues. Smallbone's model was hypothesised based on indirect evidence mainly and some limited direct findings from research regarding adult sex offenders.

The proposals regarding the role of disorganised attachment are purely theoretical and so far are lacking empirical evidence to support them (Rich, 2006). To date, research and theoretical conceptualisations have mainly focused on exploring links between attachment classifications, particularly insecure attachment and harmful sexual behaviour. It has highlighted the indirect/predisposing role of insecure attachment in developing sexually abusive behaviours and to some extent claimed a precipitating role for it. However, acknowledging a crucial attachment role in establishing affect regulation skills and psychosocial competence still does not explain how and why young people turn to sexual behaviours and develop them into maladaptive strategies. An answer may be related to one of the consistent findings that this population is characterised by higher levels of sexual preoccupation, a sexualised home environment or atypical sexual interest (Minner et al. 2010, Seto and Lalumiere 2010). Typically

the impact of these factors is conceptualised through learning theory or cognitive theories, whereby exposure to pornography or fuzzy sexual boundaries provide learning events or contribute to cognitive distortions.

However from the point of view of attachment theory, it could be argued that these lead to confusion between sex and attachment systems and subsequently to the development of maladaptive behaviours. One of the key elements of secure attachment relationships between a child and a carer is an experience of comfort. Developmental experiences of young people who engage in harmful sexual behaviour provide evidence that these young people very often witnessed traumatic events or were subjected to abuse. In addition, typically they experienced harsh discipline in the absence of warmth, or emotional abuse/neglect. In light of a lack of experience of comfort, these young people have to develop self-comforting strategies. Given that young people who engage in harmful sexual behaviour frequently live in a highly sexualised home environment, sexual stimuli are more available to them and therefore more likely to be incorporated into their coping mechanisms. Sexual behaviours such as early onset of masturbation accompanied by watching pornography can lead to a development of maladaptive self-soothing strategy based on sex. This combines with puberty, during which there is significant increase of interest in sex. In addition, research identified that significant numbers of mothers of adolescents who display harmful sexual behaviour had unresolved trauma related to sexual victimisation, which may indicate poor integration of attachment and sexual systems. For example, these mothers were more likely to present seductive behaviours towards their children during play (Friedrich, 2007). As a result we may have a population of

young people who are over-sexualised due to combined forces of natural developmental causes, home environment, poorly integrated sexual and attachment systems, sexualised care and use of coping strategies based on sex. This is accompanied by transitional changes in adolescence such as a shift towards a romantic partner who is expected to fulfil a range of needs including comfort, intimacy and sexual needs. For some young people, particularly those who employ extreme insecure attachment strategies to regulate emotions and relationships, this transition proves to be difficult to cope with and triggers a mixture of emotions such as fear, fear of rejection, anger or sadness which are associated with a need for comfort and subsequently sexual coping strategies. This results in strengthening the association between strong negative emotions and sexual arousal and pleasure. This may have significant implication for treatment in terms of providing therapies that validate attachment experience but also help to distinguish between the needs for comfort and sexual needs and 'desexualise' the means that are employed to meet attachment needs.

3.1.7 Social constructionism

So far this chapter discussed a number of psychological theories which make certain assumptions about the nature of the human mind and behaviours. These theories attempt to explain human behaviour in terms of idiosyncratic characteristics referring to pre-existing structures such as cognition and cognitive schemas, beliefs and behavioural templates or internal working models, which determine an individual's behaviour. Social constructionism

emerged in opposition to traditional psychology and rejected some core assumptions about the nature of the mind and causality of behaviour. It argues that human behaviour is too complex to be explained in conventional psychological terms (Gergen, et al. 1985, Bakhurst, 1991). In particular it questioned the view that cognitions and schemas exist in the mind and these determine our behaviours and feelings. It also challenged a notion of linear causality and replaced it with ideas of enabling conditions, co-construction and co-occurrence, where a large number of influences interact to shape behaviour.

Social constructionists argue that individuals and the world we experience are the products of social processes. Reality, rather than being objective is seen to be created in interactions between subjects and exists between individual subjectivities. Reality is seen as dynamic and fluid. This socially constructed world is constituted of transformation of structures of meaning, conventions, morals and discursive practices which in principle constitutes people and people's relationships. Feelings, emotions, the self and all aspects of our social worlds are culturally and historically constructed. People are regarded as both the products and creators. They cannot be understood in separation from social processes. Following Frosh and Baraister (2008) suggestion, the 'psychic' and the 'social' are regarded as a blurring 'inside and outside flow together as one' and 'the choice how to see them is purely tactical' (Frosh and Baraitser, 2008: p.4). Individuals are part of shared collective aims, values and experience. Language and conversation are a central medium for creating reality and meaning. It is employed not as means of transmitting thoughts and feelings or describing reality, but in fact makes thought possible by constructing concepts and creates reality by giving meaning to events (Edwards and

Potter 1992, Grace 1987). In other words, language provides a means of structuring the way the world is experienced. It creates the reality in which we live. The self is constantly re-constructed in the process of conversations and interactions between subjects. Berger and Luckmann (1966) maintain that conversation is the most important means of maintaining, modifying and reconstructing subjective reality. The discursive forms that emerge become a primary data (Emerson and Frosh, 2009). Subjective reality is comprised of discourses that allow us to hold shared assumptions and repertoires of meanings with others. Language is not only the medium or the vehicle of social constructionism but is seen to have embedded within it historically shaped assumptions and conceptualisations of the world. In other words, these are discourses which can be seen to be culturally shared and are used in everyday conversation and come to assume a reality which is by and large taken for granted (Gergen et al. 1985). Arguably discourse is at its most powerful when assumptions are taken for granted, unquestioned seen as 'common sense'. The social construction of meaning is closely linked with power. Power is central to an understanding of social processes. Meanings are seen to be created socially but some have more power to influence the creation of how events are defined than others. Power is seen to reside at both the level of individual interactions but also at the institutional and cultural level. Wetherell (1992) claims that 'sense-making' is bound up with issues of power and social practices. Therefore an analysis of talk is most likely to highlight certain discourses which are employed and how these create or constitute available identities or subject positions and prevent or marginalise others and the extent to which issues of power and social practice are

bound together (Emerson and Frosh, 2008). As an example, it could be argued that middle-class and male values have shaped sexuality and what is regarded as 'deviant' or acceptable.

Traditional psychological theories have dominated the field of sexual abuse in an attempt to provide answers for the aetiology and treatment of harmful sexual behaviour. As already noted in this chapter researchers and academics mainly drew on social learning theory and cognitive theories. Recently there has been more emphasis on incorporating trauma and attachment perspectives. However, all these theories operate on the basis of assumptions that there are definitive structures such as cognition, behavioural templates or internal working models, which determine human behaviour. These hold theoretical assumptions, focusing on the idea that sexual offending is some definitive form of 'pathology' which can be causally explained by objective mental structures, such as cognitions and the storage of learning processes.

Secondly, to date there is no sufficient evidence to support one theory over another; and finally, employing any of these theories requires a priori decision about its suitability and superiority. Consequently it may lead to some explanatory claims which may be nothing more than "sophisticated folk psychology" (Ward et al. 2002).

Alternatively, social constructionists question the epistemological assumptions of conventional psychological theories in seeking to explore the meaning of sexually abusive behaviour, including how it is constructed and experienced by a "perpetrator" and what culturally shared discourses may play a part in shaping it. Social constructionism scholars argue that individuals do not *have* fixed mental structures, such as cognitions structures or schemas (Edwards and Potter 1992). The mind is not seen as representing the objective world but as actively

constructing it (Bruner, 1986, 1990). Hence our mental states, feelings, thoughts, intentions, narratives, explanations and so on are seen as shifting from one social context to another. Alongside this, it is considered that we do not have set or fixed personality or identity but that this also shifts and we in effect, choose to express to different identities in different social contexts. For example, individuals who sexually harm can be seen to present different beliefs, understandings and explanatory views and accounts to justify this behaviour according to the social context they are in (Auburn et al. 2003). This view is in contrast to the idea that they have certain patterns of cognitive distortions causing various personality traits. This is suggested also that the views we hold are selected from a repertoire of discourses available in the cultural context we are in and we choose and adapt these in order to create our subjective reality, alongside this the identity we wish to present to others (Wetherell and Edley et al. 1999). Social constructionists claim that human behaviour is determined by multiple available discourses which we apply in different social contexts and not by behavioural or cognitive templates. The meanings we give to life events are also socially constructed. Therefore, for example, harmful sexual behaviour is not harmful per se but it depends on how this is framed and what meaning is given to this by the perpetrator and by the victim. The relationship “perpetrator/victim” is also constructed and transformed over time and typically, its complexity goes beyond a simplistic division into offender and victim. However, social constructionism recognises that there are dominant culturally shared discourses that define actions and that, for example, victim/perpetrator is one highly common and influential way that problematic sexual activity is construed. At the same time social constructionism argues that dominant discourses are

contested, in that there are inevitably counter or alternative discourses. For example, ideas of what it is to be male or female are not static in culture but shifting and changing and also varying in different sub-cultures and communities (Richardson et al. 2010). For example, the UK is a multi-ethnic society within which different races and ethnicities hold different views about gender roles and sexual behaviour. Even within these cultural groups there are differences in the discourses held by, for example young and old Asians, Afro-Caribbean and so on.

To date, social constructionism has been mainly employed to consider adult males who 'sexually abuse' children. This has significantly contributed to a shift in how sexual abuse has been perceived. A significant influence here has been the contribution of feminist researchers and clinicians who have emphasised the importance of gender in influencing, maintaining and re-producing of social norms regarding sexual relationships. Consistently featuring in their literature is an emphasis on the relationship between gender and power, and how these are influenced by culture (Driver and Droisen, 1989, Herman, 1981, McLeod and Saraga, 1998, Kelly, 1988, Russell, 1986, 1999). Representatives of a 'radical feminist' position, McLeod and Saraga (1988), claim that child sexual abuse should be viewed in terms of patriarchy and the construction and problem of masculinity. Patriarchy was defined as "the world view that seeks to create and maintain male control over females-it is a system of male supremacy" (Waldby, Clancy, Emetchi and Summerfield, 1989, p.97). With regard to the construction of masculinity, radical feminism argues that all men are socialised to hold attitudes and display behaviours that are associated with sexual abuse. This included ideas such as men biologically need sex more than women; that if they do not have sexual release, dangerous tensions build up; that it is the

male role to be dominant and to initiate sex and that when women say “no” they really mean “yes”.

These radical positions have also been critiqued and revised by ‘post-modern feminism’ which has rejected this arguably overly simplistic categorisation of sexual abuse as part of men’s nature. Postmodern feminism recognises, for example, that there are substantial differences between males such as power differences, which can be seen in terms of class and race such: demonstrating that not all men are powerful or abusive nor are all women passive and powerless. Gender and power are seen as complexly constructed in relation to one another rather than in a simple opposition between males and females (Featherstone and Fawcett, 1994, Lancaster and Lumb, 1999). Post-modern feminism rejects the idea that men simply sexually abuse children to demonstrate their power (Featherstone and Lancaster, 1997).

One important contribution of the feminist social constructionist position though is a recognition that sexual abuse is not simply or predominantly about sex but can and frequently does appear to involve power- seeking to control and dominate. Cossins (2000) claimed that some men alleviate a sense of powerlessness and establish their masculinity and power by sexually abusing children. She argued that gender is constructed by the activities that people engage in. Consequently, a man must participate in certain actions in order to prove his masculinity, one of them being sexual activity.

There has been considerable research into masculinity. This has led to an acceptance of the view that masculinity is not “one identity” but rather a number of contested identities socially

constructed and related to context dependent practice (Richardson et al. 2010). Despite this idea of multiple and contested identities, studies exploring young males' masculinity also suggest the important influence of dominant or *hegemonic masculinity* that serves as a reference point in young men's developing identity (Edley et al. 2011). The hegemonic or dominant identity is seen to be associated with heterosexuality, toughness, power and authority, competitiveness and the subordination of gay men. In contemporary thinking, *hegemonic masculinity* is not a fixed and monolithic concept but multifaceted and constantly changing process of "doing gender-constructing gender discourses. It is rather seen as a "multiplicity of hegemonic sense-making relevant to the construction of masculine identity" (Wetherell and Edley, 1999). One of the strong components of *hegemonic masculinity* is sexual competence. A desire to engage in sexual activities is seen here to be related to peer pressure, which in turn is shaped by the force of hegemonic masculinity rather than to 'biological functioning'. Richardson et al. (2010) identified an absence of references to 'raging hormones', instinctual drives or 'urges'. Instead the common reason for having sex was to be accepted by peers. This resonated with other studies whereby sexual activities were deemed an indicator of social inclusion and belonging (Frosh, Phoenix and Pattman, 2002, Chambers, Tinckenell and van Loon, 2004). Also this implicates the influence of social pressure on young people to start having a sexual life. Richardson et al. (2011) argued that pressure from peers to engage in a sex life was felt to be strongest between thirteen and sixteen years of age. Interestingly, this period matches the age of the most represented group of young people who engage in harmful sexual behaviour, thirteen and fifteen year olds (Rich 2011). The dominant constructions of

masculinity not only present a prescription for how men try to be but also imply negative responses and sanctions if they deviate from or challenge these expectations. Attempts to draw on less polarised aspects of masculinity may put young men at risk of being ridiculed or ostracised by their peer group. However, polarised gender positions come with tension and costs. These young people are very often presented as both powerful and vulnerable, oppressing others and clinging to their masculinities (Frosh, Phoenix and Pattman, 2002). In summary, social constructionism suggests that there are a range of identity positions or discourses available to people. However, it is less clear what process leads to the choice of one specific discourse or identity among others. Identities and processes which are encompassed within masculinity are socially constructed. Young people with harmful sexual behaviours draw consciously and subconsciously on resources that are available around them to build their identities. Arguably the prime sources of feedback are their main carers through verbal or behavioural communication. This lays a foundation for the young person's sense of self. Subsequently this development is fostered within family discourse about sexuality, intimacy, female and male roles and family functioning which is often characterised by various forms of abuse. The family discourse validates certain behaviours. However, the family discourse exists within the broader social and cultural discourse. There may be significant contradictions between the dominant discourses in our culture and those central to the young person's family. Further, it is seen that since there are inevitably multi-people discourses available that family members can be seen to be drawing on extreme or more deviant versions of the available discourse and different family members may also align themselves with different discourses.

Social constructionist highlights that the task for young people is highly complex. The onset of sexual feelings can arouse both feelings of vulnerability, desire, power and the need to expand gender identities. The discourses that are available to make sense of these are multiple and contradictory. Alongside discourses of hegemonic masculinity and males as powerful and 'tough', are also discourses about sexual intimacy as involving love, tenderness, vulnerability and trust. These are not easily reconcilable and require guidance and support from attachment figures in the family to assist a young person in their early romantic and sexual experiences. One common occurrence appears to be that, this group of young people develops strategies that are functional and validated within the family, but fail outside the family unit when they try to employ them to meet social demands. There is, however, a lack of research employing social constructionism to explore how young people with harmful sexual behavior experience the world, position themselves within the world and how they construct their identity. Lastly, an important contribution of social constructionism for these young people is recognition that the discourses that may be shaping their actions are maintained not simply or predominantly by them but also in their family and relational contexts. So, for example the women in their lives may also accept and inadvertently maintain notions of hegemonic masculinity in accepting that, for example, the idea of males' 'raging hormones' is inevitable. Likewise, females in these boys' contexts, such as at school, may appear to value and desire boys who are 'tough' and sexually assertive.

3.2 Integrative Models

It has been recognised that individual theories were unable to explain fully complexity of the HSB problem. Therefore, in an attempt to explore the ethology of harmful sexual behaviour and formulate more affective assessment and intervention methods, academics started merging different theoretical frameworks, for example cognitive theory and attachment theory. This led to the development of integrated explanatory models.

3.2.1 Finkelhor's precondition model of sexual offending (1984)

One of the most influential models has been proposed by Finkelhor (1984). It encompasses four factors summarising the main theoretical and empirical ideas. These four factors give a platform for four preconditions that precede sexual abuse. It claims to provide a theoretical framework for existing theories and research regarding perpetration of sexual abuse. It does not introduce any new theories but rather gives an umbrella which allows conceptualising the aetiology of sexual harmful behaviour in a systematic way, using already existing knowledge but also incorporating new findings from latest studies.

Finkelhor's four factors:

Finkelhor argued that following four factors are required before a sexual offence is committed:

Factor 1. Emotional congruence.

An individual finds it emotionally satisfying to relate in a sexual way to a child. Finkelhor claimed that as result of psychosocial deficits, trauma and abuse, a perpetrator of sexual abuse feels insecure and inadequate in adult relationships. He sees children as at the same level of

emotional development, but also he feels powerful, competent and in control in relationships with children. By perpetrating sexually abusive behaviour an individual is attempting to achieve mastery over their own victimisation or traumatic experience in the past. Further to that Finkelhor included cultural influence, claiming that dominant cultural themes promote the idea that a man should be powerful, dominant and the initiator in sexual relationships. Sexual offenders accept these values but perceive themselves as unable to live up to them in peer relationships so they cultivate relationship with children.

Factor 2. Sexual arousal to children.

Finkelhor claims that for some sexual perpetrators sexual motivation is a primary factor and for some secondary. He claimed that the sexual arousal to children can stem from various reasons. For example, this can be caused by past trauma such as sexual, physical or emotional abuse. Furthermore, a perpetrator of sexual abuse could have been brought up in a family home where children were subjected to sexual victimisation, or had experienced arousal that involved children. Finally, a person with harmful behaviour may misinterpret an emotional response to children as a sexual response. Finkelhor also claimed that biological factors such as hormonal or genetic abnormalities predispose the development of deviant sexual orientation towards children.

Factor 3 - Blockage

Finkelhor refers to two types of blockage – developmental and situational. The first one relates to theories such as Oedipal conflict, when a person for some reason is unable to progress to the

next developmental stage with regard to sexual relationships. The situational blockage describes a situation when an individual with apparent adult sexual interest is blocked from normal sexual outlets due to the loss of a relationship or some other transitory crisis.

Factor 4 Disinhibition

Finkelhor provides various factors contributing to overcoming prevention from sexual offending. These include: poor impulse control, senility, alcohol and drug abuse, psychosis, environmental stressors, factors that may weaken family bonds, cultural influences or use of pornography.

Finkelhor claims that first three factors explain why some individuals develop sexual interest in children and the fourth why this interest results in sexually abusive behaviour.

Four preconditions to sexual offending

Finkelhor related these four factors to four preconditions that must be met before sexual abuse occurs. The model takes in consideration a perpetrator, the environment in which abuse occurs and the victim.

Precondition 1: The motivation to sexually abuse

It assumes that a perpetrator has to have motivation to sexually abuse. An understanding of the motivation is largely drawn on first three factors and may be partially explained by emotional congruence or sexual arousal towards children, as well as by a blockage in meeting emotional and sexual needs.

Precondition 2: Overcoming internal inhibitions

This precondition is linked with factor four but also includes distorted thinking that justifies or minimises abusive behaviour. It also allows conceptualising that there are some individuals who have motivation to abuse but do not do so because they utilise internal factors to prevent occurrence of harmful behaviour.

Precondition3: Overcoming external inhibiting factors

An individual who has motivation and has overcome internal inhibitions must overcome external obstacles that may prevent sexual abuse. In order to achieve this a perpetrator needs to employ a range of different grooming and planning strategies, e.g. befriending a family of a potential victim, seeking a job giving access to children, manipulating environment so the final outcome is always the same – unsupervised access to a victim.

Precondition 4: Overcoming the resistance of the child

In order for sexual abuse to happen, the child's resistance has to be overcome by the perpetrator. Variety of methods can be utilised achieve this, these includes: threats, bribes, physical force or trickery.

In summary Finkelhore's model provides very useful framework which allows exploring and comparing one set of theoretical hypotheses with another one and seeking the evidence supporting the relative merits of each. It takes in consideration individual motivation and psychological processes of a perpetrator but also takes in account the environment where

abuse happens. As a result it helps set up goals for an intervention which not only aim at modifying deviant patterns of thinking and behaving but also to enhance the environment of children to promote their safety. Finkelhor (1984) argues that the process of satisfying preconditions is linear. This allows more systemic approach to addressing the issue. However, this broad and somewhat unspecific nature of the model could also be a potential pitfall. It requires from a practitioner a very good understanding of underlying principles of the chosen explanatory theories in order to ensure that these are compatible. In addition, this model was developed in attempt to explain sexual abuse perpetrated by adults against children. It also can be argued that some of the process of meeting some of the preconditions can occur simultaneously, e.g. overcoming external inhabiting factors and overcoming a child's resistance. Although there seems to be a great degree of applicability to work with young people, some of the claims are less relevant. For example, sexual arousal towards children does not seem to be major element in juvenile sexual offending. This model does not capture the developmental history of every individual who engages in harmful sexual behaviour but due its broad scope it may be tempting to apply it to every case.

3.2.2 The Marshall and Barbaree Integrated Developmental Model

Marshall and Barbaree (1990) and Marshall, Barbaree and McCormick (1998) proposed a model which outlines a developmental trajectory which may lead to a development of harmful sexual behaviour. This model is influenced by attachment theory and integrates a range of interacting social, biological and situational factors leading to harmful sexual behaviour. Marshall and colleagues argue that most individuals with harmful sexual behaviour were brought up in

abusive families. Such developmental experience results in distorted internal working models of relationships, prevents children from developing the range of skills and competences required to negotiate interpersonal relationships and promotes using coercive strategies in interactions.

Marshall and colleagues (1998) propose that children from abusive families form insecure attachment due to significant disruptions in relationships with their primary care givers. As a result, they do not have opportunities to develop intimacy skills in the context of bonded relationships. Instead they develop strategies based on the use of disruptive and demanding behaviours to maintain relationships. In addition, children from abusive families learn that control over the behaviour of others is gained by means of coercion, intimidation and physical violence. Subsequently they use this template in relationships outside the family home. Also, they are unable to establish and maintain meaningful social relationships, which then adversely affect further development of their social and intimacy skills and contributes to low self-esteem and negative self-image. Marshall and colleagues (1998) draw attention to puberty as a significant factor. They argued that whilst children from non-abusive family environments have the capacity and skills to develop intimate and healthy relationships, youths from abusive environments may have experienced repeated failure. Consequently, they start feeling emotionally isolated and excluded. This affects their self-concept, particularly in the context of masculinity for boys. Young people are often left with anger and resentment. Some of them direct this feeling towards the desired object which in this case is an intimate relationship. They use maladaptive templates of developing and maintaining relationships learnt in the abusive home environment. Such juveniles may seek sex using force or manipulation but also turn to

younger and more vulnerable children. Sexual experience gained through force, manipulation or coercive behaviour may imprint strong sexual memories which then can be reinforced by sexual fantasies and masturbation. This leads to a development of distorted thinking and consolidation of deviant sexual interest. Marshall, Barbaree and McCormick (1998) identified the following key factors contributing to the development of sexual harmful behaviour:

- disruption in relationship with attachment figure;
- experience of physical, emotional and/or sexual abuse as a child;
- dysfunctional family relationship including parental reinforcement of coercive, disruptive and aggressive behaviour;
- inherent temperamental factors that predispose impulsiveness;
- the emergence of a syndrome of social disability;
- a failure to achieve normal relationships in adolescence;
- the replacement of normal sexual contact with abusive sexual contact;

This model offers a developmental perspective on harmful sexual behaviour. It incorporates ecological, social learning, cognitive, biological and attachment factors. A limited aspect of this model is that it is a one-size-fits-all model. It also requires young people to develop deviant sexual fantasies, which over time are conditioned to harmful sexual behaviour. The majority of youths who sexually offend do not have deviant sexual arousal, however (Rich, 2011). In

addition, the integrated theory is only relevant to young people whose life experience corresponds with elements of this theory.

3.2.4 Trauma based models

Traumagenic factor model (Finkelhor and Browne, 1985)

Finkelhor and Browne proposed a model explaining the impact of sexual abuse. They outlined four traumagenic dynamics: traumatic sexualisation, betrayal, powerlessness and stigmatisation. They argued that through traumatic sexualisation a child learns to use sexual behaviours, appropriate and inappropriate, as a strategy to manipulate others to meet a variety of developmental needs. Traumatic sexualisation occurs through sexual abuse and experiences, which often are related to sexual abuse such as receiving affection, attention, privileges or gifts for sexual behaviours. These surrounding experiences lead to distortion of their understanding of sexuality and subsequently to confusion and misconceptions about sexual self-concept, sexual morality and emotions associated with sexual activities. At the same time fear and frightening memories become associated with sex and a sense of powerlessness. For some young people it may lead to displaying harmful sexual behaviour. This model attempts to explain why some of the victims of sexual abuse may become victimisers. It reflects early thinking focusing on sexual victimisation as a key risk factor for developing harmful sexual behaviour.

Trauma Recovery Wheel

Based on their clinical work with children age between four and twelve year old, Rasmussen, Burton and Christopherson (1992) proposed a trauma process outcome model whereby they tried to establish why some young people respond to trauma by victimising others while other children with similar traumatic experiences do not.

The core element of this model is that a child has to experience a potentially traumatic event, whether in a form of sexual abuse or other kind, such as physical or emotional abuse. As a result there are three possible response wheels:

The recovery wheel:

The child victim is able to express and process feelings related to trauma and reach a point of resolution and acceptance. As a result of this, they place responsibility for trauma on a perpetrator, reject distorted messages expressed by the perpetrator and accept responsibility for their own recovery. This group use a healthy means of expressing emotional responses to trauma. They are able to lead a life free from any adverse impact of the traumatic event.

The self-victimisation wheel

Traumatised children have limited capacity to express feelings related to trauma. This is because they were unable to fully process them but instead responded by suppressing their emotions which leads to a development of personal harmful ideas, behaviours and emotions. The suppressed feelings become released in an uncontrolled and self-harmful way. These

children are characterised by low self-esteem and cognitive distortions about self, the world and the future as result of internalising distorted ideas (“trauma echoes”) expressed by the abuser. It leads to self-harm, anxiety, suicidal tendencies or substance misuse.

The assault wheel:

In this pathway the victim identifies with an abuser and engages in a range of abusive behaviour directed towards others. “Trauma echoes” are externalised and victimised children engage in abusive behaviour towards others. They use their own trauma to justify abusing others. Victimising others releases a mixture of feelings including feelings related to their own victimisation. It also gives a sense of empowerment.

Rasmussen and colleagues acknowledge diverse impacts of trauma but they particularly draw attention to a) the way the victim child may be confused by, or adopt as his/her own cognition, the distorted messages referred as “trauma echoes” from the abuse modelled by the perpetrator; b) triggering events which are defined as any situation provoking strong feelings in the victim that are reminiscent of the original trauma.

In attempt to explain why some children fully recover from trauma and some become victimisers, Rasmussen and colleagues identified five decisive precursors:

1. Prior traumatisation - Rasmussen, Burton and Christopherson emphasised that prior sexual victimisation and also emotional and physical abuse can significantly contribute to developing sexually harmful behaviour.

2. Inadequate social skills - children with deficits in social skills are less likely to have a good support network. This makes them more vulnerable to developing sexually harmful behaviour as response to a traumatic event.

3. Lack of social intimacy - the trauma model proposes that children who do not have good social intimacy experience are more likely to respond to trauma by being abusive towards others.

4. Impulsiveness - Rasmussen and colleagues argued that youth with harmful sexual behaviour have greater impulse control difficulties compared to the general population of young people. They argued that these children are less likely to respond to internal inhibitors preventing from sexually harmful behaviour.

5. Lack of accountability - children with a general lack of accountability for their own behaviour are more likely to respond to trauma by abusing others.

The model has a number of strengths such as that it clearly identifies three responses to trauma. It also considers impact of trauma on various aspects of children's functioning. In turn this contributes to clarity of assessment, clinical formulation and intervention. This model also provides a strong case for using trauma- focused intervention in work with sexually abusive youth as opposed to using a relapse prevention model based on CBT approach (Creeden et al. 2005). The model has also been criticised for possible over-emphasis of the role of a child's choice in response to their traumatic experience. It seems to ignore the importance of

environment and in particular a role of attachment figures in helping a child to process dangerous event/trauma.

Bentovim model

Bentovim (2002) proposed that children who experienced severe trauma cannot regulate their emotions. This is because they form insecure attachments which lead to an insecure map of self and significant others and a very limited capacity to recognise, process and communicate feelings and needs. Bentovim argued that the sense of powerlessness through the invasion of the body results in strong feelings of vulnerability. This is combined with the absence of protection, repeated assaults and associated fear, which lead to helplessness and increased anxiety. The inability to control events leads to depression, low efficacy and compliance, or a need to control and dominate along with aggressive and abusive behaviour. As a result, children present two possible distinct responses to trauma - internalising or externalising responses.

Bentovim argued that externalised responses may escalate to harmful sexual behaviours. This is because these young people display hyper-arousal and explosive outbursts and relate to others in an intimidating or frightening style. Furthermore, they may have violent fantasies in which they sexualise anger and closeness and they feel obliged to re-enact those fantasies. Their attachment is insecure, indiscriminate, dismissive, disorganised and controlling. They have a pervasive, negative and fragmented sense of self. They may identify with their abuser and adopt an aggressive style that blames and punishes others in order to regain a sense of control.

According to Bentovim this may lead to conduct disorder, in which the child imposes hostility and aggression on others, especially children, including sexual aggression.

3.2.5 Ward and Siegert's pathways model

Ward and Siegert (2002) outlined five pathways to sexual abuse by adults. The four pathways were described as interactive with one another (Darke and Ward, 2003b) but in each case one primary pathway is predominant over the others in its links to sexual abuse, with a clearly identified causal mechanism that significantly influences the development of sexually abusive behaviour. The fifth pathway is described as a paedophilic sexual orientation as result of multiple dysfunctional mechanisms. It is characterised by major difficulties in all other areas described in this model.

Pathway I: Intimacy and social skills deficits

Deficits in intimacy and social skills lead to failure in establishing healthy and satisfying adult relationships and subsequently results in sexually abusive behaviour. Ward and Siegert claimed that this deficit is rooted in childhood experience of abuse and neglect combined with insecure attachment with care givers.

Pathway II: Deviant sexual script

A deviant sexual script contains mental representation of sexual relationship and sexuality that reflects past experience and includes deviant sexual arousal, intimacy deficit, inappropriate

emotional experiences and cognitive distortions. It leads to confusion about interpersonal closeness and sexual behaviour. As a result, in response to feeling lonely an individual seeks closeness, but given the confusion about closeness and sexual behaviours, it leads to abusive acts. Children's, or indeed adults' feelings of closeness are distorted by the offender as a sexual expression.

Pathway III: Emotional dysregulation:

Pathway III offenders are characterised by poor self-regulation capacity and an inability to cope or work through difficult emotional experiences. As a result, the perpetrator could respond in two ways to his/her difficulties a) become overwhelmed and sexually uninhibited to his/her emotional state; b) use sexual behaviours as management strategies to allay his/her emotional dysregulation. The perpetrators shift to sexual activities with children at times of severe emotional dysregulation.

Pathway IV: Anti-social cognition

Harmful sexual behaviour is supported by cognitive distortion and anti-social beliefs. Sexual abuse is one of various forms of anti-social behaviour. Pathway IV offenders are likely to have difficulties with impulsivity and may have conduct disorder.

Pathway V: Multiple dysfunctional mechanisms

Pathway V offenders are described as having significant problems in all areas described in previous pathways and this is combined with a distorted script which prompts adult-child

sexual activities. Ward and Siegert characterised Pathway V offenders as a) having an early onset of sexually abusive behaviours; b) having ingrained cognitive distortion regarding sexual activity with children; c) having deviant patterns of sexual arousal in response to children; d) experiencing positive affect in response to their offending behaviour.

Ward and Siegert's model is based on ideas proposed by Finkelhor (1984) and Marshall and Barbaree (1990). It conceptualised different routes to harmful sexual behaviour for youth and adults. It identifies specific psychological mechanisms that are responsible for developing sexually abusive behaviour. However, it does not attempt to explain why such behaviour continues and is maintained (Ward and Sorbello, 2003).

3.2.6 Integrated theory of sexual offending (Ward and Beech, 2005)

Ward and Beech (2005) integrated commonly cited risk factors and characteristics under one integrated theory. They considered inherited/genetic brain development vulnerabilities but also the adverse impact of developmental experience such as abuse or trauma on brain development. They incorporated clinical symptoms, which characterised adult sex offenders, such as emotional problems, social difficulties, cognitive distortions and sexual interests, into three interlocking neuropsychological systems: *motivation/emotions; perception and memory, and action selection and control*. They argued that those emotional difficulties such as the commission of impulsive acts or poor emotional expression are linked with the *motivational/emotional* system and it is caused by a profound link between sex and emotional well-being, whereby sexual behaviour serves as a mood regulator. Inability to control impulses combined with strong sexual desire may lead to either becoming disinhibited or else

opportunistic use of sex as a soothing strategy to meet emotional and sexual needs. Ward and Beech believed that social difficulties which include: emotional loneliness, inadequacy and low self-esteem need to be considered as a dysfunction stemming from the *motivation and emotional* system and those difficulties are explained by attachment insecurity. The third set of clinical symptoms, cognitive distortions, was related to the *perception and memory system*, according to Ward and Beech. Finally, deviant sexual interest was considered to be related to malfunctioning of all three systems whereby difficulties with managing attachment issues and mood problems are contextualised by cognitive distortions and may lead to deviant sexual fantasies and sexual pre-occupation. In summary, harmful sexual behaviour is a result of adverse early developmental experience and subsequent impairment in psychosocial development combined with current psychological, social and physical environment. Typically, an individual who engages in sexually abusive behaviour has difficulties in meeting social and environmental challenges. Furthermore, Ward and Beech argue that the consequences of sexual abuse function to maintain or escalate abusive behaviour. This is because sexually abusive behaviour may result in further social isolation or in problems with mood, which subsequently may lead to escalation of abusive behaviour.

The model encompasses biological, cultural, social and individual learning and psychological traits that may contribute to a development of harmful sexual behaviour. It avoids simplistic 'one-size-fit-all' approach but instead proposes a multidimensional approach. But it again raises questions about the compatibility of competing theories and how this might affect treatment strategies. In addition, as with most of the integrated models, it was initially developed for

adult sex offenders. Arguably we are still lacking a specific model for adolescents, but instead we try to pick and match what appears relevant from adult models.

3.3 Summary

Whilst single factor theories offer too narrow explanatory framework with regard to harmful sexual behaviour, integrated models attempt to assimilate various, often competing theoretical frameworks. In doing so, they provide limited explanation regarding their compatibility. These frameworks often are derived from different conceptual assumptions, which often provide conflicting perspectives and arguably require different intervention, e.g. attachment and cognitive distortions (Creeden, et al. 2005). It can be argued that cognitive distortions are in fact statements reflecting defensive strategies rather than high cognitions. Alternatively, those statements may stem from the individual's own victimization (see discussion regarding cognitive theories chapter 3.1.2 and psychoanalysis, chapter 3.1.3 and trauma, chapter 3.1.5). Respectively they require different therapeutic approach (Creeden, et al. 2005). These theories and models illustrate how the problem is defined and perceived by professionals. For example, the behaviour is defined as harmful or abusive, stemming from various psychosocial difficulties and environmental factors. There is also clear division for a victim and victimiser. A young person and his family need help. However, not enough is known about young people's understanding of their harmful behaviour and what role it plays in their life, and how those fit with broader family dynamic.

The next part of this chapter will focus on assessment and intervention models and how those apply different theoretical models.

3.4 Assessment and Intervention

It has been proposed that assessment and intervention regarding harmful sexual behaviour should be strength-based as opposed to individual pathology and risk focus. Arguably this approach helps to avoid stigmatising, reduce shame and increases motivation through approach focus goal setting as opposed to emphasising the avoidance of behaviours (Ward and Gannon et.al. 2006).

Hackett et al. (2006) proposed that the resilience based intervention aims to identify factors that enhance strengths and competences. It also explores environmental influences underpinning and supporting abusive behaviour, and aims to help the young person to understand his behaviour. The intervention occurs on three levels: individual family and environmental context. The young person and family are central in the process of selecting treatment goals.

A strengths based approach resulted in developing some standardised assessment framework such as AIM/AIM2, Asset, J-SOAP and ERASOR. These frameworks incorporate actuarial and clinical methods in order to evaluate an individual who engages in harmful sexual behaviour. The actuarial assessment is based on static risk factors which encompasses statistic properties and predetermined facts that are believed to be relevant to a risk of sexually re-offending. The clinical assessment evaluates risk of re-offending based on observation and professional judgment. It requires an understanding of the individual and specific for “him/her risk” factors and triggers. Therefore, an exploration of the individual’s developmental history including psychosocial functioning guided by an understanding of the presence of static risk

factors can lead to meaningful assessment. However, there is yet to be developed a national and consistent guidance and procedure how to use these tools. As a result, the purpose and assessment approach is typically established in practice (NSPCC, 2013). In addition, there is an absence of guidance on intervention for practitioners. Arguably it is due to a lack of evaluation on their effectiveness. As result there is no national or local guidance which proposes an intervention model. This in a way, is reflected in front-line practice where an assessment hardly ever recommends a specific model of intervention (Hackett, 2005, NSPCC 2013).

Interventions models addressing harmful sexual behaviour among young people have evolved over last two decades. Having said that, to date, there is no homogenous national treatment program but several models have been proposed and put in practice. It has been difficult to assess what treatment is effective. Partially this seems to be due to a low level of known recidivism but arguably it is also due to the fact that by accepting a broad integrated theoretical framework there are a number of different treatment formulations in a mix of interventions used and it is hard to tell what works. Main practice themes, which are reflected in intervention models, include Cognitive Behavioural Therapy, family work, and Multi Systemic Therapy (NSPCC, 2013). There is also a growing interest in applying trauma model (Creeden et al. 2005)

Despite of a wide range of different ideas being introduced into the field of working with adolescents who engage in harmful sexual behaviour, the majority of treatment programs

identified their prime treatment orientation as a relapse prevention cognitive-behavioural intervention (Rich, 2011). An example of this is the “Change for Good” manualised treatment introduced by NSPCC in 2011. This treatment model heavily draws on Cognitive-Behavioural Therapy (CBT) perspective and focuses on an individual work with a young person. The “Change for Good”, in a lesser degree, also refers to attachment theory, psychodynamic psychotherapy and mentalisation. In doing so, it recognises an impact of early maltreatment on internal working models; it promotes capacity for mentalisation and its emphasis the importance of therapeutic relationship. However, the core treatment program is focused on using a CBT approach to explore and modify not only cognitive distortions but also underlying mental structures containing meaning about self and others (McCrory, 2011). CBT has a long standing history of being used in the field of correcting criminal thinking. Hall (1995) and Alexander (1999) claimed that CBT was the most effective of the ‘talk’ therapies in the decrease of sexual re-offending. It focuses on changing thoughts in order to change the individual’s feelings and behaviours. It targets ‘thinking errors’ and beliefs which justify or could be used to justify sexually abusive behaviours. It also aims to lead to reconstructing the individual’s views of himself and his world. Common treatment components address: (a) deviant sexual arousal; (b) denial and minimisation of harmful sexual behaviour; (c) cognitive distortions; (d) victim empathy; (e) correlation between events, moods, thoughts and decisions proceeding harmful behaviour; (f) relapse prevention plan; and (f) offenders’ own abusive history. Subsequently CBT hopes to help in developing emotional and behavioural self-regulation skills as well as functional social skills using behavioural techniques (Beck, 1979, Beck, 1995). However, there is

a very little research regarding the effectiveness of CBT in working with young people. Attitudes amongst professionals and practitioners are divided. Steen et al. (2005) argued that 'most programmes have found CBT therapy to be effective for working with young people especially when a family component is attached. As opposed to this Rich (2011) claims that there is little evidence that CBT is a more effective treatment model than any other, or, indeed that as a stand-alone model it is effective at all. For CBT to be effective, an individual requires a certain level of cognitive ability, which would enable him to have a reflective insight. Durlak and colleagues et al. (1991) found in their research that a cognitive developmental level was the most important moderator of CBT effectiveness. But it also requires an emotional narrative including an ability to recognise and name feelings. Given a widely documented chaotic family environment with frequent exposure to traumatic events, young people who engage in harmful sexual behaviour very often lack in adequate emotional narrative. Apsche and Ward Bailey (2004) argued that CBT models do not reflect and adapt to the complexity of the world of young people who engage in harmful sexual behaviour.

Another example of tackling the problem of harmful sexual behaviour is a growing interest in applying Multi Systemic Therapy (MST). MST proposes that a negative outcome, for example, harmful sexual behaviour, is a result of relationships that the youth has with family, peers, school and wider community. The prime aim of a therapist is to work with a caregiver of the young person in order to strengthen his or her parenting capacity and increase a positive influence on the young person. MST focuses on altering negative or harmful relationships in the

young person's eco-system to reduce triggers that can cause harmful sexual behaviour (Smallbone et al. 2008, Henggeler et al. 2009).

There seems to be an emerging evidence of MST effectiveness in addressing harmful sexual behaviour (Borduin et al. 2009). Its main strength is an ecological family-focused intervention that tackles wide range of known risk factors associated with serious anti-social behaviour including sexually abusive behaviours. Critics of MST argued, however, that MST provides little in the way of individual therapy. Empiric support for MST was also subjected to criticism insofar that the research that shows the effectiveness of the model was conducted by the developers of MST model or by others closely associated with the model. Rich (2011) identified that there was only one 'independent' research conducted which confirmed the effectiveness of MST as claimed (Timmons-Mitchell, Bender, Kishna, and Mitchell, 2006); as opposed to several studies which concluded that MST was no more effective than other models (Leschied and Cunningham, 2002, Stambaugh et al. 2007, Sundell et al. 2008).

MST echoes a need to work with a family as a unit as opposed to only with a young person. It incorporates the systemic view of a young person being embedded in a family and wider social network. It not only tackles negative relationships but also enables the family to move on alongside young person. The lack of this dual approach may lead to a situation whereby a therapeutic progress of the young person may be delayed or stopped by entrenched family attitudes and beliefs (see discussion regarding systems theory, Chapter 3.1.4). The family work should take place in concurrence with an individual treatment. It should be provided on several levels starting from practical support and education regarding nature and impact of sexual

abuse, through helping the family to explore and manage their feelings related to the abuse, and understanding of what led to abusive behaviour; ending up with help to rebuild their relationships if possible. The issue of harmful sexual behaviour should not be treated in isolation but in broader context of the family behavioural and emotional functioning with ultimate aim to create a safe and supportive environment which is a key element for successive therapeutic intervention (Creeden, et al. 2005).

In context of growing evidence regarding an impact of developmental experience on a development of harmful sexual behaviour, attempts have been made to integrate trauma and attachment research into the treatment. This offers an alternative to a CBT pathway to prevent re-offending. Based on a phase-orientated treatment approach to trauma (Allen, 2001), Creeden et al. (2005) proposed a model encompassing three main phases of the intervention:

- Containment;
- Deconditioning traumatic responses and re-establishing social connection; and
- Re-constructing personal traumatic scheme.

The containment phase aims to prepare an individual to tackle traumatic memories. This is hoped to be achieved by identifying resources available to help a child to maintain control and safety, psycho-education regarding the impact of trauma and providing practical advice to the young person and their family. Alongside this there is also a strong focus on prompting relaxation skills and *attunement*.

The second phase is focused on exploring and reframing traumatic responses. This not only includes retelling traumatic experience but also employs experimental treatment such as role play, family sculpting or art therapy. These methods identify traumatic triggers and help to develop capacity to cope with feelings. Drawing on modern attachment theories authors adopt experimental techniques in accordance with an individual attachment style. For example, for those using avoidant strategies they utilise techniques that generate stronger and more complex affective responses. With regard to individuals using anxious style, treatment may focus on impulse control and recognising the sequence of events and behaviours. The treatment also fosters the capacity to *mentalise* through therapeutic relationships but also promoting nurturing child-carer interaction.

The re-construction personal traumatic schemes phase uses three essential components for processing traumatic events in treating trauma and harmful sexual behaviour. These components are:

- Engaging emotionally with the traumatic experience;
- Organising a coherent narrative of the trauma; and
- Modifying core beliefs about the self and the world.

(Foa, 1997)

The treatment aims to help the young person to develop a new narrative about his or her harmful behaviour. This includes taking responsibility for the abusive behaviour, victim empathy, and reconstructing their identity and relationships.

3.5 Discussion

This chapter examined main theories and models which attempt to explain sexually abusive behaviour. It also discussed assessment and intervention approaches. In doing so it highlighted a lack of overarching agreement and understanding with regard to what works when it comes to addressing harmful sexual behaviour in adolescence. It also identified that there is no agreement with regard to what theoretical framework is deemed as most relevant to explain harmful sexual behaviour and subsequently most appropriate to create an effective treatment programme. Explanatory models are built on a range of theories, which make it difficult to conduct in-depth critique. As a result it is difficult to evaluate these models' effectiveness. In addition, they require from practitioners a certain level of knowledge and skills across the spectrum of psychosocial sciences.

Arguably there is a lack of continuity between theoretical models, assessment and intervention. Integrated explanatory models highlight the multi-dimensional pathway to harmful sexual behaviour. Furthermore, they attempt to respond to needs stemming from the heterogeneous makeup of the population of individuals who sexually offend. However, they do not provide enough conceptualization of how competing theories, which contribute to these models, may

be compatible. This is then reflected in assessment models which are used to assess the young people with harmful sexual behaviour insofar that they attempt to incorporate key theories in order to formulate the pathway of offending behaviour and intervention goals but rarely recommends a particular type of intervention. Furthermore, while risk assessment models acknowledge the need for a holistic approach, they are lacking in specific diagnostic tools, for example, to identify trauma, attachment style or assessing ecological factors. For example, Ward's integrated theory draws on biological, ecological and neuropsychological factors, and refers to three different neuropsychological systems in assessing sex offenders (motivational/emotional, perception and memory, action selection and control). However, assessment models seem not to be equipped to conduct such in-depth identification with regard to neuropsychological systems. Additionally, ecological factors can be considered from various perspectives such as social learning theory or social constructionism, for example. However, the assessment models do not commit to particular explanatory theories. As a result, the choice of theoretical framework is largely left to individual professionals' discretion. This in practice may lead to eclectic but somewhat generalized and vague treatment recommendations. Furthermore, a choice of the intervention type seems to be largely depending on local services' availability and traditional approach (Hackett, 2003, Masson and Hackett, 2003). For example, despite of the lack of evidence about CBT effectiveness, this is still the predominantly employed intervention to tackle this issue. It may be because cognitive statements are relatively obvious and easily ensured. The major role of CBT could also be a result of being directly influenced by adult treatment models. There have been attempts to

incorporate a developmental perspective by introducing attachment and trauma theories. However, there is no clear understanding of when and how these should be encompassed in the treatment, and how these contributes to a development of harmful sexual behaviour. The ecological aspect of work also has been acknowledged but again it seems that practice varies and for example family work is provided as an extra service rather than standard element of support package. It has been claimed that current treatment programs for young people are comprehensive, multifaceted and offer a wide range of therapeutic approaches. It could be argued, however, that the multifaceted nature of the treatments with a wide range of therapeutic approaches, in fact, reflects a lack of clear evidence of what works with young people. This may also derive from the fact that integrated models offer a number of explanations and contributing factors stemming from different theoretical perspectives resulting in an attempt to satisfy all of them. In other words, practitioners still may use 'one-size-fit-all approach' but this time the approach is broad so can include all possible aspects and theoretical perspectives. Alternatively, practitioners may use professional judgment, which is influenced by their professional background and preferences rather than make an evidence based decision with regard to treatment methods. It seems that one of the major problems in treating adolescents with harmful sexual behaviour is that there is no evidence based explanatory model specific for this group. It seems that all models are derived from adult models. Given that adolescence is a dynamic period, it argues for a developmental framework to explain and treat harmful sexual behaviour. This highlights a requirement for more specific treatment hypothesis/ research questions but it also calls for greater consideration for the

compatibility and incompatibility of models. Arguably it is also relevant to query how far we have moved from using adult models in working with adolescents. It seems that a variety of treatments often combine elements of different therapeutic traditions, which lead to a criticism that they often represent 'ad hoc' combination of potentially contradictory approaches' (Chaffin et al. 2002).

3.6 Summary

The chapter has overviewed the various psychological/theoretical models and how these have influenced models of intervention. It has argued that these frequently adopt a 'scatter gun' approach which makes it hard to discriminate what theoretical frameworks are most relevant to understanding the problems and in promoting effective treatment. The next chapter will outline the need for a focused approach to research and suggest a number of areas that are regarded as central. Arguably sexual behaviour is an inseparable component of a need for an attachment relationship. Attachment serves a purpose of survival. For infants, an attachment relationship is related to a sense of safety and protection, for adults it also concerns reproduction. Adolescence seems to be in a transition process of moving away from a primary caregiver whose role was to provide safety and protection towards an attachment figure who will also fulfil a need for intimacy, sexual desire and reproduction. Arguably there are young people who employ distorted and abusive strategies to have these needs met. Consequently, harmful sexual behaviour could be deemed as a maladaptive strategy which arises from attachment needs. Therefore, in order to understand and treat harmful sexual behaviour it is

required to examine it in context of attachment and developmental and relationship history. In doing so it is vital to identify any unresolved trauma given its profound impact on self-regulation, information processing and attachment. This is particularly relevant to individuals who present “disorganised” attachment strategies, which are associated with intergenerational history of unresolved trauma or maltreatment, and with high risk of externalised behavioural problems (Friedrich and Sim et al. 2006).

4. Research Aims

The previous chapter provided an overview of major theoretical approaches explaining harmful sexual behaviour. It outlined single factor theories and the main integrated models.

Furthermore it explored the impact of these models on therapeutic interventions. The chapter argued that the 'one size fits all' approach has been replaced with what could be described as a 'scatter gun' approach in that the models offer very broad and eclectic theoretical frameworks. This makes it hard to discriminate between what theories are most relevant in understanding and in promoting effective treatment. This 'mix and match' approach arguably also ignores that the various theories contained different etiological assumptions and suggest different treatment interventions. For example, a particular statement expressed by a young person could be interpreted as a "cognitive distortion", "social positioning" or "manifestation of internal working models" depending on chosen theoretical lens. These have different implications for understanding and treating offending behaviours but often all of these models are combined within an 'integrated' model which is more accurately described as an 'eclectic' model.

However, it seems that there is a lack of differentiated research on specific aspects of particular models to support one explanatory theory over another. As a result, arguably current assessment tools are unable to provide sufficiently differentiated explanatory perspectives. Consequently, the choice of a theoretical framework for an intervention seems to be largely governed by individual preferences /clinical background of practitioners, or opportunistic resources, rather than being an evidence-based choice. Arguably 'eclectic' integrated models

reflect heterogeneity of the issues but they also reflect the fact that there is not sufficient knowledge about what works and how, regarding intervention with young people who engage in harmful sexual behaviour. Related to this is a need for more specific research questions. There is a vast amount of information elaborating on statistical characteristics of this group i.e. early childhood experience or family background. However, there is little known about how these adolescents construct experience and manage themselves and their surrounding social world. There is also little known about why these young people choose to engage in harmful sexual behaviour i.e. we do not have enough insight into their understanding and motivation for displaying these behaviours, and understanding of the role of harmful sexual behaviour, e.g. substitute for comfort, sexual gratification, an attempt to be accepted by peers or an expression of masculinity. However, a therapeutic exploration of developmental history can offer a holistic picture of this group including not only risk and strengths factors but also an insight into the social and psychological functioning of these young people. This research will also provide a valuable context helping to understand the role of harmful sexual behaviour in their lives.

4.1 Theoretical Perspectives

This research aims to identify and explore attachment strategies young people who are involved in harmful sexual behaviour use to manage their emotions and attachment needs. The research is not interested in overall attachment classifications but intends to explore in detail the attachment strategies that are being employed by sexually abusive youth in order to meet

their emotional and attachment needs; and how these strategies developed in response to their early childhood experiences. This approach helps to explain how certain behaviours and psychological processes, which could be seen as maladaptive in the community, were meaningful and functional in their family environment. The research aims to gain insight into young people's childhood experience in order to explore their understanding and experience of self but also their understanding and experience of family and social life,

Attachment theory has been chosen as a main theoretical framework for this research (See Chapter 3.1.6 for more detailed discussion). This is because it allows an exploration of harmful sexual behaviour in context of internal psychological processes of an individual but also attachment theory encompasses external, relational aspects of an individual's existence, in particular how internal defensive processes develop in response to the external environment and in turn how they shape individuals' psychosocial functioning.

The study also employs social constructionism, which emphasises how meanings are socially created regarding the young people's actions in their family and other relationships.

Furthermore, it also explores how these young people create their identity and how the identity is shaped by wider cultural discourses regarding masculinity, sexual behaviour and roles. This perspective connects with attachment theory in considering how the seeking and providing of emotional connections, intimacy, emotional regulation and sexual intimacy are shaped by cultural forces as well as instinctual attachment needs.

The relationship between attachment theory and social constructionism concerns some broad issues and some specific, which are particularly relevant to this research. As a very broad and

obvious point 'attachment' is a concept that is widely used in common language to cover a range of experiences and relationships, such as bonding between people, needing someone, relying on someone and dependence. These ordinary everyday uses of the word are also influenced but are arguably also different to scientific definitions of attachment as have been developed by John Bowlby. These definitions include operational statements about what attachment is, its roots and how to measure it. In turn there is a two-way process between everyday understandings and scientific ones, such that Bowlby's and the subsequent vast body of attachment researchers' 'scientific' definitions of attachment which have influenced everyday understanding. Likewise, different contexts that lay people and even professionals operate in may also influence how they understand and use these scientific definitions. Arguably, the concept of attachment is also employed differently in different cultures. In fact, some cultures do not have a word that closely corresponds with the Anglo-Saxon concept of attachment (van Ijzendoorn and Sagi et al. 1999).

These general statements set the scene for a more specific discussion about the underlying philosophical premises of attachment theory and social constructionism. Perhaps the first major issue concerns how much attachment is a universal and instinctive phenomena and how much it is socially constructed. Furthermore clarification might be needed to establish whether concept of 'attachment' is universal as opposed to being culturally shaped. A fundamental assumption of attachment theory is that attachment behaviours are instinctive. An infant is seen to have an instinctive need for protection and uses a range of behaviours maximising

survival chances by ensuring proximity of his/her carer (Bowlby, 1969, 1973, 1980). Secondly, attachment theory has argued that attachment behaviours will become organised in particular patterns and most typically the primary connection will be with the child's mother (Ainsworth, Blehar, Waters and Wall, 1978).

Social constructionism academics argue that the meaning of attachment is culturally shaped and performed differently in different cultures. For example, Solomon et al. (2002) argued attachment theory was produced within certain socio-political and economic power relations, i.e. in context of white-middle class females and the labour market whereby females were limited to being a housewife and mother, while the male was earning money. This scenario therefore, enabled the assumption of a single mother-child relationship, because the male was out of the family home for the majority of the child's first year. As the socio-political climate changed, a shift in conceptualisation of attachment theory, which suggested that there was no evidence that there was a need for an exclusive primary bond so that mothering can be shared by several people (Schaffer, 1977). Furthermore, Solomon et al. (2002) suggests that ensuring guidance, care and protection can be constructed within family relationships in ways which are unrecognised by attachment theory. However, rather than this being regarded as a rift between attachment theory and social constructionism; Bowlby had argued that the attachment instinct should be seen as a dynamic system which adapts to different environments and contexts. So, the child in some cultures is given care and protection, for example by teachers in a boarding school situation (as was Bowlby's experience) or a nurse or nanny, or in a kibbutz with communal care. This, however, does not invalidate the idea that we have a fundamental

instinct to seek protection and instead this instinct (as with all other instincts) needs to be flexible and adaptable. Clearly if attachment was totally limited to the mother many children would not be able to survive and cope, e.g. with the death of their mothers and so on. This would not make sense in evolutionary terms.

A second issue is about the patterns of expression of the attachment instinct which were first documented by Mary Ainsworth (Ainsworth, Blehar, Waters and Wall, 1978). She suggested that an infant's responses can be grouped into the now well-known classifications: secure, insecure avoidant and insecure pre-occupied. It is argued that these are socially constructed, and are value-laden linguistic terms so that "secure" may be regarded and experienced as 'good' and 'healthy' as opposed to 'insecure' which implies 'damaged, flawed and inadequate'. Even more specifically 'insecure avoidant' can be regarded as a 'brave, stoic or heroic' as opposed to 'insecure ambivalent' which carries connotations of being 'neurotic, difficult and demanding'. It should be noted though that the initial definitions of these patterns did not contain these evaluative conceptualisations. Initially the attachment patterns were given the neutral labels of A, B, C, since they were all considered to be functional survival strategies. This highlights an interesting connection with social constructionism in that even such 'scientific' definitions come to gain different meanings over time and arguably, though we may attempt to return to what Bowlby originally said, it is also the case that contemporary attachment theory has gained these value-laden connotations. This is the central premise of social

constructionism, namely that our understanding, our assumptions and even 'scientific theories' are continually evolving and being shaped by cultural processes.

However, given the caveats above, it can also be argued that there is a vast amount of research, which provides evidence that the basic attachment patterns described are universal across cultures (Sagi and Ijzendoorn, et al. 1999, Music, 2011). The body of research also indicates that across cultures experts and mothers interpret and evaluate attachment security very similarly (Posada, et al. 1995, Harwood, Miller, and Irizarry, 1995). It has also been recognised that there are culturally specific attachment behaviours employed to express certain emotions. For example, Gussi children were used to being greeted by handshake by their mothers as opposed to European children, who anticipated a hug. However, the Gussi insecure infants would avoid the adult or would reach and pull away as adult approached, which is consistent with avoidant behaviour across cultures (Kermorian and Leiderman, 1986). This example illustrated culturally specific behaviour which expresses a universal and normative phenomenon. This evidences that although attachment is instinctive and cross-cultural the style of expression of attachment needs are socially constructed and may vary. This supports a view that overall, attachment is a universal and instinctive phenomenon but that how it is expressed, performed and discussed may vary though the fundamental meanings, for example the sadness and experience of grief over losing one's child or a parent is universal.

As discussed in Chapter 3.1.6, an important and relevant for this research is the issue of overlap between attachment and sexual systems. Arguably the family plays a pivotal role in working out

the inter-relations between these two systems by constructing meanings of behaviours, which differentiate between attachment and sexual systems. An example could be a parent who cuddles a child and assigns this to caring behaviour as opposed to a parent who sexualises intimate interactions with a child. Furthermore, meanings of core concepts related to attachment theory such as danger, protection and comfort are initially constructed in interactions with parents/carers. Parents help children to develop a sense of danger and provide examples of protective and comforting behaviours. However, an understanding of danger, protection and comfort is also shaped by wider cultural influences.

This research employs two forms of discourse analysis, therefore, its specific interest is in the relationship between attachment theory and social constructionism which is manifested in language. Social constructionism argues that language creates rather than represents reality, that experience is constantly produced in language. Therefore, it is interested in the discursive form and treats language as prime data. It employs Discourse Analysis to explore how individuals construct their identities and how they position themselves. In doing so it is interested in issues of power which include justification and responsibility (Emerson and Forsh, 2009). In effect DA offers a top-down perspective in terms of how dominant cultural discourses shape people's discursive strategies. Attachment theory in the AAI also uses discourse analysis which focuses on how participants use a variety of strategies to manage their emotions, defend themselves, justify events and assign accountability. The difference is that attachment theory suggests a more 'bottom-up' stance, that the discourse strategies that people employ are shaped by their childhood experiences, especially the pattern of responding to their

attachment request from their primary attachment figures. Individuals engage in discourse which reflects their attachment patterns, e.g. a pattern suppresses the importance of attachment needs and adopts self-responsibility and self-blame; a pattern involves an escalation of emotions and distribution of responsibility to others.

Discourse Analysis refers to culturally available discourses which individuals draw on.

Attachment theory argues that in the first case strategies are determined by and developed from an instinctive need for protection, while in the latter they are socially constructed to fit given social context. However, these two approaches can complement each other: attachment instinct can be seen as inborn but specific strategies develop and mature over time and these are arguably shaped not only in child-parent interactions but also in broader family, community and cultural contexts. In order to express attachment needs, individuals draw on socially acceptable or legitimate behavioural or linguistic forms but in turn choose from these in accordance to their attachment pattern. This includes also the ability to switch between strategies (and discourses) depending on a context and choose the one that fits best. This does not necessarily imply conscious processes of 'choice' and both attachment theory and social constructionism share the view that psychological processes and interactions are also shaped by unconscious processes. In fact, social constructionism argues that the most powerful influence of discourses are often when they are operating implicitly as taken for granted or even a perceived notion 'common sense'. An important example here is in relation to gender, where there have been powerful implicit assumptions that girls are more emotionally

expressive and show vulnerable feelings in contrast to boys. Social constructionism argues that this is not a biological reality but largely socially constructed. Interestingly, attachment theory adds support to this view in the finding that there have been very few differences discovered in attachment styles between boys and girls (Crittenden et al. 2014). In effect both theories here hold, in different ways, that people are constructed by social influences. However, attachment theory draws on the idea of an attachment instinct to explain how and why people act, whereas social constructionism does not have a theory of personal motivation but a framework for how people are shaped by social processes.

In addition, attachment theory also has the idea of corrective script. This is an alternative narration of how they want things to be different in the future. This evidences that individuals are able to choose the discourse they want. Although there is a vast range of discourses available, individuals are sensitive to discourses which fit given attachment patterns. Therefore, for example, as attachment style changes through an intervention or a new secure attachment relationship, the individual is able to utilise a wider range of discourses. In this research personal discourse is seen as a reflection of interaction between broad social discourses and the individual's psychological processes. It concerns a level of agency/intentionality in individuals' choices and in creation of reality and meaning and what psychological processes can be seen at work in it.

4.2 Research Aims

The study has a number of broad as well as specific aims.

4.2.1 Broad aims

The following broad aims are proposed:

1. An exploration of the extent and nature of sexual offending committed by young offenders in the research geographic area.
2. A mapping of the understanding that services hold regarding these young people, including the view of the relevance of family factors and what interventions follow as a result.

4.2.2 Specific aims

The specific aims are as follows:

1. An exploration of the young peoples' attachment strategies. This is to gain understanding of the young people's psychological processes, including their emotional schemas which influence their offending behaviour. Specifically, the research aims to explore how early family relationships and significant life events shape attachment behavioural patterns and also internal working models, which serve to regulate, interpret and predict attachment related thoughts, feelings and behaviours including sexual behaviour.
2. The research aims to explore how the different profiles of attachment defensive strategies link to harmful sexual behaviour and risk that particular individuals may present to others.

3. The research aims to explore how experiences of danger, including sexual and physical abuse and emotional neglect may produce unresolved states of trauma for the young people and influence their offending behaviours.
4. The research aims to explore how young people construct meaning regarding their life experience and how they create their identity.

The research aims are elaborated further in the various stages involved in the research programme.

4.3 Study 1

The first stage of the research is a descriptive study that explores the prevalence of young people reported to have engaged in sexually harmful behaviour towards other young people in the designated research area and to locate this within national statistics. It attempts to understand what constitutes harmful sexual behaviour in practice and will examine types and context of sexual behaviours which were reported to the local Children's Services. It, subsequently, map the processes of intervention, including risk assessment, prosecution, counselling, advice and other interventions (if any) that are associated with the reported behaviours. Study 1 explores available information regarding the social and family context of the sexual behaviours. This includes information about non-sexual offences and will also encompass an assessment of a correlation between the family background and harmful sexual behaviour.

4.4 Study 2

The second stage of the research aims to explore how these young people explain their sexual offending and how their accounts are shaped by wider cultural discourses regarding masculinity and sexual activities. In particular, the focus is on what explanatory repertoires they employ to explain and justify their sexual offending. Secondly, the study explores what underlying attachment defensive strategies shape their actions and how this links to accounts of their actions. In particular, the focus here is on how difficult childhood experiences may result in young people developing defensive processes which influence their actions and the accounts they have of their actions. In order to achieve these aims the study consists of a qualitative exploration of young people's perspectives on their lives including their relationships within their families and with friends. It explores the strategies employed by the young people to manage their emotional needs. In particular, it examines the defensive processes that they have employed in relation to the key attachment figures and events in their lives. This involves an exploration of:

- a) Indications of trauma related to emotional and relational conflicts;
- b) Transitional processes - particularly the movement in adolescence away from parents towards friends and sexual partners as emerging attachment figures; and
- c) Specific connections between features of attachment behaviours, such as seeking comfort, managing negative feelings, self- comforting and sexual behaviours.

The investigation is multi-layered consisting of an in depth semi-structured interview and the use of the Transition to Adulthood Attachment Interview (TAAI). The TAAI provides a summary

of the young person's attachment and strategies, including possible unresolved states, such as traumas and also their reflective functioning. The research also includes the use of standardised measures of mental health and attachment in order to critically corroborate them with findings from the attachment assessment from the TAAI.

The semi-structured interview aims to gather 'factual' information regarding the young person's family and social background/history with specific focus on harmful sexual behaviour, significant events and self-perceptions of participants. It also explores what accounts they offer regarding their sexual offending and how these draw on cultural attitudes regarding sexuality to explain the role of sex in their lives (Wetherell and Edley et al. 1999). In addition, it gathers information about strategies used by the participants in order to position themselves in social interactions, in particular it explores how they construct and assign power and how they attempt to build their identity. The analysis employs Critical Discourse Analysis (CDA) (van Dijk et al. 2001).

The second strand of the analysis employs the Transition to Adulthood Attachment Interview (TAAI) which aims to explore the links between attachment strategies and the sexual offending. This is focussed on exploring whether links can be found between different forms of attachment representations, strategies and sexual offending. For example Crittenden (2011) emphasises that there may be a link between avoidant/dismissive attachment strategies which are characterised by self-reliance and self-soothing and self-sexual behaviours, such as fantasy,

sexual pre-occupation and masturbation which can be regarded as a form of self-comforting. These may be linked to more passive willingness to engage in inappropriate activity or exhibitionism. In contrast, more coercive behaviours, such as inappropriate touching or rape may be linked with anxious-ambivalent/pre-occupied strategies. Recognising Crittenden's (2007) formulation that severe problems, such as sexual offending may involve complex combinations of both strategies the study maps in detail the profiles of specific defensive attachment strategies that are employed. Furthermore, these are examined whether they are, in turn, shaped by unresolved traumatic states, for example intrusions of suppressed anger emanating from the young people's childhood experiences (Crittenden 2007).

4.5 Study 3

Study 3 explores the family context in which the young people exist. The aim is to provide a picture from the parent's perspective of the family context that had been described by their child in the TAAI and the qualitative interview. The study aims to provide factual information about the events in the family but also of the parent's own attachment strategies and how this shaped their child's development and attachment strategies. This connects with a core theoretical assumption and empirical finding of continuity in attachment strategies across the generations (See discussion re: attachment in Chapter 3.1.6). The focus therefore is on the ways that parents regulate their emotions and what may have been transmitted or developed within the family sphere as ways of coping. This also focuses on an exploration of the role, for example of comfort and its relationship to sexual behaviours. Furthermore, it explores parents' understandings of sexuality and their child's sexual problems.

Adult Attachment Interviews were undertaken with an opportunistic sample of parents from stage 3 who were willing to participate.

4.6 Clinical Aims

This overall aim of the three studies is to contribute to the existing knowledge about aetiology of harmful sexual behaviour through providing data that can offer an integrated picture of the key aspects of the young people's lives in terms of dangers and traumas, their accounts of their lives and their characteristic attachment strategies. The clinical aim is to offer some clarification of the lives and experiences of these young people to clarify clinical formulation and intervention strategies. Though a variety of treatment programmes are available, the evidence for their effectiveness is mixed. Importantly, there is both research and clinical evidence that this is a heterogeneous group and that different treatments may be indicated for different young people. Recent developments in attachment theory (Crittenden, 1997, 2001) assist in the formulation and choice of therapeutic approaches, for example that non-verbal approaches, such as drama therapy, art therapy may be more effective for young people employing avoidant attachment patterns. In contrast verbal methods, such as CBT and narrative therapies may be more effective for those with anxious ambivalent strategies (Dallos, 2006, Crittenden, 2001, 2006). Clear formulation may assist not only in the choice of the appropriate therapies but in the reduction of the risk of inappropriate therapies escalating problems and potential risk of offending.

4.6.1 Developing an integrated research analytical framework

The research hopes to develop an integrated analysis combining psychological discourse and attachment discourse markers. Underlying this is an interest in considering how these two types of analysis may complement each other. For example, in DA we can see the usage of strategies to manage self-identity and how 'acceptable' and 'legitimate' identities are culturally constructed (Wetherell and Edley et al. 1999). But an important question is how this is in turn shaped by the participants developmental/attachment histories. For example, a predominantly dismissive attachment orientation may connect with drawing on discourse which 'excuse' the sexual offending in terms of a personal weakness, illness or vulnerability. In contrast a pre-occupied attachment orientation can embrace a more derogating and angry affiliation with viewpoints, such as 'some women are sluts', 'asking for it' etc. Most importantly by looking in detail at the types of attachment discursive markers employed may offer a more sophisticated analysis of how attachment theory and discursive psychology can interface which will offer some potential clinical applications.

5. Methods and Methodology

This chapter will outline methods and methodology employed in the research. It will describe individual tools and the rationale behind a decision to utilise them. It will also reflect on a sample group and a process of recruiting participants.

5.1 Research Design

The design was developed in order to provide data regarding the research questions outlined in the Aims Chapter. In order to address these, the design employed both quantitative and qualitative research methods (Creswell, 2003). Broadly a multiple case design was chosen in order to allow a detailed analysis of each young person and a sample of their parents (Yin, 2003).

The research employed three inter- connected research methods:

1. The first stage was to gather general descriptive quantitative audit data to offer a perspective on the nature and extent of the problem i.e. young people who engage in harmful sexual behaviour in the designated research area.
2. The second phase was to sharpen the focus to explore the young people's attachment strategies, understanding of their life experience and behaviour. This employed a multiple case design which combined a qualitative exploration of semi- structured interview and Transition to Adulthood Attachment Interview (TAAI).
3. The third part of the research widened the focus to look at the family context and in particular trans-generational patterns of attachment by giving the parents of 3 of the

young people AAs. This again offered both a personalised profile of their attachment strategies along with an ability to compare these to general population samples.

5.2 Participants

The research has been conducted on an opportunistic sample of eight young male adolescents. The young people have been recruited through Children's Service, NSPCC and an independent assessment and treatment practitioner. All participants were White British. They met following inclusive criteria:

1. Aged between thirteen and seventeen years old;
2. Convicted of a sexual offence, final caution, formal admission of an offence;
alternatively having been referred for/ or undertaken assessment or receiving treatment due to displaying harmful sexual behaviour;
3. Not experiencing mental illness- as formally diagnosed by a relevant mental health professional;
4. Not suffering with a learning disability which would not allow them to give informed consent or disable them to participate;
5. Adequate ability in spoken English to be able to engage in interviews and to complete self-report questionnaires;

The research explores very sensitive and personal issues. Participants of the sample group are considered as highly vulnerable. As discussed in Chapter 2, previous research shows that they

have often experienced greater family dysfunctions and prior physical, emotional or sexual maltreatment (Vizard et al. 2007). In addition, the participants will be encouraged to reflect on harmful sexual behaviour, which is considered emotive, deviant and socially unacceptable. Therefore, there was a risk assessment with key workers undertaken prior to each interview. Furthermore, the participants were offered additional support if they required such. To ensure that potential participants did not feel under pressure to take part in the research from organisations and individuals, social workers/therapists who were acting as “gatekeepers” for recruitment had explained that participation was voluntary and independent to a care plan provided by a service provider (Appendix F). The participants had a right to withdraw their consent at any stage of the research without giving a reason. This was also clearly explained in the information sheet, which was provided. It was explained that the research as well as that participation or non-participation would not influence a professional service that is available to them.

5.2.1 Process of recruiting the participants.

Recruiting participants for this research project has proven to be challenging. Initially it was planned to interview twenty five and thirty participants. Invitations to collaborate in the research were sent to local Youth Offending Teams, Children’s Services and organisations which specialised in working with sexual abuse, e.g. NSPCC. However, the first attempt to recruit the participants was unsuccessful. As result of this it was decided to conduct an audit of referrals received by the local Children’s Services between 2008 and 2010 in order to identify how many cases regarding adolescent harmful sexual behaviours were reported to the local authority.

Following the review of referrals sixty one cases were identified as referred to the Children's Services due to concerns regarding harmful sexual behaviour. Subsequently an information leaflet was sent out to case managers/social workers. As a result, three young people were recruited. A further two participants were recruited through professional involvement of the main researcher. NSPCC was re-approached as they introduced locally a service for young people who engage in harmful sexual behaviour. An ethical approval from NSPCC Ethics Committee was gained and subsequently two additional participants were recruited. The final three young people were recruited through an independent assessment and treatment practitioner and by the researcher who worked in a capacity of the social worker. The research team decided that the current size of the sample was sufficient. The decision was based on the fact that this research is a qualitative exploration, which employed in-depth multi-layer analysis of rich data that was gathered through two types of interviews. It was also noted that overall qualitative studies are conducted on smaller samples as opposed to quantitative research. This research does not intend to generalise findings and apply them to the whole population of young people who display harmful sexual behaviour but it aims to explore an individual's attachment strategies and conceptualise how these strategies are relevant to a development of harmful sexual behaviour in these eight specific cases. However, the research will conceptualise how the findings from the explorations may contribute to understanding of pathways leading to harmful sexual behaviour and how these findings may be utilised in an assessment and intervention.

5.3 Study 1

This is a study that looks at service profile of fifty (out of sixty one) randomly chosen cases with regard to young people with sexually harmful behaviour which were reported to the local Children Service between 2008 and 2010 . The case is defined as one instance of contact made by an external agency or private individual with the Children and Young People Service reporting concerns regarding a young person who displayed harmful sexual behaviour. Each 'contact' was registered by the CYPS, and given a unique case number.

The chosen method of this study is a survey of case information. This included an examination of electronic files, which contained case notes and reports. The files were read and information regarding family background and history, gender of a perpetrator of the harmful sexual behaviour and the person subjected to harmful sexual behaviour, type of offensive behaviour and relationship to the victim were examined. Furthermore, any records regarding the interventions and treatments which were provided for the young person who displayed harmful sexual behaviour were read. The study employs descriptive statistical analysis, which is presented by means of tables and histograms. Case examples are also presented to exemplify the types of harmful sexual behaviours and family social context.

5.4 Study 2

Methodological Orientation

The study is informed by social constructionist and attachment theoretical perspectives. This was to combine a methodological perspective on how the young men created meaning regarding their identities, relationships and sexuality. In particular the study examines how

these accounts could be examined as discursive constellations relating to the young person's thought processes, values and actions regarding gendered relationships. In addition the methods aims to also consider how an attachment perspective was relevant in terms of how the young men's specific accounts of their early attachment experiences revealed strategies that they employed to make sense of their actions as well as develop justifications. Importantly, the methods also aim to reveal how their attachment orientations or strategies served to filter the dominant discourses that they drew from. In order to achieve these aims, a semi-structured interview is employed to explore the dominant discourses employed by the young men. A structured attachment interview (TAI) is also utilised to reveal information about the content of their lives as well as the attachment strategies that they employed in responding to the TAI questions. This analysis sought to go 'under the surface' in exploring what defensive strategies were employed to maintain the young people's attachment needs. The material provided by the TAI is termed 'attachment discourse analysis' and shares with DA a consideration of implicit processes that shape people's accounts.

Study 2 was conducted on an opportunistic sample of eight White-British males aged between fourteen and seventeen. They were at different stages of an intervention. Four of them were undertaking a risk assessment; two of them were undertaking a therapeutic intervention and two of them were not provided with any service specifically addressing their harmful sexual behaviour. Before they were directly approached, the research was discussed with their therapists/social workers, who acted as gatekeepers. With regard to the case where the

researcher was involved in capacity of the social worker, the research was discussed with the researcher's line manager prior to approaching a young person. Subsequently each young person was met by the main researcher individually and the research was explained.

In order to combine the social constructionist and attachment perspectives Study 2 has been conducted in two stages. First the TAAI was carried out. During the second session the semi-structured interview was completed. Both interviews were audio recorded and transcribed. In addition, the following questionnaires were completed by participants: *Parent and Peer Attachment (IPPA)*, the *Beck Youth Inventory* and the *Posttraumatic Stress Diagnostic Scale (PDS)*. This was to verify them with findings from the narrative measures. This was to see whether findings from self-reported measures reflect findings from narrative tools (interviews). The assumption behind this was that there are biases impacting the accuracy of self-reported measures due to the fact that individuals want to present themselves in more positive light (Ward, Gannon and Collie et al. 2006). Furthermore, it is likely that responses to self-reported questionnaires may be influenced by unconscious processes. For example, avoidant attachment strategies may lead to dismissing some traumatic experiences or idealising the past.

The semi-structured interview was developed during supervision sessions. It was informed by previous research and existing theories regarding harmful sexual behaviour (see Chapter 2 and 3). In particular, it drew on findings relating to the significance of a troubled family background including experience of trauma and abuse on the aetiology of sexual offending. Furthermore, the interview was informed by my professional experience of working with young people who

display harmful sexual behaviour as a social worker, risk assessor and intervention provider. As a result, the interviews were designed to gather:

- (a) information on the young persons' family and social background/history and self-perceptions of participants;
- (b) young people's perceptions of key events in their lives;
- (c) young people's account regarding harmful sexual behaviour and young people's self-perceptions.

The interview also explored how juveniles constructed sexual attitudes and viewed the role of sex in their lives. It sought information about strategies used by the participants in order to position themselves in social interactions demonstrating ways they build their identity.

The semi-structured interview aimed to provide a young person's overview regarding their life and cover specific areas in a systematic but flexible way. The areas covered include: pre-school years, school years and adolescence. Specifically, it explored family life and relationships, school experience, peer relationship including romantic relationships and the role of sex. It also explored harmful sexual behaviour. The interview drew on ideas from bibliographical and conversational interviews (Rosenthal, 1993, Gall, Gall and Borg, 2003). The nature of the questions was flexible but were aimed to elicit information regarding specific areas. Typically, each area was introduced by an orientating question/prompt, for example, "tell me about your childhood" or "what was your life like when...?" This was followed by some clarifying questions. An example is "you said that your family life was fun, tell me more about what kind of fun you had" or "you mentioned that your mother's boyfriend was violent, tell me what happened".

The interview also included questions which aimed to elicit some reflection regarding events which were described by the young people, e.g. “how did your father’s new relationship impact on your life?” The follow up questions would also encourage reflection on their feelings and thought processes but also self-perception or perception of others, e.g. “how would you describe yourself as a teenager, or how would your mates / teachers parents describe you?” An important part of the interview was to explore the young peoples’ understanding of their harmful sexual behaviour but also how this was seen in context of their broader understanding regarding the role of sex and relationships. This part of the interview would start from an orientating question such as “what is your understanding as to why you were referred to (specific service)?” The follow up questions would elicit information about what happened during harmful sexual incidents from the young person’s point of view, e.g. “tell me what happened?” Furthermore, the interview explored the impact of the behaviour on them and their victims and their understanding of why they behaved in this way. For example, “what do you think about what happened, what led to this behaviour and how has it affected you and your life, how has it affected the victim?”.

The interview encouraged a broader reflection on the role of sex to the young person.

Questions and prompts included the importance of sex, where they learnt about sex and what information was given/obtained. It was also considered in the context of a relationship and invited interviewee to reflect upon what makes a good relationship or how young person positioned himself in relationships.

An orientation question would set the scene but all follow up questions were determined by answers given by young people. The young people would identify key events and experiences related to a particular area. The researcher employed open ended questions based on five W's: why, when, who, what or where. The interview was conducted in a sensitive and empathetic way. For example, the interviewer acknowledged young peoples' distress or difficulties related to their life experience. The questions were asked from a position of curiosity and a desire to understand the young person. The interview was carried out in a form close to a natural conversation.

Transition to Adulthood Attachment Interview

The Transition to Adulthood Attachment Interview (TAAI) is a modified version of the Adult Attachment Interview (AAI). It is adapted for young people and emphasises the shifts in relationships and attachment that are occurring for young people, for example the increasing importance of peer relationships and romantic/sexual relationships. TAAI provides a theoretical model of how strategies develop, in terms of maturing abilities to process information and it demonstrates the self-protective function of atypical strategies. Subsequently, it shows how current maladaptive behaviours become meaningful in terms of the individual's developmental history. The TAAI also provides information which enables an assessment of reflective functioning of participants. This includes the ability to understand the perspectives of others, how these may be different from one's own, the ability to monitor one's own feelings, and how one regulates the variation in mood/attitude. All of these play an important role in promoting and maintaining a secure attachment (Fonagy, Steele, Steel and Target, 1997).

5.4.1 Analyses

The analysis has been divided into the following parts:

1. Analysis of the TAAI, which employed the type of discourse analysis developed for the Adult Attachment Interview (AAI). This consists of an examination of the responses given by participants to the TAAI questions in terms of their usage of a range of discourse markers which have been developed from attachment theory. These markers allow identifying how participants employ discursive strategies to manage the anxiety generated by the questions in the TAAI. An example of these strategies feature attempts made by interviewees to distance themselves emotionally from the anxiety provoked by the questions as opposed to activating anxious responses. Specifically, the avoidant strategies include: minimising of events, idealisation of attachment figures, inability to recall events, exoneration of attachment figures, self -responsibility and blame for events, loss of self- reference (no use of 'I' or 'me'). In contrast, anxious strategies include derogation of attachment figures, intense imagery, exaggeration of events, lack of self-responsibility, reductionist blaming thought, circular or fragmented episodes, lack of take other's perspectives. The analysis drew on Crittenden's Dynamic Maturation Model (Crittenden, et al.2006) which offers a detailed classification of the more extreme and complex strategies employed when abuse and trauma have been experienced through childhood.
2. In respect of the semi-structured interviews , the analysis employed forms of Discourse Analysis (DA), in particularly Critical Discourse Analysis (Van Dijk, et al. 1993). It looked

at how participants offer accounts of their actions and position themselves in a socially acceptable way. It also drew on Foucauldian DA in order to identify what culturally shared discourses, e.g. regarding gender and sexuality that participants draw on in giving accounts. It looked more specifically at how the young people attempt to explain, justify and position themselves in relation to their actions and their understanding of its impact on the victims of their actions and also how they conceptualise the perpetrator – victim division. The use of specific strategies, such as minimising the offences, framing their actions as a ‘misunderstanding’ or victim derogation was complemented by a consideration of what societally shared discourses they also draw up, for example, the “women saying “no” can mean they really mean “Yes”, or that men biologically need sex more than women etc.

3. The analysis attempted to combine these two forms of analysis by looking at the TAAI data using the discourse analysis, e.g. in terms of how the participants create self-identities in the TAAI interviews. Likewise, the semi – structured interviews were analysed to explore how attachment based discursive strategies are evident in their interviews.

The analysis of the TAAI (and Adult Attachment Interview) is described as a form of ‘discourse analysis’ (George, Kaplan and Main, 1985). However, this differs from what is more broadly described as ‘discourse analysis’ in qualitative research. A central difference is that in the TAAI the analytical processes is top down in that it involves looking for evidence of specific indicators of discursive strategies which are seen as indicating core defensive attachment processes. In

effect, the analysis involves the use of a pre-determined template for the analysis. In contrast, discourse analysis as generally employed in qualitative research is more 'bottom-up' in that it makes fewer assumptions about specific markers of defensive processes and instead aims to discover these for each case (Gale, 2010). Discourse Analysis (DA) is broadly concerned with how individuals use language in order to achieve interpersonal objectives in social interactions. It is assumed that an account or description of an event is orientated to achieve particular effects, which is determined by a social context (Wooffitt, 1992; (Willig, 2001). For example, in social contexts individuals use discourse to do things such as to blame others, to self-justify or to self-present in a positive light. Within the context of TAAI and semi-structured interviews DA can support the ways in which the young people may use discourse to explain/justify their actions. As the interview has already come about as a result of their HSB and subsequent charges/warnings from the police, therefore, their answers are coming from a place or having to reflect on their own behaviour which may lead them to use a variety of methods to do so. Hence in fact DA does employ some markers, such as responding to an obligation to justify one's actions, strategies for offering a creditable/acceptable account, use a variety of rhetorical strategies for minimising the sense of responsibility and blame for one's actions, such as minimisation, positioning the self as victim/ reactive vs initiator.

The current research chose to employ Critical Discourse Analysis (CDA) to analyse semi-structured interviews. CDA specifically focuses on a relationship between discourse, power and dominance, in particular on the role of discourse in the (re)-production and challenge of dominance. It argues that discourse is a social interaction employed to gain power and control.

Power is achieved by controlling discourse and manipulating others' minds. CDA is specifically interested in identifying structures, strategies or other properties of text/talk, which are used to reproduce or challenge dominance (van Dijk, et al. 1993). CDA is concerned with the extent to which powerful individuals/group control discourse and how much discourse controls the minds and actions of less powerful. Arguably, it bridges the gap between micro and macro level of analysis whereby for example, personal discourse may reflect personal memories but be also a part of shared social/family discourse (van Dijk, et al. 2001).

The relevance of CDA approach for this research is based on several premises. First of all the analysis explored the young people's social context and its influence on their choices regarding engaging in harmful sexual behaviour. In doing this the analysis considered the family environment first, since the literature indicates that young people who engaged in harmful sexual behaviour are likely to come from troubled family background which is often characterised by abuse of power in form of domestic violence or child maltreatment. These relationships, it is suggested, become accepted as normal and legitimate within the young person's world even though the young person may be aware that they differ from culturally acceptable discourses. Subsequently, the CDA explored how these young men frame power within the parent-child relationship but also within other family systems, e.g. the relationship between parents. It explored how they construct male and female roles and how they position themselves in reference to their parents. It has been done by identifying the events they chose to illustrate their life, why and how these events were stored and to what extent these

reflected power and dominance. An example could be how their parents negotiated boundaries and discipline and how they responded to this. Furthermore, the analysis examined what sense these young people made of behaviours, which are widely accepted as abusive such as domestic abuse or various forms of child abuse. Additionally, the analysis also explored how they were able to legitimise their own experience of abuse. For example, whether and how they took responsibility and justified the behaviour of abusive adults towards them in the past, who they blamed for previous examples of abuse exacted to them, or whether they accept or challenge notion of having experienced abuse themselves. Another example would be how they construct the notion of their own vulnerability and perceived danger of situations and what strategies they use to manage these in a family context which often is described by research as violent and volatile. For instance, whether they considered vulnerability as weakness and an excuse to exploit less powerful individuals. This can help to make sense of how they framed their own self-agency, agency of others in their abusive behaviour and were able to accept or dismiss the negative impact of the experience on their victims.

Secondly, harmful sexual behaviour can be regarded as abuse of power and dominance. CDA helped to explore what discourses were employed to (re)produce dominance over their victims. In particular, this identified key strategies which were utilised by this group of young people to make sense of their acts of engaging in and their experience of harmful sexual behaviour. An example could be how they construct self-agency, entitlement and feelings and that of their perception of their victims' role in the events surrounding the incidents of HBS, and their feelings about the behaviour. For instance, whether they felt encouraged or provoked by the

victims or circumstances; alternatively whether they justified their abusive behaviour by recouring to aspects of other dominant discourses, especially the patriarchal discourses of an entitlement to male power and the sexual services of women. Further evidence could be how the young people constructed their overall attitude, e.g. feelings and thoughts about their harmful sexual behaviour, but also how they constructed their general attitude towards their victim. This includes consideration for a range of interplaying elements, in particular age and gender. This is premised on the fact that research shows that young males constitute the majority of adolescents who sexually harm. Research also claims that female victims account for 90% of all sexual offences by age 13, and 95% by age 19 (Rich, 2011) and that an average age difference between abuser and abused was 6 years (Morison and Print, 1995). Evidence, however, indicates that this is age and power - related so that among very young children victims of sexual abuse, females and males are equally represented (Araji, 1997, Rich, 2011). Therefore, the analysis considered discourses relating to power difference, gender and age in terms of how they influence abusive behaviour. This also included a suggestion made by Frosh and Emerson (2009) that “victim choice” is stipulated by hierarchy. Therefore, it explored how they positioned themselves within their ‘life environment’ such as family or community in relation to others but also how this contrasted with how they positioned their victims. An example would be that they created liaisons with powerful individuals to boost their status, or that they position themselves as being in control of events or entitled to certain behaviours. The analysis explored how they portrayed their victims in their discourse, whether they allowed their victims to be heard and seen or whether they marginalise them and how they did it. An

example could be that they described their victims in derogatory terms, or as holding peripheral, less important roles in family or social context - in a sense minimising their worth or relationship within their sphere. The analysis included both a consideration of cultural discourses but also more locally available family discourses that were employed to maintain/justify the status quo within the family, thus retaining dominance over the victims. It looked at how, in turn, these discourses were reflected in their attitudes and identities and consequently in their actions and behaviours. The third layer of CDA examined how individual and family discourses of dominance and power were related to broader social discourse. For example, this part of the analysis considered how they draw on broader discourses regarding gender and masculinity, or discourses justifying control, use of violence and aggression. An example could be a discourse legitimising gender roles i.e. that a male should be 'tough', which justifies anger and violence, in contrast to a female. Females, if considering this viewpoint, are vulnerable. In adversity they legitimately get emotional and need protection, which is provided by a man. However, there is a contradiction inherent in this conventional gendered discourse since the offender's actions by, their very nature, do not protect the females that are attacked. Hence these young men may develop strategies, such as marginalising or framing their victims as different, for example perceiving them as sluts, slags or as dangerous to them in order to legitimise their attacks towards them.

The integrated CDA and Attachment Discourse Analysis aimed to reveal whether attachment strategies served to determine a choice of dominant discourses. This multi-faceted approach

offers a combined analysis of how the self-descriptive accounts of young perpetrators of sexual harm reflect both culturally shared discourses and how these discourses interface with the individual defensive strategies that have evolved through the participants' family experiences. Underlying this was an interest in considering how these two types of analysis may complement each other. For example, in CDA we could see the usage of strategies to manage self – identity and how 'acceptable' and 'legitimate' identities, power and dominance are culturally constructed. But an important question is how this is in turn shaped by the participants' developmental/attachment histories. For example, a predominantly dismissive attachment orientation may connect with drawing on discourse that 'excuses' the sexual offending in terms of a personal weakness, illness or vulnerability. In contrast a pre-occupied attachment orientation could embrace a more derogating and angry affiliation with discursive markers, such as 'some women are sluts', 'asking for it' etc. Most importantly, this combine approach may offer a more sophisticated analysis of how attachment theory and discursive psychology can interface and offers some potential clinical applications. There is debate whether the form of DA employed in the AAI and TAAI can be used in semi-structured or clinical interviews. In view of the fact that both types of interviews were orientated towards areas of discussions that were likely to activate attachment strategies, it was decided that such analysis was legitimate. Furthermore, since the TAAI offers extensive rich content, it is argued, is legitimate to analysis through more inductive form of DA analysis to deriver discursive themes (Dallos et al. 2012, Annoli and Balconi, 2000)

5.4.2 Inventory measures

The research also employed inventory measures as follows: the Inventory of Parent and Peer Attachment (IPPA), the Beck Youth Inventory and the Post-traumatic Stress Diagnostic Scale (PDS). The IPPA assesses adolescents' perceptions of the positive and negative affective/cognitive dimensions of their relationships with their parents and close friends. It is based on a conceptual framework of attachment theory and measures a level of security (high/low) in relationships. IPPA includes three subscales: trust, communication and alienation. The level of attachment security can be classified into secure, avoidant and ambivalent attachment style. This is formulated by dividing raw scores which are distributed to each subscale into the lowest, middle and highest third and then each participant was assigned a covered score of 1 (low), 2 (medium) or 3 (high) for each subscale:

- Individuals were assigned to secure group if their alienation scores were not high and if either of their trust and communication scores were high and the other was medium. If trust and communication were both only medium but alienation was low, secure group placement was also made.
- Individuals were assigned to the ambivalent category if their trust and communication were both on the average medium level, and if their alienation scores were not low.
- Individuals were assigned to the avoidant group if their trust and communication scores were both low and if their alienation scores were medium or high level.

- In the cases where the trust and communication score was a medium level but the other was low, avoidant classification was assigned if the alienation score was high; if the alienation score was medium, however, such individuals were assigned to the ambivalent group.

(Greenberg and Amsted et al 1987)

The Beck Youth Inventories (Beck, 2005) measures psychological well-being of the participants and include five scales:

- Beck Depression Inventory for Youth (BDI-Y). This inventory is designed to identify symptoms of depression in children and adolescents including negative thoughts about self, life and their future; feelings of sadness; and physiological indications of depression.
- Beck Anxiety Inventory for Youth (BAI-Y). The items in this inventory reflect children's fears, worrying and physiological symptoms associated with anxiety.
- Beck Anger Inventory for Youth (BANI-Y). The items in this inventory include perceptions of mistreatment, negative thoughts about others, feelings of anger and physiological arousal.
- Beck Disruptive Behaviour Inventory for Youth (BDBI-Y). Behaviours and attitudes associated with Conduct Disorder and Oppositional Defiant Behaviour are included.
- Beck Self-Concept Inventory for Youth (BSCI-Y). The items in this inventory explore self-perceptions such as competency, potency and positive self-worth.

Each of the five inventories contains twenty statements about thoughts, feelings, or behaviours associated with emotional and social impairment in children and adolescents. The raw scores from each scales are converted to T scores. Table 5.1 presents a range of T scores in relation to severity level for anxiety, depression, anger and disruptive behaviour scales. For BSCI-Y (self-concept) scores range extend in the opposite direction and are presented in table 5.2.

Table 5.1 T scores for BAI-Y, BDI-Y, BANI-Y and BDBI-Y scales

Score	Severity Level
T= 70	Extremely elevated
T=60-69	Moderately elevated
T=55-59	Mildly elevated
T=<55	Average

Table 5.2 T scores for BSCI-Y scale

Score	Severity Level
T= >55	Above average
T=45-55	Average
T=40-44	Lower than average
T=<40	Much lower than average

The PDS scale is designed to aid the diagnosis of Post-traumatic Stress Disorder based on DSM-IV criteria. The PDS has 49 items. A short checklist identifies potentially traumatizing events experienced by the respondent. Respondents then indicate which of these events has troubled them most in the last month. The PDS includes a symptoms severity score which ranges from 0 to 51 and this is obtained by adding up the individual's responses of selected items (Foa et al. 1997). The cut off scores for symptom severity rating is presented in table 5.3.

Table 5.3 PDS severity symptoms range

Score	Severity level
0	No rating
1-10	Mild
11-20	Moderate
21-35	Moderate to severe
>36	Severe

Correlational and categorical analysis of variances comparing measures of attachment, trauma and mental well-being was used and results were contrasted with findings from qualitative analyses. It was hypothesised that some findings from measures regarding emotional welfare may triangulate findings from qualitative analyses but also it was expected that some discrepancy may occur, particularly with regard to attachment measure, since self-reported inventories rely on the honesty of clients who are described in literature as potentially highly manipulative. In addition, self-reported inventories do not consider defensive strategies and mechanisms, e.g. idealisation, minimisation or distancing.

Factual information from TAAI and semi-structured interviews was cross-referenced with available information from case files. This was conducted in order to triangulate evidence from narrative measures and self-reported measures.

5.5 Study 3

Study 3 will examine the broader family context, particularly with regard to strategies which are employed to regulate emotions. The Adult Attachment Interview was undertaken with an opportunistic sample of four parents of three young people from study 2 who were willing to participate. CDA and discourse analysis developed for AAI was used to analyse data. The analysis looked for evidence of general intergenerational attachment patterns and intergenerational themes regarding managing emotionally charged situations.

5.6 Ethical issues

Three key ethical issues require detailed consideration: consent, confidentiality and impact.

Consent

The research should be validated by informed consent from the participants. However, in research with juveniles who display sexually problematic behaviour informed consent presents some limitations. First of all, a crucial element of informed consent is that the participants are fully aware of possible implications of the research. This is particularly important if the research is likely to have negative effect. As it was discussed in chapter 2, young people who display harmful sexual behaviour typically experienced a range of adversities throughout their lives. Some of them could have resulted in trauma or emotional difficulties. This research aims to explore past experience, therefore it is likely that it will trigger some difficulties for the participants. However, it is impossible to fully anticipate the possible impact of the research on the participants. Secondly, the participants need to have a clear understanding of the research's purpose and in particular how it is positioned against any therapeutic intervention

that they undertake. By the time the idea of this research is introduced to young people, most likely they have already been through the criminal justice or social care systems. They may feel disempowered and compelled to consent to research participation through mistaken beliefs about the consequences of refusing. For example, they may consent in anticipation of costs or benefits resulting from this decision i.e. not only may they understand that if they do not participate it will affect their treatment but they may also be concerned about workers' attitudes towards them if they do not consent, and the possible impact on outcomes. Equally they may consent in anticipation of better intervention or preferential treatment for professionals. In addition, there is an arguable risk that by inviting to participate in the research into sexually harmful behaviour, sexual abusiveness becomes validated. Therefore, the nature and aim, duration and methods used in this research were discussed transparently with the participants. Initially these were discussed with relevant key workers, who were also provided with an information sheet detailing research aims. Subsequently the key workers introduced the idea of the research to young people and obtained their initial consent. Afterwards the main researcher met with the participants and discussed the research in detail. They were clearly informed that the non-participation would not affect their treatment. It was made very clear that the research was not related to their current treatment in any way. However, it was acknowledged that some of the findings from the research may be relevant to their treatment, and that could be discussed with them and their clinicians, if they wished to. It was explained that taking part in the study was entirely voluntary and that they have the right to withdraw from the study at any time and for any data collected up to that point could be destroyed if

they wished. The participants were provided with contact details if they wished to withdraw consent in the future. The researcher not only obtained written consent before commencing the study but also sought verbal confirmation before and following each interview. The likely impact of the research and also possible benefits was discussed. For example, that the information for the research may be relevant to their treatment. The broader benefits were also discussed such as contribution to a development of more effective treatment methods. The limitations regarding not being able fully to anticipate possible negative and positive implications were acknowledged.

Confidentiality:

The participants in this research were informed about the limits of confidentiality and the researcher's duty to protect potential victims. The participants were informed that the research is obligated by law to share any information with Social Care or the police which suggests that an individual is at risk of harm from the participants or any other person. An obvious example of this would be if they disclosed that they were abusing an individual. A less obvious example would be if they were at risk of abusing someone due to the breach of a safety plan. The participants were also informed that if they disclose information indicating that they are at risk of harm, the researcher has a duty to disclose this to relevant agencies (the police or the Children's Services). In addition, the researcher was required to report any new offences disclosed by the participants. Therefore, in order to ensure that there is a clear understanding of confidentiality boundaries, with the participants' consent, the main researcher familiarised himself with relevant safety plans and relapse prevention plans. In addition, the main

researcher also familiarised himself with relevant index of allegations/offences and double checked whether these were reported to the police/Social Care. The decisions regarding outcomes of investigations were also checked where relevant. As a result, the participants and the researcher had a clear understanding of the limits to the confidentiality. In turn, these boundaries created a safe space within which the interviews have taken place.

Another ethical issue related to confidentiality was with regard to whether findings from the research could contribute to informing individual participants' treatment. First of all, this would require sharing information with relevant social workers/clinicians. Secondly, it could send unclear messages about independence of the research from the treatment. Potentially it also could be seen as an incentive to take part in the research or that recipients would receive preferential treatment. However, at the same time the researcher is bound by a duty of care and safeguarding requirements. Both concepts are socially constructed and subjected to individual interpretation. For example, NSPCC's definition of safeguarding refers to ensuring safety and effective care (www.nspcc.org.uk). Duty of care requires acting in the best interest of individuals who are exposed to your activity. Arguably it put some responsibility on the researcher to contribute to the treatment to ensure that the young person received 'effective care'. Therefore, after careful consideration it was decided to explore with the participants whether some findings from the research could contribute to their treatment formulation. The exploration was a part of obtaining informed consent. The participants were advised that it was possible that some findings may contribute to their treatment but they were also made aware of possible limitations, for example that this was not guaranteed as the research may not reveal

new information. Jointly with the participants, it was decided that the decision about sharing information with social workers/clinicians will be discussed by the research team and made together with the young person and their wishes. Subsequently the participants agreed that the empirical part of the research was conducted in close partnership with their relevant key worker. With regard to the cases where the main researcher was also the case social worker/clinician, it was agreed that the main researcher will also discuss the findings with his supervisor to decide whether information gleaned was relevant or can contribute to future clinical work.

Impact:

The impact issues needs to be considered with regard to the participants but also to the members of the research team. As it was already recognised by the time the participants were introduced to the research, they had already been through social care and criminal systems. This means that they were likely to have been asked to recall details of their harmful sexual behaviours a number of times, e.g. during a police interview or risk assessment interview. There is a certain risk involved in this process. Firstly, the young people are requested to talk about emotive an unacceptable behaviour. This can trigger flashbacks or difficult emotions such as a sense of shame, guilt or rejection. In turn this can lead to deterioration in self-esteem, stigmatisation or low moods. From the main researcher's clinical experience, it is not uncommon for the young people with harmful sexual behaviour to experience suicidal thoughts or self- harm. In addition, it was claimed by the researchers that some of the young people employ sexual behaviours to manage difficult emotions (Marshall, 2000, Rich 2011). Since the

semi-structured interview and the TAAI are likely to tap into emotionally difficult memories, which in turn may increase the risk of displaying sexual behaviours. Secondly, the young people are expected to talk about situations and behaviours which were sexually arousing, this could also temporarily elevate a risk of displaying harmful sexual behaviour. In this context the support system around the young person was considered and in particular whether the members of formal and informal support system are able to support the young person in managing any potential impact of the research.

Further consideration needs to be given to the stigmatisation impact of the research.

Individuals who sexually harm others are often labelled as “paedophiles” or “rapists”. The young people’s understanding of their behaviour is likely to be based on information from media and community reactions. These are likely to re-enforce a notion of perceiving themselves as “being a paedophile or rapist”. In addition to this, responses from professional influence the young people’s self-perceptions. It is paramount that needs of the victims are validated and attended to, their recovery prioritised, which would include a sense of justice and consequences for the perpetrators. However, as was discussed in the literature review chapter, there is vast amount of evidence that young people who engage in harmful sexual behaviour often experienced prior victimisation. This duality has to be acknowledged and research needs to be framed in a balanced way that does not further stigmatise the young people but at the same time it does not validate sexual abusiveness.

As it was already stated, the possible impact of the research was openly discussed with the participants and their carers/parents. Risk factors were considered and assessed on an individual basis for each participant in order to highlight issues and possible impact on respondents. These included establishing what support should be available not only for the young person but also parents/carers. The main researcher ensured that there were risk management plans with regard to manage possible increase of risk regarding displaying harmful sexual behaviour. It was also ensured that risk management plans regarding low moods or self-harm were in place, too. These risks and the risk management plan were clearly explained to the participants and their carers/parents. Before, during and after the interview the main interviewer monitored the young person's presentation for psychological signs of distress, e.g. hand or leg tapping, hot flushes. All young people felt able to verbally inform the researcher if the interview was becoming too difficult and they wanted to stop it, or ask for a break. In addition, "code behaviour" to signal distress was agreed, for example putting hood on or putting a baseball cap on. Throughout the interview the main researcher monitored the young person's presentation. After each interview the main researcher discussed the young person's emotional state and ensured that the young person was "fit to go". As part of de-brief, the strategies from the relapse prevention plan were also discussed with the young person. A follow – up debrief was available from a key worker. The parents/carers were informed about time and place of interviews. They were also provided with an option of de-brief from a key worker or a member of the research team.

With regard to avoiding further stigmatisation, it was explained to the young people that the hope was that that research findings could contribute to improving the understanding about reasons why some young people engaged in this type of the behaviour. It was explained that this research in particular was interested what life experiences may have contributed to the development of harmful sexual behaviour, and what is equally important: what could be done to prevent such behaviour in the future. This gave the young people an opportunity to be a part of creating something positive. In addition, the research provided an opportunity for the young people to reflect on their behaviour in a different context, away from a social care or criminal justice systems. This is that in the research context they had a different role i.e. while the social care/criminal justice systems could be oppressive and their role has negative connotations where often they felt powerless; in contrast to the research context which was empowering the young people' role had positive connotations as a source of valuable information.

The research impact also needs to be considered from the perspective of the researcher and the research supervision team. As it was noted in the introduction the researcher works full time with young people who display harmful sexual behaviour and this research is a part time project which is conducted in addition to the employment. As result the researcher is likely to be highly exposed to distressing data including interviewing and analysing which often will take place after work or during weekends. In addition, the interviews were analysed by the supervision team. Apart from the main researcher and three supervisors, the research team included undergraduate students who were on a placement with Trauma and Loss Centre

which was attached to Department of Clinical Psychology. To minimise potentially negative impacts, the researcher discussed the content of each interview prior to group discussion sessions, the aim of this was to pre-warn and prepare students about any upsetting details. The main researcher also regularly and individually discussed emotional impact with the students. The students also participated in team supervision, which provided an opportunity for discussion. They also had access to their placement supervisor who was an experienced clinical psychologist and also the main supervisor for this research project. The researcher also had an agreement with his line supervision at work, to discuss the research and its personal and professional impacts. In addition he also had direct access to his supervisor, two of them were experienced clinical psychologists and one of them was an experienced social worker.

Overall the research has positive and negative ethical implications. The main negative implication is a potential negative impact for individuals directly involved in the research as well as wider consequences, for example, a risk of re-offending. However, these are balanced with potential positive outcomes of the research, especially that sufficient safety measures were put in place to manage the risk and negative impact. The positive implication of the research concerns the participants. This is due to the fact that the participation provides them with an opportunity to contribute to something positive, which in turn may help them with their self-esteem and seeks to address the lack of power they may have experienced at key critical moments of their lives. Secondly, the participation provides an opportunity to reflect on their behaviour in a non-oppressive environment freed from judgment/punishment. In addition, the

findings from the research will contribute to a better understanding of the issues of harmful sexual behaviour and contribute to treatment/prevention formulations.

5.7 Reflective processes

Young people with harmful sexual behaviour are often treated with suspicion and are frequently seen as manipulative, dangerous and dishonest. These young people are likely to be deemed as free-agents who are responsible and accountable for their harmful behaviour. The sexual nature of their offending behaviour and the potential risks they are seen to pose for future offences appears to make it difficult for professionals to also see them as vulnerable children. Instead, the perceptions of them in terms of risk and danger frequently appear overshadow a consideration of their needs. In the process of conducting this research I reflected on how these young people were perceived by the services but also my own perceptions and potential prejudices, especially in the analysis of their interviews. I also reflected on how these negative assumptions may have entered into other aspects of the research process, including the interview process, for example what questions I asked and how I followed up questions with further prompts. Regular team supervision sessions were held with my three supervisors and with other invited researchers that allowed a reflection on how negative assumptions may have inadvertently entered into the research. Joint analysis of the data and discussions of the interpretations were continually undertaken, especially over the two-year period that the analysis was conducted. This reflective process included a consideration of my own professional role as a social worker for NSPCC who is involved in providing interventions and also assessment of the risk that these young people may pose. At

times this revealed that I encountered a tendency towards a 'culture of suspiciousness' regarding their accounts. For example, a view that they were deliberately trying to achieve sympathy and paint themselves as victims of abusive and neglectful childhoods or as inadvertently being misunderstood in their actions. We discussed this process to attempt to achieve a balanced perspective. In addition, I reflected on my own personal assumptions as a professional and male from a Polish culture and how this was shaped by my own assimilation of ideas of masculinity and Eastern European values which potentially represent a more conventional form of masculinity informed in part by the strong role of Roman Catholicism in Poland.

As part of this reflective process I also considered whether the analysis veered too much towards 'excusing' the actions of these young men; ignoring the extent to which their actions did also involve anger, an unwillingness on their part to consider the gravity of their offences and the pain and damage they may have caused their victims. Hopefully, the social constructionist and attachment frameworks adopted has allowed a balanced perspective to the analysis; perceiving these young men as making choices, yet noting the constraints by the emotional contexts of their families and the dominant constructions of masculinity and sexuality that also frames their lives; in particular the analyses examine the extent to which the ubiquitous influence of 'peer pressure' is exerted; as they themselves have repeatedly referred to as a central trigger for their actions.

The other aspect of the reflective process concerned the participants. In my research supervision I considered how the young people's understanding of my role may impact on the

dynamic of the interview. I also consider what they may think that they may achieve through participating in the research. Although it was clearly explained to these young people that the research was independent from their treatment, it was possible that they might have expected a preferential treatment or hoped to be seen in favourable light. They also may have hoped that the participation in the research may help them in a therapeutic sense. In order to address this, it was decided to establish a flexible link between the research and therapeutic intervention. This was through an agreement that therapeutically significant information from the research will be shared with relevant key workers with consent from the young person. Contrary to this, some of the young people may have agreed to participate because of the fear of rejection if they do not comply. In particular, I considered whether it may have been relevant to three participants which I had known through my clinical/social worker role. This was considered during supervision and it was hoped that prior professional relationship could work in favour of the research, i.e. that these participants may be more relaxed and open during the interviews.

Another issue that was considered in my reflective process was how the stigma of “abusers” may have impacted their positioning during the interviews. I acknowledged that by the time of the research taking place they probably already had been interviewed several times by social workers, the police or even cross-examined in court. These experiences could have been oppressive and stigmatising. I was also sensitive to the fact that majority of these young people experience a great level of shame as result of their behaviour (Jenkins et al. 2005). Therefore, I considered how they may react to my questions but also how they were going to manage after

each interview. I attempted to take a stance that the interviews would be conducted in a reflective way derived from curiosity rather than from punitive or viewpoint which was a risk driven stance. This was to avoid a dichotomy “abuser” and “professional” whereby they may think that the research was seeking for evidence of the risk they potentially pose to others, for example. In order to achieve this, I engaged in regular reflections with my primary supervisor to consider my own attitudes and potential prejudices towards these young people and how these could emerge to distort the interviews. In particular, in my work context an important emphasis is placed on managing the ‘risk’ that these young men pose. This can also lead to a position of suspiciousness, distrust and tendency to guard what they say. Typically, they are seen professionally as deceptive, manipulative or even as delusional. I attempted to hold these prejudices in check by regularly discussing these issues in the individual and group supervision meetings. Related to this, I am male and there was a danger of a ‘matey’ shared understanding developing between me and these young men. The fact that two of the members of the supervision team were women was helpful in reflecting on what gendered assumptions might implicitly intrude into the analysis. In relation to this I also reflected that a contrast effect could occur, such that in trying to be gender ‘neutral’ I engaged in taking a more extreme blaming position towards the young men. The female supervisors were helpful in both clarifying gender positions but also in reflecting on the young men’s experiences in a sympathetic but also critical way.

Instead, I made an effort to promote a collaborative dynamic where, as much as possible, they felt equal in terms of power balance. In some ways this dynamic was not strange to me, since

my practice as a practitioner is child centred and aims to empower them through validation and supporting the positive aspects of their behaviour and thoughts. In addition, any possible effect of interviews and producing data on the participants was discussed during my supervision sessions. It was anticipated that some young people may be affected by the research. The detailed safety measures to ensure their well-being were discussed in the section regarding ethics. However, another aspect regarding the impact, which was considered, was how the interviews may have influenced the young people's thinking, whether they may start developing a new narration giving a new meaning to their experience and subsequently how it may impact data production. In order to ensure that this is monitored and evaluated, it was decided that analysis of TAAI and semi- structured interviews will consider any discrepancies between interviews regarding discourses about certain themes. This was decided on the basis that both interviews are likely to cover similar areas. An example would be comparing discourses regarding early childhood experience in each interview.

6. Study 1: Prevalence and services provision in the designated research area - findings

This chapter will outline findings from Study 1. This study featured an audit of cases, which were referred to the local Children's Services due to concerns regarding harmful sexual behaviour displayed by young people in the research area. The study aimed to explore the extent and nature of sex offending in young people and the profile of responses by services (Chapter 5.3). The study recognised that services in the various parts of the UK may vary but that the picture in this particular geographic area could reveal broader issues regarding the conceptualisation of sexual offending in young people and responses of services. This is because the research designated area is a single Local Authority, which at the time of completing the audit, had a very clear protocol and child protection procedures regarding working with children and young people who engage in harmful sexual behaviour. However, it is also acknowledged that the research designated area has some specific characteristics and may not be fully representative of UK population due its geographic and ethnic make-up. This is due to the fact that the designated research area is mainly a rural county comprising of a predominately white population. It may affect diversity of available services, in particular non statutory services such as voluntary organisations. Typically, there seems to be better access to services in cities over a certain population.

However, despite these caveats, the research aimed to undertake an exploration of the statutory responses to young people who engage in harmful sexual behaviour in the designated

research area, to offer an indication of the service context for young people and their parents who took part in this study. The Local Authority Protocol for services for young people who commit sexual offences recommends the following:

- A multi-agency approach should be systematic, consistent, co-operative and fair.
- Multi-agency assessments of the child should take place before any care plans are made.
- There may be times when the child has to come before the Criminal Justice System.
- Intervention is aimed to minimise the risks posed by the child to themselves and others

Child Protection procedure specified 'step-by-step' actions that needed to be taken and recommended the following:

- All allegations that a child has committed a sexually abusive act should be reported to Social Services/Police.
- This should be followed by an Initial Assessment and then by a case-planning meeting.
- The meeting should contain members from SSD; the police; child and their carers or significant others who have relevant information.
- The meeting will seek to understand the initial assessment of the seriousness and risk posed by the child.
- Agreement will be sought about the need for a full risk assessment and the time it will take, at the meeting.

- After the risk assessment has been completed a further meeting will decide what further action is required.

(The Local Authority website 2011)

6.1 The prevalence of sexually harmful behaviour among young people

Researchers suggest that between a third and a quarter of child abuse is committed by young people age of under eighteen years old (Hutton, 2007). Other studies indicate that approximately 40 to 50% of sexual assaults against children who are younger than age twelve are committed by juvenile offenders under the age of eighteen (Bourke & Donohue, 1996, Snyder, 2000). Recent statistics from England and Wales indicates a decrease in convictions for sexual offences among under eighteen year olds. The Ministry of Justice report (2013a) highlighted that juveniles under eighteen were responsible for 8.2% of all convictions for sexual offences. However, previous criminal statistics for England and Wales for 2004 showed that approximately 17% of those cautioned for or found guilty of sexual offences were between the ages ten and seventeen years old. In Scotland, 14% of those charged for crimes related to indecency in 2004/05, were under twenty one years of age (Hutton 2007).

Official criminal statistics record only the minority of cases which came to the police's attention and where there was evidence 'beyond doubt'. The drop in numbers may also reflect the current tendency not to criminalise young people rather than an actual decrease in incidents. Sexual offending remains a largely unreported crime. Radford et al. (2011) found that 65.9% of

the contact sexual abuse reported by children and young people was perpetrated by under eighteen year olds.

The research designated area:

Between July 2008 and March 2010 the Local Children's Services received three hundred referrals regarding sexual abuse against children in total. Sixty one referrals concerned young people with sexually harmful behaviour aged thirteen to seventeen years, which amounts to approximately 20.3% of all referral regarding sexual abuse.

Between April 2008 and February 2010 young people between ages thirteen and seventeen years old were responsible for 16% of all detected sexual crimes in the research area. Table 6.1 presents police statistics regarding the research designed area for years 2004 – 2010.

Table 6.1 Police statistics regarding the research area for years 2004 – 2010

Fiscal Year	Total Detected Sexual Crimes	Total Detected Sexual Crimes Involving 13 –17 olds	Percentage of the Total Detected Sexual Crimes Involving 13 –17 olds
2004/05	203	18	8.9%
2005/06	197	33	16.8%
2006/07	218	34	15.6%
2007/08	184	16	8.7%
2008/09	214	35	16.4%
April 2009 to March 2010	211	33	15.6%
Total	1227	169	13.8%

6.2 Case Scrutiny

Fifty cases of alleged sexual abuse by adolescent perpetrators, which were referred to the Children's Services, were audited. There were fifty one alleged perpetrators and fifty nine victims. Out of fifty one alleged perpetrators forty five were male and six were females (Fig 6.1).

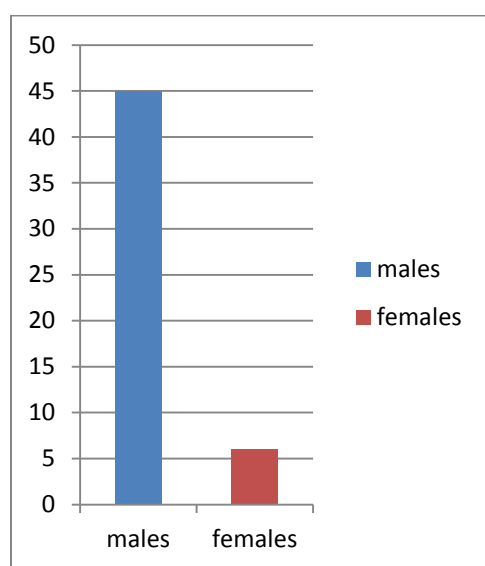


Figure 6.1 Gender of young people who displayed harmful sexual behaviour (n=51)

With regard to victims- twenty three were males and thirty six females (Fig 6.2). Thirty one cases considered single allegations and in nineteen cases there was evidence of multiple allegations.

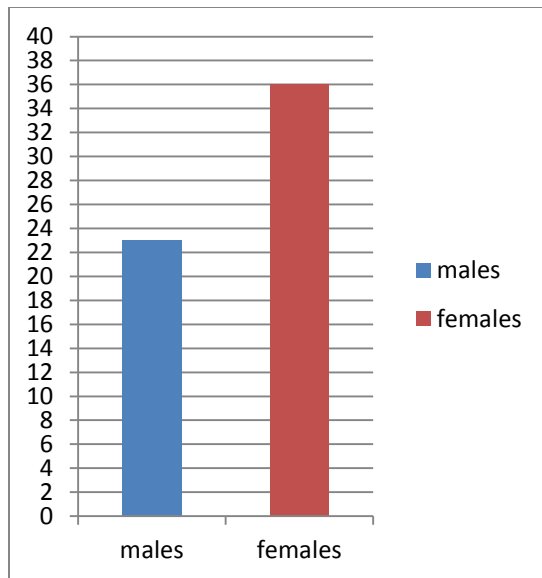


Figure 6.2 Gender of the victims (n=59)

In eight cases the perpetrator was a sibling. This includes four brothers and four sisters including a step-sister. In twenty cases a perpetrator was a peer. In five cases it was another family member: four cousins and an uncle. In two cases a perpetrator was a babysitter and in two others, a boyfriend/girlfriend. A stranger was a perpetrator in four cases. There was no record of a relationship in nine cases.

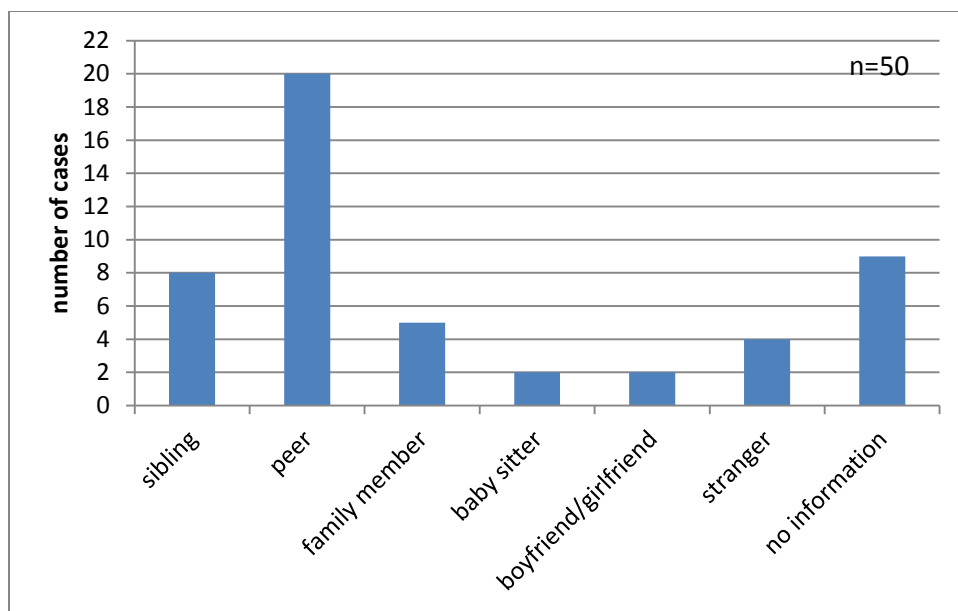


Figure 6.3 Relationship between perpetrator and victim

6.2.1 Analysis of service responses:

Firstly, the study explored service responses to referrals regarding young people who allegedly displayed harmful sexual behaviour. The findings indicated that the Children’s Services responded in forty one out of fifty cases including joint responses from Social Care and the police under section 47 Children Act (1989) in twenty six cases. This is when the Local Authority has a reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm. Furthermore, there was a response from the Children’s Services only in seven cases. This was under Section 17 Children Act (1989), which states that it shall be the duty of every Local Authority to safeguard and promote the welfare of children within their area who are in need by providing a range and level of services appropriate to those children’s needs.

In eight cases there was a record that the police investigation had only taken place but the outcome of the investigation was not recorded. In nine cases it was deemed that a referral did not meet a threshold for Social Care involvement and subsequently there was no record of any action. However, combining numbers of cases with “no record of action” and the police investigation only, gives a number of seventeen cases where alleged young offenders had no welfare assessment completed. The range of initial responses to referrals is presented in Fig 6.4:

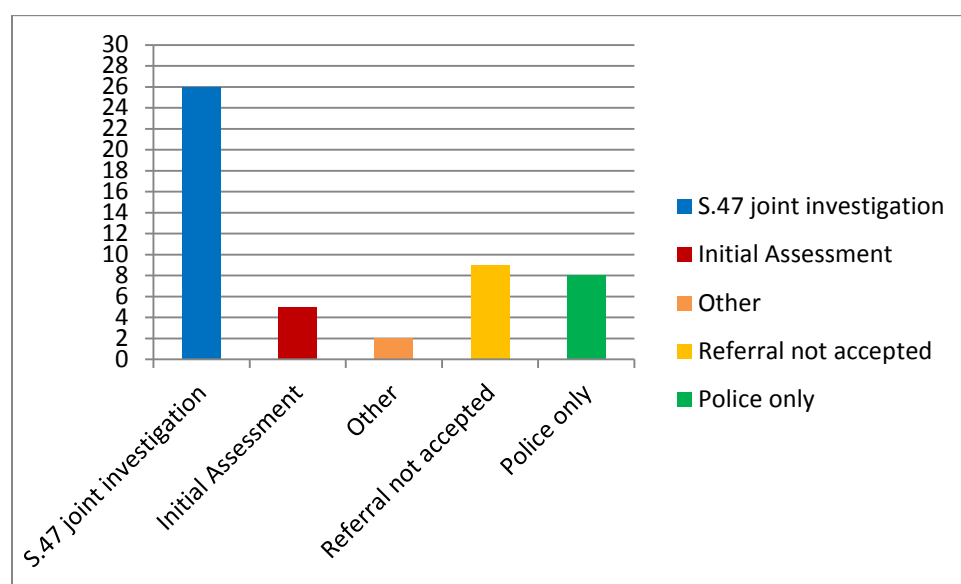


Figure 6.4 Statutory responses to referrals regarding harmful sexual behaviour (n=50)

The audit revealed that eleven joint the Children’s Services and the police investigations under Section 47 Children’s Act, resulted in “no further action”. Two joint investigations led to referrals to a partner agency but the cases were closed by Social Care. Thirteen remaining investigations resulted in further support for the Local Authority. This encompasses: three Child

Protection cases, eight Child in Need cases and two Child in Care procedures. The outcomes of joint investigations are presented in Fig. 6.5:

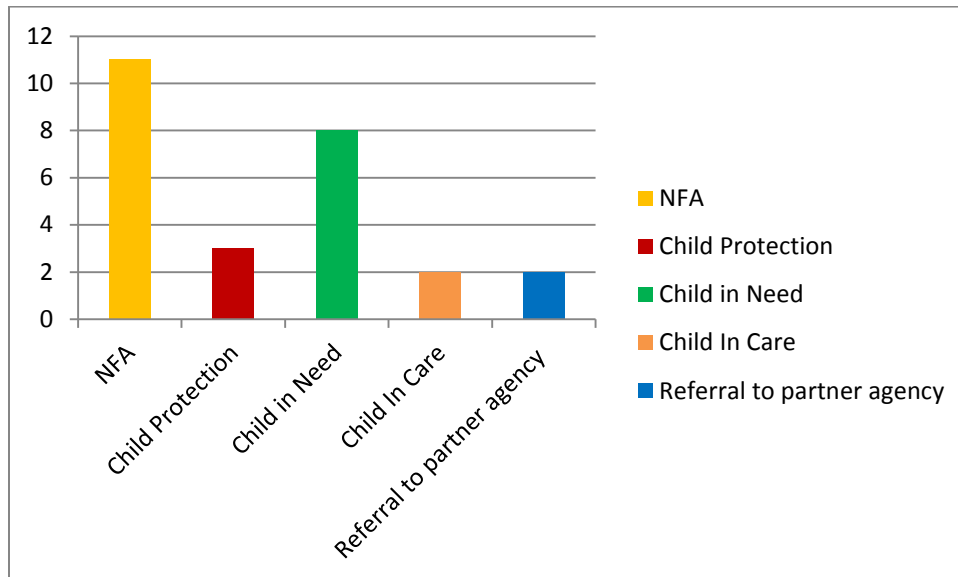


Figure 6.5 Outcomes of 26 investigations (n=26)

All single agency initial assessments which were completed by Social Care resulted in case closures. Examination of the files highlighted that in three cases there were historic concerns, specifically in one case there were historic child protection concerns due to alcohol and drug misuse. The exploration of the second case file highlighted that there were historic concerns regarding domestic abuse. The third file revealed 'low level neglect concerns'. Two other cases had no information regarding family history. All five cases were closed following an advice regarding boundaries regulating appropriate and inappropriate sexual behaviours. Only one case was referred to Joint Agency Child Abuse Team, which predominately specialised in work with child victims of sexual abuse. The outcome of this referral was not recorded. General lack of services when only Social Care was involved is consistent with Hackett's findings who argued

that it was more likely that services were provided if the police were involved (Hackett et al.2011).

Furthermore, there were nine cases, which were not accepted as referrals by the Children's Services. These included: three cases regarding allegations of rape by adolescents; one case, which concerned several incidents of sexual touching by a young person with learning difficulties; a further two cases regarded allegations of sexual touching perpetrated by two adolescent males against pre-pubescence girls, one case regarded a boy who made a sexual gesture and put his hand into a girl's bikini, and there was also a case when an older adolescent male forced himself on a younger boy and "dry humped" him. There was one complaint from a girl that her boyfriend forced her to do "things that she didn't like". It was an unexpected finding that despite the fact that these nine cases involved a range of sexual behaviours from rapes to lower level of sexually inappropriate behaviours, none of the young people were was offered an assessment. Furthermore, although the Children's Services did not accept those referrals, the file scrutiny revealed some historic concerns regarding family functioning. These concerns included historic child protection issues regarding parental drug and alcohol misuse, physical abuse or violent behaviour towards a female sibling. In one case, there was a previous allegation that the young person aged seventeen had consensual sex with fourteen year old female and that reportedly he was violent to his mother. There were concerns that some of the young people had had contact with known adult sex offender in the past. In another case the brother of the young person who was referred to the Children's Service due to concerns regarding HSB, had been in court for indecent assault. It is a striking finding that all these

factors did not lead to, at the very least, an assessment from Social Care, given that some of these young people were accused of very serious offences, e.g. rape.

6.2.2 Services provision

Thirty three cases out of fifty met the Children's Services' threshold for an intervention, i.e. the Children's Services opened these cases for an assessment. Fifteen out of thirty cases remained open for 'on-going' support. Detailed description of these cases is attached in appendix A. In addition, three cases were selected and presented at the end of this chapter to illustrate a typical family and social context and intervention in cases where Social Care provision was provided. Overall, the case scrutiny identified a range of services which were offered to the young people. These services are illustrated in Fig.6.6:

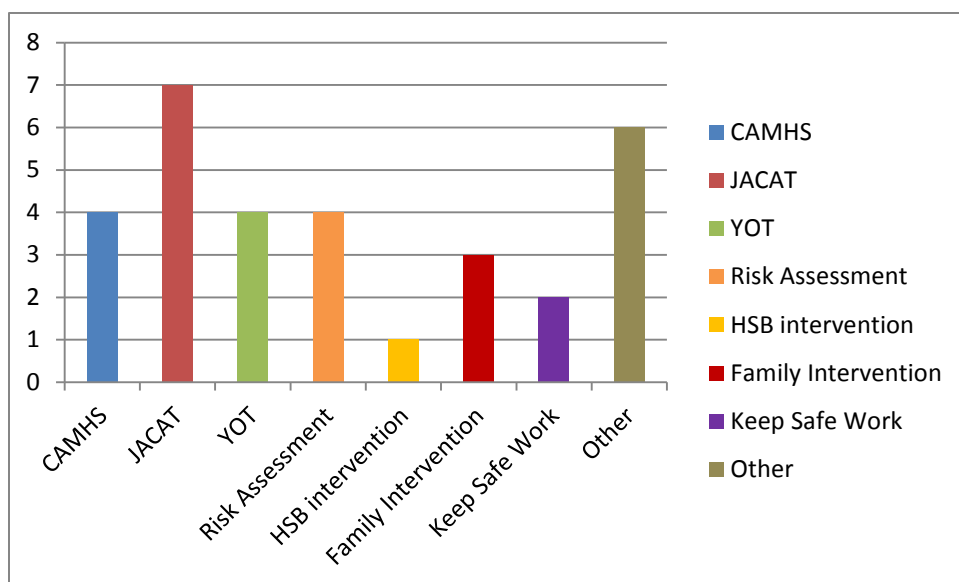


Figure 6.6 Range of services identified/or provided for the young people

However, the application and pathway of identifying and providing services was unclear. The analysis of statutory responses provides a very mixed and haphazard picture of responding. It seems that despite detailed and clear procedures being in place for responses to young offenders and their victims, there was no consistent pathway of care for young people who engaged in harmful sexual behaviour. It is encouraging that most of the referrals were accepted by the Children Service. However, it is equally concerning that seventeen out of fifty cases had no involvement for Social Care. One may argue that this reflects a calibrated approach which differentiates the required level of services whereby less concerning cases are not deemed as in need of high level of services. However, this raises two problems: Firstly, the local procedure clearly recommended that all referrals should be followed by an initial assessment and multi-agency meeting. Secondly the audit identified that cases regarding some very serious allegations, e.g. rape, were not accepted by the Children's Services for intervention. In addition, most of the cases which were deemed as not suitable for the Social Care's intervention had historic welfare concerns, which were recorded on the Children's Services' file (See figure 6.7). There was a lack of clear reasoning behind those decisions regarding why the referrals were not accepted. One probable reason is that harmful sexual behaviour was deemed as a criminal matter rather than considered holistically including the young person's welfare needs. It was also apparent that a young person and his/her family were more likely to be offered support from the Children's Services if there were other children in the household apart from the young person with sexually harmful behaviour. However, if the young person was the only child living in a household, the case was more likely to be closed by Children's Services. This could be

illustrated by a comment made by one of the Children's Services workers: "If there are no other children in the household, there are no child protection issues". It also could be argued that volume of work and busy caseloads may have contributed to inconsistent responses and the "cutting corners" approach.

The audit of the cases where there was an intervention provided by Social Care identified various interventions but not a consistent pattern. First of all, it was identified that all joint investigations including strategy discussions were focused on victims. Whilst it is paramount to ensure the victims' safety, recognise and provide services for their needs, it is also important to recognise welfare needs of young people with harmful sexual behaviour. In line with a good practice the Children's Services' procedure recommended a separate meeting specifically to consider the young perpetrators' needs, however this was not followed in practice. Secondly one of the striking findings was that assessments carried out by the Local Authority were lacking in analytic conceptualisation reflecting on possible pathways leading to harmful sexual behaviour. This had some significant consequences such as there were not clear safety plans to manage the risk, there was little reflection regarding how requested or provided services were supposed to reduce the risk or prevent reoffending.

Overall, it presented a picture of ad hoc responses whereby the quality of intervention was based on available services and an individual social worker's initiative, rather than methodical approach guided by protocol and procedures.

The most common service offered to young people and their families was a referral to the Children and Adolescent Mental Health Team (CAMHS) or Joint Agency Child Abuse Team (JACAT). CAMHS provided intervention in two cases. In further two cases the Children's Services made a referral to CAMHS. In six cases Social Care made referral to JACAT, in one case it was recorded that JACAT was providing an intervention. However, decisions regarding those referrals to CAMHS and JACAT were not clearly evidenced on Children Service's files i.e. whether they were accepted or not; and any record of interventions in cases where the referrals may have been accepted, were kept on a partner agencies files. In addition, there was evidence from my practice as the social worker and also from my secondment with JACAT, that CAMHS worked with young people who had mental health problems and JACAT predominately worked with child victims of sexual abuse and had only one worker dedicated to working with HSB cases. Subsequently referrals regarding HSB case were hardly ever accepted by CAMHS, as according to its remit,, HSB was not deemed as mental health problem. The responses from JACAT depended on the capacity of this worker.

In three cases there was an HSB specialised risk assessment (e.g. AIM, 1999; see Chapter 3.4) completed and in further 1 case it was indicated that the Risk Assessment was due to start shortly. Audits identified that only three young people were offered a treatment including two treatments provided by CAMHS and one by JACAT. However, there was only one case which clearly linked risk assessment with a subsequent intervention. This raises a question whether there was any correlation between a risk assessment and an intervention i.e. whether the

CAMHS intervention was a result of a risk assessment or whether it was a longstanding CAMHS's involvement due to other concerns. This is because in two cases the treatment was provided by CAMHS, however only one of these cases had a risk assessment, which recommended HSB focused treatment. There was one case with the risk assessment completed but an intervention was not provided. The inconsistency between assessments and interventions is particularly concerning (Calder et al. 2000). An intervention without risk assessment is more likely to be driven by individual preference and specialisation of the provider rather than by a child's needs and evidence identified by the assessment. But there is always risk that the wrong intervention may even increase the risk or not address it. A lack of intervention following the specialist risk assessment leaves the child without support. As a result in both scenarios the risk of re-offending is not fully addressed.

With regard to the remaining services, YOT (Youth Offending Team) was involved in four cases but details of its involvement were not recorded. Some families were also provided with generic family intervention i.e. an individual work with a parent regarding setting and maintaining boundaries at home. There was also a range of other services provided including: referral to drug and alcohol services regarding parents, anger management for young people or housing advice.

Overall the audit identified some examples of a good practice as outlined in the research designated area protocol (AIM, 1999, 2012, Chapter 6) but mainly it highlighted a gap between very good guidance and the practice. This is because frequently, the guidance and procedure

were not followed in practice. The findings recognise a very important role of Social Care. First of all, it highlighted a need for case management which would help to ensure better communication, managing general safeguarding concerns and managing specific risk of sexual harm. While it seems that Social Care recognised and responded relatively well to general safeguarding issues, for example provided services regarding domestic abuse, alcohol and drug abuse or parenting intervention, there was evidence that the Children's Services struggled with managing issues specific to harmful sexual behaviour. This was evidence in a lack of clear safety plans how to manage risk. Furthermore, there was a lack of conceptualisation regarding pathways leading to HSB. In addition, there was evidence that interagency communication needed improvement, in particular communications between the Children's Services and service providers, but also the quality of recording required improvement. An example is a frequent use of a phrase "inappropriate sexual behaviour", which in fact does not provide any details regarding a nature of the behaviour and context. A lack of record keeping regarding an outcome of referral to partner agency was another frequent finding. 6 referrals were made to an external agency and none of the outcomes of these referrals was recorded. There was no evidence of communication across agencies, e.g. school and the Children's Services, regarding risk management. In addition, there were six cases where details of allegations were not recorded on an alleged perpetrator but had to be obtained through a victim's file. Furthermore four alleged perpetrators had to be identified through records on victims' files as they were not open to Social Care at all. There also seems to be a role for the Children's Services in terms of providing direct services for these young people and their families, in particular providing direct

work in cases where lower level of sexualised behaviours were identified. This work encompasses some educational and supportive work around social norms and the impact of sexualised behaviour and also works with parents regarding modifying sexualised behaviours (Morrison and Henniker et al. 2006). This type of intervention would be in line with the Munro (2011) report which recommended a holistic and team based approach with young people and their families to help promote positive changes which could be sustained by alterations to the family dynamics. However, the audit revealed that social workers did not do any direct work with young people or families specific to sexualised behaviours but rather referred this work to partner agencies. Overall the struggle in managing issues specific to harmful sexual behaviour may be a reflection of general lack of understanding of this issue, professional anxiety, a gap in knowledge between mainstream child protection services and specialist services or potentially the difficulties in working with cases involving sexual abuse, in particular when young people are perpetrators (Ashrust et al. 2011, Hackett, Masson and Phillips, 2004). The next part of this chapter will explore the family profile and background information.

6.2.3 Family profile/background information

Available information regarding family background of alleged young perpetrators was examined. There was no information at all with regard to family background in fifteen cases referred to the Children's Service. Sixteen cases had historic child protection concerns which resulted in child protection investigation under Section 47 Children Act (1989) as various points of the family history (not as result of reports about harmful sexual behaviour). There were

records of other problems such as domestic violence, mental health problems or substance misuse in additional ten cases (excluding cases with evidence of child protection investigations). In nine cases there was no evidence of any record regarding historic family problems Fig 6.7 illustrates findings regarding information about these young people's family background.

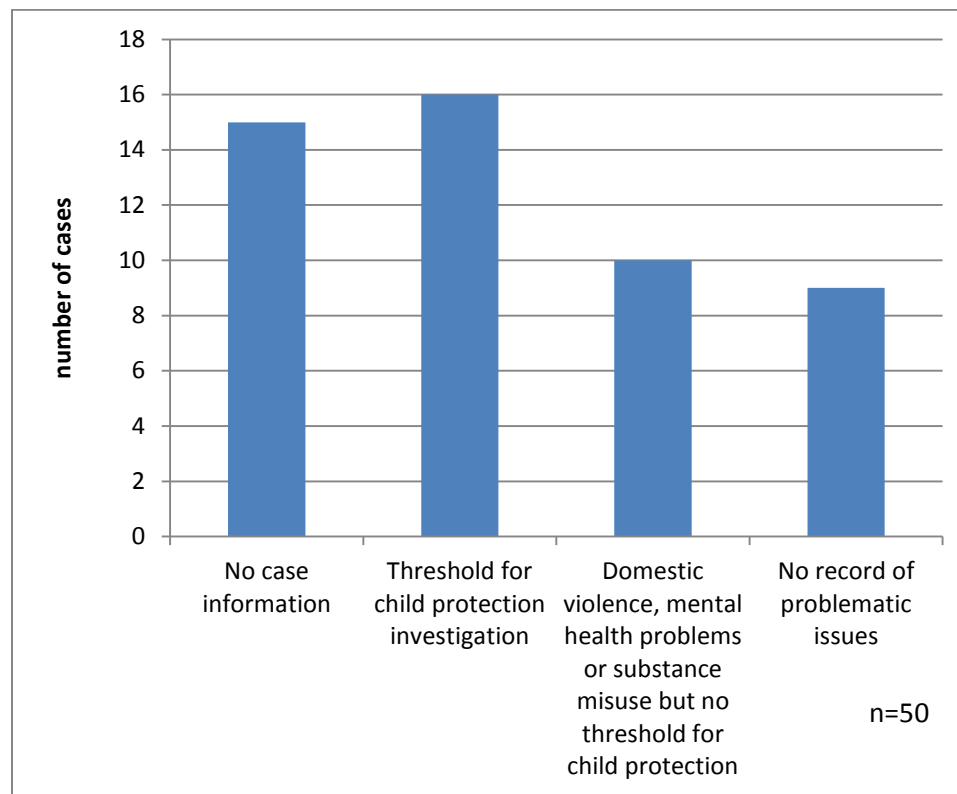


Figure 6.7 Information on family risk factors

In total thirty five cases where information regarding family background was available, domestic violence and abuse seemed to be the most common issue. In particular, co-existence of domestic abuse, mental health problems and substance misuse is concerning. The review of serious cases reviews described this co-existence in concurrence with neglect as “particularly toxic” (Brandon, Bailey, Belderson, 2010). Fig 6.8 illustrates finding regarding most prevalent

family issues recorded with regard to the family background of young people who were reported to have engaged in harmful sexual behaviour.

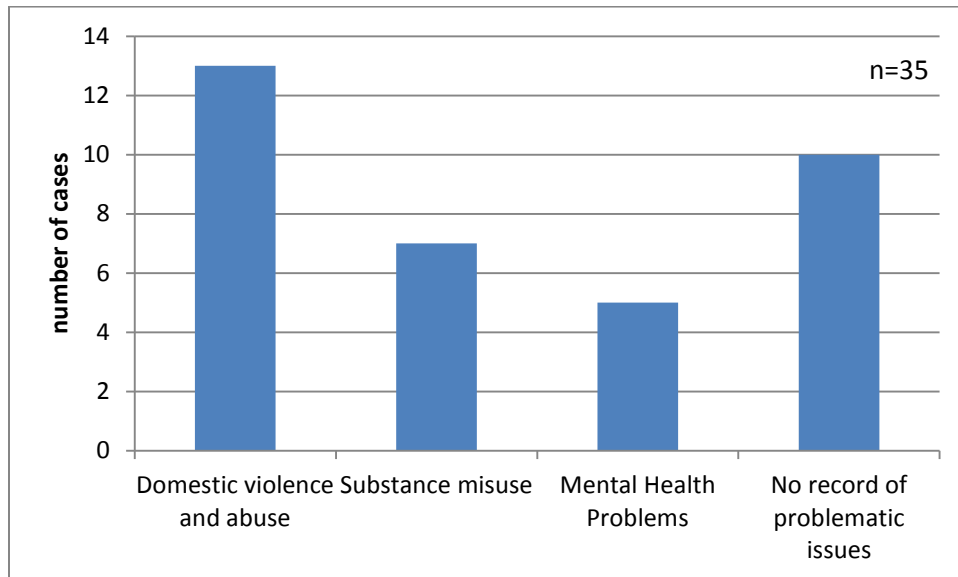


Figure 6.8 Most prevalent family risk

Upon examination of sixteen cases with evidence of historic child protection investigations, it was identified that in six cases there was evidence of physical abuse; there was evidence of emotional abuse and neglect in one case each and sexual abuse in three cases. In five cases there was evidence of multiple abuses (Fig. 6.9) presents findings regarding reasons for child protection investigations:

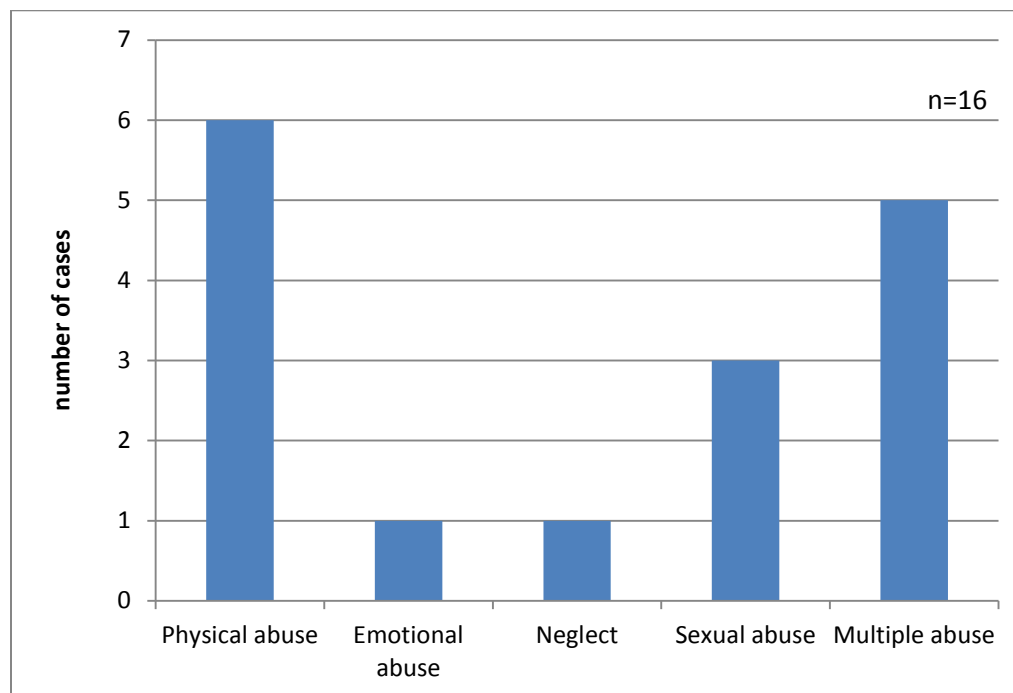


Figure 6.9 Criteria for child protection investigation

When individual types of abuse were considered in cases which reached threshold for child protection investigation under Section 47 Children Act (1989), it was recognised that physical abuse was the most common type of abuse experienced by those young people (ten cases). Furthermore, the examination of the family background in sixteen cases where Section 47 investigations had taken place highlighted that parents of five alleged perpetrators suffered from some form of mental health problems, domestic violence and abuse occurred in thirteen households. There was evidence of substance misuse in seven families. In one case there was no record of other issues than the alleged abuse, which led to a child protection investigation. Fig 6.11 reflects the occurrence of those issues in cases where the threshold for historic child protection investigation was reached:

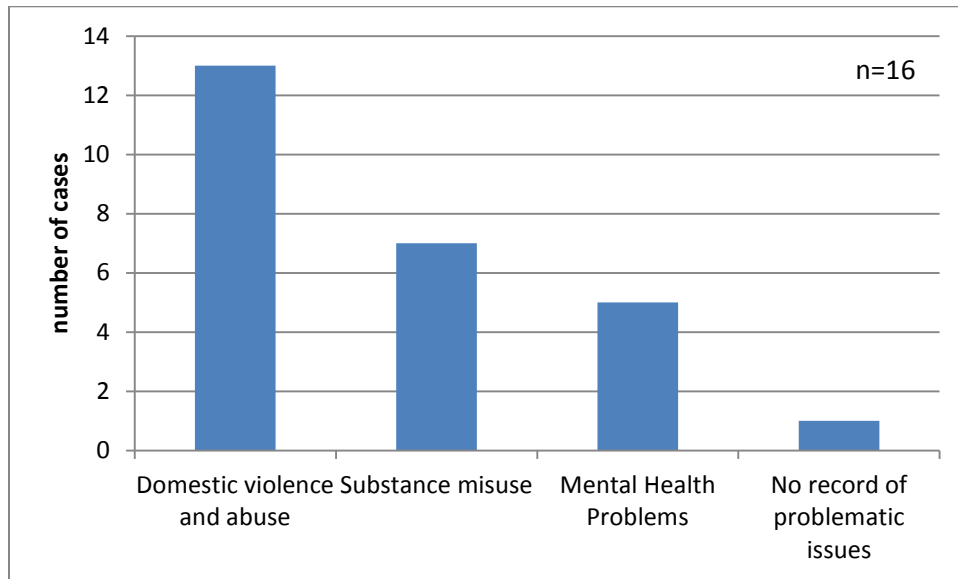


Figure 6.10 Types of family risk in child protection cases

There were nineteen cases which had historic concerns but did not meet the threshold for child protection investigation. The audit identified that domestic violence and abuse were the most common issues in those cases. The other again included substance misuse and mental health problems. Fig 6.12 illustrates findings regarding family issues with regard to cases which did not meet the threshold for child protection intervention.

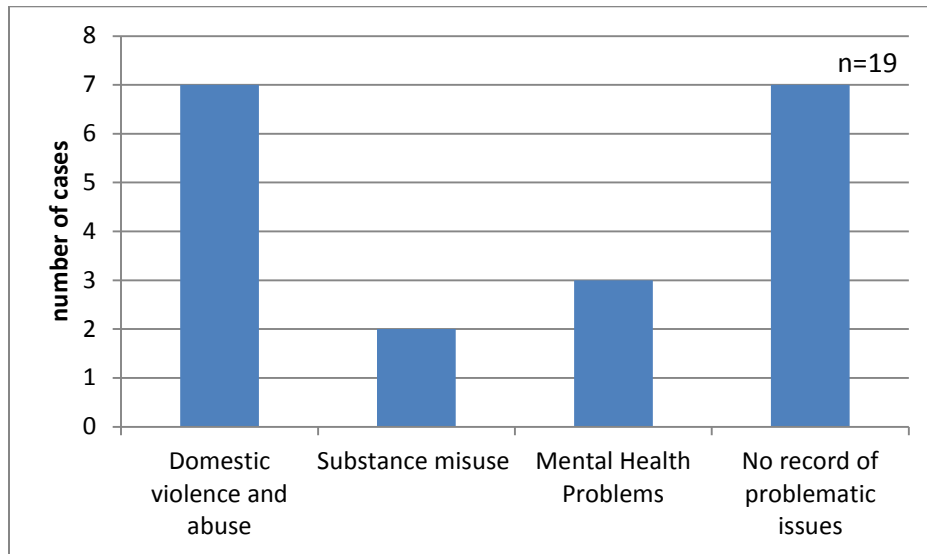


Figure 6.11 Types of family risk in cases not meeting child protection measures

6.2.4 Case examples

The following case examples were selected to illustrate a typical family social context and intervention in cases where further assessment was conducted and a provision from the Children's Services was provided.

Case example 1:

B. was thirteen years old when he was accused of rubbing himself against younger sister (five years old), getting into bed with her naked and masturbated over her. He also walked naked in front of his sisters (age five, twelve, and fourteen). He also has been putting food at the end of his penis and asked his younger brother (two years old) to eat it. In addition, he would write

death threat notes to his sister that he would cut her up and that she would not wake up following day. He also threatened to kill his brother with a knife. There was no further action as far as the police's investigation was concerned with regard to sexual allegations and threats. However, the Children's Services convened a child protection conference.

Family and social context

B's birth parents separated and he was living with his mother, stepfather and five siblings. B made allegations against his step father of physical abuse on a few occasions. His step father admitted that he lost his temper with B on one occasion because B was verbally abusive to his mother. The step father suffered from severe depression and B's mother suffered from health problems. B and his siblings were on the Child Protection Register in the past due to domestic violence between his birth parents. B's mother also reported that she was brought up in care because her parents abandoned her. She also identified that she had difficulties with showing warmth and physical affection towards the children.

Intervention:

Following the Initial Child Protection Conference a referral was made to the JACAT for an assessment and intervention and to CAMHS for family therapy. It seemed that the situation at home escalated further and subsequently B was accommodated by the Local Authority. With regard to this service there was a record that JACAT had a very brief involvement, but this stopped because the young person was not prepared to discuss his harmful sexual behaviour.

There was no record of any further involvement from CAMHS nor was there a record of a specific risk assessment regarding harmful sexual behaviour.

Case example 2:

D, seventeen year old male, was accused of three offences of sexual intercourse with full penetration with his thirteen year old sister. In addition, he also made indecent images of his sister.

Family and social context:

D's birth parents separated and he lived with his mother and step-father. D was not a planned child; he was the oldest out of four siblings. His mother was sexually abused as a child by her father and then by step – father who made her pregnant. D's older sibling was placed on the Child Protection Register due to 'failure to thrive' but was later de-registered.

There was evidence of domestic violence including sexual violence towards D's mother during pregnancy from D's father. Further domestic violence and abuse witnessed by D occurred.

Subsequently D and his half- sister were placed on the Child Protection register under category "Likely Physical Harm". D's half- sister was placed in care of the Local Authority due to physical chastisement and emotional abuse. Rehabilitation into care of the mother failed. She was placed for adoption, when D was 19 months old. She was adopted as a young child but returned home in late adolescence. . D's parents separated

D's mother had several other partners including a man who had served a prison sentence for the manslaughter of his wife. Domestic violence occurred in her relationships.

After the parents' separation D lived with his father but had regular contact with his mother. It was reported that D had been exposed to adult's sexual activities while he was in care of his father. There were also reports D's father had an alcohol problem.

Intervention:

D was accommodated by the Local Authority and a specialised risk assessment with regard to his harmful sexual behaviour was completed. However, there was no record of any therapeutic intervention following the risk assessment.

Case example 3:

The young person (aged fifteen) was accommodated by the Local Authority due to domestic abuse and difficulties in managing his behaviour. His both parents were disabled. Over the period of few years several allegations were made against him (there was no clear record when the first allegation was made). These allegations include an incident when he verbally abused an elderly woman using sexualised language, sexually assaulting a nine year old female child, an allegation that he approached another nine year-old female who he invited home, and then he kissed her on the lips and face. The young girl was reported to have pulled away from him and run away. In addition, the young person was on the Sex Offender register for sexually assaulting a girl aged under thirteen.

Family and social context:

It was recorded that the mother of the child had a disability and mild learning difficulties. It was also recorded that the father had moderate learning difficulties. It was believed that both parents were brought up in punitive environment. In addition, the mother experienced

rejection from her parents and witnessed domestic abuse. It was noted on the young person's file that he also witnessed domestic abuse. It was recorded that the mother had sustained physical injuries as result of domestic abuse incidents. In addition, both his parents had received a warning from the police for hitting the young person.

Intervention:

The young person was accommodated by the Local Authority as result of concerns related to domestic abuse. It was recorded that the parents struggled to manage his aggressive behaviour. Although there was no record of formal investigations regarding the young person's harmful sexual behaviour, a specialised risk assessment was completed. It was recorded that the young person was undertaking a young sex offenders' treatment. He was also subjected to a mental health assessment.

6.4 Discussion

The findings from Study 1 seem consistent with other research findings regarding service provision and the demographics of the family contexts of young offenders (Hackett, Masson and Philips 2005, Hackett, 2014, Vizard et al. 2007, Erooga and Masson et al. 2006). The profile offered about males suggests that these young people have typically been multiply disadvantaged. This is both in the practical and economic aspects of their life with many of them living in family contexts which constitute emotional and physical neglect and high levels of conflict, especially domestic violence. This appears to offer an experience of uncertainty and

danger for many of these young people. In addition, many have also experienced physical and sexual abuse themselves. Broadly this suggests a family environment which is insecure, being emotionally and physically dangerous. In the current research there appears to be a correlation between a dysfunctional family background and the nature of allegations faced by the young people. Specifically, this illustrates that the majority of the young people who faced allegations of multiple or ongoing harmful sexual behaviour, were brought up within a family environment where a combination several factors such as domestic violence, mental health problems and substance misuse occurred. In some cases, these factors led to child protection investigations and children were assessed as suffering significant harm prior to committing sexual act. Burton (2000) concluded in his research that many sexually aggressive young people are highly traumatised but that continuous offenders had higher levels of trauma. There is also evidence of parents' separation or disruptions to care arrangements in more than half the cases. These factors, including trauma, are believed to have a negative impact on forming secure attachment patterns (Crittenden and Ainsworth et al. 1989, Longfoot and Evans, 2000, Creeden et al. 2006). However, it still remains unclear how the deprived social and emotional circumstance are related to the development of harmful sexual behaviour. One of the reasons may be that it is still relatively little known about what strategies young people use to cope with adversities and how these strategies fit in with harmful sexual behaviours. It is hoped that direct interviews may provide more insight into their internal processes and subsequently a better understanding of reasons why they behaved in sexually abusive way.

6.5 Summary

This chapter has presented findings regarding service provision in the designated research area for young people deemed to have committed sexual offences. It has also offered a profile of the family context regarding young people who engaged in harmful sexual behaviour.

The findings from the research designated area offer a picture which appears to be consistent with national findings. For example, Mason and Hackett (2003) identified pockets of excellent practice but also there was widely spread concern about the variable state of national and local guidance resulting in variation in the way in which young people with harmful sexual behaviour were managed locally including access to assessment and intervention. The Criminal Justice Joint Inspection (2013) found practice responses were generally poor. It identified that early opportunities for interventions were missed. There were few examples of holistic, multi-agency assessments or interventions and case management was often compromised by poor communication and information sharing.

Combined family background issues with the picture of service provision it might be concluded that these young people not only may feel insecure in their family contexts but also they cannot look to social services and other professional services to offer consistent and constructive support. Mostly the services seem to be concerned with risk management and judicial processes, though those are often not fully followed either. This suggests to the young people who offend that they will not receive help with their problems. Very importantly though it may also communicate that often very little will be done about the sexual offending. Their victims

do not appear to receive much support either and this may inadvertently communicate a message that they can 'get away with it' or that their experiences and behaviours, as well as those of their victims are not perceived as important. There is perhaps an even more worrying possible interpretation which is that the circumstances of these young people and their families make such grim reading and suggest an inevitability to the trans- generation 'cycle of abuse' that they are in a sense written off. They can constitute an underclass which is to be contained and managed but is seen as beyond hope in achieving any positive change. Unfortunately, the structure and haphazard organisation of services may aggravate this sense of hopelessness in professionals working with these young people and their families (Munro, 2011).

The next chapter will provide in –depth analysis of three cases (with the addition of five cases, which are in appendix B). The chapter will also present findings from attachment theory based measures about how the young people develop strategies to attempt to keep themselves safe and emotionally connected. Given the clear extent of the danger in their families, staying safe and emotionally connected is likely to present considerable challenges for them. The research will also explore wider cultural factors including how these young people may feel marginalised and what culturally shared discourses they attempt to utilise in order to main some form of self – esteem and legitimate identity. The chapter will also attempt to consider how the emotional context of their families combines with their developing understanding and emotional strategies to explain their harmful sexual behaviour.

“...masculinities may become shored up and exemplified in the most polarised and misogynistic ways by boys who collectively feel undermined...”

(Frosh, Phoenix and Pattman, 2002, p.58)

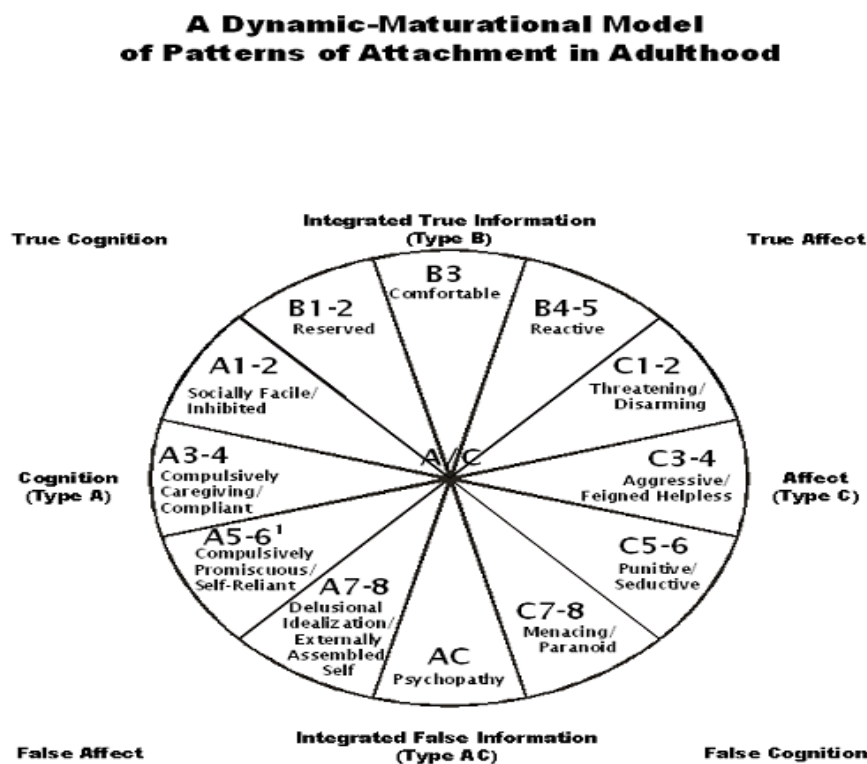
7. Study 2: Transition to Adulthood Attachment Interviews and semi-structured interviews with 8 young men – findings

7.1 Introduction

This chapter presents the findings from three case studies. A further five case studies are in Appendix C. In each case study, the Transition to Adulthood Attachment Interview (TAAI) and a semi – structured open-ended interview were undertaken with the young people. In addition, a set of self-reported inventories (PDS, IPPA and Beck’s Youth Inventories) were conducted with the participant.

The chapter describes findings from detailed exploration of individual TAAI and open-ended interviews. It will summarise attachment styles and identify unresolved trauma and loss based on the TAAI analysis. This analysis is based on Crittenden’s model (Crittenden et al. 2014) mod

and employs the analytical framework shown below Fig.7.1:



¹ Please note the reversal of A5-6 compared to previous versions of this model.

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Figure 7.1 A dynamic – maturational model of patterns of attachment (Crittenden et al.2014)

This model contains an elaboration of the basic ‘insecure’ strategies and instead of the ‘disorganised’ classification employed by Main et al. (1989,1990) it considers a range of complex AC and A/C patterns, especially regarding combinations of extreme versions of A (dismissive) and C (Pre-occupied) patterns as being related to complex clinical presentations or psychopathology. The categories above will be referred to in the presentations of the findings

from the TAAI. It is noted that the classifications offered below do not fall neatly into typologies but may span across several categories. Broadly the model posits that attachment strategies involve varying degrees of distortion of affect (A patterns) or cognition (C patterns). Each strategy has a dialectical quality in that the A patterns consist of an orientation towards others, for example to care for others or a withdrawing orientation to rely on self. Both aspects of the strategy function to deactivate the person's attachment needs. The C patterns consist of dialectic between positioning of the self as weak and vulnerable as opposed to expressing anger and derogation of others. Both of these strategies function to meet (hyper- activate) attachment needs in terms of raising arousal and involving others. Each aspect of the pattern is seen to exist alongside the other, though one part may be more fully or commonly expressed than the other. A full account of the model is provided in Crittenden et al. (2014). Crittenden et al. (2014) also elaborated on attachment framework regarding varieties of unresolved states and trauma. This broadly falls into the framework below (see Table. 7.1):

Table 7.1 Types of Unresolved States of Trauma and Loss

<p>Pre-occupying - continual arousal</p> <p>Vicarious – events occurred to others</p> <p>Imagined - fantasised,</p> <p>Anticipated - real concern but extent exaggerated</p> <p>Dismissed –severity of events minimised</p> <p>Blocked – no event remembered or claimed</p> <p>Displaced – effects on other source of concern</p> <p>Depressed – events beyond control</p> <p>Fragmented / disorganised - multiple and complex traumatic states</p>
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Crittenden et al. (2015) suggested that in attempting to cope with highly dangerous events the first line of coping is to utilise our characteristic attachment strategies. For people who are able to employ secure strategies this will involve a balance of dismissing strategies, to enable them to maintain their essential functioning, alongside expression of affect to assist in the processing of the events. Both these processes require the assistance of our attachment figures. People employing dismissive strategies are likely to attempt to employ deactivation, involving suppression of affect and frequently dissociation of sensory and procedural memories of the events. In contrast, people with pre-occupied patterns are likely to attempt to hyper-activate and show increasing arousal and affect. Both these processes may 'overload' such that the dismissive strategies may encounter intrusions of intense affect, such as anger and sadness. The pre-occupied strategies may lead to emotional exhaustion and emotional 'freezing'. The

unusual nature of these states for people used to relying on their typical attachment strategies may be experienced as highly disorientating or even as a sense of losing control or 'going mad'. Likewise, family members may be disturbed by the person's reactions in contrast to their typical minimising or exaggerated ways of responding. Hence, the responses of the attachment figures may also be destabilised leading to a reduction in effective attachment support.

Table 7.2 Markers (indicators) of unresolved states

Pre-occupying States

- Intrusions of negative affect
- Intense animated imagery
- Confusions of self and others
- Confusions of time and place

Dismissing

- Minimisation of the importance of the event/s
- Absence of expected emotions
- Extreme brevity
- Erroneous beliefs of having caused the events

The integrative sections of the TAAI also allow an estimation of reflective functioning (RF)

(Fonagy et al. 1998):

Table 7.3 Summary of Scoring of Reflective Functioning

9	Exceptional RF - quite complex or elaborate, and consistently manifests reasoning in a causal way using mental states
7	Marked RF - indicating full reflective function which evidence awareness of the nature of mental states and explicit attempts to tease out mental states underlying behaviour
5	Ordinary RF - instances of reflective-functioning, convincing about holding some kind of a model of their own minds as well as others'
3	Questionable or low R - some evidence of consideration of mental states throughout the interview, albeit at a fairly rudimentary level
1	Lacking in RF - where the reflective-functioning is totally or almost totally absent

From: Addendum to Reflective Functioning Scoring Manual (2005 - Fonagy, Steele, Steele, and Target, 1998)

Furthermore, the chapter will present findings from the semi-structured interviews regarding young people's family and social background with particular focus on how these young people constructed their life experience including their attitude towards sex and understanding of their harmful sexual behaviour. The chapter will outline discursive strategies that were employed by the young people in order to justify their behaviour and preserve self- integrity. For the purpose of this chapter three cases were chosen and presented to illustrate the findings. However, the full analysis of a further five cases is available in appendix B.

In addition, the chapter will present findings from self-reported measures. The results from self-reported measures will be verified against the findings from the interviews. This is in order to critically evaluate the self-reported inventories' validity. The findings from Study 2 are presented as case studies for each young man, starting with an overview of their family context and details of their life and the offences that have been committed. This chapter will offer an overall portrayal of the psychosocial functioning of these young people.

7.2 Case 1 Henry age 17

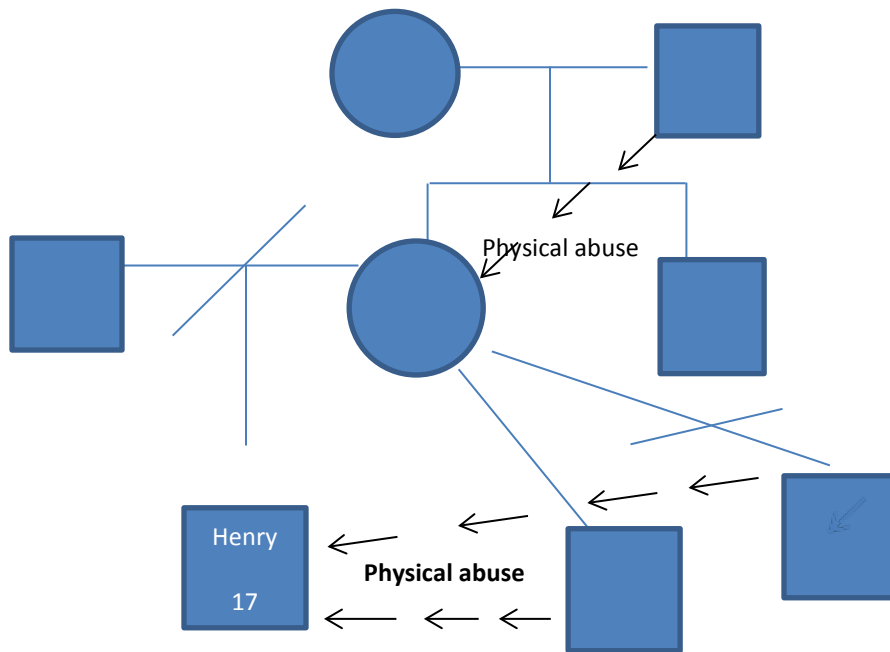


Figure 7.2 Henry's genogram

Henry is White British. He is seventeen years old. Henry had no conviction for sexual offending. He was referred for a risk assessment. This was because there were a number of allegations against him. It was alleged that he had raped his ex-girlfriend. It was also alleged that he had groomed a twelve year old girl and had sex with another twelve/thirteen year old girl. In addition, Henry admitted to having indecent images of underage girls. The police investigated him but decided not to press charges. This was because the girls on these images appeared to be about his age or one-two years younger. With regard to another allegation, the alleged victims did not want to make a formal complaint.

Henry was brought up by his mother, his birth father left before Henry was born. When Henry was seven years old his mother met Steven who they have been living with since. Prior to this, his mother was in another relationship. Her ex-boyfriend was physically abusive towards Henry. Henry also disclosed that his stepfather was physically abusive. Social Care and the police jointly investigated this, but no further action was taken. There were reports that Henry was a frequent cannabis user. There were also incidents of self-harm.

7.2.1 Summary of Transition to Adulthood Attachment Interview

Attachment Strategies

A (4-6) self- reliance and compulsive caring regarding his mother and some C (5-7) anger and menacing regarding Steven (step-father)

Trauma:

Utr violence from Steven

Utr violence from his mother's ex-boyfriend

Utr mum's illnesses

Utr dismissed sexual abuse

Utr dismissed abandonment from his birth father

Danger

Violence from Steven

Violence from his mother's ex-boyfriend

Mother's illness

Bulling at school

Violence from peers outside school

Neglect and panic from mother

Comfort

There is a glimpse of some minimal comfort but largely there a lack of evidence to support that Henry's experience of comfort was consistent. This seemed to lead to a development of self-reliance strategies.

"I: What about, if you got upset emotionally, what would you do as a child?"

H: hmmm. I used to sit or lie behind my sofa. I remember. I used to hide behind my sofa when I was upset"

"life's not so bad on your own, you know what I mean, you can always count on yourself"

Integration RF 2

Henry demonstrated ability to reflect and evaluate his life experience. He was also able to reflect on how his relationship with his mother has changed over the years.

Henry's interview indicates an overall dismissing, self-protective strategy with indications of extreme self-reliance and compulsive caring: *'life's not so bad on your own, you know what I mean, you can always count on yourself'*. This seems to sum up his interview that indicates a lonely boy, who experienced neglect from his infirm mother. He tries throughout the interview to idealise his mother, takes her perspective and exonerates her. His use of the adjective 'trust' was revealing in that it showed that she allowed him to do relatively risky things. Henry gives a

few examples of comfort, though he does suggest that his mother cuddled him sometimes. His relationship with his grandparents comes across as quite warm and there are convincing episodes suggesting that they did do nice things together. His examples of 'mum caring' often seems to indicate her becoming hysterical rather than being able to offer comfort and Henry seems to accept this as his role (role reversal).

He describes many instances of violence/abuse from Steven (step-father) and mum's former boyfriend. He shows some anger and arousal in telling these episodes but does not engage in a huge amount of derogation or anger. However, he does move towards some bravado in telling how he 'smacked' Steven and portrays himself as tough now.

Henry displays some delusional distortion in relation to his mother and also some bravado in relation to how he has retaliated with violence against Steven. It is telling that he sees his ideal girlfriend as like his mother.

Henry speaks very fondly about his girlfriend and suggests some idealisation similar to his mother in that he is: 'looking for someone like my mum really'. But it seems that she ended the relationship: then we split up because *"her mum was too ill and she couldn't really like pick me over her mum kind of things, so she decided to do that"*. He then describes the relationship more, but it is not clear if they are still together or whether he is continuing to idealise this relationship. He speaks very glowingly about her as if she was still very present in his life.

Henry shows some reflection: he describes himself as subject to peer pressure, wanting to please others, including his best friend.

Overall Henry comes across as a rather lonely, sad young man who idealises his relationship with his mother. She appears to have been ill and have needs herself, so he has adopted a reversed role with her. He has experienced considerable violence, which he shows some anger towards, but he has also tried to dismiss the influence of this. It is quite likely these experiences of violence were traumatic for Henry and the anger and rage about this violence breaks through occasionally.

Henry does not seem to have developed strategies other than self-reliance, and his work appear to be functioning as an important form of distraction for him.

7.2.2 Self-reported inventories

The results from IPPA contradicted findings from TAAI. The IPPA indicated that Henry had a secure attachment with his mother. The IPPA also indicated that Henry had an insecure ambivalent attachment with his step-father and secure attachment with his friends.

The findings from the PDS also contradicted the findings from TAAI. Upon TAAI analysis, it was identified that Henry presented with symptoms of unresolved trauma regarding violence and physical abuse, his mother's illness, sexual abuse and abandonment from his birth father.

However, the PDS showed that he reported mild trauma regarding an incident when he witnessed his grandmother blacking out from overheating in the garden. He identified that he was affected by this for less than one month whereby he found it difficult to sleep, felt

emotionally upset (for example scared, angry or guilty) when he was reminded about the incident, tried to avoid places reminding him about the incident, and felt emotionally numb. The Beck Youth Inventory result regarding self-concept was lower than average, which suggested that Henry has a poor concept of himself and low self-esteem, results regarding depression, anger and disruptive behaviour were moderately elevated than average. Henry seemed to overlook anxiety scale. The results are presented in Tab.7.4

Table 7.4 Beck Youth Inventories scores regarding Henry

	T- scores
BSC-Y	42
BAI-Y	-
BDI-Y	62
BANI- Y	61
BDBI-Y	65

7.2.3 Semi-structured interview

Discourse Themes:

The interview indicated a number of dominant discursive themes:

Normalisations of lack of emotional support

This theme contained several strands including:

Life as hard, lonely, and isolated:

Henry made reference to his mother being a single parent for years. He commented that she had to work hard and look after him. He said that life was “*hard*” for him and his mother. Henry also described that he had to move out from town and lived in an isolated rural farm. He

recognised that moving away from friends was one of the most significant events in his life. He said he felt “*lonely*” and that he and his mother were “*isolated*”.

Responsible for his mother’s well-being

Instead, of expecting care and nurture Henry tacitly accepted that he provided care and described that he ‘had’ to look after his mum and himself. This was not expressed begrudgingly but in a matter of fact way and framed as normal.

Caring grandparents:

In an apparent contradiction within this discourse Henry recalled that emotional support could be available but that was for his mother. He mentioned that his maternal grandparent would look after his mother - “*my grandparents have always looked after my mum in every way*”. He also deemed them as a source of support from himself. He described them as “*a base for me to stand on*” when his mother was “*not very strong*”.

Loss of father and not having a strong family unit resulting in a lack of guidance

Likewise, he named the issue of loss with regard to a lack of a positive role model/father figure and having a functional family unit. Henry made frequent references to his grandparents who have been together since they were respectively fourteen and fifteen years old. They were portrayed as an example of a happy and long-lasting relationship as opposed to his mother’s relationships. The grandfather also fulfilled a positive role model to some degree but did not replace a father figure:

“So my granddad came and told him (Steve) that he needs to stay with me and teach me these things, I’m never gonna know, I’m never gonna like develop and learn these things. But like he’s never been. I don’t know cause “I don’t know what a father, a father, a father’s like I suppose. Hum if I had a dad it would probably be different.”

However, Henry did not use this to develop a discourse of being unfairly treated or as having missed out. In effect he suggested this by implication but did not display negative feelings or offer complaints to develop a discourse of resentment or deprivation.

Powerlessness- victim discourse

The most striking pattern of managing vulnerability employed by Henry was by taking responsibility, self-blame and minimising and displacing effect of the behaviour/event onto others. Henry employed this strategy frequently throughout the interview, particularly with regard to most significant but also emotionally difficult issues in his life.

Example 1-Physical abuse narrative:

He described actions that could be construed as physical abuse from his mother’s ex-boyfriend but did not display consistent negative affect, such as anger in relation to this. Instead, he blamed himself for the abuse and displaced negative effects regarding physical abuse onto his mother:

“I I don’t know. I was, well I just I was, well I just I must have had a firm counter move or whatever and hum he beat me across, across the backside but apart from that well I well I can’t

really remember, such a long time really(...)I think I think it happened more than once. My mum was fed up with it."

He minimised the physical violence by indicating that a lack of memories of it, meant it was not important or significant. Using speculation, Henry lightens the possible influence the abuse had on him and further minimises the violence by the use of the term 'beat across the backside' to describe this. The comparative strength of the term 'beat' is softened by "hum" and then by, 'I think it happened' suggesting that it was not that memorable or traumatic. He then appears to displace the negative effects onto his mother. But, again this is a very minimal and dismissed account with the term that she was 'fed up with it'. His own actions are described in a relatively minimalistic way with the term 'counter move', but it also seems to suggest Henry's responsibility for the abuse as his 'counter move' provoked violence from his mother's boyfriend. Overall, the physical abuse narrative is told in a rather distancing way with relatively soft and minimising language.

Example 2 - Bullying narrative

"I was alright at school. I used to get bullied quite often cause in school, hum I was big. My mum used to get upset cause I used to get bullied so often (...) I used to be the quiet one sat in the corner. And that's probably why he picked on me so much".

Here again the emotions regarding the bullying are displaced onto his mother i.e. that she gets upset but he was alright. He does locate himself as a quiet child and possibly this is a strategy to invoke sympathy from the interviewer. However, he ends this excerpt by offering some general exoneration for his being bullied as if being quiet makes one a legitimate target for bullying.

Example 3 - Mother's illness narrative:

"Hum it didn't have that much I mean effect, apart from well obviously the doctors being worried about me because my mum is so ill I could have traces of that illness in me"

Again, it is possible to see the use of displacement here in that the doctors are seen as worried about him rather than him being upset or concerned that he might have inherited some aspects of her illness.

Example 4 - abandonment by birth father narrative

Henry's birth father left before Henry was born. Henry only knew his name. When we talked about how this impacted his life, Henry said:

"I don't know. Like thinking back if he if he had actually been there to support my mum, my mum would have had a easier, easier life or up to now anyway."

Once again the loss of his father is emphasised here in terms of the influence on his mother rather than himself.

He also justifies this by drawing on a cultural discourse that it is acceptable for a man to leave:

"I think it's bad that he left but like you hear these stories where people like that and hum I've been in this position myself where like a girl used to say that she is pregnant or whatever and it's just well it's so like mind boggling to think about everything that goes with having kids. And like obviously you can take it and just let it"

Example 5 - education narrative

Henry believed he was clever and had very good grades but still he was not accepted at the local college.

“I’ve got 14 As to Cs, and still they wouldn’t let me in college”

Here Henry displays more resentment of not being let into college. But again he did not develop this into a derogatory narrative or angry accusations about teachers and so on.

Sexual abuse/victimisation and experimentation:

Henry was exposed to a highly sexualised environment due to his early sexualisation in his family and with peer relationships. This later appeared to be transferred and fostered by his usage of Internet pornography. It seems from the data, that Henry may have been groomed by an older boy when he was twelve and encouraged to masturbate in front of webcam.

Furthermore, Henry said he was involved in mutual masturbation with a fifteen year old boy, whom, he had described as his friend, but who then rejected him. Henry said he “got too intimate” and tried to kiss him and the friend had told him he didn’t want to do this anymore.

The attempt to kiss his friend possibly implies a wider theme across this population, of confusion between intimacy/attachment need and sexuality.

Henry framed this behaviour as “experimentation”. By doing so he drew on wider discourse regarding a development of sexuality in adolescence, which involves opposite and the same gender relationship (Steinberg, 2005).

“Well hum, obviously when you’re younger, like quite a lot of people experiment. I have experimented with like boys and girls (...) He just turned around to me one day and said like let me see your cock. So I was like let me see yours then. And like we did stuff and whatever”.

Henry did not see this as “abuse” perhaps because he was more organized by confusing this with intimacy such that he himself felt rejected and guilty when this ‘relationship’ finished.

“he told me he doesn’t want to do it anymore because it got like a bit too much intimate, I don’t know. I probably put him off”

It seems that he minimised this sense of rejection by describing this as “experimentation” and by putting himself in a position of control and by blaming bullying.

“I stopped because I couldn’t really take like people say nasty things about me anymore (...) like calling me gay and say stuff like that cause I’m not gay. I just experimented (...) it had been going on so long, it’s was like a break up really, I was quite upset really but, yeah “

The discourse of experimentation possibly serves to obscure Henry’s underlying need for intimacy, which is indicated by his reference to ‘getting too intimate’. This then appears to become doubly confusing as it becomes confused with discourses regarding sexual orientation-being gay.

Henry described that he was groomed by an adult online, which he also framed as experimentation and again he did not frame himself as a victim. He also employed anger and bravado and put himself in a position of control to deal with his vulnerability.

“I was experimenting. This guy added me on this chat site (...). I showed him personal bits on camera and he showed me personal bits on camera (...) I was confused at that time. I knew I knew what I was doing was wrong. But at that point, at that very point in time, when I was

there on the computer, I didn't give a fuck I couldn't care less about what was going on (...) in my eyes at that time my mum made a big deal out of it."

Henry normalised this behaviour and justified it by his sexual desire. He also normalised access to this type of chat room. This is illustrated by following quote:

"it's a public chat site. And there are lots of people on there. They're just sending their email addresses out. Say you add me, hum if you wanna chat or hunt me, if you fancy a picture of my cock or add me, if you want me to finger myself on camera stuff like that (...) I was horny."

It is possible to see a developmental process here whereby his early 'experimentation' which may have been influenced by needs for intimacy had led to rejection. In this last quote, Henry appears to be retreating into an angrier and defended position '*I didn't give a fuck*' and that his mum was making a big deal of it. It is possible to see Henry's discourses in two ways here: he had been largely driven by a need for intimacy and the humiliation of this had hardened his position to an angrier "don't care less" stance. Alternatively, he is positioning himself as driven by relatively benign motives to become close and intimate and is therefore a victim, thus excusing his actions. It is also possible that these discourses are not mutually incompatible for Henry, but represent a confusion between sexual and intimacy needs which he is not able to articulate or reflect upon. He offers in this next passage a more sexualised account of being 'horny' to explain his Internet activities. It is perhaps important to note that this reduces or eliminates the risk of seeking intimacy and facing possible rejection that he described in his earlier experimentation with another boy. Possibly, the Internet is 'safe' in attachment terms in

that some sense of sexual pleasure, which has become confused with attachment, is possible but without the relational risk involved.

Sexual identity and masculinity and bravado:

In Henry's narrative there was a strong theme related to confusion around sexuality, with some indication of a suppressed gay sexual orientation. Henry referred to experimentation as a part of adolescent development, but he also attempted to show himself as a heterosexual. He drew on cultural discourse promoting heterosexual relationships:

"girls have already been, been my preference but that's how it should be, I reckon that's how it should be, a boy and a girl"

He also portrayed himself as having lots of heterosexual sex, which seems to be a response to rumours that he was gay. In addition, he collected and downloaded indecent images of underage girls, which he showed his friends to impress them. He normalized this behaviour and described in a "matter of fact" way. This can further be seen as a response by Henry to cope with the sense of humiliation he may have felt at his early rejection and also at the implication that he was gay. Showing these images to friends may have been an attempt to prove his masculinity. Henry talks about showing 'his big collection' to his mates who told him that 'they were good'. Ignoring that the pictures involved abuse of young girls, however, is also potentially understandable through his discourse regarding the normalisation of abuse and victimhood as normal.

Power discourse:

Throughout both interviews issues of power were both explicitly and implicitly evident and central to Henry's accounts. Henry appeared to employ conventional power discourse related to gender, which positions men as powerful and with sense of entitlement. Older and powerful individuals are seen as proactive and as naturally holding privilege to have their needs met. It seems for the data that masculinity is largely confined around sex and power in which sex is located as a biological drive, which cannot be controlled. Arguably, a powerful masculine individual is driven by his sexual needs which cannot and should not be controlled and which he has rights to have met. This is used as justification for sexual behaviour, which seems to be framed as experimentation or romantic love by Henry. Henry also appeared to be influenced by a feature of a masculine discourse that a male is typically older than a female.

7.2.4 Harmful Sexual Behaviour

Victim of misunderstanding and false allegations

The discourse of being a victim of allegations and 'denial' is one of the most widely described positions adopted by people who are accused of sexual offences. It is frequently regarded as a manipulative, if not psychopathic stance adopted by offenders. However, this discourse for Henry can be considered within the broader acceptance of his own victimisation and wider normalisation of abuse. Specifically, Henry claimed he was a victim of false allegation and misunderstanding, which led to further victimisation:

“hum didn’t have a very good experience with my like first proper girlfriend, hum she accused me of raping her and hitting her, and hum I got beaten up for it, and hum chased”

He also described her allegations as “lots of bullshit” and as an excuse for her boyfriend to beat him up. In this passage though it is again possible to see the discourse of acceptance of abuse in Henry’s matter of fact statement that he ‘got beaten up’. In contrast, he could have developed this to engage in angry statements about his attackers. Instead, there appears to be a tacit acceptance of this is how the world is.

Victim’s responsibility

Henry framed the ‘rape allegation’ as a sexual game that was initiated by the girl:

H: “she well we had she asked me asked me to rape her like in a sexual play kind of way. We had sex and then she went around and say I raped her.

I: How did it come about that she asked you to rape her?

H: like we, like have foreplay and then I was like oh like we was outside and hum I was like would it be good if I rape you? And she was like oh let me take you somewhere, she took me somewhere and she was like oh you’re gonna rape me then. I was like oh yeah”

This passage again indicates Henry’s confusion of such activity with ‘play’. Adults do engage in consenting sado-masochistic encounters and Henry here positions the girl as consenting and then a discourse betrayal in her subsequent claim that it was a rape and not a consensual ‘game’.

Henry framed his violent sexual fantasies, pre-occupation with sex and harmful behaviour within a discourse oscillating between derogatory narration about the girl and romantic love. In

the passage below he introduces the concept of intimacy into his description of the encounter:

“and hum she still like, well, she was difficult like, rude, she was really childish, really jealous, really like hum it’s hard to explain, I fell in love with her and I like I suppose I got obsessed with her

I: Can you give me some examples to help me understand this better?

H: Like I well I walk into my room and I think about her because I had sex with her in my room.

Or I’d look at a piece of clothing and think of her because I’ve worn it or it smelt like her or anything like that. I was like really obsessed with her. Hum If I couldn’t go and see her or like if there was a reason why couldn’t she why she couldn’t see me I would like get a bit stroppy...

One day, she well we had she asked me asked me to rape her like in a sexual play kind of way”.

This passage can be seen to indicate a justificatory distortion of the events. However, Henry in supplying details, such as wearing and the smell of her clothes he indicates that there was an underlying need for intimacy. He then develops this account by describing that not being able to see her, which could indicate his emotional need for her, activates his attachment system and this is expressed and defended in terms of anger - *‘I got a bit stroppy’*. His emphasis then on the ‘rape’ can be seen as a defence of this vulnerability i.e. this could be interpreted as rape means that the perpetrator is no longer at risk of being needy and rejected - as he felt he was. Of course this passage can also be seen as an elaborate deceptive cover up of a vicious attack, but the insertion of details such as wearing her clothes and missing her and so on appears some way beyond the ability to mentalise and deceptive manipulation throughout his TAAI and this interview.

Henry employed similar discursive strategies when he talked about another incident of harmful sexual behaviour. Whilst he was having a sleepover at his friend's house, he was said to have groomed and kissed his friend's 12- year- old sister. The clinical notes stated that Henry was angry with his friend because his friend had sex with the best friend of Henry's ex-girlfriend. Henry said he planned to have a sleep over at his friend's house and planned to "do stuff with his sister". However, Henry's narration distributed responsibility to her and minimised his behaviour ("*I only kissed her*"). He also drew on a cultural discourse that as an attractive male he was entitled to have his sexual needs met.

"she was like 'oh do you like me'? And I was like 'yeah I like you. You 're my friend's sister. Why?' And she said 'Oh I fancy you'. And I was like 'oh do you ? like really ?' and things like that. Hum things started to develop from then on. She like texted me say she love me, I was fit and stuff like that, and me being me at the time".

Henry again here positions himself as a victim of misunderstanding and unfair treatment:

"her brother found out, got into, got me into the quite a lot of trouble with my friends cause he told my friends about us. Hum I told my friends what was happening. My friends took it the totally wrong way. And hum like started spreading it and started like bullying me because of it again and get my head kicked in as it was true (...) But I think yeah it was wrong but I shouldn't have got treated like this."

Again in this passage Henry describes getting his punishment in a matter of fact way and in fact admits that 'it was wrong'.

He also believed that it was the girl's responsibility to stop him:

"I: What would stop you?"

H: for her just to turn around and say I'm too young"

Henry, when invited to consider that he was older and she was not in the position to stop him, altered his strategy possibly aiming to justify himself and put himself in a favourable light:

"The fact that actually made me feel sick in the end cause I knew it was wrong. I always like if I do something wrong I know it's wrong. But at that time, at that very point in time, you don't think it's wrong. You can do anything and it will be alright at that point in time. But yeah I, I feel sick".

This adjusting of his account is a central to discourse analysis as it illustrates Henry's attempt to re-position himself in relationship to his interviewer and can be helpful in revealing that Henry is aware of how this activity convenes acceptable discourses of behaviour. Possibly in the moment with the interviewer he construes his experience in this way since a discourse of unacceptability has been prompted by questions about the age appropriateness of his actions. However, Henry in the context of his family may not have such a steer towards legitimate and acceptable age related discrimination nor does this moment in the interview trigger his dominant discourse that victimisation is 'normal'.

Henry continued to struggle to offer justification for his sexual activity and again this appeared in relation to his sexual attraction to his younger female cousin. Henry attempted to manage this by employing common but delusional cultural discourse that a blood relationship is a protective factor:

“I would actually like go back young like thinking she is only a couple a couple like years older than my little cousin, and like I’ve know her from a baby so like it’s different. Hum but yeah”

In an attempt to justify another incident, which was borderline statutory rape Henry drew on cultural discourse referring to alcohol as an excuse:

“the night all I can remember is getting drunk and then sleep next to her in the tent; so whether anything happened I don’t know”.

He also justified his behaviour by not knowing the consequences of his behaviour i.e. that it was a criminal offence. In fact, throughout the interview Henry did not acknowledge any possible impact of his behaviour on females but had a delusional belief that professionals were concerned that he may get caught by the police:

“In a sexual way, getting with like younger girls and then getting caught (...) cause they thought I was gonna like get caught I suppose by the police.”

Overall, it seems that Henry’s key strategy to manage his integrity in the context of his harmful sexual behaviour was drawing on discourse of the victim and male power and entitlement. It was evident in his comments he “didn’t have a very good experience with his girlfriend”, and false allegations against him. Further evidence can be found in his account of the incident

involving a twelve year old girl where he believed that others misinterpreted his behaviour. He also portrayed himself as a victim of false allegations, which were particularly stressful for him because of alleged pregnancy in another incident. It was also significant how he summarised professionals' concerns about him i.e. that "they were worried that he would get caught by the police", which again draws on a discourse of being a victim. The "victim discourse" fitted with his broader discourse regarding his powerlessness. For example, when he talked about his education *"I've got 14 As to Cs, and still they wouldn't let me in college"*. He balanced "the victim discourse" with "power discourse" which entitled him to have his sexual needs met and justify his behaviour. This was when he referred to himself being "handsome and fit", being obsessed in love, but also when he portrayed himself as older and proactive and being adored by younger females.

7.3 Case 2 Matt (15)

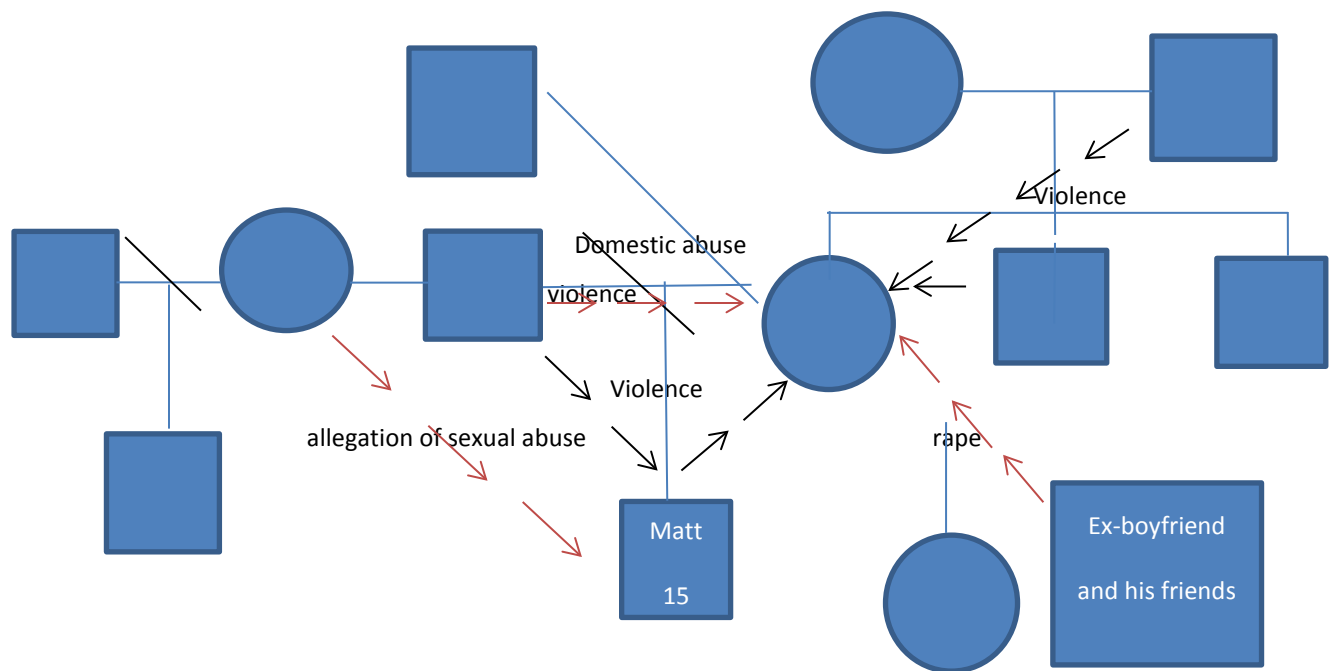


Figure 7.3 Matt's genogram

Matt's mother was raped by her boyfriend and his friends when she was fifteen years old and she became pregnant and gave birth to Matt's half- sister. Matt's mother suffered domestic abuse from Matt's father and left him when she was three months pregnant. She felt unable to look after Matt due to her epilepsy and left him with his father and then his father and step-mother until he was seven years old. He then returned into the care of his mother. His father and step-mother both had an alcohol problem and appeared to have a chaotic and violent relationship also featuring neglect for Matt. Matt had a violent relationship with his step-mother and when he was about six years old, Matt's mother alleged that his step-mother had sexually abused him. This resulted in an inconclusive police investigation. Matt's mother re-

married but her relationship with Matt was volatile with frequent verbal abuse and incidents where Matt physically assaulted her. Matt's mother frequently expressed concerns in front of Matt that he would become like his father and also that he may become a paedophile or rapist.

Harmful Sexual Behaviour:

At age thirteen Matt was excluded from mainstream education following repeated incidents of sexually inappropriate behaviour against a female student of a similar age - kissing against her will, grabbing and touching her breast and genital area. Matt was placed in another school but was subsequently accused of indecent exposure by a group of female peers, one of whom also alleged that he had touched her breast and made sexual comments. Subsequently, Matt was permanently excluded from school and referred for a therapeutic intervention. In addition to these incidents Matt's mother reported that Matt (aged ten) had been caught naked with his younger female cousin (aged six). There was also a separate allegation by a female student that he attempted to rape her but she did not want to make a complaint to the police.

7.3.1 Summary of Transition to Adulthood Attachment Interview

Attachment Classification

A (5-6) dismissive: self- reliance and relational promiscuity regarding mother

C (7-8) pre-occupied: menacing and paranoid ideation regarding father and step mother

Trauma

Utr(Pre-occupying) rejection by dad, alcoholism, violence;

Utr (dismissed)-rejection by mother

Utr (dismissed)-sexual abuse by step mother

Danger

Violence from his father

Alcoholism from his father and stepmother

Domestic abuse

Neglect

Volatile relationship with his mother

Comfort

There was no evidence of comfort in Matt's interview. He employed a self-reliant strategy and indicated no expectations to receive care or comfort.

"Q: And what about if you were ill, do you have any memories of being ill as a child?"

M: I don't remember ever being ill as a child.

Q: Okay, and what would happen if you were upset emotionally, what would you do as a child?"

M: Go upstairs, play my PS2"

Integration RF 3 -4

Matt indicates some ability to reflect, for example that *'there's a monster inside me and I don't want to let it out cos it may hurt someone'*

He also talked about the importance of trust and awareness of how his relationship with his mother escalates and his part in provoking this.

Overall Matt showed a mixed attachment pattern employing extreme versions of both insecure attachment patterns. He displayed Dismissive A (5-6) strategies in relation to his mother - characterised by compulsive relational promiscuity and self-reliance, in which an individual withdraws from relationships into compulsive self – reliance (A6) or engages in only superficial intimacy. He displayed extremely angry pre-occupied C (5 → 7) patterns with his father and step- mother with an indication of a progression towards ‘menacing’ - using the threat of anger and violence to manipulate others (Crittenden, 2006). He also showed positive feelings and perceptions and a somewhat idealised pattern with his mother, grandparents and half-brother. He appeared to oscillate between forgiving his mother for leaving and allowing his father to have custody with intrusive anger, resulting in violence towards her.

He showed consistently angry patterns in relation to his step - mother and father with indication generalised to other women in that he referred to some women as ‘whores’ in his interview, and told a joke about a prostitute that contained strong derogatory imagery and feelings.

Overall, violence permeated his TAAI interview. His very first memory was of a violent episode with his step-brother and this episode was told with considerable bravura as if trying to impress the interviewer about how tough he was/is. Matt employed bravado throughout the interview in his exaggerated delusional sounding accounts of his physical prowess. However, he let slip that he was scared of a boy who bullied him but then masked this by excessive swearing and aggressive language. The interview indicated that he generally had low self-esteem. He appeared to delusionally defend against this in his friendships with girls when he talked about

how he had 'dumped' one and that another girl was a 'fucking whore'. The most striking pattern was an alternation between becoming aroused, showing vulnerability and anger followed by denial and dismissing and delusional bravado. For example, when he talked about being 'dumped' by a girlfriend ('dumped' was used four times in one paragraph) he denied that he had cared and then talked about how he always immediately moved on to the next one when that happened.

Comfort appears to be largely absent in his interview in that his accounts indicate that it was not given but also that he did not expect it. He gives a hint that he uses masturbation as a form of comforting:

'Sit on the sofa and get comfort. Get it? Like when you sit on the sofa and get comfort?

heheh '

This reference was an important part of the interview and possibly indicated a process whereby sexual comforting through masturbation gets mixed with angry feelings which may make sexual activity an explosive area for him. He made some sexual references to his stepmother, with whom he was also very angry:

'it wasn't the fact that she touched me in a sexual way it was the fact that she touched me at....always felt her looking at me...and she was talking about me about well done at school ..I'd be like "fuck off you dirty bitch".

This angry derogation appeared to have some sexual thread - possibly he has some feelings for his step-mother that become disguised as her interest in him, which he rejected.

7.3.2 Self-reported inventories

The IPPA results indicated that Matt has secure attachment with his mother and ambivalent attachment with his father. The finding from TAAI partially corroborate it. This is that if Main's classification was to be applied, Matt's parental attachment can be classified as ambivalent. The findings from TAAI contradicted the IPPA results with regard to Matt's maternal attachment, which was classified by TAAI as avoidant. In conclusion, Matt showed both types of insecure attachment patterns.

With regard to the PDS assessment Matt did not identify a traumatic experience, however he identified some problems which could be deemed as result of trauma. Matt reported that he was having much less interest or participated much less often in important activities. He reported being almost always irritable or having fits of anger; he also reported almost always having trouble concentrating. However, he was unable to identify why he felt this other than commenting that it was "how he is". He also reported that it negatively affected his general satisfaction with life.

The results from Beck Youth Inventory were between average and elevated. The table 7.5 shows specific results:

Table 7.5 Beck Youth Inventories results regarding Matt.

	T
BSCI- Y	48
BAI-Y	61
BDI-Y	54
BANI- Y	56
BDBI-Y	57

7.3.3 Semi - structured interview

The interview revealed a variety of discursive domains and strategies that Matt employed to make sense of and to preserve an acceptable self - image and presentation of himself. These discursive domains overlapped. For example, seeing the family context as dangerous and rejecting was also inter-woven with his desire to see himself as strong and has in part caused the problems. As this appeared to allow him to feel some sense of control and mitigate the sense of rejection he also felt. The discursive strategies are covered in more detail below.

Coping with a violent and volatile contexts

Matt perceived his family home as violent and volatile with some incidents of physical violence between him and his parents:

"... a fucking warzone (...) there was fighting with my step brother, arguing between me and mum (....) They were fucking bad, I'd hit my mum before cos I'd got so angry at her, she was all like fucking up in my face like tell me off and I just went, turned round and BOSH and she was like 'you fucking cunt, I swear you fucking' "

He showed emotional arousal as he told of such incidents but also attempted to distance himself and minimise the issue:

"I don't really think about it a lot, it's the past and the past is the past"

Victim and rejected

Matt felt rejected by all of his carers. With regard to his father he said he felt:

“Upset for the fact that he chose his marriage over me (...) his flesh and blood”.

Matt uses the metaphor ‘flesh and blood’ to emphasise that his father’s choice of his marriage over him was not legitimate.

This sense of rejection was still unresolved and underpinned by anger:

“I still get upset about it when I think about it, literally, if I get in trouble now my mum is like oh you haven’t been yourself are you, I’m like it’s my fucking dad, I blame it all on my dad.”.

This passage indicates some reflection about how his mental state of being ‘upset’ is caused by thinking about what he construes as his dad’s choice of his wife over him. However, this does not reach a substantive reflection in the interview and ends with a reductionist derogation of his dad, ‘blame it all on my dad’. This also allows an abdication of responsibility as the cause of him getting into trouble.

There was also a suggestion that he suppressed feelings of rejection related to his mother’s decision to leave him in the care of his father:

“I was about three, I moved away from my mum because she had epilepsy and what not and she couldn’t handle me because of her epilepsy, she couldn’t take proper care of me so she gave me away to my dad, well not that she gave me away but you know she still handed me over to my dad”.

In the above passage Matt starts to develop a potentially sympathetic account of his mum not coping because of her epilepsy but appears to diminish this by trivialising it as ‘what not’. He

also indicates a slip from suggesting that he was partly responsible in saying 'she couldn't handle me' to reducing his potential responsibility to 'she couldn't take proper care of me' putting the emphasis back on to his mother. The passage then becomes more emotive as he changes the phrase 'gave me away' to a softer 'well... handed me over to my dad'.

Life as tough: A lack of expectations of comfort- request for comfort may trigger anger from the parent

Matt idealised his early years with his father describing them as “pretty good” and his father as, “brilliant”. He explained this by following:

“If I got upset he wouldn't get angry with me, he'd have enough, he wouldn't get angry with me, he'd be like go upstairs and calm down and that er...so I used to go upstairs and he'd come and speak to me”.

This not only appears to an idealisation but may suggest that Matt did not expect comforting when he was upset but was grateful that his father did not show anger and in effect ignored him. Matt used the word 'upset' here rather than angry or irritated, this is an example of what appears to be an effective emotional coping strategy which Matt appears to follow. This is that he withdraws himself from a situation and self-comforts. However, there is also an indication that he may be aware of insufficiency of self-reliant strategies and his need for protection. For example, Matt also recalled a clear memory underpinned by fear and a sense of insecurity:

“I remember this one time when he (father) went out after putting me to bed and I use to stay awake cos I wouldn't fall asleep unless he actually was at home (...) I used to create images in

my head like he was in the house....., so I still felt safe and what not (...)he never use to lock the door, so if he'd gone out and some twat walked in the door, like, fucking who knows what would have happened."

In this passage he appears to admit to vulnerability and a need for his father's protection. He describes his father going out and leaving him alone in an unlocked house, using images of his father to comfort him. As he describes this he seems to become aroused and initially claims he could comfort himself but then reveals his fears and attempt to ward these feelings off by use of tough words, 'twat' and 'fucking who knows'. However, he does not complain about his father's apparent neglect.

Masculinity as a need for machismo - bravado

Matt appeared to attempt to justify and minimise his father's violence within a framework which also placed himself as strong and in control:

"I have been hit but not for on purpose, it's been sort of like where I've been up in my dad's, dad's face and he pushed me back to protect himself".

Here Matt appears to accept violence as legitimate and also takes his dad's perspective in construing being hit as the result of his father protecting himself and him being 'in his face'.

He portrayed himself as a 'tough nut' but also described himself as a 'man whore' who had hundreds of girlfriends. It seems that he builds his identity on physical prowess and sexual-macho behaviours. But there was also evidence of a discrepancy between the way he would

like to be perceived and his more realistic view of self. He realised that he only picks on smaller and weaker people.

Matt felt uncomfortable discussing romantic relationships in the interview. He said that he would prefer to tell his male friend that his girlfriend was:

“like a fucking animal”

“but I wouldn’t say stuff bad like oh me and her had a romantic dinner and shit like that cos then you’d be like ‘I’m fucking losing my marbles mate’ cos he knows me as the hard nut taking on everything”.

This suggests that revealing any softness or tenderness would be construed by his mates as ‘losing his marbles’. This creates a dilemma for him in his ability to achieve emotional closeness and tenderness, as to show this also is to be seen as not masculine. Matt recognised that he felt undermined and threatened by females and girls could make him feel ‘small and angry’. For example, during the alleged exposure incident he had thought that the girls were laughing at him.

His recourse to bravado also emerged as he described the conversations in which he engages in counter accusations as a tough guy who calls girls bad names:

“I walked by them and what not and they were like ‘ahh Matt you’re a fucking prick and you’re fucking this and’ and I turned round and went ‘yeah? You’re a fucking whore (...) you’re a whore, you’re a whore and you’re a fucking slut.”

It seemed that Matt became emotionally aroused in the above passage. For example, he appears to become animated and almost acts out the episode with the girls as if in doing this he

can position himself as tough and in charge. He blamed the girls for the incident and was possibly angry that it directly led to his exclusion. He attempted to suppress these feelings:

"I lived near the girl that started it all, so every time I saw her, she, don't smile at her and I don't give her evils, just look at her in like disgust and she sort of just walks past and goes and just walks past like she feels really guilty I have spoken to her and she has been really alright with me but every time she's with her friends she's all like hard nut ish so sort of swears at me, that's why we've fallen out."

This appears to show an element of him wishing that the girl had forgiven him but it is her friends who are still provoking her anger towards him. In addition, it indicates that Matt sees the influence of peers and the wishes to be accepted by them as a 'hard nut' as important and interestingly this also applies to girls. Such desire to be accepted by peers is a common feature of young people Matt's age, but does appear to be a strong source of motivation for him indicating a fragile sense of self and a strong need to be accepted.

7.3.4 Harmful Sexual Behaviour

Matt, like many young people attempted to avoid discussing his harmful sexual behaviours and tended to steer such discussion towards the themes of machismo and bravado:

"..... ermnaerm (exhales) it's really hard cos I've had I don't want to man, sound like whorish but I've had so many girlfriends that it's just like hard to think of one, it's just a lot, oh..... no I can't remember"

Misunderstood in his intentions

A central strategy that Matt employed in relation to his sexual behaviour was to suggest that his intentions had been misunderstood and that he was a victim of accusations and even of sexual abuse himself.

This is exemplified in relation to an incident on the school bus; Matt framed this as a punching game where he had accidentally hit a girl near her groin.

Power and male dominance

Matt accepted and employed a discourse of male dominance and supremacy over the female.

There included a very strong gender polarisation which contained an emphasis on males as needing to show physical strength, aggression and sex. A male was seen as needing to be strong and aggressive therefore respected as opposed to females who are *“too soft which is not as scary as men”*. Physical strength was also seen to entitle a male to protect a female since she was seen as not able to protect herself. Females are regarded as weaker and vulnerable. This contrasts with him, as a male, who is strong and angry. Arguably because of this, in his view females are less likely to be respected and listened to. In his account an exceptional example of a respected female teacher was sexualised and masculinised *“she was fit, she was just like ‘fucking Matt you should be listening (...) she had some balls”*.

It was acceptable for a male to have lots of sex but not for a female. There seemed to be an extreme polarisation whereby girls were pure and innocent whilst they were a virgin or sluts and liars asking for sex once they had lost their virginity.

"I: What do you understand by inappropriate sexual behaviour?"

M: Like touching a girl if she don't want to be touched. Or erm saying stuff like stuff sort of that's inappropriate like 'oh yeah like you and me are gonna go in the house and have sex' like if the girls still a virgin and what not".

"M: Sometimes if you're in high school there's some girls that have probably lost their virginity and then they want you to, they want to have sex with you and then when you actually touch them they're all like 'fucking rape mate".

In this passage he appears to accept that it is inappropriate to suggest sex to a girl who is a virgin but in contrast girls who have had sex cannot be trusted and will be deceptive and wrongly accuse him. Seeing girls in such an undifferentiated way may also mean for Matt that there is little possibility of negotiation in his encounters with girls. Also, since they will wrongly accuse him of rape, perhaps this serves to justify his aggressive sexual behaviour towards them.

Overall Matt portrayed females in derogatory terms as "whores and sluts" including primary school age girls. They were likely to have "AIDS or some shit". Females were also deceitful.

Matt also used a cultural discourse whereby a female is perceived as not as good as a male, as having some kind of fault due to gender *"I like females, nothing wrong with them"*.

Even when he referred to alcohol problems, the picture that Matt paints here is of troubled people in his life. But the female is portrayed as unable to use alcohol without it leading her to become vulnerable and hurting herself. The male, though named by him as an alcoholic continues to be able to drink. A consideration of why people might self-harm or drink to excess is not articulated by Matt and he appears to accept both as normal problems but also to ignore a consideration of the emotional vulnerability underneath it.

“and fucking she’d been drinking cider on top of the medication so she was fucking faced off a rat man (...) and she’d fucking cut herself on her arms and shit like that”

“we walked up the pub you know you’ve had a hard time and what not and because he was an alcoholic started drinking away the night”.

7.4 Case 6 Sean (14)

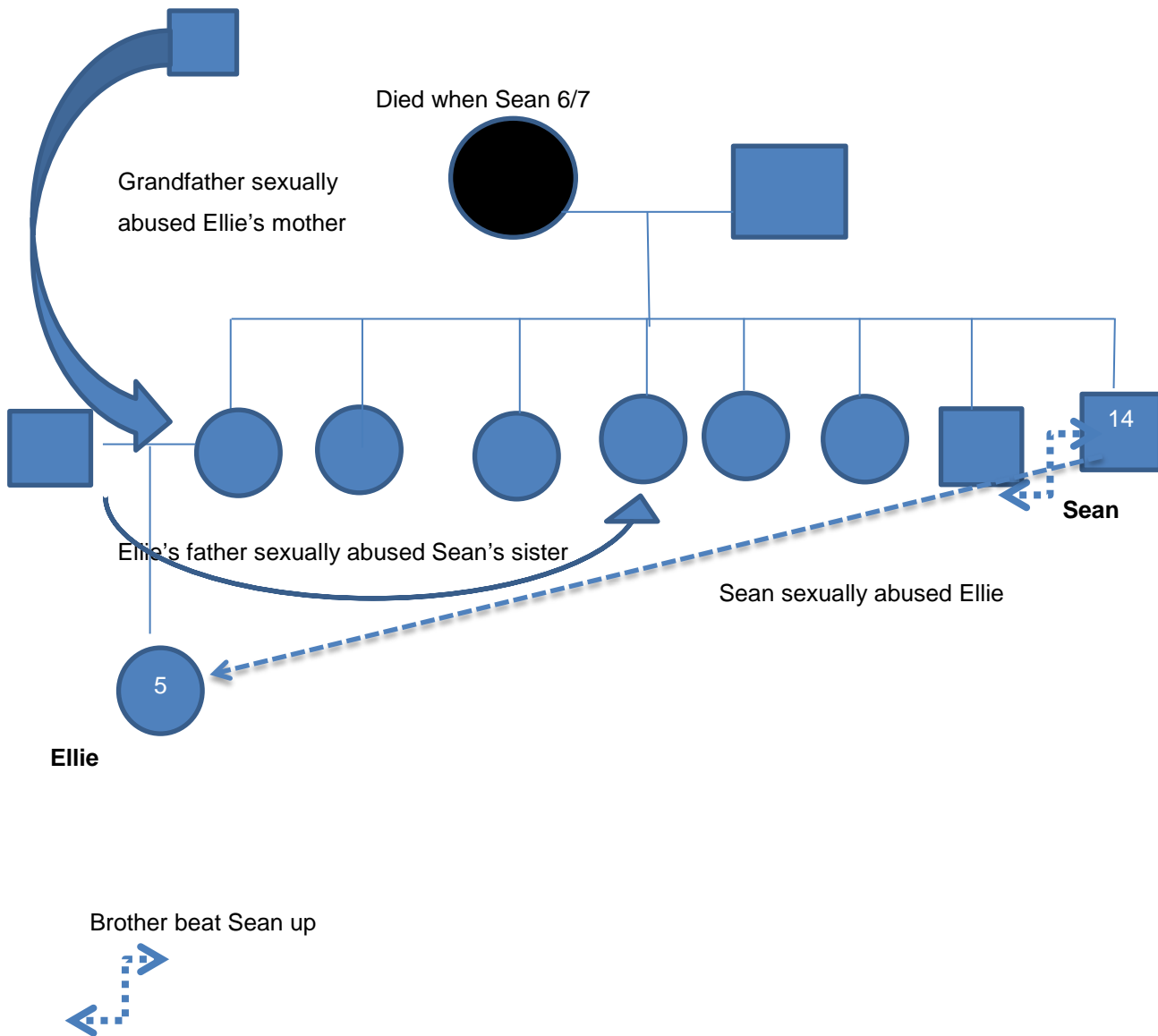


Figure 7.4 Sean's genogram

Sean was 12 years old when he sexually abused his niece Ellie who was five years old. This included oral sex, vaginal penetration with a finger and his penis. There was also a previous allegation that when Sean was eight years old he displayed harmful sexual behaviour towards a girl within the family. But it was not investigated and specifics were not given.

Sean was the youngest of eight siblings. Sean's mother suffered from long-term illness. She passed away when Sean was six/seven years old. She died unexpectedly collapsing in front of Sean. Sean's father suffered from a brain dysfunction, which impacted his mobility, memory and verbal communication. There was a referral to the Children's Services requesting support for the father as a single carer. Although it was noted that Sean's father struggled to maintain boundaries and Sean had problems with aggression. It was felt that it did not meet the threshold for support from the Children's Services. Concerns regarding the children's presentation and personal hygiene were noted but it was not deemed as neglect. There was a strong suggestion of intergenerational sexual abuse. The Children's Services' file stated that Ellie's mother was sexually abused by her grandfather. It also stated that her husband was a risk to children because of sexual abuse that he perpetrated towards Sean's sister. In addition, when Sean was nine years old he was seen at casualty for a sore anus, but there were no more details.

Sean's oldest brother and the brother's his wife did not have contact with the rest of the family. Sean said he was assaulted by his brother because he had talked to his brother's daughter in school. Although it was not the same niece that he abused when he was twelve, it remains a

possibility that he may have displayed harmful sexual behaviour towards her when he was eight years old.

7.4.1 Summary of Transition to Adulthood Attachment Interview

Attachment Classification

Predominantly pre-occupied C + but with some A (dismissive) patterns:

- C 5- 6 – featuring a pre-occupation with mother’s death
- A 5/6 – compulsive, self-reliant/promiscuous, also some self - derogation and memory loss for example regarding comfort

Trauma

Unresolved Loss regarding his mother

Trauma that ‘everyone around him may die and this will be his fault’

Utr neglect (dismissed)

Danger

Father’s illness and fear that he may die

Violence from his brother

Threats of physical punishment and physical punishment from dad

Comfort

Sean has no memories of being comforted. In fact, he frequently went into dialogue to distract thinking about his own comfort and this digressed into accounts which featured a role – reversal:

"Close... I care for him, I'm like a carer..... I can't think about anything..... if he needs anything, it comes under care, if he needs anything I will be there for him and do it."

Integration: RF 2

In terms of his integration and mentalisation - there is not much indication that he is able to take another's perspective and seems to ignore for example how his teacher might have felt and has rudimentary explanations about his girlfriend's and friends' intentions. He struggles to reflect and occasionally becomes disoriented:

"Q: What are you like now as a teenager?

S:....uhmm...eh.. I can't think...well teachers call me kin, unkind, but I can always be, I can be strict as well. So if anybody starts picking on me I lose my temper. I tell them if they don't pack it in I've got secrets about them. They don't like me tell, saying that. They pack it in. We got tractors, we got them everywhere. That's why I went, me and my mates have been jumping cars, that's what we've done tractors.

Q: What else can you tell me about yourself? What kind of person you are?

S: uhm...

Q: Can you give me four words to describe yourself?

S: ..Kind.....can't think now. I can't think about any words....helpful.....I can't think about anything else."

Attachment Patterns

Sean's TAAI interview has lots of violent imagery and lots of rambling dialogue. He indicated a lack in his ability to clearly separate out past events from his current feelings and relived events in entangled dialogues. This is indicative of pre-occupied patterns. In contrast he also has some idealisation of his parents and engages in some very bizarre self-mockery and derogation regarding his mother's death. Usually the mixed patterns are considered in terms of Dismissive (A) patterns with intrusions of pre-occupied (C) states but it seems that this is an example of a mixture of predominantly C+ plus strategies, high arousal with attempts at A patterns.

Semantically, he has a limited repertoire of concepts to organise his thinking but does not derogate his parents and in fact he seems to idealise them. His episodes are generally fragmented rambling and meander off into dialogues which seem to confuse past and present events, reliving events with aroused emotion as he talks. This is illustrated in the following example:

"Because, every time I walked over to shop, she goes " O I'll come with you I could go to get something". And then when I go back she was like " o wait there for me I'll catch up with you, than, I'll walk back with you". I'm like "Ohh this is (unclear) this's been... Now she is going out with me, I'm like, now I know what she was like. She was asking me."

There is a strong sense that he struggles with making temporal causal connections so finds it hard to develop coherent explanations of events and their causes. In terms of his integration and mentalisation, there was little indication that he is able to take another's perspectives and seems to ignore it.

In summary: Sean presented a complex mixed pattern of attachment with several markers of unresolved loss. This suggested that neither of the dominant dismissive or pre-occupied patterns functioned adequately for him and hence he alternated between strategies in a manner that appeared to be fragmented and disorganised. The most striking patterns was an extreme version of pre-occupied patterns, alternating between an angry and seductive strategies (C 5- 6). He also displayed some dismissive (A 5/6 compulsive self-reliant/ relationally and sexually promiscuous) patterns which included self – derogation, dismissing the importance of relationships and memory loss regarding comfort.

Most importantly he also showed evidence of Unresolved Loss (pre-occupying) concerning his mother's death.

7.4.2 Self – reported inventories

The IPPA results indicated that Sean had secure attachment with his parents. This was contradicted by findings from TAAI.

The PDS results suggested moderate to severe trauma. Sean reported that he was assaulted by his sister. He reported that following this incident he had upsetting thoughts and images about it; that he was reliving the traumatic event 2-4 times a week. He also reported that he felt emotionally upset, experienced physical reactions when he was reminded of the incident and

was over alerted. These symptoms would occur 2-4 times a week. In addition to these he reported almost always having difficulties falling or staying asleep, problems with concentration, having bad dreams or not being able to remember an important part of the traumatic experience. Significant trauma and loss were also identified through the TAAI. However, Sean did not report the assault by his sister. It is possible that the reported symptoms of trauma were related not only to this particular incident but were related to his other traumatic experiences and merged.

The results for Beck Youth Inventories indicated that Sean had significantly difficulties related to psychological in well- being. The result regarding self-concept was much lower than average, whilst the rest of the results were extremely elevated. In fact, his results fall within less than approximately 4% of population. The results are presented in Tab. 7.6:

Table 7.6 Beck Youth Inventories results regarding Sean.

	T
BSCI- Y	33
BAI-Y	74
BDI-Y	66
BANI- Y	76
BDBI-Y	77

7.4.5 Semi – structured Interview

Sean's interview appeared at times to be incoherent and chaotic with intruding accounts and details of highly distressing and traumatic incidents, for example, relating to his mother's death. He showed considerable emotional arousal during his interviews and at times showed confusion between past and present events, or he jumped between events and storylines. He also minimised feelings of sadness, loss and rejection, and displayed pattern of self - presentation when he becomes aroused and then distances himself from or even mocks his own feelings of vulnerability. There was also indication of a pattern of offering delusional fantasies, which initially appeared chaotic but in repetitions in his account could be seen to have a function of distancing himself from the highly distressing feelings that appeared to be associated with these events. For example, very early in the interview when referring to his mother's death, he asked whether *'he could have some gloves for searching people'*. This digression also linked with an elaborate delusional story regarding his belonging to a security team, which was repeated several times throughout the interview. The theme of a 'security team' appeared to be a metaphor for his wish to have more structure in his life, a code of behaviour, sense of belonging, power and protection. Overall it appeared to represent a substitute or a desire for a secure family base.

Victim and guilt

Sean portrayed himself as a vulnerable child and linked this with a sense of guilt and responsibility for his mother's death. He said that life was:

"Quite bad, cause I was (...) the youngest one out of 8 (...) and as youngest you don't get as much as others".

This rationale appeared to be employed to explain his sense of rejection in his family though in contrast youngest children are often regarded as the 'baby' in the family and privileged with attention. He added that he was affected the most by his mother's death, *"It hurts me more than the older ones (...)"*. However, Sean also believed that his mother died because of him:

"I thought it just my fault because she cared about me more (...) I thought it was my fault because she used to spoil me more (...) because I was the youngest and she always spoiled the youngest".

This also indicated the tensions in his thinking in that now the youngest is also seen in the more typical terms of being the one who is 'spoilt'. It is interesting to note that here care is also linked with danger i.e. caring for him is seen as having contributed to his mother's death. Sean generalised his sense of guilt and responsibility for the death of his mother over other family members *"if all my family starts passing away, I'd just feel like it's my fault again"*. Sean was also worried that his father could die because Sean gives him trouble.

Vulnerability and delusional bravado

Sean had vivid memories about his mother's death, suggesting unresolved trauma and loss. In the interview he went into a dialogue acting out the traumatic event as if he was reliving the experience in the present. He would incorporate traumatic images for example "*black ambulance*". His narrative was characterised by a sequence of traumatic memories, self-derogation of vulnerability and repeating pattern of dialogue. He would also describe the event, his experience and his reaction as "*well funny*".

"And it is sad that she died because she died of my, my next to my foot, and I was shaken and everything, I was like aaa and I couldn't breathe (...) It was well funny.

"Yeah, she just died and her eyes were shut. I was like "daadd mum is asleep and she is happy, she is on my foot" (...) I was on a stairs and Maria goes "Sean don't worry" (...) and I was like "Is mama going be alright" and she goes "Sean she is dead". And I was like "what, what ooh ohh". (...) Maria gave me hug and goes " everything will be alright because... mum is dead but it's not your fault. She just died because of smoking" And I was like " I..wa-nt- m-y- mum"

This passage both reveals his vulnerability and pre-occupation with the memory of how his mother died and a powerful sensory memory of her lying on his foot. However, he ends this passage by a sort of self-mockery and bravado in effect mocking his own childish reaction at the time. This pattern of 'whistling in the dark' was characteristic of his interviews.

Sean also described having a nightmare in which his mother was stabbing him *"I keep having dreams about my mum coming alive and stabbing me because I thought it was all my fault. And it keeps scaring me and scaring me and scaring me, I told security"*.

This account crossed over between a subconscious world of dreams and the 'real' world and is dismissed by bravado attitude *"it was well funny like"* and escapes in his delusion about the security team. Sean also referred to a ghost of his mother that was in his house.

Minimisation and distancing:

Consistent with the use of a strategy of bravado Sean also minimised his feelings regarding his grandmother's death. *"It really didn't affect me as much, cause I knew that mum died, I was a bit older I was about err...God knows, I can't remember that far back, all I can remember is getting in err fucking cab and we had to sort it out or something"*.

Though he suggests that he was not so distressed by this he appears to show arousal in his use of the words "fucking cab" portraying anger and possible distress generated by this memory.

Likewise, he also appeared to minimise feelings related to his grandfather's illness and rejection:

"a bit sad", "it's well funny".

The addition of 'well funny' appears to further neutralise the already minimising phrase 'a bit sad'.

Managing distress by delusional fantasy

Sean employed a delusional account of being a 'security boss'.

"Because I'm a security guard, not security guard I'm a urmmm...a boss of security and a SWAT.

(...) We were basically like police officers".

Delusional belief appeared to offer him a sense of status, power and significance and also an important way of his managing his fears:

"I've got a ghost at my house of mum(...) my mate talks to ghosts. And he was talking to her.

And he was like, you're gonna hurt your son Alison, Alison you're gonna hurt your son. And he

told me, she's not gonna hurt you she's watching you in case anybody did hurt you. And I was

like ahh this is a [unintell] it was well funny like. I work as a security guard and you've gotta

write all your details down(...) so they know what happened. I'm the boss, and I'm basically in

charge".

Sean intersperses his account with the statement 'it was well funny', which is followed by a digression into his fantasy of being a security guard.

Sean also frequently idealised his friendships by referring to the security team as his family:

"But I've got more family than anybody can count sheep. Cos I got so many, I've got mates from

A, Y, Z, W, all around B basically and there all like family (...) We're like brothers and everything

in that we're just like a security team up, brothers and sisters together."

Here he appeared to connect the idea of a security team with that of his family. Possibly the word secure is important here in that his family life appeared to be far from secure.

The use of a delusional belief as discursive strategy could be seen in the light of his sense of not being actively responsible, feeling in charge or having much control over his life. Events such as the unexpected death of his mother appeared to result in his employing this extreme form of delusional accounting of events in his life.

7.4.6 Harmful sexual behaviour

Machismo and gender norms

Like the other young men in this research Sean appeared to be highly influenced by conventional discourse of masculinity. For example, he appears to let his guard down, at times revealing his vulnerability and seeking comfort through a romantic relationship. For example, when he talked about his nightmare he said *“it was scary, but now I’ve got a girlfriend”*. This started to indicate that he viewed her as someone who helped him with his feelings of fear and anxiety about his traumatic nightmares. However, he proceeded by steering this towards a conventional account of being a protective male:

“I’m overprotective of my girlfriend, my mates at security. If she’s got a boyfriend and I don’t like that I tell her. But it’s up to her at the end of the day, but if he did hurt her he would have too much to lose, because I’m a security guard, not guard I’m a urmmm... a boss of security and a SWAT.”

Interestingly, though talking about his girlfriend he then mentions ‘if she’s got a boyfriend’ suggesting that he has not had a girlfriend of his own and that this is also perhaps a fantasy. He

also demonstrated traces of ambivalence towards women, for example on one occasion in his accounts he described his brother's girlfriend as a "dog".

Masculinity and Peer pressure and desire to belong and be accepted

When Sean's harmful sexual behaviour was discussed he referred several times to peer pressure as a causal reason and minimised his responsibility: *"Cause my mates saying I done it I done it, c'mon Sean you ain't done it, go and do it (...) I just done it cause they said do it."*

It also seemed that he wanted to prove himself and be 'one of the lads'.

"They just said it because they think they're hard, but then, now I think they'd go ahh Sean's the hard one now".

Here he first indicates that he was driven by peer pressure to show his sexual prowess and be 'one of the lads'. Interestingly, he then ends by saying that he now thinks that they would think he was 'hard'. In the use of the phrase 'now I think' he indicates that this is also a fantasy and has not happened but that he would like to be thought of by his mates as 'hard'.

Distortion about harmful sexual behaviour - a game

Again Sean employed a strategy of framing his harmful behaviour as a game *"I told her it's a game to pull her trousers down (...) I think it was a game and a not game in a way (...) I said it was a game, I didn't mean to do anything (...) Cause of everybody just said ahh it's just a game Sean, go on..."*

He displays several changes in his stance here, 'it was a game and not a game' indicating that he is struggling to settle on a definitive meaning. He also adds 'in a way' to also suggest that he understands that he did not see it as a game but as a sexual invitation or attack. This is further suggested by his phrase that 'I didn't mean to do anything' and that the others were framing it as a 'game' further helping to add to the justification for what he did.

Minimisation of impact

Again, as with the other accounts he employed a strategy of minimising the impact of his actions, for example in relation to the abuse on his niece *"she might be feeling a bit scared (...)*
It might affect her now".

He employs the word 'might' to moderate the effect of his actions and to imply that distress as a result of what he did need not necessarily follow. Though he further qualifies this by accepting that it might affect her 'now' and that she might be a 'bit scared'.

Power discourse

Sean indicates a striking lack of a sense of power in his life. He appears to subscribe to a conventional discourse of males as expecting to have more power and to be tough. In his case he displays a striking use of delusional ideation in creating a fantasy of being a "boss of security" and he employs various symbols of power, such as handcuffs, batons, rights to stop, search and arrest people. He also intends to offer to protect his mates, though it is not convincing that he does in fact have many friends and also a wish to protect his girlfriend, who

again is not convincingly described as an actual 'real' girlfriend. The discourse reflects a lack of control and his powerlessness in his life.

7.5 Discussion

This chapter presented results from Study 2, which conducted an exploration of attachment strategies and an exploration of the accounts that the young people offered of their family and social context. The research sample included eight young people. The TAAI and semi-structured interview complement each other in that the exploration of family and social background provided a context for understanding the development of their self - protective attachment strategies. In turn these strategies also give an insight into the underlying emotional dynamics that shape the discursive strategies that the young men employed.

The analysis of TAAI interviews identified that all young people presented with complex insecure attachment strategies that were frequently disrupted by unresolved traumas and losses. It is a striking finding that the majority of the unresolved trauma is related to family relationships with the significant attachment figures. In particular, these appeared to be related to attachment processes whereby the child's request for care appears to have been ignored at best, or even to have triggered rejection and angry responses. One of the crucial findings from the TAAI and semi-structured interviews was that all of the young people experienced a lack of comfort, and appeared to have subsequently failed to develop functional strategies for self-soothing and emotional regulation. In addition to these, the young people showed poor

reflective functioning and poor relational scripts. The majority of them seemed to be socially and emotionally isolated.

Most of the participants showed significant indicators of multiple unresolved traumas. In one case a significant loss was identified and for Noah what appears to have been an extreme event (finding a severed head, see appendix C), which may have triggered a severe traumatic state and contributed to the disorientation he showed in his mental states. There was one case where no clear symptoms of trauma were identified. This could be explained by extreme avoidant attachment strategies, which were employed by this particular young person and resulted in dismissing possible traumatic events. Especially, that there was a strong suggestion of domestic violence, of which impact could have been minimised.

Specifically, the two most common unresolved traumas that were identified by this research were related to parental neglect/rejection or abandonment and experience of violence. The experience of violence included experience of physical abuse perpetrated by a parent or exposure to domestic abuse. Unresolved trauma related to parental neglect/rejection was identified in three cases. Unresolved trauma related to violence was identified in two cases. In a further three cases both types of trauma were identified. Childhood sexual victimisation was identified in two cases. In one case, sexual abuse was allegedly perpetrated by the stepmother. In the other case sexual abuse was perpetrated by an older peer and by an adult online.

This study also provided further evidence to the discussion regarding the reliability of self-reported inventories. This study showed that findings from the self-reported measures regarding attachment style and trauma were contradicted by findings from TAAI and Semi-structured open-ended interview, and triangulated evidence for this was provided through information from the case file. IPPA results showed that all young people had a secure attachment with their mothers and the majority of them had a secure attachment with their fathers. In addition, the majority of them had a secure attachment with peers. Table 7.7 summarise results from IPPA:

Table 7.7 Summary of findings from IPPA. n=8

	Secure	Insecure ambivalent	Insecure avoidant
Mother	8	0	0
Father	5	1	2
Peer	7	0	1

The findings from PDS indicated that half of the young people showed no indicators of trauma, whilst two of them showed mild symptoms of trauma. Mild symptoms of trauma were located within lower to medium range of the mild scale, including one case with score 1. With regard to the second case, the young person did not report traumatic experience but he identified some mild symptoms such as feeling irritable or having trouble concentrating. He believed that they were part of his personality. The result, which suggested moderate to severe trauma, was related to Sean. Sean's PDS score was consistent with the results from Beck Youth Inventory and findings from Sean's TAAI. However, the results from IPPA suggested that he had secure attachment with parents and peers. The result indicating moderate trauma was related to Noah

and the incident when he found de-capitated head. The analysis of Noah's TAAI suggested that apart from trauma related to this incident, he also showed indicators of trauma that was related to physical abuse from his father and domestic violence. Summary of finding from PDS are presented in table 7.8:

Table 7.8 Summary of finding from PDS, n=8

No rating	4
Mild	2
Moderate	1
Moderate to sever	1
Sever	0

The findings from Beck Youth Inventory showed that results of at least half of the young people were in range above average with regard to anxiety, depression, anger and disruptive behaviour. The results also suggest higher level of anxiety and disruptive behaviour. Interestingly, there were also results that fell below average. Those results corresponded with an extremely avoidant style identified in relevant TAAIs. Overall, the results also indicated that those young people present a poor concept of self. Summary of findings from Beck Youth Inventory regarding anxiety, depression, anger and disruptive behaviours are presented in table 7.9. The findings regarding self-concept are presented in table 7.10.

Table 7.9 Summary of finding from Beck Youth Inventories regarding anxiety, depression, anger and disruptive behaviour n=8

	Lower than average	Average	Mildly above average	Moderately above average	Extremely above average
Anxiety	2		2	2	1
Depression	2	2	1	2	1
Anger	1	3	1	2	1
Disruptive Behaviour	1	1	3	1	2

Table 7.10 Summary of findings from Beck Youth Inventory regarding self-concept

	Above average	Average	Lower than average	Much lower than average
Self-concept	0	3	3	2

The semi-structured interviews provide factual information about the young people's lives as well as allowing an analysis of the dominant discourses and discursive strategies that they employed. This complemented the analysis of the TAAs in indicating what identities and justificatory frameworks the young people had created. A specific focus of these interviews was on the sexual offending and how the young people accounted for and attempted to justify their actions. As indicated in the literature review, research studies and clinical interventions with this group of young people (and even more so with adult offenders) have emphasised their denial of their offences and employment of a range of deceptive strategies to excuse their actions. In effect their statements have typically been considered within a climate of suspicion,

which can be seen as understandable given the potential threat and risk they pose to the community. However, this can build a context in which an understanding of their actions in terms of their needs and difficulties can be regarded as legitimising or excusing their actions. In the analysis of these interviews, it was attempted to consider how the discourses they employ were derived from their childhood experiences and how the general relational discourses also shaped the specific accounts they offered of their offences.

The analysis revealed differences in the young people's accounts but also some general discursive themes. The discursive themes held by all of the young men were the following:

- Life is hard - and do not expect anything else. Their accounts of a wide range of difficulties, domestic violence, abandonment, rejection, family quarrels, mental health problems and alcoholism in the family were described in flat journalistic ways as a normal feature of life.
- Violence is acceptable/normal and is an integral part of life - the boys generally spoke about violence against them in a matter of fact way without indication that they rejected this as legitimate.
- Powerlessness and victimisation as normal - the facts they presented suggested that they had been victims but they appeared to accept that it was normal for people who had more power to be able to abuse those with less power.
- Gendered discourse regarding power and sexuality - encompassing male entitlement, male superiority, toughness, bravado and denial of vulnerability.

- Distortions of reality - this encompassed an acceptance that 'truth' was fragile and slippery. They appeared to expect that people could not be trusted or relied upon and that people lied.

All of these discourses could be seen as strategies for excusing their actions and as sophisticated varieties of deceptive tactics to excuse and minimise their responsibility. However, these young people did not reveal high levels of reflective functioning and it seemed improbable that they were able to engage in sophisticated Machiavellian, deceptive game playing. It seemed more probable that that they held these discourses as central orientations in their lives, so for example the acceptance that powerful people could and would abuse, and victimise others seemed genuine. These discourses of course can also be seen as serving to minimise their sexual offences but the analysis of the TAAI supported the idea that this was more than a deceptive strategy. In recounting abusive events that had happened to them the boys generally did not protest or claim victimhood or attempt to immediately employ the telling of these events to claim immunity for their offences.

The findings also indicated that the participants drew on dominant cultural discourses, especially those relating to gendered notions of power and sexuality. For example, they referred to males' superiority and entitlement to have sexual needs met, while females were often portrayed as deceptive. This resonates with studies regarding masculine identity, which provide evidence that adolescent boys, who felt undermined, present most polarised and misogynistic views (Frosh, Phoenix and Pattman, 2002). The 'choice' of dominant discourse employed was also found to correspond with their attachment dynamics and self-protective

strategies. For example, angry pre-occupied strategies could be further legitimised by conventional gendered discourses, which viewed women as sexual objects and men as entitled to use them. Likewise, dismissive attachment strategies could be seen to map onto gendered stereotypic discourses regarding males as unemotional not needing comfort and tough.

The most striking finding from this study was that the young men employed extreme attachment strategies that typically combined dismissive and pre-occupied patterns. These strategies were fragmented by unresolved traumas from their early lives. Above all the findings from both the TAAs and the semi-structured interviews indicated that these were extremely emotionally deprived and needy young men. They had typically developed strategies to deny their needs for comfort and affection, though there were some exceptions where these needs were overtly articulated. However, the findings suggest that it was not simply that their sexual actions were a bid for comfort. In part there appeared to be confusion between these two areas of experience, which was inherent in their family dynamics but their angry pre-occupied strategies (reinforced by conventional male discourses) enabled them to shut off empathy for their victims. Taking the other's perspective is a strong feature of the dismissive strategies but this appeared to be largely blocked in these young men by unresolved anger from their victimisation in childhood. The clinical implications of this will be discussed in chapter 9, but it suggests that these are a difficult group to assist as their dismissive strategies block access to their underlying needs and feelings and their pre-occupied strategies block their ability or willingness to consider their victims 'perspectives.

The next chapter will provide analysis of three case studies which were selected from the sample group and included interviews with the parents.

8. Family Case Studies

This chapter will present findings from Study 3. It will examine a broader family context, particularly with regard to strategies which are employed to regulate emotions. The Adult Attachment Interview was undertaken with an opportunistic sample of parents of three young people from Study 2 who were willing to participate. DA and discourse analysis developed for AAI was used to analyse the data. Specifically, this method was applied to identify general intergenerational attachment patterns and intergenerational themes regarding managing emotionally charged situations.

Firstly, this chapter will provide an analysis of the parents' AAI, outlining the overarching attachment strategies and the contexts in which these have developed. The findings will be presented in the form of case studies. Each case study will include a brief outline of key family issues and a genogram. Furthermore, it will provide a summary of attachment strategies.

The second part of the chapter will present the parent-child relational analysis based on information gathered from research interviews and corroborated in some cases with information from clinical files, as was discussed in Chapter 5. Finally, DA and discourse analysis developed for AAI will be integrated allowing exploration of intergenerational attachment strategies and themes. For the purpose of this chapter two family case studies were chosen to illustrate the findings. A third family case study is presented in appendix C.

8.1 Case 1 Chloe

Chloe is a thirty seven year old White British woman. She was brought up by both parents together with her younger sister and two older brothers. Chloe was frequently hospitalised as a child due to asthma. In her interview she recalled one incident when she was physically assaulted by her father and one incident when she was physically assaulted by her older brother. Chloe was raped when she was fifteen. She became pregnant and gave birth to her first child. She left home when she was sixteen years old. Her parents brought up her daughter. Chloe reported that she had suffered domestic abuse and marital rape in her first marriage. She has a second child, Matt, from this relationship. Chloe divorced Matt's father and remarried.

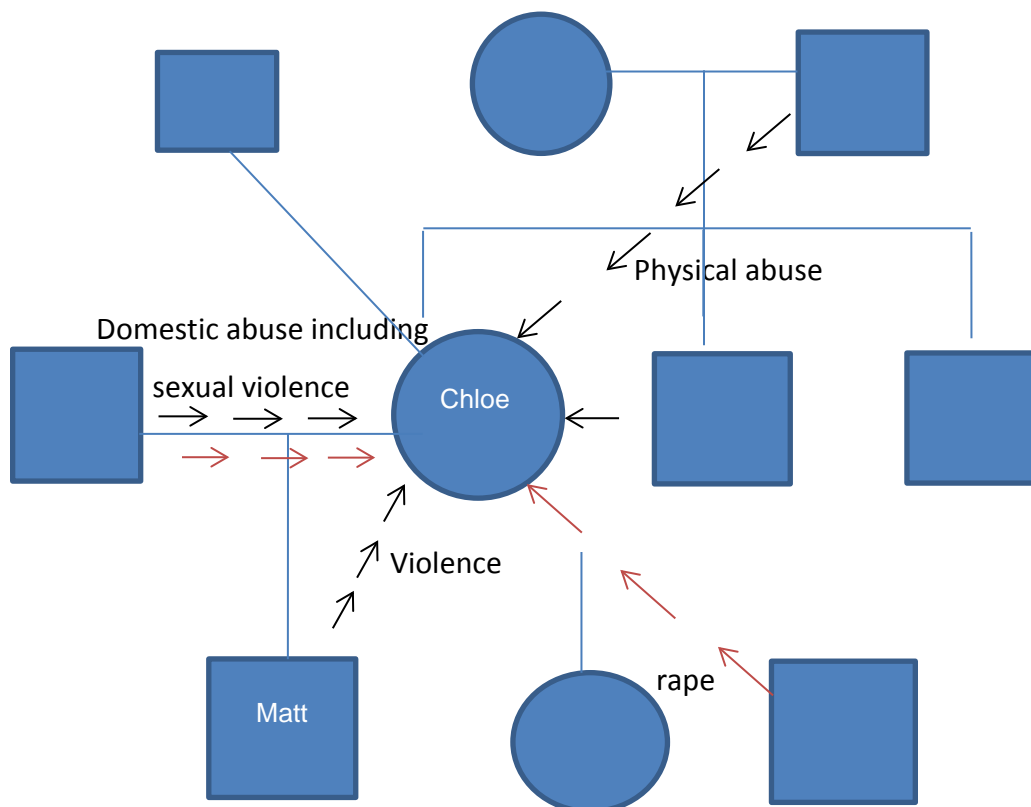


Figure 8.1 Chloe's genogram

8.1.1 Summary of Adult Attachment Interview

Classification

A (4-6) Dismissive-compliant and compulsive caring.

Trauma

- Utr(d) rape at fifteen
- Utr(blocked) sexual abuse from brother
- Utr(ds) marital rape
- Utr(ds) emotional neglect
- Loss U(ds) grandmother death

Dangers

- Raped at fifteen
- Violence from her brother and strong indication of sexual abuse by her brother
- Violence from her father
- Emotional neglect including rejection
- Mother's mood swings, critical and unpredictable behaviours
- Illness-asthma

- Mother's depression

Comfort

Chloe appears to have been an emotionally lonely child who did not expect or receive comfort except from her Nan:

Q: Have you got any memories of being comforted by them?

Chloe: No (pause)

Q: Any memories of being comforted by your Nan?

Chloe: Erm, only like when I was like going round there upset and stuff when I was like, she'd feed me some cake and give me a cuddle and make me happier about myself and send me on my way. My brother used to do my comforting really, used to give me a cuddle and,

Integration

Generally, Chloe's reflective functioning is very limited and she does not seem to have developed any strategies to help keep herself safe, nor to guide Matt. Her main ideas are not to treat her kids differently from each other and to be there for them emotionally, although she does not quite spell this out. However, she does indicate that talking with Matt appears to have a positive effect on him:

Q: Ok. Is there anything that you would like to do differently with your children?

Chloe: Yeah. Don't treat my kids different. Give my kids a lot of loving.

Q: Right

Chloe: Erm, sitting in front of them and make sure they always know that I'm here. Matt knows I'm always here. Last night actually we had conversation, we had quite a lot lately so maybe that's why he is doing better.

Q: Right. Ok. So thinking over about all you have told me, what do you think you have learnt from your experience as a child?

Chloe: Don't let things get to you, don't let things get on top of you for a start; take every day how it bloody comes, that's what I think. That's all I do, and don't live in the past.

Overall Chloe employs a dismissive strategy in which, despite describing that she felt herself to be different and treated unequally to her siblings, she does not express anger at this. Instead she blames herself and accepts PP (parental perspective) that she was 'quite a hard baby'; 'typical bitchy teenager'. She also employs a false positive affect throughout the Adult Attachment Interview to deal with dangerous or upsetting events, for example, with regard to her illness and frequent hospitalisations, emotional neglect/abuse from her mother and a serious accident which led to 6 weeks hospitalisation. Chloe generally appears to be needy and grasps for crumbs of attachment and memories of affection. She idealises her father as 'brilliant' but has little material to support this and, in fact, he had hit her. She describes watching him at football but this does not really involve any affection/attention for her. Her father was, in fact, generally passive. Chloe describes her relationship with her mother in negative terms but she doesn't complain about it and instead accepts and justifies it.

Chloe spent a considerable amount of time in hospital but does not complain about her illness. She describes her parents both being absent and joining her mum on the bus (she was a bus driver) to get some time with her. Her mother also had depression so does not appear to have been emotionally available for her.

Chloe had multiple traumas, including a rape at fifteen which led to her first child (daughter). The effects of the trauma appear to be largely dismissed and she does not appear to have developed strategies or learnt from these experiences to help her cope in the future.

8.2 Case 2 Louise

Louise is forty three years old. She is White British. She was brought up by both parents together with two younger siblings: brother and sister. Louise recalled witnessing domestic abuse. She also reported physical violence from her father. In addition, Louise was bullied at school. When she was twenty five years old she became pregnant and subsequently gave birth to Henry. Henry's father left before Henry was born. When Louise was thirty three she met Steve who she later married.

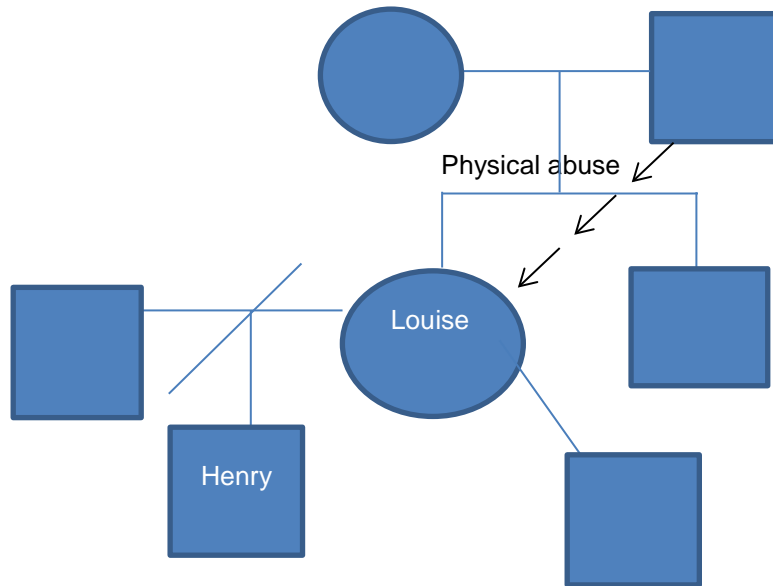


Figure 8.2 Louise's genogram

8.2.1 Summary of Adult Attachment Interview

Classification

A (4-6) - overall pattern of dismissive with compliance and some reversed caring

Traumas

- Utr (Pre-occupied) father's violence;
- Utr(Pre-occupied) school phobia and bullying;

Dangers

- Physical and emotional abuse from her father

- Bullying at school
- School phobia
- Domestic violence
- Overweight leading to fears about health and to humiliation

Comfort

Louise comes across as an emotionally lonely child. Comfort appears largely absent in her life.

Sporadic incidents of comfort from her mother seem idealised and exaggerated by Louise.

However mostly she appears anxious and self-reliant:

Q: And when you were emotionally upset, what would you do as a child?

Louise: run away, go upstairs, and hide under the cover in the bed.

Integration

There is evidence of an attempt to reflect (RF) but this is not very elaborate and stops short:

Q: Taken as a whole, how do you think your childhood experiences affected your personality now as an adult?

Louise: Made me quite a weak person I think. Very reluctant, don't like change, I find it difficult, very difficult, to go out in a situation where you're in a pub or something, to talk to people I don't know. I don't like talking to people I don't know on the phone, ...if you're in a pub or somewhere if there is any, hum I think of the word, there's gonna be some altercation or anything like that, frightening or even just sort of talking loud or arguing or something like that, really can't stay there

Q: And are there any things that you would do, or would like to do differently from what your parents did with you?

Louise: Well, not being so violent, which is what I've tried to do really (laugh)(...) try listening more, I mean be more opened hum, and I'm always trying, try to get Henry to tell me not everything but most things. I'm trying; you know, he's pretty good, he does tell me I think so anyway (laugh), he tells me most things so hum and just to be a bit more, a bit more, I try to be a bit more understanding but sometimes I'm a bit too understanding (laugh).

Overall Louise employs false positive affect throughout her interview, laughing at all aspects of her dangerous experiences including the abuse from her father, lack of comfort etc. She reveals a pre-occupying fear of her father which resembles a traumatic state but does not engage in derogation or substantial anger towards him. She shows a great emotional neediness regarding her mother and appears to idealise the small bits of comfort that she was able to offer. Though she continually contrasts her mother with her father she lets slip that her mother would use the threat of her father; 'wait until your father gets home'. Her history suggests that she was overweight, hated school and her mother colluded with her staying off from school. Part of her corrective script is not to be as hard as her father was but then she also thinks that she has gone too far the other way and sets no boundaries or firm discipline.

Overall there is a sense of a sad childhood of terror from a moody violent, unpredictable father and loneliness when it came to comfort. However, she does not derogate him and does not really enter into a pre-occupied (C) strategy. She appears to be needy and lacking confidence

although she is in a relationship (Steven) where she seems able to protect Henry from Steven's wish to use physical punishment at times. Overall there is a sense that Louise would struggle and, she admits this herself, to impose discipline and set boundaries for Henry. She also admits that she is quite anxious and phobic. The Adult Attachment Interview reveals her traumatic state regarding her father in particular.

8.3 Case 3 - Steve

Steve is fifty eight years old, White British. He was brought up by both parents together with his younger sister. He described a hard life, which was very much work orientated. He accompanied his parents to work and started doing small jobs from a young age. He recalled physical punishment from his father but also described his mother as being more strict than his father.

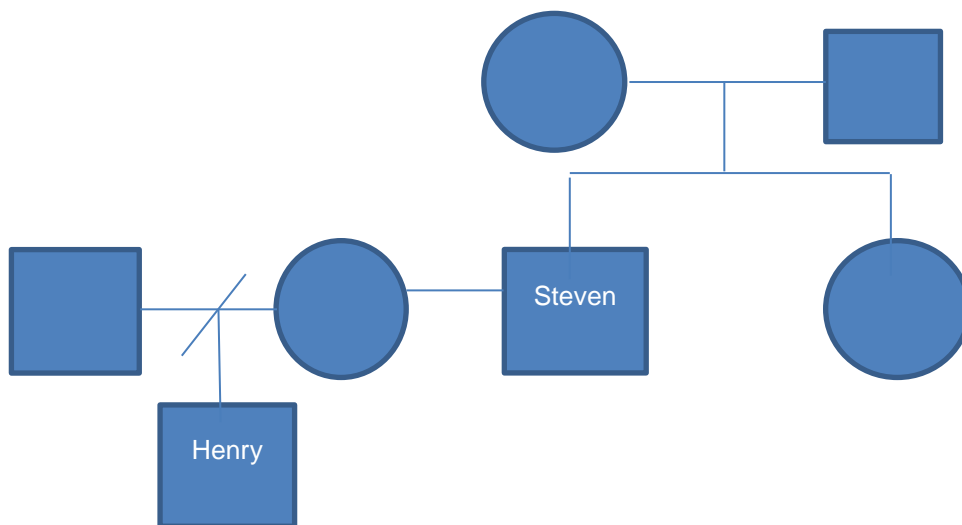


Figure 8.3 Steve's genogram

8.3.1 Summary of Adult Attachment Interview

Classification

A (4-6) dismissive, compliant, self-reliant

Dangers

- Strong suggestion of emotional neglect
- Nearly attacked by a stranger when he was out on his own
- Strong suggestion of school phobia
- His father seemed to have a paranoia regarding Germans and Russians

Traumas

- Utr (ds) neglect
- U loss (ds) grandmother
- Utr (vicarious) regarding his father's paranoia

Comfort

Comfort seems to be absent in Steve's life:

Q: Do you remember any time in your childhood when you needed comfort? And what would you do?

Steve: can't really remember that either. Only that I used to just, I guess I just used to go back to home and home, sort of place where you would feel safer and more, well I would say at home (laugh)

Integration

Steve's reflective functioning is extremely poor, and virtually absent throughout.

Q: And why do you think your parents acted as they did when you were a child?

Steve: I just think they acted as they did 'cause they was good parents really. Hum I don't know really

Q: Ok. How do you think your childhood experiences and the relationship that your parents, the example that your parents gave you, hum sort of prepared you for relationships?

Steve:hum.... well I guess some, some bits some they tried they used to be right

Q: What do you mean by this?

Steve:... well I don't really know (laugh)..... Hum, I really don't know to be honest.....

Steve's interview is peppered with memory loss. He shows very little recall of his childhood with a few exceptions, his grandmother's death, concussion following an accident on his bike and nearly being attacked. The content of his story contains a sad heaviness of a lonely, emotionally unattended child. Work appears to have dominated in his childhood and the minimal contact with his parents appears to have revolved around this. There is only an extremely limited sense of childhood.

Steve has no memories of comfort and does not appear to have expected this in his childhood.

He offers hypothetical statements about comfort but no evidence of anything but practical

support from his parents. Trauma and losses are not clear but he indicates a general anxiety:

Steve: well you almost have to watch your back all the time these days but in old days it wasn't like that. We haven't got a problem here but in the city, it's different from what I know, well heard. I never been in city myself. If I'm in E, not so much E but in B I'd be wary more, that sort of thing.

There is also an odd passage about his father's fear (paranoia) about Germans and Russians and this is introduced in the context of him talking about being comforted when he was distressed:

Steve: hum..... I was a little bit worried sometimes I can remember. Hum my dad used to be saying, I can't remember exactly but he used to be saying about hum the Russians, or it was something after us or something or. And it used to I can remember it used to worry me a bit. Cause they there was always something about he was a bit nervous the Russians one day back in the days. I can remember that because it used to worry me a bit. My dad used to cause he lived in, he lived in W and when in these days the Germans, I remember him say the Germans come over bombing E, they used to go back over where he used to live dropping off the odd bombs that were left in the planes that couldn't land in E, they would drop it, they would land in the field or places around W. And they used to go in the cupboard. I can remember they had a cupboard or a kitchen table and they used apparently he said they used to go in this cupboard tohum hide away.

He does not offer much in the way of integration and there is little evidence for developing corrective scripts. Instead Steve offers more of a general statement about greater respect in his day. The extent of memory loss is the most pervasive theme and appears to be a general and genuine dismissive strategy rather than him not complying with the interview.

Overall there is very little reflective integration that could guide his own life currently or inform his parenting.

8.4 Conclusions

Analysis of these AAls highlighted that all four parents presented highly dismissive/avoidant strategies including extreme avoidant strategies. These strategies developed mainly within a context of physical violence, sexual violence, lack of comfort and significantly, rejection/emotional neglect from parents. These parents had experienced danger and rejection within their own early attachment relationships. Danger within the attachment relationship is particularly damaging to secure attachment strategies since care and protection cannot be elicited. However, there is a further damaging secondary effect; this primary lack of comfort and protection blocks any compensatory process of learning from dangerous situations that could build potential resilience for the future. Instead these patterns led to unresolved multiple traumas, which featured in all the interviews. In three cases there was also evidence of unresolved loss. In most cases, apart from Steve, the parents could articulate about some corrective scripts for doing things differently from their parents i.e. being more emotionally available. However, their embodied/procedural representations from their childhoods meant

that they were likely to respond in a deregulated way to requests for comfort and guidance from their children. Attempts to provide comfort and attachment to their children were very likely to provoke painful memories of their own distress in their childhoods. Hence, even though these parents expressed a wish to do things differently it is unlikely that they have sufficient emotional resources to put this into practice. This appears to have communicated a confusing message to their children.

Insight into early experiences can assist parents to transcend the traumatic events but in all four cases such insight was minimal. In the integrative parts of the AAls they showed few convincing ideas about how to overcome the impact of the effects of their early experiences. Overall they had very limited capacity for reflective functioning. This virtually left them without any strategies to deliver their corrective scripts, or to keep themselves safe in the future. Furthermore, they lacked the resources to support their children and in turn, teach them how to protect themselves.

The only parent who comes close to realising her vulnerability and making some attempts to re-organise her attachment state is Lisa.

8.5 Relational analysis

The second part of this chapter will present an exploration of the relationships between relevant parents and children. This exploration is based on research interviews. There was also information from clinical files available for the researcher with regard to Chloe and Matt, and Henry and Lisa. The analysis will include an exploration of the attachment relationship, sexual behaviours and guidance.

8.5.1 Chloe and Matt

Analysis of the relationship between Chloe and her son Matt is based on information gathered through research interviews and clinical information from Matt's file as explained in the chapter 5 regarding methodology.

Both Chloe and Matt employ insecure attachment strategies. However, whilst Chloe employs A (4-6) dismissive-compliant strategies, Matt shows mixed patterns; A (5-6) dismissive in his relationship to his mother and C (5-7) pre-occupied with regard to his father and step-mother.

Attachment Relationship

The relationship between Matt and Chloe was violent, volatile and somewhat un-boundaried. Chloe cared for Matt and wanted to support him. However, at the same time she would present unbalanced and extreme reactions.

It seems that Chloe's unresolved trauma regarding emotional neglect might have affected her ability to provide comfort and emotional care for Matt. There are examples when Chloe was

able to provide suitable, practical advice when Matt was distressed but there was no evidence of comfort. For instance, Chloe described vividly an event when she found Matt at his sister's house after he had run away following an argument with her. She said that he was sobbing in a corner. Chloe recalled that she told him that he needed help with his temper but there was no indication that she tried to comfort him. Chloe recognised that she found it difficult to provide emotional support. She also commented that she hadn't bonded with Matt because he had spent his first seven years with his father. However, as a result of this Matt appeared to develop extremely self-reliant strategies. He did not expect comfort from his parents, but instead he seemed to have developed self-soothing strategies based on sex or violence. For example, when he was asked about an experience of comfort, initially he made an innuendo which referred to masturbation but then he talked about "beating up his step-brother".

In the context of lacking comfort and emotional care, some role-reversal behaviours were quite evident. For example, the clinical observation recorded that Matt comforted his mother when she became distressed and didn't want Matt to undertake the risk assessment. During the discussion about undertaking the risk assessment Matt was asked to stop babysitting for his younger cousin. Chloe became very upset, stating that this would ruin his life, and she wasn't prepared to agree to the risk assessment. She was distressed and left the room. Matt followed her, put his arm across her shoulders and explained that it would be "sensible if he stops babysitting and agrees to the risk assessment".

Avoidant strategies resulted in suppressed anger on both sides, which occasionally surfaced, leading to violent incidents. Matt idealised his mother but he also appeared to display intrusive anger which was probably rooted in his sense of rejection from both parents and a lack of comfort. His self-reliance, role -reversal and bravado made it particularly difficult for him to accept when his mother attempted to exercise her parental role. For example, Chloe recalled that Matt would not allow her to hug him when he was upset. She also said that he would “kick off” when she tried to impose boundaries, e.g. monitoring internet activities. This may have triggered procedural memories for Matt of her unavailability which he was attempting to suppress and which then resulted in angry outbursts. Chloe’s unresolved trauma also appeared to contribute to her volatile responses. Violence seemed to become a frequent feature in their relationship.

“M: we have big monthly fights throughout the year we have big monthly fights you know where there’s been arguing and I’d call her a fucking whore and shit like this. She’s called me all sorts of names and referred me to my dad and...”

Q: And what started this argument?

M: I can’t remember I think it was something to do, I was asked to do something and I turned around and said no, you know and she was sort of like ‘you fucking what? You saying no to me?’ and I was like ‘yeah I said fucking no, you got a fucking problem?’ and then she got really angry, I got really angry “.

There are striking similarities between Matt and his mother. Both of them experienced rejection by their parents and did not provide examples of feeling comforted. However, both of

them idealised or exonerated them while also displaying intrusions of anger; Chloe attempted to hit her mother and Matt in fact physically assaulted his mother. Neither of them acknowledged their own vulnerability. Matt covered it up by delusional bravura and toughness, Chloe by self-blame and accepting the parents' perspective. This combination appeared to trigger a circular escalating process:

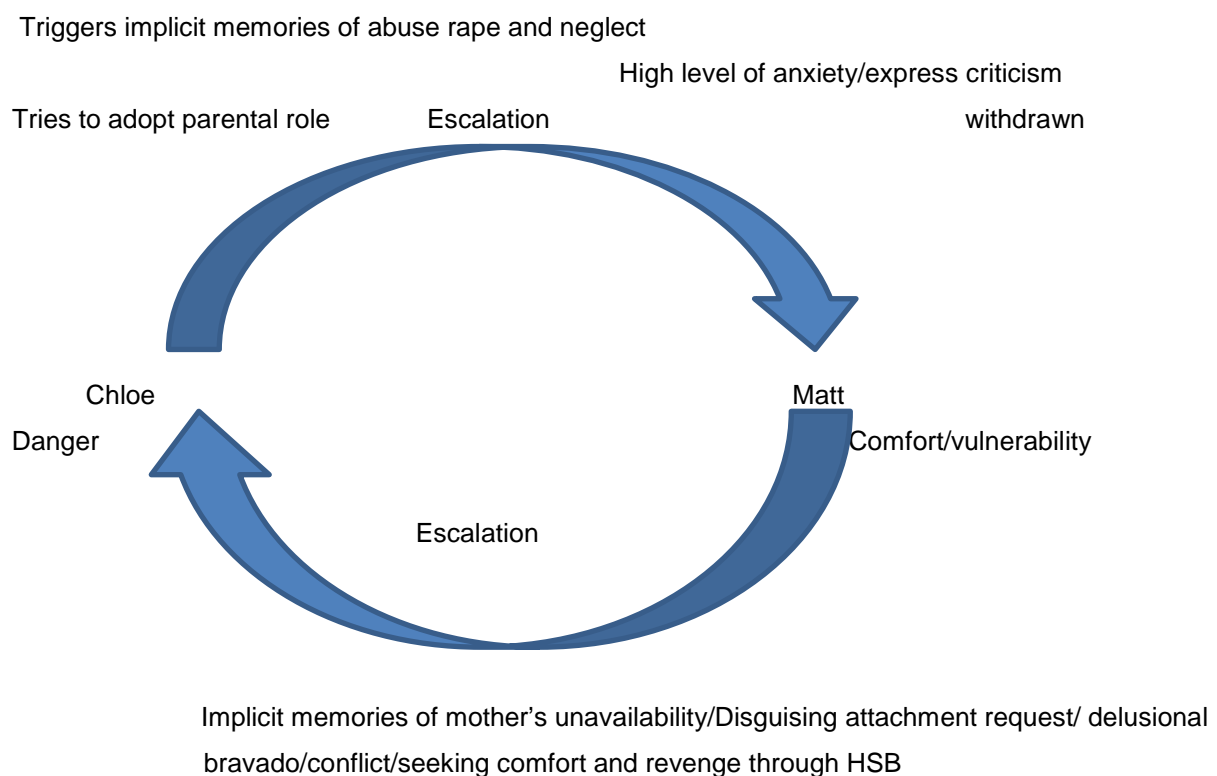


Figure 8.4 Processes of disguising /distorting attachment needs: Triggering of Implicit memories of neglect, trauma and loss re: Matt and Chloe

As each of them experienced criticism this appeared to trigger powerful implicit memories of rejection and for both, possibly trauma so that the distress quickly appears to become deregulated between extremes of anger and distress. In the quote above for example, Chloe appears to respond to Matt as if he were her abusive father, brother or ex-partner (who had raped her). Her responses re-enforce Matt's sense of rejection. This results in Matt disguising his attachment needs in bravado and toughness, which only confirms Chloe's initial reaction and leads to further escalation and conflicts, with occasional incidents of physical violence. A need for intimacy and closeness in peer relationships may then trigger fear and anxiety for Matt, evoking feelings of rejection and mistrust related to attachment trauma. Subsequently Matt employs bravado which is mixed with a sense of injustice. This leads to "justifiable" aggression towards females including harmful sexual behaviour.

Sexual Behaviour and Guidance

On the one hand Chloe was worried about her son's behaviour and attitude towards females and she would ask for help. On the other hand, she would present a mixed reaction from minimising his behaviour, for example blaming girls for lying about Matt, escalating to becoming extremely anxious and overreacting to some of his behaviours. For example, upon discovering that Matt and his girlfriend had "dirty talk" over "face time" on iPhone and he masturbated, Chloe described him as "a pervert" and that she "was disgusted with his behaviour". On a few occasions Chloe expressed concerns, in front of Matt, that he had become "a rapist" like his father. This provides evidence that Chloe's unresolved trauma regarding her

own sexual victimisation crept into her parenting and perception of her son. As a result, she was unable to demonstrate a balanced response to Matt's behaviours, nor to provide him with clear guidance about what behaviours were developmentally appropriate and acceptable. She was also unable to put in place and maintain suitable boundaries around privacy. For example, she recalled that Matt would walk around naked at home until he was about twelve years old. She also recalled that she would walk topless in front of him and that he would enter the bathroom whilst she was showering, but there was no evidence of how she dealt with these incidents. It appears that her unresolved trauma also impeded communication between her and Matt, perhaps because her own vulnerability gave rise to fear that communicating about appropriate sexual boundaries would most likely trigger Matt's anxiety and anger. Chloe's good intention to protect Matt would instead lead to some extreme forms of supervision, which would intrude upon his privacy and again lead to angry outbursts. For example, at some point Chloe would daily check his Facebook account and mobile phone. Although Chloe was greatly concerned about Matt, she appeared to have no strategies to help him develop positive attitudes towards females. Arguably Matt's attitudes expressed a mixture of anger, mistrust and adverse views, which directly reflected his experiences of how he, himself, had been cared for. These combined with Chloe's concerns set up a "self-fulfilling prophecy" eventually leading to an allegation that he had raped a girl. This allegation was made to a school staff member but was not dealt with by Police. In addition, there were a number of reports from different female students that Matt's attitude was intimidating with a strong sexual undertone.

8.5.2 Louise, Steve and Henry

All three individuals employ A (4-6) attachment strategies: dismissive with compliance, self-reliance and caring role reversal. However, Henry also shows some C (5-7) strategies i.e. anger and menacing regarding his step-father Steve.

There are again interesting parallels between Henry and his mother. They both idealised their mothers and had an ambivalent attitude towards their fathers. Louise acknowledged that her father was violent and that their relationship was difficult. She also felt rejected by him.

However, she didn't show substantial anger towards him. She also attempted to justify his behaviour. Similarly, Henry; he felt rejected by both his step-father and his birth father, who left before he was born. Henry acknowledged that he and his mother had a hard life because the biological father had left. He felt that his life would be different if he had a father figure, yet at the same time Henry justified his father's behaviour. In this context both extremely idealised their respective grandfathers. Louise described her grandfather as "brilliant" and that she was "really, really close to him" and Henry said about his grandfather that he "does everything for" him and that he "is a really, really good bloke". In reality Henry's grandfather was a perpetrator of domestic violence and physically abused his children. As a result of his extreme behaviour Louise shows symptoms of unresolved trauma. For both Louise and Henry, considered in the broader context of their lack of available parental attachment figures, these idealisations of grandfather may illustrate an underlying neediness for safe and reliable adults.

As discussed previously, Louise and Henry suffered physical abuse from their male carers and they both were bullied at school (chapter 7.2.1 and 8.2.1). Both attempted to dismiss the

impact of their victimisation. In both cases violence led to unresolved trauma. Louise distanced herself from the impact of violence and physical abuse from her father through an attempt to exonerate him and accept his behaviour as a norm. Arguably her avoidant strategies led to an ambivalent attitude when she was required to protect Henry from physical abuse. Although Louise attempted to protect Henry from physical abuse there is evidence that she was unsuccessful. Henry recalled that her mother's boyfriend used violence against him but he didn't remember any protective steps taken by his mother to stop this. Henry also reported that when his step-father was violent his mother "had a go" at the step-father for pushing him, but he perceived that "she like stuck on his side most of the time". These contradictory messages resulted in Henry minimising and normalising violence within his family; adopting strategies of self-reliance and employing bravado and toughness to manage his vulnerability. In clinical notes he described how Steve punched him in his eye and ribs and how he retaliated and punched him in the ribs and in the private parts.

It seems that Henry started to develop self-reliant strategies from an early age because his mother was absent. One of his first memories about his childhood was that his Nan would babysit whilst his mother went out. He also recalled that his mother allowed him to walk out when he was toddler; he described an incident when his mother left him in a pram on a street and strangers took care of him; he also recalled that his mother used to leave him alone and go out when he was six years old. It is likely that he had been told about some of these events rather than directly remembering them. Nevertheless, they became a part of his narrative which contributed to his sense of being self-reliant. In addition, Henry framed this lack of

protection as evidence that his mother trusted him, which in turn reinforced his self-reliance. His mother's neglectful behaviour merged with her physical and mental illness, which further contributed to her unavailability, leading to role-reversal and compulsive caretaking from Henry.

"My mum, my mum's always battling but I've always been here for her if you see what I mean to like help her. She's ill, she's always been ill".

Louise was bullied at school and subsequently developed school phobia. Despite her good intentions, unresolved school trauma made it difficult for her to support Henry when he also experienced bullying. He recalled that his mother went to school but no further action was taken, leaving Henry vulnerable still. Henry didn't recall any comfort from his mother in response to being bullied. Instead he recalled that his mother "used to get upset" because he was bullied. It is likely that this stopped Henry from reporting bullying in order to protect his mother, preferring instead to take responsibility and blame himself. In addition, there was further evidence that Louise would panic or become emotionally upset when Henry needed comfort, for example when he trapped his fingers as a child and when he didn't get good enough grades to get into college. As a result, Henry learned not to expect his mother to provide comfort when he was upset.

"Q: What about, if you got upset emotionally, what would you do as a child?

H: hmmm. I used to sit or lie behind my sofa. I remember. I used to hide behind my sofa when I was upset"

Henry's idealisation of his mother prevents him from acknowledging and processing any suppressed anger relating to a profound sense of rejection. Henry was aware his mother had written in her diary that he was a mistake and she wanted to terminate the pregnancy. However, she decided to keep him but subsequently had a hard life, therefore Henry may have repressed any expression of anger towards her through developing emotionally avoidant strategies. There was also a notable lack of overt anger in relation to his mother's failure to protect him from physical abuse, which Henry tolerated, again because his mother has had a hard life.

"I think my mum, my mum was finding it hard to cope on her own back then, she was paying a rent, she didn't have a job or didn't have very much help with it. She decided to move in with Steve in a mobile home."

Use of these avoidant strategies combined with suppressed anger resulted in a breakthrough of violent episodes fuelling a volatile relationship between Henry and his mother, particularly when attachment behaviours were triggered.

"My mum sat next to me, read all my results and started crying and said she was disappointed in me. So I, I threw my papers like across the room and said oh fuck you how hell could you do that to me on my results, say everyone else was watching."

In addition, it seems that Henry's compulsive caring and self-reliance led to a sense of entitlement and difficulties in compromising. It was also noted in the Children Service's file that both parents felt powerless because Henry was non-compliant. An incident was described when Henry smashed a window in response to his parents' attempt to discipline him by

removing privileges. Henry also recalled that one evening he had a fight with his mother and she “chucked a plate” at his head.

Steve’s avoidant strategies and extremely limited reflective functioning resulted in a rigid approach and certain expectations which mirrored Steve’s childhood experience. He expected Henry to help him on the farm but was unable to guide or encourage him to do this in a constructive and empathic way. Henry then experienced a sense of rejection and inadequacy, which was likely to have contributed to their violent and volatile relationship.

“Because like all Steve does is like he says if you want to drive this early then do it cause I have got too much stuff to do, just leaves you do it and then you get stuck you don’t even know what’s going on. You don’t know what to do next so (...) I’m never gonna like develop and learn these things (...) He is not a friendly person to me even though I’m his step son but yeah.”

One may wonder how Louise’s unresolved trauma regarding violence from her father contributed to her parenting of Henry. There is evidence that Louise was still scared of her father and that she transfers this unresolved trauma into her relationship with Steve,

“hum, generally feeling afraid of my dad really (...) I can’t I can’t stay in the same room with him (father), room with him if there’s nobody else in the room, I just can’t, I want to get away,”

“Hum, sometimes, sometimes me and Steve have a bit of a row or an argument, which we do, but not heavy arguments, like I feel afraid sometimes that he’s gonna hit me or something but he never, never ever has.”

But also Henry recalled that his mother would frequently tell him that he was similar to his grandfather.

"My mum always says that I sound like granddad. Hum or I look like granddad today (laugh) or I got out of his bedroom so it's granddad. Like, like his influence on me is like strong".

Sexual Relationships and Guidance

Louise's corrective script, of not being hard like her father, leads to her being unable to set boundaries and instil discipline. Subsequently Henry was allowed to undertake relatively risky tasks which he interpreted as his mother trusting him.

Henry's romantic relationships also seem to mirror his relationship with his mother. He very much idealised his girlfriend, showing some compulsive caring strategies, which led to a sense of entitlement.

"I've always been there to look after her, like she is getting with the wrong bloke, or she like shouldn't hang out with the wrong people, like stuff like that, always talk about my problems with her."

But at the same time he was also derogatory and dismissive about a girlfriend:

"we used to have sex quite often and hum she still like, well, she was difficult like, rude, she was really childish, really jealous, really like hum it's hard to explain, I fell in love with her and I like I suppose I got obsessed with her".

In his clinical notes it was stated that Henry had reported having nightmares about killing a person she cheated on him with. Henry's attitude somehow resonates with what Louise stated about her father:

"I can remember, we were, us kids, well cause here is another one, it's jealous, that I can think, when we were hum young, my mum had come home from work, at the pub, and he thought that someone a bloke had talking to him, hum, talking to her, and she came home about an hour late, she had to tidy or clean up or something over there, he was doing something to his motorbike. And he was in the kitchen in the corner and he had her oops against the wall by the throat he he. And hum and he had a car battery, oh not car, the motorbike battery, it was that I think, and he threw it at her, he just missed her head. That was quite one of the bad memories hehe".

This again poses questions about what she meant when telling Henry that he sounded like his granddad, what sort of emotions were triggered and how these contributed to their relationship.

Attachment relationship

Processes of disguising /distorting attachment needs: Triggering of Implicit memories of neglect, trauma and loss

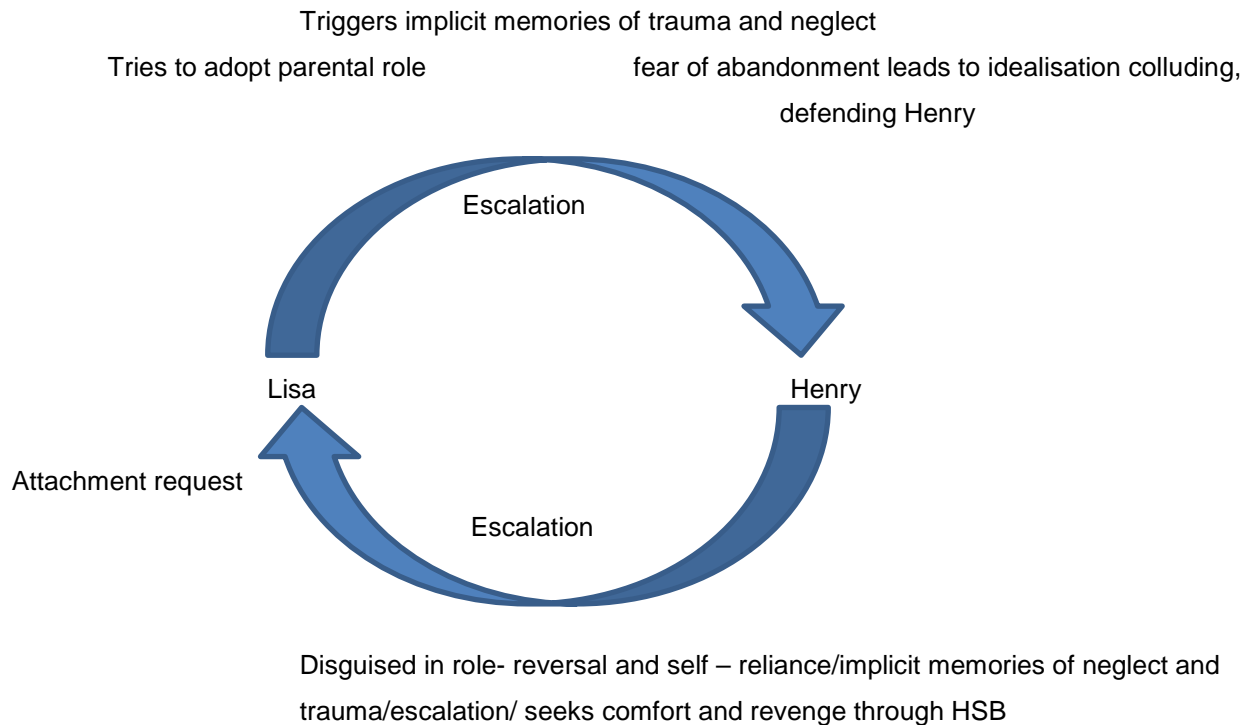


Figure 8.5 Processes of disguising /distorting attachment needs: Triggering of Implicit memories of neglect, trauma and loss re: Henry and Lisa

Henry's request to elicit an attachment response when he is in need of comfort or showing his vulnerability is perceived by his mother as "danger" because it triggers Louise's procedural memory related to her own unresolved trauma. She attempts to take on a parental role but this elicits memories of neglect and violence from her father or bullying at school. An attempt to intervene or discipline Henry creates discomfort, anger and memories that she must disguise her distress through idealisation or risk being abandoned. As a result, instead of curbing Henry's behaviour or responding to his attachment request, she idealises him, colludes with him or

avoids taking action to control him. This leads Henry to disguise his own attachment needs through bravado or role-reversal when his implicit memories of neglect and trauma are triggered, subsequently leading to reciprocal escalation. An escalation in Henry's behaviour confirms Louise's initial sense of danger and triggers further escalation of her avoidant strategies, which are in conflict with her preferred parental role. These overlapping escalation processes result in occasional outbursts of anger which further deprive Henry of having his attachment needs met. As Henry matures physically, he instead attempts to have his attachment and intimacy needs met through sexual behaviours. However, arguably the distortions already established within familial attachment interactions may distort Henry's understanding of socially acceptable behaviour in other close relationships. In the absence of any clear or explicit guidance he has no script for understanding how to negotiate appropriate physical closeness and emotional intimacy in his peer relationships.

It is hypothesised that Henry attempted to have his attachment needs met through inappropriate sexual relationships. His attachment needs are both highly avoidant and give rise to a fear of abandonment and trauma leading him to express uncontrollable anger. From an attachment perspective, vulnerability gives rise both to feelings of anger (protest) towards the attachment figure and sadness (despair) if the need for comfort and protection is not met (as discussed in Chapter 3.1.6). Characteristic patterns of attachment style then develop over time as an adaptation for maximising the chances of gaining protection and comfort at times of danger, and in Henry's case, any vulnerability has come to be strongly suppressed while anger is

overtly expressed. His avoidance of emotional closeness is likely to result in his relationships being relatively superficial. However, in the context of the relationship also stimulating his sexual responses, even a small trigger, has the potential to evoke in him a strong sense of rejection and anger. In this sense, his attachment strategies may be inappropriately generalised to sexual relationships, in part because he lacks a differentiated repertoire for understanding other types of relationships such as friendships and physical intimacy. Consequently, he is likely to experience rejection strongly and come to view himself at least implicitly as a 'victim' whose needs are not being met. Translating this to the context of puberty and the emergence of his need for sexual gratification, the anger that he would experience in association with his sense of being a victim whose sexual needs are not being met, might lead him to seek "justifiable revenge" in the shape of HSB.

There are a couple of glimpses into how Louise managed and responded to Henry's harmful sexual behaviour. It seems that her reactions were also consistent with her avoidant attachment strategies. For example, when there was an allegation that Henry had sex with twelve year old girl and made her pregnant, she seemed at first to be upset with the girl and then dismissed the incident. There was no indication that Louise attempted to address this allegation and its serious nature, with him.

"So my mum contacted her mum and said I ain't having this and asked her mum to make her take a pregnancy test to see whether she is pregnant and she is telling the truth about whether

we had sex or not, hum like it turned out she wasn't pregnant. Her mum didn't believe we'd had sex anyway. And so we all decided to forget it"

Henry was investigated by the Police for possession of indecent images of underage girls. Subsequently his mother had told him to stop attending treatment and discussing his sexual behaviours because it could result in serious criminal consequences. This is consistent with Louise's general tendency to avoid intervening as a parent to curb Henry's behaviour as illustrated in the following quote when she also displays inappropriate use of humour to minimise the seriousness of potentially dangerous behaviour:

"his bike or if he is doing some drugs or something like I don't know about. Drug mainly worry me. Drinking not so much. Anything really, all sort hehehe.....like telling him you wait until you have your children you will know what it's like hehehe".

8.6 Conclusions

All three case studies provide evidence of the transmission of type A attachment strategy across generations. Prime carers, in this case mothers, as well as their sons, presented highly dismissive strategies. The only step-father also showed type A strategy. Both generations developed these strategies in response to childhood danger particularly within attachment relationships, characterised by a profound lack of comfort combined with parental rejection. Repetitive intergenerational dangers included domestic abuse, physical violence, and sexual violence and abuse. Similar strategies have been employed across generations to cope with emotionally charged situations. These avoidant strategies included minimisation, dismissal, self-blame and self-reliance. Central to these strategies is that any request for affection remains unmet giving rise to disappointment and implicit criticism of the parent for not providing it, in turn triggering a fear of rejection and abandonment. Such unimaginable and overwhelming anxiety is suppressed through blocking memories and feelings, but these may be inadvertently triggered at times by stressful and traumatic external events. This is likely to lead to bursts of dysregulated affect, distress and violence. An emerging picture is of these children growing up with violent, emotionally unavailable male figures in their family system and an emotionally unavailable female figure who was unable to provide protection or comfort. Throughout generations violence is validated and normalised so that lack of comfort becomes an associated way of life. In all three cases the relationship dynamic between young people and their parents is volatile with incidents of physical violence. There is a theme of childhood being hard, marked by unresolved traumas and evidence that parents' own unresolved trauma or loss intrudes into

their parenting abilities so that they are unable to protect, support or set boundaries for their sons. All mothers have corrective scripts and aspire to bring their children up differently to the way in which they had been brought up. Their corrective scripts for becoming better parents than their own included being more emotionally available and less punitive. They attempt to provide their children with the “happy childhood” that they lacked. However, in fact only one mother was able to elaborate and provide more sophisticated reflection about how she would deliver this. Nevertheless, even she was unable to do it in reality. Other mothers had only very limited ideas or were lacking in strategies to keep themselves or their children safe. Their intentions were benign and clearly they wanted to provide their children with a stable home, happy childhood and proper upbringing. Unfortunately, their own damaging experiences of being parented as children left them vulnerable to unconscious relational processes being evoked by their own children’s expression of attachment needs. Hence emotionally charged attachment situations trigger unresolved states in these mothers which lead them to become overwhelmed by anger, fear, anxiety or vulnerability. Subsequently they react as if on a pendulum swinging from overreaction to dismissal rather than being able to respond in a balanced way to curb their children’s unwanted and potentially dangerous behaviour. Their own experience of parental rejection has left them vulnerable as they continue desperately to seek affection and acceptance even from their own children. Subsequently they are also likely to be weak in discipline through a more dominant strategy of trying to please their children. In the context of their sons’ sexual behaviour this is manifested through vague discipline and guidance about what sexual behaviours are legitimate and appropriate. There is also willingness

to minimise, dismiss or collude with their inappropriate sexual behaviours and arguably acting in a manner that could be construed as being inappropriately flirtatious and sexual with them.

9. Discussion, clinical application and recommendations for further research.

9.1 - Introduction

This chapter will discuss the research findings. The aims will be reviewed and examined in terms of how they correspond with the findings and these will be considered in the context of existing evidence and theories, particularly attachment theory but also from social constructionism perspective. A conceptual framework will be outlined, based on evidence from this study. The chapter will critically evaluate the findings and methodology employed in this study and will make recommendations for clinical practice and for further research.

Broadly the research aimed to explore attachment strategies among young people with harmful sexual behaviour. Three inter-connected research studies were conducted.

9.2 - Outline of Research Areas

9.2.1 - Study 1

Study 1 provided an audit of cases involving sexual offending by young people age thirteen to seventeen in the designated research area in order to explore the incidence by number of referrals received by the local Children's Services, extent and nature of sex offending in young people and the profile of responses by services. As discussed in Chapter 6, this constituted a form of case audit which recognised that services in the various parts of the UK may vary but that the picture in the designated research area could reveal broader issues regarding the

conceptualisations of sexual offending in young people and responses of services (Hackett, 2003, 2014).

The research explored the characteristic of this group including number and type of harmful sexual behaviours, other types of offending activities, mental health issues and family circumstances. It also mapped the range of services available for these young people and the explanatory models guiding the interventions offered and risk and case management regarding these young people by the services.

9.2.2 - Study 2

This study was an exploration of eight young men who were reported to have engaged in harmful sexual behaviour. It constituted the major part of the research and broadly was aimed at exploring the implicit or unconscious aspects of the young people's mental states related to defensive mechanisms, using assessment techniques drawn from attachment theory. It also aimed to explore the attachment strategies and the explicit understanding and explanations that the young people held regarding their offences, specifically:

1. An exploration of the young peoples' attachment strategies. This is to gain understanding of the young people's psychological processes, including their explanations understanding, and emotional schemas which influence their offending behaviour.
2. To consider how these are related to their family contexts and how early family relationships and experience, significant life events and current emotional well- being

influence the way a young person develops their cognitive and emotional functioning and how it is linked with sexual behaviour.

3. To explore how early family relationships and significant life events shape attachment behavioural patterns and also internal working models, which serve to regulate, interpret and predict attachment related thoughts, feelings and behaviours including sexual behaviour
4. To explore how the different profiles of attachment defensive strategies link harmful sexual behaviour and the risk that particular individuals may present to others.
5. To explore how experiences of danger, including sexual and physical abuse and emotional neglect may produce unresolved states of trauma for the young people influence their offending behaviours.

9.3.3 - Study 3

This stage aimed to widen the research lens by looking at the family context in which the young people exist. The focus was on the ways that parents regulate their emotions and what may have been transmitted or developed in the families as ways of functioning.

9.4 - Results

9.4.1 Findings from Study 1

Prevalence

Study 1 identified that between 2008 and 2010 the Children's Services in the designated research area received sixty one¹ referrals with regard to young people with sexually harmful behaviour age thirteen to seventeen years which is approximately 20.3% of the total number of referrals regarding sexual abuse. During the same period the Police Force from the designated research area detected sixty six sexual offences committed by the same age group which gave 16 % of the total number of detected sexual crimes in the designated research area. It needs to be noted that the finding from the designated research areas is higher than the recent nationwide findings regarding cautions and convictions provided by Ministry of Justice, which indicate that nearly 8.2% of those cautioned or convicted for sexual offences were age between ten and seventeen, (Ministry of Justice, 2013). This is something to be expected as the findings from the designated research area were with regard to detected offences but not convictions or cautions. It needs to be noted that sexual abuse still remains largely unreported. Official criminal statistics record only a minority of cases which came to the police attention where there was "beyond doubt" evidence. Previously statistics from 2004 were relatively similar to the findings from this research and revealed that adolescents between ten and seventeen years old were found guilty or cautioned for 17 % of sexual offences (Home Office, 2005). The drop in the number may reflect a current trend not to criminalise young people, rather than a decrease in incidents. Sexual offending remains largely unreported crime. Radford (et al. 2011) found

that 65.9% of the contact sexual abuse reported by children and young people was perpetrated by individuals under eighteen years of age.

Family background

The study 1 audit considered fifty opportunistically chosen cases. The exploration of the family and social profile identified that young people referred to the Children's Services typically presented with troubled family history. Overall there was evidence of problematic issues in twenty six cases including sixteen cases which met the threshold for child protection investigations under Section 47 Children Act (1989) at various points of the family history, other than related to harmful sexual behaviour. The audit also identified some cases that already had recorded historic concerns, for example with regard to domestic violence but were not opened despite of a new referral regarding harmful sexual behaviour. In addition there was no information regarding family background in fifteen cases. The findings are consistent with other research, which highlights that young people with harmful behaviour are likely to have adverse childhood experience but they are heterogeneous group and may not have troubled family history (Vizard et al. 2007, Chaffin et al. 2002).

Intervention Pathway:

Overall the findings highlighted that there was no clear and consistent pathway of intervention and care offered to young people who engaged in harmful sexual behaviour. It needs to be noted that there is no national framework regarding working with young people who display harmful sexual behaviour. However, there is widely accepted good practice guidance which

draws on the AIM2 framework, as outlined in Chapter 6. The practice guidance from the AIM2 framework was incorporated in the Local Children's Services procedures; however it was not followed in practice.

The most striking finding was that these young people were rarely offered a specialist risk assessment and an intervention regarding their harmful sexual behaviour. As a result their needs and risk were not fully explored or understood. Subsequently they were left without appropriate help, which in turn was likely to lead to further safeguarding concerns. In fact, there was evidence of an escalation in sexualised behaviour in some cases. Arguably this might have been prevented by an early intervention and protect other children from sexual victimisation. Furthermore, the study highlighted that there was no consistency between risk assessment and intervention and there were young people who were offered a risk assessment but not an intervention. There also were young people who had no risk assessment but they were provided with intervention. The concern is that by participating in a risk assessment an individual started processing his harmful behaviour but it stopped short since the risk assessment does not address the issue but identify needs, strengths and risk factors. It outlines required components of an intervention and therapeutic needs of young people. Subsequently it could be argued that the assessment opened up issues and gave some hope to help the young person. The assessment can potentially trigger emotionally difficult issues and elevate risk of harmful sexual behaviour, but the lack of intervention leaves young person without support. This also raises questions about how ethical it is to commission a risk assessment without ensuring an intervention to follow it up. Equally an intervention without prior risk

assessment is dubious. This is because the intervention without risk assessment is more likely to be driven by the availability of services and individual preference and specialisation of the provider rather than by a child's needs identified by the assessment. However, there is an argument that the wrong intervention may increase the risk of displaying harmful sexual behaviour. It can also result in providing inappropriate levels of intervention, for example, too complex services for a low level case, which in turn may limit access to highly specialist services for high risk cases. In addition, too intense intervention may have an adverse impact on young people. It can be labelling and stigmatising, and contribute to the development of guilt regarding sexuality. Conversely, too low a level of intervention may not address more complex issues. As a result, the risk of reoffending is not addressed and there is a likelihood of abuse of further children and young people.

On some files there were references regarding involvement of partner agencies, e.g. YOT or CAMHS, but details of the service were not recorded. In two cases there was a record of keep safe work with a victim and "good/bad" touch with young people who displayed inappropriate sexual behaviours. Arguably this may reflect a calibrated approach to cases whereby the level of intervention is provided in accordance to the level of risk or need. However as it has already been established, the vast majority of cases had no risk assessment completed. In addition the research highlighted that most of the assessments carried out by the Children's Services, such as initial assessment or core assessment, were lacking in analytic attempt to understand how harmful sexual behaviour fitted within the family's and young person's functioning, or an attempt to understand a pathway leading to the offending behaviour. Subsequently this type of

assessment usually led to the provision of generic services, e.g. family intervention. Typically this involved work with a parent regarding setting and maintaining boundaries and strategies to manage general children's behaviour, not specific to harmful sexual behaviour. Therefore not only was there a lack of offence related assessment and intervention but also was there also a lack of conceptualisation about how intervention provided might prevent re-engagement in harmful sexual behaviour.

Overall the findings from study 1 identified a disorganised picture of services with no consistent explanatory model employed to understand and support young people who engage in harmful sexual behaviour. There were some examples of good services but generally there was no consistent pathway of care for these young people. This was despite a clear and good protocol in place, which drew on the research based AIM2 model. There was no consistency between different case stages, e.g. from referral to assessment and closure. There was a lack of systematic approach to the case management supported by clear reasoning based on evidence and good practice. Arguably, due to a lack of a conceptual framework, the basis for assessment was not clearly defined. This resulted in an approach which was ad hoc and disjointed. The quality of intervention seemed to be dependent on an individual worker's initiative. There was no continuity between services and multi-agency approach. A high number of cases closed immediately after an initial assessment or without any assessment; this may suggest that harmful sexual behaviour was not treated as a social care issue but as a purely criminal problem. It also seemed that a young person and his/her family were more likely to receive

services from the Children's Services if there were other children in the household apart from the young person with sexually harmful behaviour. The young people were more likely to be provided with services where there was joint involvement for Police and Social Care. Such approach contradicts current trends in this field recommending any interventions should treat a young person as "a whole" not just as an offender and take into consideration the welfare of the young person with harmful sexual behaviour (Hackett, 2006). Inconsistent practice may also reflect a lack of understanding or anxiety amongst professionals dealing with such cases. As a result, the risk often remained unassessed and uncontained, and young people were not provided with suitable packages of support. Study 1 highlighted limitation in services available for young people with harmful sexual behaviour in the designated research area, at the time of completion of this audit. The findings also suggested a strong need for an improved inter-agency approach and some integrated case management encompassing Social Care, Youth Justice and therapeutic intervention.

The findings from study 1 are consistent with other research. Hackett and Deacon (2011) research into services response to harmful sexual behaviour concluded:

- Some responses were focused, other highly erratic;
- When police were involved immediately, there was usually a strategy meeting and assessment;
- More inconsistent responses when lower level concerns or where the police were not initially involved;
- Good policy struggling to regulate good practice

Some recommendations may be made based on findings from study 1. These would include:

- Better multi- agency participation in and coordination of an intervention to encompass Social Care, Youth Criminal Justice and therapeutic intervention;
- Central point of case management, e.g. named social worker from the Local Authority
- Training for Social Care staff about how to manage cases where harmful sexual behaviour is an issue;
- Clear procedures and consistent practice including monitoring compliance, addressing issues of training and quality of intervention;

It has to be noted since the audit was completed there have been some developments. Locally the NSPCC started providing a comprehensive service for young people who display harmful sexual behaviour. This service offers a risk assessment and intervention. Currently the service is overstretched, demonstrating a need for such provision (NSPCC, Plymouth). The emerging picture from this study with regard to local issues seems to be consistent with the broader picture across the UK. Nationally it has been recognised that since publishing the National Children Home report (1992), which highlighted the problem of young people with harmful sexual behaviour, there have been significant developments in services and practice. It has been recognised that concerns about young people with harmful sexual behaviour are relevant to both the Youth Justice System and Social Care. 172 services offering some form of intervention for these young people were identified across UK and Republic of Ireland (Masson and Hackett, 2003). However, the services were patchy and largely established as result of a particular interest of individual practitioners or due to commitment from the voluntary sector,

e.g. Barnardo's and NSPCC. Mason and Hackett (2003) identified pockets of excellent practice but also widely spread concern about the variable states of national and local guidance resulting in wide variations in the way in which young people with harmful sexual behaviour were managed, including access to assessment and intervention. A recent report by Criminal Justice Joint Inspection (2013) found practice responses were generally poor. It identified that early opportunities for interventions were missed. There were few examples of holistic, multi-agency assessments or interventions and case management was often compromised by poor communication and information sharing

In 2014, NSPCC jointed with other strategic partners to create and test a national framework on children and young people with harmful sexual behaviour. The aim is to embed clear policies and procedures as well as practice guidance to support the work of local authority professionals. Findings from this research, regarding the family background of these young people, strongly suggests that practice guidance should take into consideration a systematic approach in working with cases where harmful sexual behaviour is an issue. This should encompass individual needs of the young person and their harmful sexual behaviour within family functioning and dynamics. The findings from Study 2 and 3 will contribute to the development of a model of intervention.

9.4.2 Findings from Study 2

Study 2 consisted of an exploration of young people's lives, experiences and mental states relating to their offences utilising two types of interview: Transition to Adulthood Attachment Interview (TAAI) and semi-structured interview. The study was conducted in the context of other studies that have reported negative developmental experiences in the lives of such young people. However, less is known about how negative, dangerous, abusive, and neglectful events impact on the young people in terms of their mental and emotional state and the explanations they form regarding these experiences. These interviews provided evidence about their defensive processes, importantly how some aspects of their experiences were distorted or had become dissociated. Furthermore, the study was concerned with how these experiences are shaped by the wider culturally shared discourses, especially regarding male identities (Frosh, 2003).

The TAAI interview employed discourse analysis which was based on attachment markers developed from the adult attachment interview (AAI). The semi-structured interview used critical discourse analysis (van Dijk et al. 2001).

This study attempted an innovative approach of utilising both the deductive (top-down) analysis used in the TAAI with the inductive (bottom-up) analysis employed in the qualitative interviews. However, in the two forms of interview the initial emphasis was on the form of analysis characteristically used, for example in the TAAI the analysis emphasised the AAI based

attachment discourse markers and in the qualitative interview the framework for discourse analysis.

In addition to the TAAI and the semi-structured interview, three inventory measures were completed by the young people: Inventory Parent and Peer Attachment; Post-Traumatic Diagnostic Scale (PDS) and Beck Youth Inventory. Subsequently the inventory measures were a critical form of cross reference to the narrative measures.

Qualitative Interviews: Discourse and explanation:

The qualitative interviews revealed ‘facts’ from the young people about the major events in their lives and the discourses they employed in talking about these events. They explore what events young people recalled to construct their lives and what meaning these events were given by them. The themes were inductively derived and complemented the analysis employing the discourse markers employed in the deductive analysis process of the TAAI. These were also evident in their TAAI data and it was also possible to see the presence of the TAAI markers in the qualitative interviews.

The young people employed a range of discourses to construct their childhood experience and family context in a way to maintain self-integrity. An overarching picture encompasses discourses related to themes such as:

- Life is hard - violence is acceptable/normal and is an integral part of life.

- Powerlessness manifested in an inability to affect a change, normalising abuse and acceptance of victimisation but denial of an impact and getting on with life. Power to disrupt and get self into trouble conveys an experience of being empowered.
- Power discourses encompassing entitlement, male superiority, toughness, bravado and denial of vulnerability.
- Distortions of reality - this encompassed an acceptance that 'truth' was fragile and slippery. They appeared to expect that people could not be trusted or relied upon and that people lied.

The young people employed a discourse of hardship, for example in referring to violence and abuse, which they had experienced or witnessed. They often described their relationship with parents as difficult or volatile and their family life as characterised by conflicts. However, this dialogue was not employed to position them as 'victims' but contained an implication of such events as inevitable and a passive stance towards them. This lack of a discourse of complaint interconnected with a dialogue which normalised their life experience including abuse, and minimised or dismissed vulnerability. They tended to take responsibility and blamed themselves for the abuse they had suffered and the way they had been treated by their parents. This discourse therefore appeared to position both what had happened to them as normal and inevitable aspects of life but by implication also that their 'victims' as not victims. An example to illustrate this is Henry's case, and in particular his explanation of his mother's ex-boyfriend's violence (Chapter 7.2.3)

The experiences which to the interviewer appeared to have been negative and dangerous were instead portrayed as minimal because of their personal toughness. For example, Matt employed a discourse of himself as tough and as experiencing no impact of adverse life events (Chapter 7.3.3). This appeared to fit with a general discourse of a legitimate masculine identity as requiring toughness and invulnerability. This was further supported by a discourse of their own agency in presenting themselves ostensibly with a negative and blaming perspectives of themselves, e.g. as a troublemaker, outsider or “mental”. For example James, who would describe himself as gambler and ‘being bad’ (Appendix B). In contrast they idealised their parents. However, this offered a sense of them as powerful as opposed to the ‘factual reality’ of their lives based on information from the Children’s Services’ file or nature of events recalled by them, which indicated that they had experienced little power apart from that to get into trouble.

Overall the young people seemed to have developed an acceptance of being a victim, blamed themselves for their own victimisation, dismissed their own vulnerability and did not expect others to care for them. Instead the young people employed power discourses oscillating between bravado, toughness and physical prowess/violence or dismissal to retain some sense of control. These discourses reflected family tradition regarding power and vulnerability but also drew on certain cultural discourses whereby males were seen as superior and consequently entitled to have their needs met by right (Frosh, 2006). This allowed them to dismiss vulnerability as weakness. This sense of entitlement manifested particularly in relation to younger, weaker or more vulnerable. It was illustrated by Harry’s discourse regarding

children for example (Appendix B). In fact one of the striking findings was a “justification and normalisation of violence” particularly in the context of power and control, in particular from adult to child or bigger/stronger towards smaller/weaker. Importantly, this self-blame conferred a sense of power to them but also fitted with the how the victim status of the children they had sexually acted towards could likewise be neutralised.

Understanding and explanation of Harmful Sexual Behaviour:

All the young people provided very limited explanation and understanding as to why they behaved in harmful sexual way. These explanations were characterised by a lack of reflection and varying degrees of denial from partial to almost total denial. In their actions it seems that a central strategy employed in relation to harmful sexual behaviour by the participants was that they were victims of misunderstanding, false allegations or circumstances. Minimisation of impact was another key strategy employed by the participants. There was very little recognition of the victims’ perspective. In fact some of them blamed victims for the behaviour, e.g. the victims asked for this, or passed on to them some of the responsibility for not stopping the harmful behaviour. It seems that these responses fitted with their broad sense of acceptance of victimisation as a norm in interpersonal relationships. This also corresponded with how their parents dealt with the young people’ vulnerability and how they employed ‘blame’ of themselves to imply a sense of power in the context of their own experience of powerlessness.

Research identified a strong theme regarding sexual needs entitlement among the young people. For example this manifested in not taking “no” from a victim as “no”, abusing a sister because “she was there” (James) or because “seeing her naked” (Robert), or having sexual needs met because of “being handsome and fit” (Henry). It was echoed in the discourse about the male being older than the female and in references to historic discourse about pre-arranged marriages between family members. In both discourses typically the female was disadvantaged in relation to the male. It could be argued that the sense of entitlement became so strong because there was a lack of a balanced intimacy script which would include sexual contact and emotional closeness, and in turn would curb entitlement attitudes.

In addition the young people employed some discourses constructing alternative truth regarding their harmful behaviour and consequences, for example that it was a romantic relationship. Others framed the behaviour as a game, experimentation or behaviour that was pleasurable for both the victim and the perpetrator. Most of the young people seemed to be pre-occupied with sex. It manifested through frequent viewing of pornography, abusive sexual fantasies or a quick escalation of sexual thoughts. However, this could also be interpreted as part of an overall pattern of low levels of self-restraint. Viewing pornography was widely accepted by the young people and seemed to be a norm rather than exception. It also needs to be taken in consideration that viewing pornography has been generally normalised and has become socially acceptable (Lofgren-Martenson and Masson, 2010). Nevertheless, this finding needs to be considered in the wider context of these young people; a lack of script regarding balanced intimate relationship and a lack of experience of comfort. In such a context,

pornography not only contributes to maintaining sexual arousal and development of sexual fantasies, but is also likely to provide opportunities for development of sexualised strategies regarding comfort. This is when viewing pornography may play a self-soothing role.

Furthermore pornography is likely to provide an unrealistic perspective with regard to sexual and intimate relationships and also reinforces a sense of entitlement due to the way male and females are portrayed in pornographic material.

In conclusion two central strategies i.e. being a victim and minimising impact, reflect the young people's acceptance of victimisation which stems from their childhood experience. They suffered adverse childhood experience including abuse but these experiences were not validated. Arguably in order to maintain some integrity they had to dismiss their own vulnerability and the impact of abuse. In addition their life experience validated violence and aggressions as means of status, power and control but also as ways of substituting comfort and intimacy needs. In such paradigm there is no conscious concept of a division between victim and perpetrator but rather a dichotomy is accepted around the power whereby a powerful individual has rights, therefore it is legitimate to take advantage of a weaker individual in order to meet their own needs. The powerful individual exercises his rights therefore his behaviour is not abusive and he is not held responsible for it. In addition these childhood experiences are enmeshed within attachment relationship which by definition should protect from abuser-victim relationship. But in these cases this is where vulnerability, need for comfort and protection, merge with anger, aggression and sexual behaviours.

In addition, the strategies to maintain positive self-image and to explain harmful sexual behaviour fit more broadly with a cultural discourse whereby the male possesses certain status, power and rights due to gender. This includes a disproportional status between male and female, which revealed through assigning themselves rights to have their sexual needs met, dismissing or not allowing victim' voice and rights to have their need recognised; objectifying the female and making victims responsible for their (perpetrators) behaviours.

Attachment strategies and unresolved trauma and loss

The exploration of psychological defensive processes in the TAAI found that all of the participants presented with complex insecure attachment strategies alongside intrusions and disruptions of the strategies through unresolved traumas or losses. In Main et al. (1989,1990) ABCD attachment model, all eight young people would be classified as having disorganised attachment style. This research extended this analysis of attachment styles by employing Crittenden's (1997, 2006) Dynamic Maturation Mode (DMM). This offers an elaboration of the 'disorganised' pattern in Main's model in conceptualising this, not as disorganised and non – functional mental states but as complex and mixed dismissive and pre-occupied patterns interwoven with unresolved states of trauma and loss. A significant contribution of the DMM model is that it differentiates between dismissive and pre-occupying forms of unresolved states. For example, dismissive unresolved states are evident when clearly highly dangerous and abusive events are described in minimal detail with a lack of expected affect. In contrast pre-occupied

states are indicated by violent and graphic imagery and extreme displays of anger, swearing and derogation in the interview.

According to the DMM model the majority of young people from this research presented with mixture of A/C patterns and extensive evidence of multiple unresolved traumas and losses. Specifically five of the young people employed a mixture of extreme Type C avoidant and Type A pre-occupied strategies and three of them demonstrated extreme avoidant strategies with some intrusions of anger. In particular there were substantial examples of graphic and violent discourse, indicating high states of arousal alongside fear of rejection and abandonment and semantic and episodic representation indicating delusional cognitions of possessing strength, physical courage, toughness and self-reliance.

The analysis of the TAAI data revealed that all but one participant showed evidence of unresolved trauma including one young person showing symptoms of significant unresolved loss. In Roland's case (Appendix B) there was possible trauma related to bullying and domestic violence but its significance was denied, which would be consistent with his highly idealising defensive strategies. In other cases there was evidence suggesting that unresolved trauma and loss intruded to fragment their characteristic attachment defensive strategies which were predominantly dismissive (A-patterns). The young people's reactions to the dangers in their lives not only involved attempts to use extreme insecure attachment strategies but also possibly led to a breakdown in their attempts to cope due to trauma or loss.

Among the young people who showed evidence of unresolved trauma or loss, all but one presented symptoms of multiple unresolved traumas. The range of traumas was related to: parental abandonment/rejection, neglect, emotional neglect and emotional abuse, physical abuse, sexual abuse, domestic violence, bullying, parental separation or a parent's illness.

One of the critical findings from the TAAI and semi-structured interviews was that the young people typically described a lack of positive attachment responses in their childhood and a focus of this was a lack of experiencing care and comforting from their attachment figures. This absence appeared to be associated with a failure to develop functional strategies for self-soothing and emotional regulation. This resulted in them developing severely insecure and complex attachment strategies alongside intrusions and disruptions of the strategies through unresolved traumas. The TAAI and the semi-structured interviews identified that these young people in emotionally charged situations appeared to be unable to employ balanced self-regulation strategies. This was evident in the descriptions of the events that had taken place in their lives and the dysregulation of affect that arose in the interview process. Young people with mixed insecure strategies oscillated between complex mixed strategies of angry derogation, anxiety along with extreme attempts to try to control their own feelings, be self-reliant. Good examples are Matt's or Roland's cases (Chapter 7.3. and Appendix B). The use of these twin strategies meant that they alternated in their attempts to affect regulation between these opposing strategies it seemed without being able to integrate them in ways that complemented rather than contradicted each other. The participants who employed extreme

avoidant strategies gravitated towards extreme self-reliance, compliance and denial of vulnerability but this would lead to regular outbursts of anger. As result the young people appeared to become deregulated in emotionally challenging situations. In the interviews this was indicated by them oscillating between a dismissive (A strategy) bravado and denial of fear in their childhood alongside and idealisation or minimisation of the rejection or unavailability of their attachment figures in contrast to pre-occupied (C patterns) of intense anger, derogation and violent imagery intruding into their interview. An unexpected finding was that the defensive strategies appeared to tip over into delusional states of extreme bravado, invulnerability, toughness and extreme self-reliance whereby they needed no one. Alongside such bravado, one young person also talked of being intimidated by a gang and meekly acquiescing. In other cases they reported and magnified fragmentary evidence of affection, for example from their mother, which indicated a profound level of neediness. In some cases, a form of dissociative state was evident which revolved around quite marked delusional narratives or a factitious self. For example, one young person had developed an elaborate delusional fantasy that he was a “security boss”.

Self-Report Measures

These findings regarding trauma and attachment were not corroborated by self-reported measures. The results from the IPPA suggested that all young people have secure attachment with at least one parent. Five young people were classified as having secure attachment with both parents; two young people were classified as having secure attachment with their mothers

but insecure ambivalent attachment with their fathers; and one young person was classified as having secure attachment with his mother and insecure avoidant with his father.

With regard to trauma self-reported inventory, the PDS provides a short checklist which identifies potentially traumatizing events experienced by the respondent. Respondents then indicate which of these events has troubled them most in the last month. With regard to this research, only three young people reported experiencing a traumatic event. The rest of the young people reported that they did not experience traumatic events. In respect of an impact of traumatic event only one participant reported moderate symptoms scoring 27, the second young person reported mild symptoms scoring 6, and the third individual claimed no impact. Interestingly none of the traumatic events which were reported by the young people were related to unresolved trauma identified by the TAAI.

The family context and information about life experience reported by the young people provide indirect evidence of trauma and attachment difficulties. The attachment strategies indicated in TAAI and interview data also shows complex insecure patterns and unresolved trauma. The self-reported inventories suggest a picture of these young people as 'secure', which is contradicted by the TAAI and interview data. This indicates the inconsistency between self-reported inventories and finding from TAAI. This inconsistency could be explained in various ways. Firstly, there is a wider discussion amongst academics and practitioners regarding accuracy of self-reported measures. Secondly, this particular group of participants presented with highly avoidant defensive strategies, which in turn may lead to idealising reality and denying vulnerability. In addition these defensive strategies and the sexual nature of the

problematic behaviour are likely to result in employing manipulation, dishonesty or denial as a key strategies to retain a self-integrity in social interactions. These factors subsequently are likely to contaminate responses to self-reported measures. Conversely, narrative explorations are more likely to tap into subconscious defensive strategies, which in turn when activated can highlight areas of trauma and also provide evidence of attachment patterns.

It seems that these young people were not protected from danger or helped by their parents to understand, cope and process the danger. Instead, of learning to process the danger and develop strategies to stay safe, these young people instead appear to have developed various defensive strategies including denial and normalisation of abuse. The lack of effective coping strategies appears to constitute a form of trauma. This appears to be dismissed form of trauma in which danger is minimised, e.g. they delusional bravado leading to an appearance of these young people as seeking out dangerous situations. From the attachment perspective, it could be argued that these young people' internal working models are lacking in ability to calibrate danger. In addition it appeared that for these young people abusive behaviour is an integral and acceptable part of their day to day relationships.

Family and social context

The exploration of the social and family context highlighted a high level of danger resulting in unresolved trauma. It also identified significant unresolved loss in one case. The young people generally reported a range of dangers that were located within attachment relationships or in the family context but also outside family home. This included violence directed at them from

an attachment figure, domestic abuse, sibling violence, threats of violence, neglect and emotional abuse; also fear of rejection and fear of loss due to a parent's illness. They experienced threats outside the family home such as bullying or peer violence outside school. The majority of the young people were exposed to multiple sources of danger. In seven cases it was possible to corroborate the factual information provided by the young people with information from case files.

The transition from family to peer attachments is an important developmental stage. The TAAI and semi-structured interviews indicated that the movement in adolescence away from parents towards friends and sexual partners as emerging attachment figures-arguably proved to be challenging and troublesome for the participants. An important finding from the TAAI was that these young people did not have a script regarding balanced intimate relationships which would help them in this transition process. The young peoples' attitude towards relationships was contaminated by an anticipation of rejection which derived from experience of parental rejection, and normalisation of abusive behaviour as a part of their relational script. Subsequently the lack of a balanced script was evidenced in their friendships whereby they idealised their peer relationships but in fact there was strong evidence that they were socially isolated and emotionally lonely. For example, Noah, who described making "hundreds of new friends" (Appendix B). They seemed unable to make and maintain close and intimate friendships. Instead, they often were taken advantage of by their peers or were unable to resist peer pressure as they desperately wanted to please their peers, be accepted and belong. For

instance, in one case, this led to offering sex (Henry) and in another it led to harmful sexual behaviour (Sean).

Also, it was evident in the young people's attitude to romantic relationships, that they oscillated between, deriding affection, denial or dismissal of intimate and sexual needs, or referring to bravado and sexual prowess (e.g. Harry, James or Matt). All cases contained those elements to some degree. Overall, the young people's attitude also related to a sense of sexual entitlement because they were males. In addition in some patterns in the data implied that sex and intimacy were associated with emotions such as anxiety and fear of rejection. For example, there were references to being "dumped" or "cheated" by girls resulting in not being interested in having a relationship (e.g. James, Harry or Henry). Some data also implied associations with anger and aggression. For example, it was evident in violent sexual fantasies about rape, references to violent pornography or describing girls as sluts and liars who ask for sex but then make accusations of rape.

Parents and other attachment figures are important in guiding children through these difficult transitional processes. Peer relationships in adolescence can be problematic and testing for any child and there is considerable evidence that children do not simply detach from their parents and attach to their peers. Instead, there is a 'to and from' process whereby they return to the secure base of their parents to help them manage difficult feelings, rejections and the first experience of a 'broken heart' (Ainsworth 1978). It appeared from the TAAs and interviews that attachment figures were not available for these children at this stage. Typically the parents

were pre-occupied with their own problems and when they become drawn into their children's problems they responded with an ambivalent mixture of anger and over-protection to the point of denying the offence or denigrating the victims. This mirrored the boys' own ambivalent processes. In some cases, the boys were in the role of propping up a lonely insecure parent who was fearful of their child moving emotionally away from them, in particular Matt and Henry. Findings from the TAAI found that the majority of participants presented with very poor ability for reflective functioning (RF). They struggled to evaluate information related to their life experience and learn from it. Their reflection was lacking of analytic part or it was very superficial. All cases had difficulties in taking other perspective in social interactions. This corresponded with their poor ability to recognise and manage their own emotions. Developing RF requires the assistance of adult/carer, to help reflection on the child's mental state and those of others. This was especially lacking in terms of the parents assisting them in thinking about girls and how they should approach and relate to them. As indicated in Study 3, this appears to reflect their own parents' experience of trauma and sexual victimisation.

9.4.3 Findings from Study 3

The third stage of the research consisted of 3 case studies designed to allow an exploration of the young people's family contexts and trans-generational processes. These were selected from the sample of young people in Stage 2 on the basis that they exemplified the range of problems presented by the young people and also of the apparent nature of the family dynamics. All parents undertook an Adult Attachment Interview. The overarching aim was to gather evidence regarding intergenerational themes, emotional coping strategies and defensive patterns

employed in the families. The 3 case studies enabled a detailed exploration of attachment strategies and delivered information on family functioning. The case studies also allowed some corroboration of the accounts of three of the young offenders and an insight into how their mental states had evolved in the context of their parents' relational and mental states.

In all three cases the parents' Adult Attachment Interview showed complex avoidant attachment strategies with intrusions of unresolved trauma or loss. The AAI's indicated that the parents had not been able to utilise functional self-soothing strategies to self-regulate in their own childhoods. This deficit was also evident in their current discourse in their AAI's, with extreme forms of dismissive and pre-occupied strategies being employed with evidence of unresolved traumatic intrusions as they described their experiences. The majority showed poor reflective functioning in relation to their own experiences and regarding their children. Only one parent, Lisa, comes across in the interview as quite perceptive and bright woman. She shows some examples of quite sophisticated reflection. With some support she seemed likely to be able to make and maintain positive change. But generally the parents did not appear to have been able to have developed strategies to manage their feelings nor to keep themselves or their children safe. This was an important finding since it suggested that the lack of resolution was generally a dismissive one in that the parents did not have a clear idea of how they would protect themselves from further dangers in their lives, such as violence or emotional distress. Neither did they have a strategy for how they would offer guidance or support to their children. What was typical was a very general corrective script that they would

‘do it better’ than had been their experience but without any elaboration of how they would achieve this. The indication was that the parents had experienced very little or no comfort in their childhood. There were intergenerational themes of domestic violence including sexual violence, physical and sexual abuse or neglect. Throughout generations violence was validated and normalised. These themes seemed to validate the participants’ power discourse. In effect the mothers indicated a sense that violence and abuse were almost to be expected and were ‘normal’ aspects of family life.

The indications from the AAls were that these unresolved states impacted on their parenting. In particular, unresolved trauma and loss interfered whereby on occasions they became emotionally deregulated, emotionally overwhelmed and disproportionately distressed or angry. This was manifest in either dismissing, minimising or exonerating their child’s offences or adopting a highly pre-occupied and angry derogatory stance towards their child. They did not seem able to hold a position which both constituted a sense of support for their child along with a balanced position of guidance and constructive discipline for them. For example in cases of Chloe or Louise, it appeared that they struggled to impose and maintain balanced parenting control and boundaries. This appeared to be shaped by their own experiences of fearing rejection and abandonment, if they protested about the abuses in their own childhood. In turn they appeared to fear being rejected by their own children if they offered discipline. However, this fear and avoidance appeared to unpredictably (from the child’s perspective) erupt into deregulated anger and attack. This unpredictable oscillation between these two states

appeared to be a procedural representation (embodied) of their own early experiences. As a result, their parenting often seemed inconsistent. This was also evident in their approach to harmful sexual behaviour displayed by their children. The parents struggled to develop understandings of the actions or to develop strategies to deal with it. Some of them normalised the behaviour and colluded with the participants. One of the mothers' moved along a spectrum from colluding with her son and blaming the victims to the other extreme whereby she described his son as a pervert and potential rapist. None of the mothers were able to present a balanced response.

Overall there was evidence that the parents' attachment needs and also their intimate and sexual needs had been deprived. This process appeared to have started in childhood and influenced the parents' adult attachment relationships. Two mothers reported that they had been in relationships with abusive partners. The abuse included physical violence and marital rape. The same women also reported that they were sexually abused as teenagers. One talked openly about a lack of sexual intimacy for a number of years with her second, reportedly non-abusive partner. In addition, all three mothers displayed symptoms of unresolved trauma, related to their parents. Two women reported violence from their father and one presented with unresolved trauma related to emotional abuse.

In summary, the findings indicate that the mothers described a needy and idealising relationship with their parents. They generally appeared desperate to please their parents who

were generally unavailable, neglecting or abusive towards them. They magnified the infrequent instances of affection shown by their parents but frequently experienced rejection from them which in turn affected their capacity for developing intimate relationships. They experienced not only a lack of affection but a lack of guidance to help them keep safe. This appeared to construct a mental state in the women in which they were desperate for affection, had low self-esteem and hence were indiscriminate in who they chose with a view that they were not good enough to expect anyone would treat them well. This made them at high risk for choosing unsuitable and potentially abusive partners. Two mothers experienced sexual abuse as children/teenagers. This pattern appeared to continue in their later adult attachment relationship whereby they were with abusive partners, who they tried to please but who abused or rejected them. This anxiety and fear of rejection transferred to the relationship with their children. As a result they struggled to set and maintain boundaries but instead tried to please their children and at times colluded with their behaviours (see Chloe and Louise). There was also evidence strongly suggesting that the mothers' unmet intimacy and sexual needs impacted on their relationships with their children. It manifested in blurred boundaries and flirting, sexual behaviours, for example in sexualised play-fights (e.g. Lisa), walking topless at home and poor boundaries around privacy (e.g. Chloe) or sharing intimate details (e.g. Chloe and Louise).

Cross analysis of TAAI and AAI

The cross analysis of the young people's TAAI and their parents' AAI provided significant findings with regard to a pattern of attachment based interactions between parent and child. These findings highlight how attachment requests from a young person can trigger unresolved trauma in a parent. This disguises attachment needs, e.g. in play fights and can create volatile escalations between parent and child.

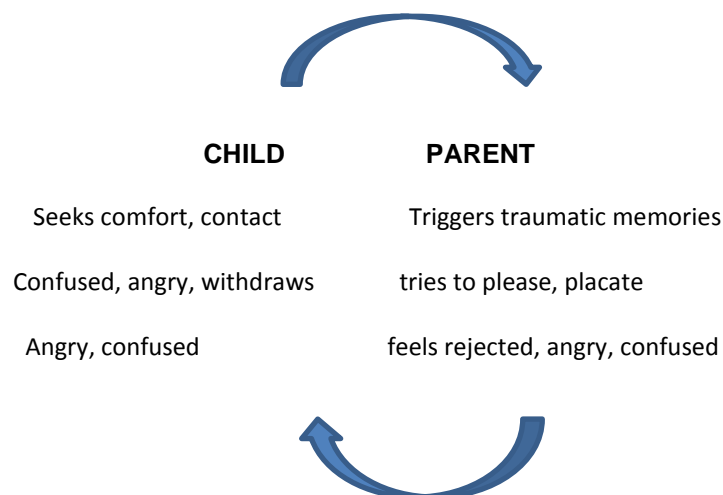


Figure 9.1 Parent – child escalating attachment dilemma

The young people's and their parents AAI and interviews indicated repetitive relational sequences of interaction that escalated to produce negative states in both of them. A typical cycle of mutual confusion and anger appeared to occur because a child's attachment request evokes in the parent fear or danger related to the parent's childhood experience and attachment relationship. As result the parent employs characteristic attachment strategies to

deal with it. The parent became emotionally unavailable or deregulated but at the same time tries to please, in order to avoid anticipated rejection from the child. This leads to a combination of anger and vulnerability. In turn this could be confusing and arguably, fearful for the child, leading to anger and confusion and subsequently disguising attachment needs, further escalation in behaviour and to seeking attachment needs outside attachment relationships, for example through harmful sexual behaviour.

This finding builds on previous research regarding the relationship between a parent and young person with harmful sexual behaviour and parental maltreatment history. Smith and Israel (1987) identified a pattern of psychological absenteeism among families of these young people in which both male and female carers were seen as distant and inaccessible. It was hypothesised that this was due not just to physical but also emotional distance such that a parent was minimally attached or bonded with the youth. New et al. (1999) found that 55% of mothers of adolescent sexual abuse perpetrators had a personal history of childhood sexual victimisation and 17% had experienced sexual abuse as adults. Further, more than a third had suffered physical abuse and domestic violence was reported by over 70% of the mothers. Early findings are corroborated by more recent research, for example Hawkins et al. (2010) examined 27 cases of pre-pubescent boys with harmful sexual behaviour. Case audits identified that approximately 50% of mothers were described as suffering physical, emotional or sexual maltreatment early in life. Subsequently Hawkins hypothesised that a parental experience of unresolved harm in childhood generated inconsistent and insensitive parenting. Evidence from this research explains how parental history of abuse, unresolved trauma and loss affects

parent-child attachment interactions and in turn results in the patterns of psychological absenteeism and inconsistent or insensitive parenting.

9.5 Methodological Implications

The research attempted to develop and integrate types of analysis combining key features of the structured form of discourse analysis employed in the TAAI and features of Discourse Analyse (DA). These two forms of analysis were applied to both the AAIs and the interviews. There has been debate about whether the analysis used in the AAI can be applied to interview material but since the topics of the interviews could be seen to trigger defensive processes it was seen as legitimate to employ the analysis on this material (Hughes, Hardy and Kendrick et al. 2003). The findings indicated that the interviews reflect both the use of defensive processes developed in the young people's families and also that they drew on culturally shared discourses to account for and legitimise their actions. The research also highlighted how these defensive strategies employed were in turn shaped by reference to these wider discourses such as those relating to gender and sexuality. For example, in Matt's case it was evident how his type C defensive strategies were validated by him through the use of angry, derogatory language with regard to the female and by referring to wider certain cultural discourses whereby females are deemed as deceptive and manipulative. He was also perceptive of discourses portraying females as submissive and re-enforcing male's sexual entitlements. Combining these two forms of analysis presents a number of challenges: most significantly it has been argued that the structured form of deductive discourse analysis developed for the AAI

is at odds with an inductive approach which considers each person's experience as unique. It is also suggested that this approach should be restricted to the AAI interview since this is required to trigger the attachment system so that the defensive processes are revealed (Hughes, Hardy and Kendrick et al. 2003). However, in this study the qualitative interview (as most clinical interviews) asked questions which can legitimately be seen as activating attachment processes. It was felt in this study that the combination of the two approaches was complementary rather than contradictory. Most importantly, it can be argued that attachment theory needs to be contextualised within the wider discourses in culture regarding intimacy and sexual behaviour. As discussed in Chapter 3 attachment is an important factor in intimacy and sexual relationships. Therefore although arguably sexual activity is private activity, it is also very public in imagery from the media, advertising, magazines, music, film and television. Sexual behaviours are also shaped by peer influence. Furthermore, as discussed in Chapter 4, some elements of attachment, in particular ways of expressing and attending attachment needs, are socially constructed.

However, a danger in the analysis conducted is that it becomes over determined by an attachment lens and also that a focus on intra-personal attachment strategies regard these as exclusive properties of the young person rather than more complexly shaped by family and cultural factors.

9.6 Reflective processes.

The exploration of service responses highlighted that although harmful sexual behaviour is said to be a safeguarding issue, in practice it is more likely to be treated as a criminal matter.

Supporting evidence includes: a number of cases where the police investigation only was conducted; the fact that the majority of joint Police and Social Care investigations were focused on gathering evidence against young people with harmful sexual behaviour and ensuring safety of victims and were lacking in welfare/risk assessments of these young people. Furthermore it appears that despite clear recommendation about good practice (AIM2, 1999 and 2012) professionals still struggle to understand how harmful sexual behaviour fits within safeguarding procedure and processes. These young people are very often viewed primarily as a risk to others, which overshadows their vulnerability and needs. Cases of young people with harmful sexual behaviour are more likely to reach threshold for Initial Child Protection Conference, when they have siblings. However, professionals often struggle to identify the most suitable category of harm, which reflects their risk and vulnerability and the typically preferred category appears to be 'likely sexual abuse'. This again is more likely to shift the focus to risk and danger as oppose to their welfare needs. It is also important to reflect on the notion of 'risk assessment' phrase with regard to young people. Although it has been argued that a risk assessment needs to be holistic which recognises welfare needs and risk, arguably the notion of 'risk assessment' is stigmatising and oppressing, restricting attention to 'offender perspectives' as oppose to relational, developmental or cultural perspectives. This is further re-enforced by

the heavy focus on individual work, CBT, re-lapse prevention and self-agency aspects of treatments.

My research journey started from a frustration regarding a lack of services for these young people but also from a curiosity about why they behave in this way, how they experience life and how they manage their emotions and behaviours. For a number of years, I have undertaken various training courses and specialised in providing assessment and treatment for young people with harmful sexual behaviour. This research greatly contributed to my approach in working with this group of young people. Initially, I realised that as a researcher I was influenced by my statutory role within child protection agency. I started from an inquisitive stance which was supported by discourse analysis as a chosen research method. One of the important contributions of DA is that a central consideration is how people offer accounts and justifications for their actions. This helped to move away from a stigmatising perspective that surrounds the young people in viewing them as deceptive and manipulative. In this research the discourse analysis was employed from a position that recognises we all aim to offer acceptable justifications for our actions. It did not pathologise this process but instead was curious about what shapes the strategies employed in offering accounts.

However, I recognised that my statutory role drew me into being suspicious and caused me, at times to gravitate towards blaming and judgmental language. It appears to me that this was influenced by the simplistic dichotomy of 'victim' and 'perpetrator', which exists among professionals. Furthermore, it seems that this division can serve as a defensive strategy employed to distance ourselves from recognising our failure in preventing these young people

from engaging in harmful sexual behaviour. A consideration that their actions may frequently have a result of previously experienced harm by others towards them could appear to be offering excuses. In addition a more pathologising position can also be used to justify a lack of resources and reluctance to work to ensure that their welfare needs are met. For example, why spend money on treatment when containment and risk management is all that can be achieved by these young people who appear reluctant to accept and responsibility which is seen as a prerequisite for change. In the current climate of economic austerity and accompanying cut backs on services resources are restricted for victims but not 'offenders'. Overall it can be argued that the statutory/professional response does not reflect the dual victim/perpetrator aspect of the lives of these young people, but is heavily focused on a consideration of the offending side. This corresponds with broader, cultural perceptions regarding adult sex offenders who come to be labelled, for example as paedophiles and as dangerous 'monsters'. Serious consideration of risk and damage is important, not least given the high profile, harrowing accounts of the activities of well-known individuals, for example, Jimmy Saville, Rolf Harris and Gary Glitter. Although considerations of these cases are extremely important it directs attention towards a need for retribution and safety. It becomes almost an unspeakable question to ask what might have shaped their actions. One answer is that dominant discourses of male power, entitlement to sex, and exploitation of young people was tacitly accepted as legitimate. These people were unfortunately not simply 'beasts' but perhaps displaying extreme versions of dominant masculine assumptions. However, the concern with these adult

cases makes the context for a considered and balanced understanding of the lives of the young offenders in this research all the more difficult.

It was anticipated that the research may have an impact on the participants and subsequently some possible impact on data. One of the issues that was considered was how the dual role of the main researcher (researcher and practitioner) might impact on the dynamic of the interviews, young people's positioning and expectations. It was considered whether some young people may have agreed to participate to put themselves in a favourable light. It was also anticipated that it was likely that the participants may have certain expectations as result of participating in the research such as that it may have help them to "move on". The latter hypothesis was certainly voiced by two young people. Sean commented that he agreed to take part because he agreed "to whatever can help him". Another young person (Noah) said that the participation in the interviews gave him a chance to "off load". Sean also said that the TAAI made him think about his mother. In a way the fact that they made such comments, suggests that they may have seen the research as an extension of an intervention. This is why I believe it was important to have an agreement with the participants regarding sharing therapeutically relevant information with their key workers. As a result of the research, Sean was referred to bereavement services. It was also considered whether some young people may have agreed to participate because of the fear of rejection if they do not comply. In particular it was considered in relation to the three participants whom I had known through my clinical/social worker role. However, the evaluation of data revealed that a pre-existing relationship with the participants may have favoured the research as they may have felt safer during the interviews.

In fact it was identified that for example two young people with whom I had had a substantial involvement with before the research, presented in the interview as more relaxed, open and willing to provide detailed answers to my questions. The third participant, who had professional relationship with me, was noticeably less engaged in the interviews. However, it was noted that the research interviews took place shortly after he was referred for a risk assessment.

Interestingly his presentation during the interviews matched with his broader attitude characterised by high level of denial and avoidance.

In addition the research team considered how the interview process may have impacted on the participants' thinking and subsequently on data production. A comparison of relevant discourse from two interviews revealed that there were no significant differences about how they constructed their experience. The interviews encouraged them to reflect, which for some young people may have been a start of developing a new narrative but the scope of both interviews was too limited to explore it further.

This research has influenced my practice. Recognising the dual victim/perpetrator perspective of these young people's lives has enabled me to adopt more compassionate developmental framework in my work with this group of young people. This shifts focus of the intervention which becomes less risk and offence driven but concentrates on helping the young person to resume a more normal developmental pathway. This includes addressing historic developmental disadvantages and creating an environment where the young person's development can continue to progress. Importantly, this includes recognition of the need to work not just with the young people but also their families and schools and community.

Approaches which do not recognise their underlying traumas and, for example, focus on behavioural or cognitive interventions may miss the desperate need for attachment that these young people have. If unacknowledged this is likely to re-emerge in distorted attempts to seek connections and through deviant and sexually harmful activities.

9.7 Findings and existing theories:

The aim of the research was to explore attachment strategies among young people with harmful sexual behaviour. In doing so the research confirms findings from a range of demographic studies that young people with harmful sexual behaviour are likely to come from troubled and challenging background. For example, Vizard et al. (2007) reported difficulties in the family circumstances for all young people in their sample with the majority experiencing significant loss, inconsistency of care and extreme social isolation and other family adversities. This research also confirms that young people with harmful sexual behaviour are likely to have been exposed to a range of traumatic events such as domestic abuse or are likely to have suffered various forms of abuse themselves. This finding is consistent with several demographic studies. For example, Hackett et al. (2013b) identified that 2/3 of the children and young people in their sample (n700) were known to have experienced at least one form of abuse or trauma including physical abuse, emotional abuse, sexual abuse, severe neglect, domestic violence or parents' rejection and family conflicts.

It is widely accepted that the children who experienced child abuse are typically brought up in a home environment described as low warmth and high criticism (Reder, Duncan and Gray,

1993). However, this research showed that these young people were subjected to high criticism and a chaotic pattern of emotional care ranging from high criticism to overindulgence and colluding rather than consistent low warmth. This research adds several other important findings. Firstly, it provides direct and detailed qualitative evidence about how these childhood experiences appear to have affected the young people. It particularly it highlights high level of unresolved trauma or loss that they had experienced. This adds an empirical basis to the frequent clinically professional observations (practice based evidence) and impressions of severe conflict trauma as potentially relevant to understanding young sexual offenders. Arguably it provides some insight into how experiences of danger evolve into internalised processes of unresolved trauma, and how trauma disrupts functional self-regulatory mechanisms. The research delivers detailed qualitative material about the participants' attachment strategies. It provides qualitative data showing how unresolved trauma and loss are associated with insecure and disorganised attachment strategies and subsequently affect daily psychosocial functioning and how this contributed to a development of harmful sexual behaviour. In addition the research gives insight to the wider picture of intergenerational family functioning. The crucial value is that this provides details of mechanisms which regulate the family's emotional functioning. Overall this research goes beyond an understanding of a young person who engaged in harmful sexual behaviour and his family stemming from a demographic/statistic picture, and provides information about a young person and his family functioning and how these factors contributed to fostering harmful sexual behaviours.

9.7.1 Attachment and Sexual Systems:

The research contributes to current understanding about the intersections of attachment and sexual systems, particularly in relation to development of harmful sexual behaviour. It provides evidence that poor integration of these systems may lead to misreading procedural and sensory process of touch, comfort and pleasure and may result in harmful sexual behaviour.

Specifically, it evidenced that attachment requests can be misinterpreted as sexual invitation. It also provided evidence that sexual behaviour can serve a self-soothing purpose to meet attachment needs or be employed to achieve protection and sense of safety. In addition, the research demonstrates how the family context and mother-child dyad impacts differentiation and integration of both systems. In this context it highlights effects of violence and abuse, and their impact on these systems.

Bowlby (1969) argued that the attachment and sexual system were distinct and driven by differing instinctual drives. However, he also saw them as inter-related and all families need to work out how the inter-relationship between the two is mapped out. As discussed in Chapter 3.1.6, there is an overlap between these systems in that involves both procedural and sensory processes related to touch, pleasure and potential intimacy. This is that both can be manifested through similar physical interaction such as hugs, kiss, stroke or fondling. They also elicit similar emotional states, i.e. both sex and attachment can provide a sense of safety, comfort and

closeness. However, the sexual system is triggered by sexual desire and seeking pleasure as opposed to the attachment system which is triggered by danger. A differentiation and integration of attachment and sexual systems occurs within the parent-child dyad, and is contextualised by broader family functioning regarding experience of comfort and intimacy. In adult- adult relationships sexual activity may interface with attachment needs such that negative escalations of fears that other 'does not love me anymore' can be attenuated by flirting or sexual contact to reassure the other that they remain 'attractive' and desirable. However, the relationship may become dysfunctional if this is the main strategy to resolve attachment needs. Arguably, the reverse may also be true if attachment needs and insecurities over permeate a couple's sexual relationship leading it to become overly anxious, angry or ambivalent. This of course then also relates to the nature of the parent's attachment and sexual responses to their child. This is because although pre-pubescent children are seen as 'non-sexual being', i.e. they do not respond preferentially to sexual stimuli, have sexual feelings or have functional sexual organs, the parents are sexual and respond to sexual stimuli and have sexual feelings (Chapter 3.1.6). Parents with well integrated attachment and sexual systems are able to differentiate between attachment responses and sexual responses. They respond adequately and manage appropriately sexual feelings or thoughts which may be triggered by children. However, the parents who integrated these systems poorly may confuse these feelings, which in turn may lead to blurring boundaries and a degree of sexualisation of care or even to sexually abusive behaviours. As a result children are brought up within sexualised parent-child dyad which is contextualised by confused attachment and sexual systems in adult-

adult relationship. Children see how sexuality and attachment operate in the family and confusion between the two systems may also lead to them developing confused notions of the boundaries between the two systems.

In the families in this research there did appear an absence of differentiation between comforting and sexual touch, and there is limited capacity to adequately differentiate and interpret cues related to each system. Perhaps the most significant confusion can come about when sex is offered to others not predominantly from the person's own desire but as a wish to invite and gain some comfort and intimacy-to please the other. Another significant process may be that sex is used in attempts to avoid danger. For example, when in abusive relationship a female offers sex in order to reduce a risk of violence.

This confusion between the systems can become integrated into maladaptive strategies. The maladaptive strategies are perpetuated by the process of interactions between child and parent which maintains high attachment avoidance and re-enforce the young person's negative self-image but also escalation in the parent's sense of rejection, anxiety and anger. This results in escalation of using sexual behaviours as self-soothing coping strategies and subsequently leads to various forms of inappropriate sexual behaviours, which in fact are not recognised by the family as sexual due to blurred boundaries between attachment and sexual systems.

Typically these are low level of inappropriate sexual behaviours. However, for some of the young people and for their mothers the confusion between the sexual and attachment systems had been severe and the mothers, for example, had been used sexually by attachment figures who should have been offering them protection. For them the seeking of protection may have

become confused with giving their parents sex. In turn, the child's request for protection is distorted and received with some sexual connotation by them. The mother's response to the child contains sexual element and so on. The families appeared to be rife with such confusions about the sexual and attachment systems. Possibly as a result of this confusion the young people appeared to have had histories of displaying inappropriate sexual behaviour in peer relationship and with younger children. It is possible that they interpreted procedural and sensory process in these relationships through sexual system and felt surprised that their sexual responses led to rejection, shock, censure and being shamed. These early acts also frequently resulted in some form of punishment, exclusion or rejection. These highlight the child's dependence on the attachment figure. The child was frightened and needed comfort. The child elicited/demanded an attachment response from the parent but the response was ambivalent and led to further escalation of maladaptive and sexualised strategies in parent-child interactions. The child continued employing complex insecure attachment strategies to have his attachment needs met. These insecure strategies are maladaptive outside the family environment. As result the young person is unable to recognise and respect other's attachment needs but continues developing attitudes and strategies which enable him to ensure that his needs are met. Subsequently the young person takes on the identity that allows him to have his attachment needs met. The escalation cycle results in harmful sexual behaviour.

9.7.2 Attachment and harmful sexual behaviour

The main aim of the research was to explore attachment strategies among young people with harmful sexual behaviour. To date insecure attachment style has been mainly deemed as a general vulnerability factor predisposing to harmful sexual behaviour. In this context it has been claimed that adverse childhood experience resulted in attachment insecurity, which is a blueprint for psychosocial deficits which have been found in the population of adult sex offenders and young people who engage in harmful sexual behaviour. Findings from this research provide further direct evidence that insecure attachment contributed to psychosocial difficulties. For example, the young people in this research sample showed significant problems in emotional self-regulation, which was directly linked with difficulties in behavioural management, particularly in emotionally charged situations. In addition this research found evidence of significant problems with reflective functioning, perspective taking and reduced capacity for empathy. There was also evidence of poor peer relationships and social isolation.

To date the attachment insecurity was largely conceptualised based on self-reported inventories and circumstantial evidence and typically it was related to attachment categories, e.g. insecure attachment or disorganised attachment and was seen as a stable, trait like feature. A few theoretical models encompassing aspects of attachment theories have been proposed. Marshall (2000) claimed that attachment insecurity makes an individual vulnerable to sexual abuse. Subsequently, in certain circumstances being a victim of sexual abuse could be a factor leading to harmful sexual behaviour. Marshall hypothesised that sexual victimisation in

conjunction with poor self-regulation skills leads to using sexual behaviours such as masturbation to self-regulate. Burk and Burkhard (2003) argue that harmful sexual behaviour is an extreme attempt to control interpersonal relationships in order to avoid disorganised self-states at times of frightening experience which is employed by young people with disorganised attachment style. Smallbone et al (2005) proposed a model based on associations between attachment, caregiving and sexual systems. He claimed that attachment difficulties are both predisposing and precipitating factor. He argued that insecure attachment is predisposing factor because it contributes to psychosocial difficulties. He also proposed that disorganised attachment is precipitating factor insofar that some children fail to integrate sexual, care and attachment systems appropriately and consequently they misinterpret social cues. As noted by Rich (2006) all these models were purely theoretical. However, this research supports the idea that poorly integrated attachment, care giving and sexual system can lead to the development of harmful sexual behaviour.

This research provided evidence that the young people typically displayed disorganised or complex attachment strategies and this included a failure to integrate sexual, care and attachment systems. As opposed to self-reported inventories rather than classifying attachment as insecure or disorganised, this research mapped the complexity of attachment patterns which were employed by the young people. In doing so it provided evidence of the confusion between care, attachment and sexual systems within the families of young people who engaged in harmful sexual behaviour. This confusion was directly related to

intergenerational patterns of managing emotions which was associated with family tradition of unresolved trauma and loss.

This research also hypothesised a reciprocation process stemming from attachment interaction between the parent and the child, which arguably leads to the development of maladaptive strategies including harmful sexual behaviour. The process is illustrated by the figure 9.2.

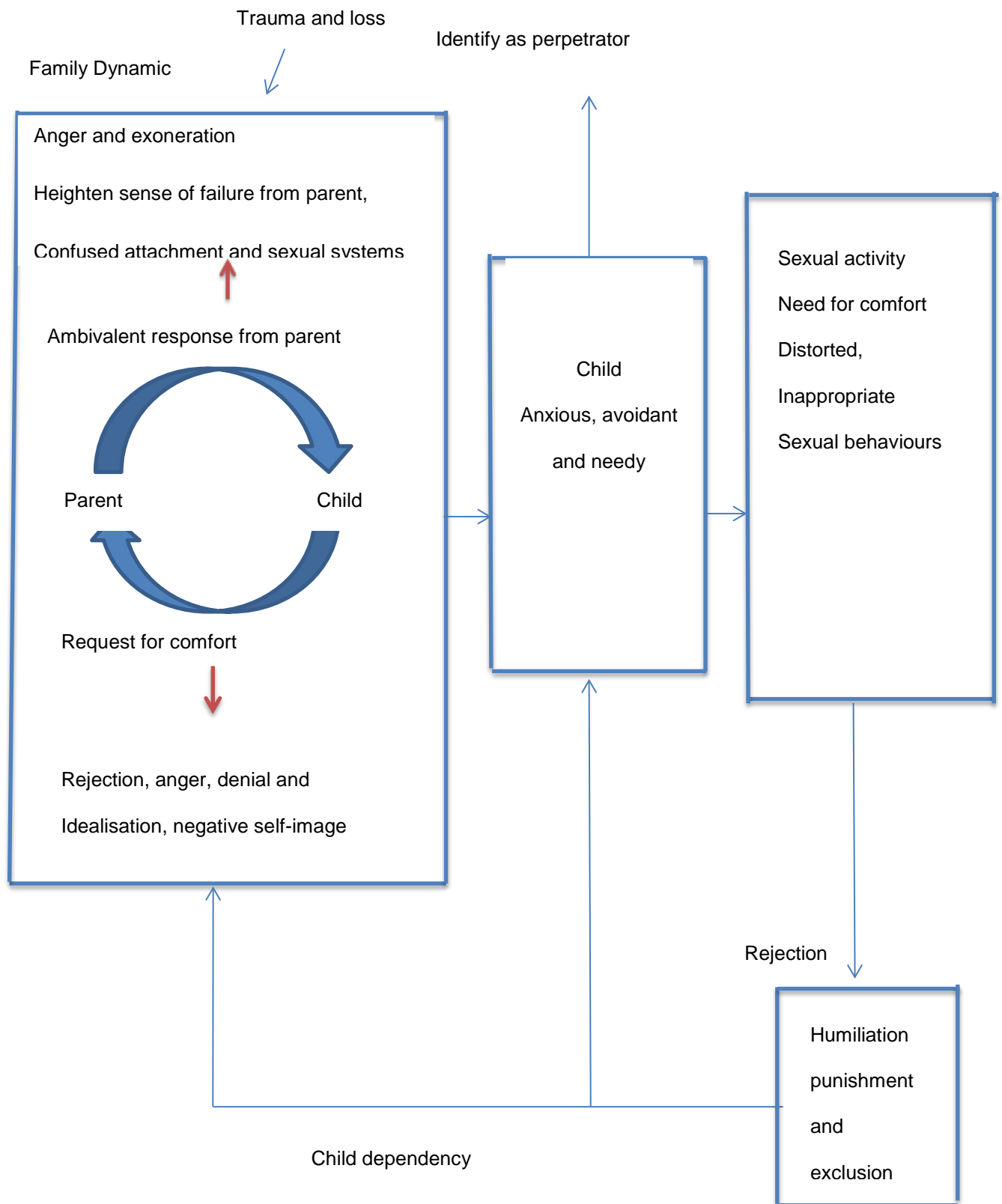


Figure 9.2 Attachment model – History/Developmental Pathway – escalation of harmful sexual behaviour

The figure presents attachment developmental pathway to harmful sexual behaviour. In summary the figure represents a cycle of perpetuation and escalation of maladaptive strategies within the attachment framework. The parent-child interaction is characterised by complex insecure attachment strategies which are also aggravated by intrusions of feelings related to unresolved states of trauma and loss. The child's request for attachment is perceived by the parent as a danger and triggers ambivalent response of anger and exoneration. The child appears unable to have his needs for comfort met in response to balanced attachment requests, and thereby his attachment requests become increasingly distorted predominantly into denial and distortion of his parents' lack of responses or to coercive angry coercive strategies. This leads to the child displaying a complex and apparently incoherent combination of needy/anxious or avoidant/depressed/delusional strategies. The parent's ambivalent response also feeds into the child's negative self - image whereby the young person starts developing an identity of "perpetrator". A need for comfort becomes contaminated by anger and fear of rejection but at the same time the child appears to idealise the parent and denies abusive responses from the parent in order to maintain integrity of the relationship. Poor integration of sexual and attachment needs results in confusion between needs for comfort and sexual need.

One of the crucial findings from the attachment perspective was a lack of comfort experienced by the young people. This was particularly significant in context of danger that they faced and

the management post danger trauma/stress. The lack of comfort was experienced across generations. This also emphasised how parental unresolved trauma or loss affects parenting capacity, and in particular contributed to an inability to provide comfort and development of insecure attachment. As result the young people struggled to regulate the powerful emotions which include sexual desire. Not only had they struggled to regulate these emotions but unresolved attachment feelings and attachment strategies got mixed up with emerging sexuality and intimacy needs. These feelings include anxiety, anger and fear of rejection, and combined with attachment strategies which oscillate between aggression and dismissal. This augments findings from Miner's research et al. (2009). He and his colleagues identified that attachment anxiety had an indirect effect on sexual abuse perpetration, in that the effects of attachment anxiety were accounted for by isolation from peers and difficulty relating to females. They claimed that sexual abuse against children was a result not only of a desire for interpersonal closeness but also because of fear of rejection. This research provided evidence that the "fear of rejection" stemmed from the experience of parental rejection and that this was an intergenerational pattern. Arguably the experience of rejection from parents creates a template which in turn resulted in a fear and anticipation of rejection in peer and romantic relationships.

Furthermore the research showed that these complex attachment strategies were organised as the young people tried different strategies at different times to best fit the changing demands, dangers and complexities of a young person's environment. It highlighted intrusions of

unresolved trauma possibly leading to breakdown of coping strategies. It also showed that the complexity of attachment patterns and trauma were intergenerational.

9.7.3 Attachment strategies, family discourse and social constructionism

The research considers attachment strategies within the broader family and social context which draws on social constructionism, and evidenced that the attachment strategies used are inter-woven with the meanings that they develop regarding their lives. The research provides vital information how these young people construct their experience and what strategies they use in order to maintain some form of self-integrity. To date social constructionism seemed to be largely omitted in attempts to explain and particularly address harmful sexual behaviour. Its application was mainly restricted to adult sex offenders and power relationships. However, this research identifies the cultural and family discourse that they draw on in order to build their identity. Young people with harmful sexual behaviours draw consciously and subconsciously on resources that are available around them to build their identities. The family discourse about sexuality, intimacy, female and male roles, and family functioning were characterised by various forms of abuse. This discourse validated violence towards children and females, and normalisation of power abuse and victimisation but also drew on a sense of entitlement. The research demonstrated how these discourses were employed to justify harmful sexual behaviour. For example, the young people in offering justifications of their actions typically adopted a position of themselves being victims, either of abuse in their families or as being 'led

on' by their victims. This was also compounded by discourse of maleness which saw sexual availability of women as an entitlement. Further, there appeared to be a wider discourse regarding power in which the young people having themselves been victims appeared to come to see the use, or abuse of power as legitimate. They had come to accept it and this victim status and tacit acceptance of power could be transferred into coercing a younger child into sex. Conversely, it could also lead to the young people allowing themselves to be used for sex by someone older or more powerful. The research also makes valuable links between discourse and attachment strategies. For example, defensive attachment strategy of minimising the severity of the offence or of holding the victim to blame (both features of pre-occupied strategies) can be seen to be supported by sexist male discourses which deprecate women and portray them as sexual objects. Some of the young men engaged in severe forms of such derogation, for example in making jokes about whores and slags. This was in stark contrast to the idealised (dismissive strategy) where they portrayed their mothers in an unrealistically positive light. This can be seen to represent women as virtuous and a non-sexual discourse. Some of the young men made references to girls who had sex as sluts and 'having AIDS'. Interestingly, the young men frequently referred to their girlfriend and what they wanted from girls in a de-sexualised, almost prudish manner. For example, Harry commented that he would like his girlfriend to be 'like his mother'. In other cases, Roland and James stated that sex was not an important part of the relationships and something that they would not think about with regard to their girlfriends. It was as if these two discourses regarding women could not be

resolved and this may have been because the two forms of defensive strategies tied in with them were also incompatible.

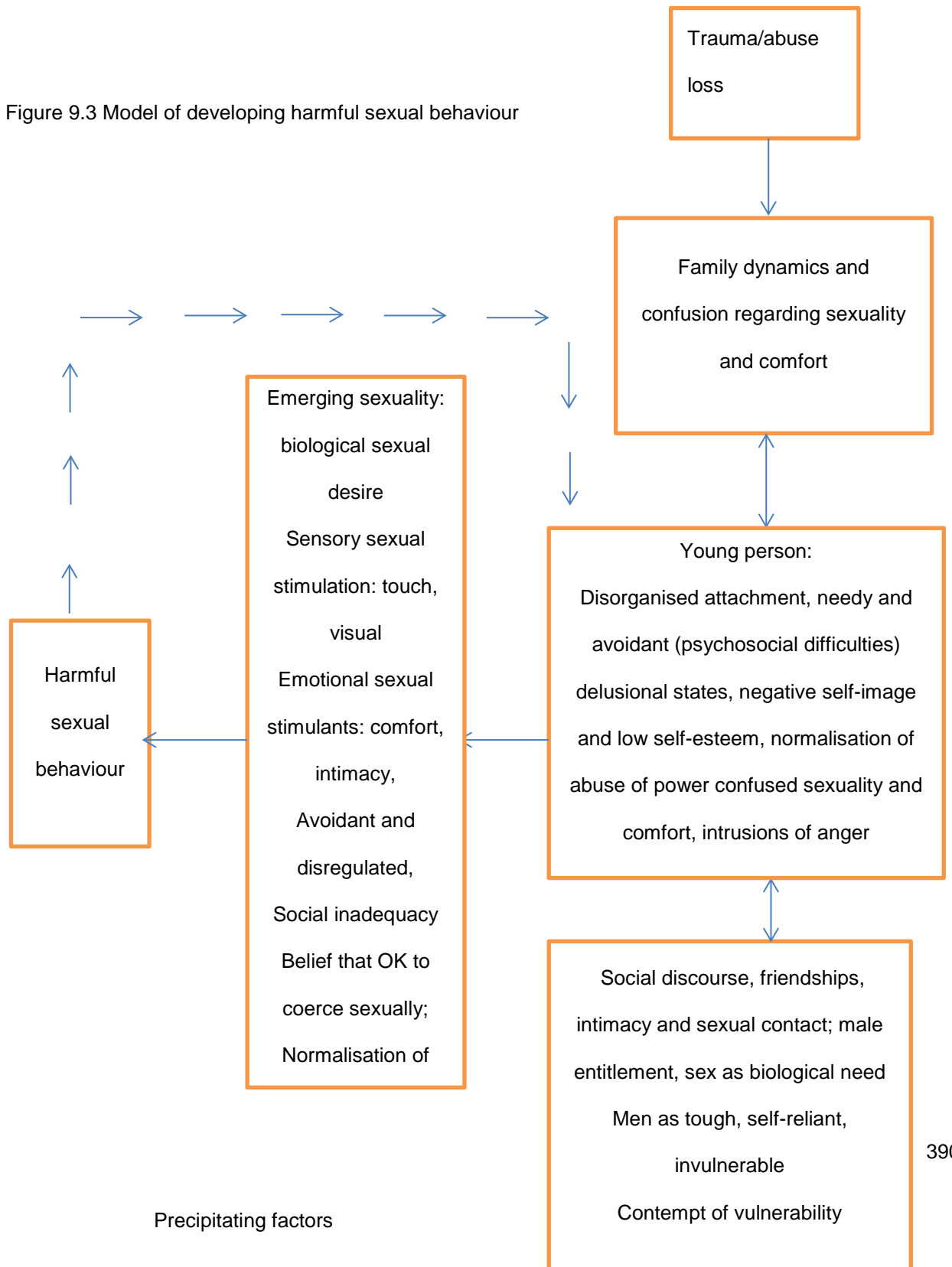
The research highlighted tension between dominant social discourse and intra-family discourses which arguably contributed to attachment strategies. This is that the intra-family discourses exist within broader social discourses. For example, in this research the family discourse regarding relationships and intimacy, tended to normalise violence. In main societal discourses violence is not seen as legitimate. However there are also competing discourses, which challenge the main societal discourse, for example, pornography. The young person lived experience of violence abuse, dysfunctional sexuality, may make them more attentive and perceptive of the contradiction of the narrative façade of cultural discourse. For example, despite a dominate rhetoric of respectful and intimate relationships and sexuality they are sensitive to perceiving pornography and many available examples of negative and dysfunctional sexuality. Their family experience in effect leads to selective sampling and commitment to more marginal negative discourses. The discrepancy between family and main social discourse further contributes to the young people's sense of social inadequacy and psychosocial difficulties and in turn lead to emotional dysregulation. The intra-family discourse fuels the young people's maladaptive strategies. It maintains a sense of danger and threat and perpetuates maladaptive coping mechanisms. These mechanisms are underpinned by anxiety, anger and fear of rejection. They are functional within the family system but fail in social interactions. The young people employ avoidant strategies in order to self-regulate under

pressure from social discourses. However, social expectations combined with poor self-regulations skill and lack of suitable intimacy script can, in emotionally charged situations, overwhelm the young person and trigger a cycle of maladaptive behaviours based on intra-family discourses and lead to abusive behaviours. In effect the dismissive strategies typically adopted by these young men could be seen to be aggravated by the dominant discourses of masculinity. The young male's masculinity is socially constructed and is largely confined within sex, toughness and power (Phoenix and Frosh et al. 2001, Frosh, Phoenix and Pattman, 2002, Connell 1995). Especially when they are emerging into the adult world, the young people are under pressure to meet social demands and to conform to dominant ideas of maleness. Arguably though there have been changes in representation of gender roles, much of the shifts have involved girls developing more freedom and adopting some aspects of masculine identity, self-reliance, toughness, aggression but there has been less of a shift in boys identity. So though some images have portrayed men as vulnerable this has often been accompanied by presentations of these as essentially tough, physical men for example sport stars, crying in public. It also appears that gender relationships, despite the impact of feminism have not altered as much as might be imagined, with for example significant levels of violence in teenage heterosexual relationships not only occurring but seen as 'normal'. Research conducted by NSPCC and University of Bristol identified that in their sample, 75% of girls reported some form of emotional relationship abuse, 25% of girls reported physical violence, and 33% of girls, they were victims of some form of sexual abuse in their relationship (NSPCC and University of Bristol, 2009). The young men in this sample therefore appeared to be influenced in their identities

and their development of attachment responses by images of desirable masculinity as self-reliant, tough or invulnerable. As we saw earlier, for some of the boys this appeared to lead to quite delusional states of bravado or quasi-psychotic states of fantasy (for example Matt's or Sean's cases).

9.8 Summary and Emerging Model of Harmful Sexual Behaviour in Young Men

Figure 9.3 Model of developing harmful sexual behaviour



Attachment theory provides a framework for understanding the developmental pathway regarding the process of developing harmful sexual behaviour. Arguably this is a multidimensional framework which encompasses intergenerational patterns of family functioning with the individual's development including attachment strategies, sexuality and psychosocial functioning. It recognises that caregiving, attachment and sexual systems are particularly close. This is because these three systems are basic biological systems which ensure survival of the species and stem from the same core which is based on close physical contact including sensory systems, and emotional intimacy and affection. In addition a certain level of emotional and behavioural skill is required to communicate and interpret relevant intentions within these systems. The relationship with a prime attachment figure is believed to be a crucial to the development of all three systems, which are best fostered within a loving, trusting and secure relationship. This model also shows how harmful sexual behaviour becomes functional for these young people. It also enables links to be made with social constructionism in the sense of how the young person builds his identity and makes sense of his experience.

This research showed that these young people were brought up in families characterised by a history of unresolved trauma and loss. Not only did the young people experience trauma but they were cared for by parents who also had suffered trauma or loss. In the process of development maturation attachment, sexual and caregiving systems are differentiated and integrated. The parental unresolved trauma and loss resulted in poorly integrated caregiving, attachment and sexuality systems and also had direct impact on attachment interactions

between the child and the parent as described in chapter 9.7.2. Furthermore, the young person develops a general problem of affect regulation and psychosocial difficulties such as empathy and perspective-taking deficit. The affect regulation problem is not limited only to the young person but it is a part of longstanding lack of emotional regulation and maladaptive strategies in the family. These patterns are intergenerational and related to intergenerational unresolved trauma and a lack of comfort, which occurred in a context of history of violence, abuse and danger. Intergenerational family themes of violence and maladaptive strategies provide discourses which the young person draws on in building his identity and value system. The pattern is repeated and then the young person develops meaning from it based on their family discourses. Arguably, in addition to this, a parent's unmet intimacy and sexual needs edge into the attachment relationship with the child. The attachment needs and sexuality needs seem to be overlapping and entangled within a parent-child relationship and result in blurred boundaries. This is evident in poor privacy boundaries, sharing intimate information or extensive play-fighting. This leads to sexualisation of care and attachment but also in turn further entwines with anger and fear of rejection.

With growing sense of rejection from the parents and as the developmental and maturation process of the young person progress, he becomes more able to look for his needs have met outside the attachment relationship. There is also evidence that a rejecting home environment triggers an early onset of puberty. This can further mean orientation towards peer group as source of meeting attachment needs. However due to complex attachment and enmeshed attachment, sexual and care systems, the young person struggles to differentiate between his

and other's attachment needs or his own or other's vulnerability. In addition there is a lack of guidance regarding balanced intimate relationships. In fact, it seems that abusive behaviour, normalisation of power abuse and enmeshed attachment, sexual and care systems are integrated into relational script. A fundamental part of this script is a fear of rejection which turns into an anticipation of rejection from peers. But at the same time role-reversal coercive or compliant patterns of behaviour are already established. All this leads to difficulties in peer relationships. The young person manages peer relationships by employing avoidant attachment strategies and attempts to please his peer group in order to be accepted. He also uses delusional beliefs to retain self-integrity. This happens in the context of a general sense of social inadequacy, which stems not only from difficulties in peer and family interactions but is also reinforced by discrepancies between the family discourse about interpersonal and intimate relationship and main social discourse with regard to these. Arguably, it magnifies a fear of rejection and anger and subsequently may lead to dysregulation and coercive strategies including harmful sexual behaviour. The young people continue to utilise a range of maladaptive strategies to manage their emotions and to ensure that attachment needs are met. Given poor integration of attachment, care and sexuality systems, an emerging sexuality on one hand provides another way for self-soothing in the form of sexual behaviours but at the same time sexuality is bonded with attachment and peer relationships which are strongly associated with anger and fear of rejection. This creates a paradigm whereby contamination between sexual need, need for comfort and strong negative emotions such as fear of rejection or anger is perpetuated. In the context of the violence and anger in their experiences arguably

sexual fantasy, accompanying masturbation while watching pornography, is mixed with feelings of anger, resentment, and violent thoughts. A process whereby sexual pleasure gets mixed with angry feelings may confuse young people further with regard to how sexual and emotional needs should be met. Additionally one of the young people indicated indirectly that masturbation featured in his self-comfort attempts. Sexual behaviours such as viewing pornography and masturbation may become self-soothing mechanisms to manage negative feelings and further contribute to the maladaptive cycle of meeting attachment needs. Sex and sexual behaviours become self-soothing strategies but also a need for comfort becomes sexualised. This happens in a context of already established difficulties in the ability to differentiate between comfort touch and sexual touch due to the history of enmeshed care and sexual systems, and lead to further impairment in ability to interpret cues for comfort and cues for sex. Subsequently, in social context, emotional and sensory cues, for example close physical proximity or strong emotions and need for comfort may not only be misinterpreted but also may trigger unresolved emotions related to attachment such as vulnerability, anger and fear of rejection and in turn trigger unresolved trauma and complex attachment strategies. Given a lack of self-regulation strategies, a combination of strong negative feelings with strong pleasurable feelings related to sex, could all act as potential primers of inappropriate sexual activity when they experienced high emotional arousal. In addition the young person continues to experience several perpetuating factors such as sense of rejection from parents, blame by parents and also poor peer relationships and negative self-image. He continues using maladaptive strategies including masturbation or pornography as self-soothing strategies which

continues to get mixed with anger, violent fantasies and negative self-image. This is also reinforced by enjoyable experience of sexual arousal and orgasm, which triggers endorphin release to brain. To support maladaptive strategies the young person draws on available family discourse justifying their behaviour such as related to power, aggression and entitlement. This contributes to mockery of own vulnerability and delusional bravado but in turn amplifies acceptance of victimisation as a part of relational script. The attachment strategies which work at home, do not work outside home environment. The young person becomes deregulated. The maladaptive strategies escalate to harmful sexual behaviour as they seek opportunities to continue to meet their needs in this way.

Overall an emerging picture is of a young male who entangles his needs for comfort, care and sex with anger, fear of rejection and mockery of own vulnerability. This occurred in the context of family enmeshed attachment, caregiving and sexual systems and with a discourse validating physical violence, entitlement and abuse. Subsequently it leads to employing and endorsing maladaptive strategies including harmful sexual behaviour. It seems that parents are unable to stop this or identify the problem, as it mirrors some of their own behaviours, experience or strategies. Therefore it is normalised and it also contributes to the young people becoming more self-reliant which in turn is welcomed by parents as children seem less dependent on them and less likely to trigger attachment behaviours.

9.9 Clinical application:

The findings from the research have both broad and specific applications. With regard to broad application, this research provided further evidence that attachment strategies form a significant part of an individual's psychosocial functioning and broader family dynamic. Further it argues that without addressing those defensive strategies including the family dynamic, any effectiveness of family intervention or individual therapeutic interventions is limited.

Attachment strategies are part of the family dynamic and are the foundation of family broader functioning but they also impact significantly on the individual's psychosocial functioning. In addition, attachment strategies are not only personal properties but they exist in the broader social context. This finding can have application to a range of interventions in the field of child protection but also broader interventions regarding psychosocial difficulties. It indicates the necessity of treating young people in conjunction with their family environment and social/environmental factors. The findings from this research echo Munro (2011) recommendations regarding working with family systems.

The research also argues that practitioners and clinicians will benefit from training and knowledge regarding attachment theory, in particular, a working knowledge of narrative attachment measures. Findings from the research strongly suggest that attachment discourse markers could be identified in clinical interviews. This means that clinicians not only can draw some hypothesis regarding overall attachment style based on environmental factors and information about child development experience but also can hypothesise about particular

strategies and their functions based on analysis of clinical interviews. This would enable them to have a better understanding of the young person's functioning and role of their defensive strategies, and subsequently how better to work with these young people. This highlights a need for practitioners to have sufficient training in attachment theory to be able to implement skills and knowledge in practice. As result, the intervention can be much more effective.

With regard to specific implications for treatment of young people with harmful sexual behaviour, typically an intervention is largely based on CBT and psych-education. It aims to educate young people about appropriate sexual behaviours, enable them to recognise and avoid triggers for harmful sexual behaviour, self-regulate and make "better choices". It also aims to enable the young people to recognise impact of harmful sexual behaviour on victims. However the results from this research demonstrated that young people with harmful sexual behaviour are very likely to present with complex attachment strategies with intrusion of unresolved trauma and loss. This has several clinical implications:

1. It is important to adopt a child centred position recognising that the lived family experience has led to an enmeshed view about acceptable sexual behaviour. This includes recognition and understanding the complexity and confusion between the meaning of attachment and sexuality. This is an important finding as it directly challenges the effectiveness of an educational approach. Psycho-education work is focused on appropriate and inappropriate sexual behaviours and consequences of harmful behaviour. It is highly unlikely that it will be effective whilst there still is confusion between attachment and sexuality systems. Psycho-educational work will not

tackle confusion between attachment and sexuality. It provides information which is part of dominant social discourse regarding sexual behaviour but as was previously stated, these young people are sensitive and perceptive to contradictory and contesting scripts. It is likely that information from psycho-educational work regarding social norms is not new and information regarding impact of harmful sexual behaviour is likely to be meaningless due to lived experiences that normalised abuse of power. Arguably an intervention that has a core approach is based on CBT psycho-educational work may have short-term positive effects, as some young people may employ dismissive strategies to cope with demands from psycho-educational work but as the core of their functioning is not affected, the maladaptive/coercive strategies could be triggered by emotionally charged situations. Arguably psycho-educational work which is provided at the wrong stage of intervention (too early) may contribute to emotional difficulties by increasing anxiety and fear and as result it may be perceived as 'danger' and trigger defensive strategies in more deregulated young people. The confusion between sexual and attachment systems will not allow these young people to absorb psycho-educational work in meaningful way. Rather than focusing on psycho-educational work regarding 'appropriate and inappropriate behaviours and consequences' adopting a position of curiosity about their view and experience which recognises some potential limitations of psycho-educational approaches should be preferred.

This acknowledges differences in understanding between the young person and professionals with regard key issues like "what is appropriate" and include being curious

about how they see the professional. This type of approach is less threatening and subsequently less likely to trigger defensive strategies. It also follows Munro's recommendation about working with family systems in order to change the family dynamic, and provide an intervention that is not standardised but is individualised and child-centred (Munro, 2011).

2. Assessing Potential Trauma and Loss - assessing unresolved states of trauma and loss needs to be an integral part of a risk assessment. Consideration needs to be given to whether self-reported inventories are most appropriate. As it was discussed previously in this chapter, this research strongly suggests that self-reported measures were inaccurate.
3. Application of attachment theory - practitioners benefit from working knowledge of attachment theory and its applications. This would enable them to have a better understanding of the young people functioning and the role of their defensive strategies, and subsequently how to better work with these young people. The research identified that these young people are likely to present with extreme A/C attachment strategies. This means that they are constantly experiencing tension stemming from two opposite 'view points' which they are unable to integrate. These strategies exist within broader family functioning; in particular they are evident in attachment interactions with the primary caregiver and in turn contribute and perpetuate maladaptive strategies which ultimately result in harmful sexual behaviour. The young people draw on certain cultural discourse to validate their attachment strategies. A role of the practitioner is to

help these young people to integrate A and C strategies. The overarching cycle of interactions, defensive strategies and strategies to build acceptable self-image is rooted in the young people's lived family experience. Therefore the research argues for systemic intervention that also includes trans-generation work with the family. In addition the practitioner's role may include supporting the young person in shifting focus on more dominant cultural discourses, which promote more adaptive defensive strategies.

9.10 Intervention Model:

Findings from this research indicate the need for a model of intervention that works with the whole family unit and encompasses individual work with the young person, individual work with the parent or attachment figure and family work. One of the central implications of this research is that in order to effectively address harmful sexual behaviour the treatment should address issues related to trauma and attachment. The work should take place in stages and adopt a trauma intervention model (Creed et al. 2005)

1. Containment:

The first stage is related to creating an environment where the young person feels psychologically and physically safe and the risk is contained. The work should not be tackled by a single agency approach, e.g. therapist, but requires multi agency work. This is because the families of young people with harmful sexual behaviour are characterised by

wide range of dangers to the young people's safety. Attempts should be made to reduce harmful sexual behaviour perpetuating factors. With acknowledgment regarding limitations in effectiveness and sustainability of psycho-educational work, it is believed that some form of educational work should be undertaken at this stage. This work should aim to enable carers to have sufficient information to maintain a safety plan and include rules about supervision, boundaries, privacy and strategies on how to deal with inappropriate behaviours. For example, a 3 steps approach that may be used with younger adolescents displaying sexualised behaviours at home: 1. Stop the behaviour; 2. Name the behaviour - be specific what behaviour is being stopped and explain rule and consequences; 3. Suggest alternative behaviour. The psycho-educational work should also encompass information regarding impact of trauma on brain development and psychosocial functioning, information about attachment and self-regulation and possible impact of the intervention. This is with the view to providing the family with information which gives them some theoretical references that would help them to understand processes that they may be going through while undertaking the work. Before an in-depth intervention commences there should be some work completed to improve the young person's self-esteem. This is to improve his chances in managing the challenge stages of the intervention when there is likelihood of low mood. A safety net for the young person and his family should be established. This could be provided by the professional and family network. The risk from and to the young person should be managed by a safety plan.

2. Intervention focused on trauma and attachment:

The second stage of the work is related to individual intervention with the young person and the attachment figure. Typically the family work is limited to psych-social education regarding impact and nature of sexual abuse, and provides a practical advice for parents on how to manage young person's behaviour. However, given that the young person remains living in the family home and in context of the research regarding parental unresolved trauma, it seems essential that the intervention with the young person and the parents goes beyond psycho-educational work and offers intervention regarding their own trauma and loss and attachment work. In addition the work should recognise and address what could be described as a "circle of parent-child attachment interaction". This is directly linked to the parents' unresolved trauma and how this intrudes on the parent-child relationship and responses to attachment needs. This results in a broader template for self-regulation and family/social functioning. Therefore alongside the individual work, family therapy should be offered. This also needs to feature the trans-generational patterns related to history of trauma and patterns of relationships in the family and the connections between sexual activity and attachment needs across the generations. Specifically how sexual behaviour and comfort are connected and contaminated by fears of rejection and anger. It would explore the parents and young people shared history and current processes, particularly comfort and sexuality. It may also be useful to consider that sexual activity in their families may have been one of the only vehicles for dealing with attachment and comfort requests within their repertoire of experiences. This can involve drawing out

distinctions between the need for comfort and sexuality and recognition that though sexual activity typically involves comfort and care giving it is not the exclusive way of offering comfort.

The individual intervention with a young person needs to recognise and validate his attachment experience and help to process trauma. These young men experienced traumatic events but had no experience of comfort to balance them. Subsequently this led to unresolved states and insecure complex attachment strategies. This was complicated by their limited ability to evaluate and respond appropriately to their own and other people's attachment needs and significant difficulties in separating their own attachment needs from other people's attachment needs, which in turn led to harmful sexual behaviour.

Traditionally, Cognitive-Behavioural Therapy (CBT) is a core of an intervention programme. CBT targets 'thinking errors' and beliefs which were used by the young people to justify sexually abusive behaviours. CBT is also used to help young people to self-regulate, to recognise risk and identify decision points and subsequently to enable them to make better choices. However this research poses questions regarding the effectiveness of CBT. The research provides evidence that that these "thinking errors" and "beliefs" are a product of underlying attachment strategies and are reinforced by family discourses. Consequently CBT is unlikely to help to process a core experience that laid foundation for their attachment strategies. In addition the attachment strategies are interwoven with intrusions of unresolved trauma. The adverse effect of trauma on self- regulation and ability to learn is well documented. For example the young person is unlikely to internalise new strategies

and is unlikely to be able to transfer skills and knowledge from one situation to another while he still holds unresolved trauma. This is because traumatised individuals are very rigid in their learning and find difficulty in applying skill and knowledge to different settings. In addition while trauma reaction is triggered, the young person is unable to “make a better choice” as he would automatically employ well-rehearsed patterns of behaviour. CBT is unlikely to be sufficient to enable and sustain positive change because it would not enable the young people to process trauma and address attachment difficulties. Instead it seems much more appropriate to employ a systemic approach of working with the family as a unit alongside providing individual therapy utilising methods helping them to deconstruct, reconstruct and integrate their trauma and attachment experiences in a meaningful way. The work regarding emotional literacy is also essential. Again, typically this work is limited to a core CBT approach linking thoughts, feelings and behaviours. These young people are more likely to benefit from a therapeutic approach that enables them to connect with emotions and process and manage them. In addition, these young people experienced shame and presented negative self-image. It has been argued that high shame and self-criticism affects regulation systems. As a result, individuals find it difficult to feel safe and content within themselves and interpersonal relationships. They may benefit from compassion focused therapy, which would help replace self-criticism with self-kindness and process shame (Gilbert et al. 2009). This is also likely to improve these young men’s reflective functioning and emotional narrative, and in turn lead to the development of more functional protective strategies and enhance chances to learn new skills.

3. Intervention focused on Harmful Sexual Behaviour

Having processed trauma, the young people would be more receptive to alter their narrative in relation to their harmful sexual behaviour. The new narration would encompass aspects such as impact of harmful sexual behaviour and responsibility. The young people would be more likely to recognise risk factors and apply new strategies to manage them.

At this stage the young people may also benefit from some psycho-educational work regarding balanced intimate and sexual relationships.

In conclusion intervention, alongside offence specific and risk management work, should recognise and validate the attachment needs and experience of juveniles who sexually harm, incorporate family work and address unresolved trauma in order to enable them to develop more functional self-regulation strategies. However there is also an emerging legitimate concern from this research as to whether families of children with extreme attachment strategies have the capacity to successfully access a family intervention and whether they have capacity to provide safety given a long history of attachment problems. It may be that some of these young people can only experience safety in foster care. However it also needs to be acknowledged that many of these young people, even if they are placed in foster care, may not be able to trust, therefore the attachment to their parents should not be ignored. Figure 9.4 summarises the proposed model of intervention.

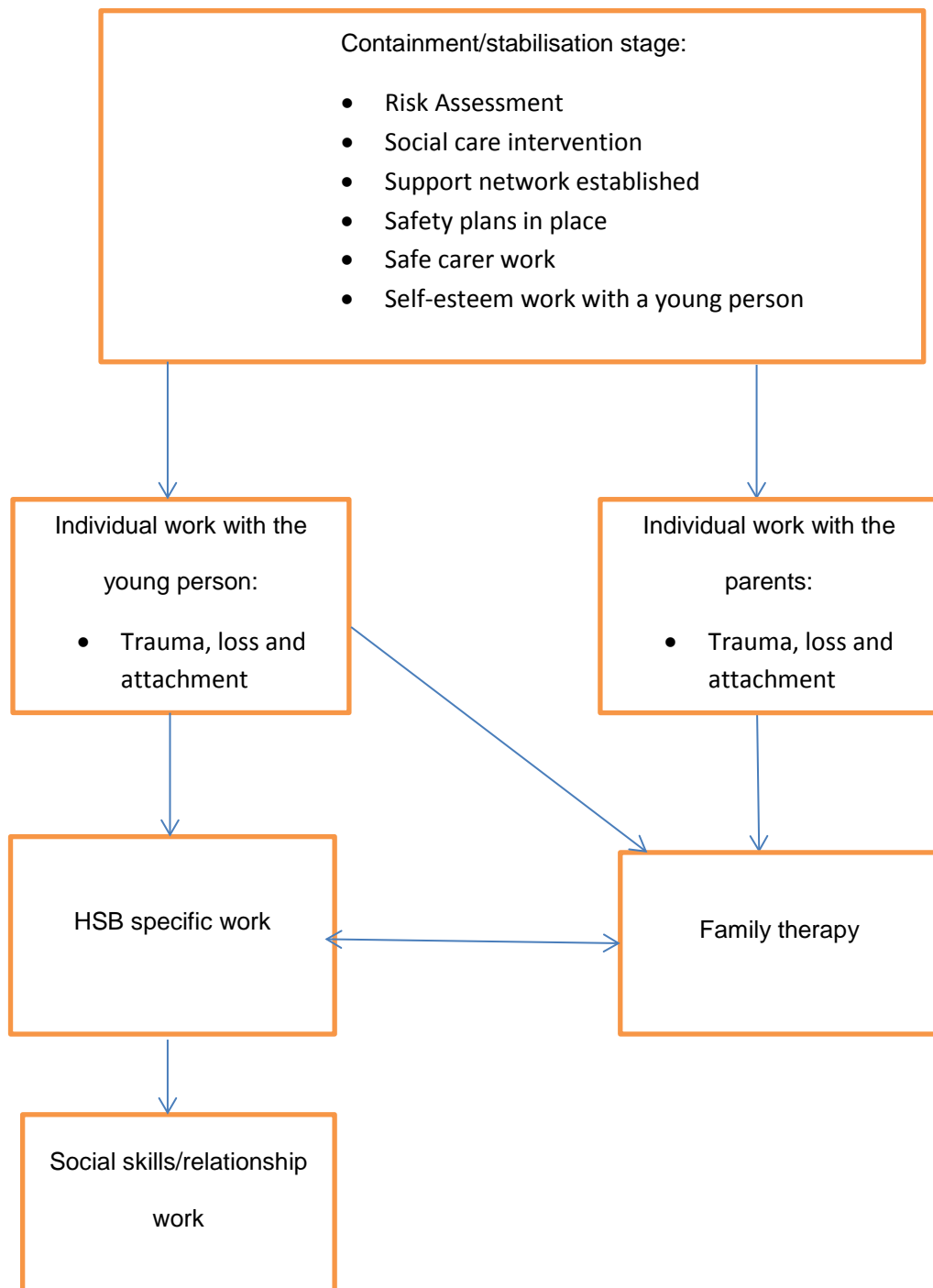


Figure 9.4 Model of intervention

9.11. Research limitations and further research:

The research has a number of limitations. First, the research was conducted on a small sample. As result the findings cannot be generalised but can provide a robust indication towards developing a comprehensive model of intervention, outlined in the previous sub-chapter. Secondly the sample was opportunistic and came from different settings. The participants engaged in various types of harmful sexual behaviour but because of the small number the research did not distinguish between peer to peer or adolescent to child abuse for example. Furthermore, the participants were at different post offence stage, e.g. some of them have undertaken treatment, some were at the stage of risk assessment and some were not provided with intervention. In addition there was no control group for this research. Intergenerational aspects of the research mainly focused on the mothers. This was because in this opportunistic group the fathers were absent. Subsequently the research was unable to explore the father's attachment strategies and how these influenced the family dynamic and contributed to the formation of the young people's attachment strategies. Further research would benefit from inclusion of fathers. It would also benefit from a larger sample. In addition further exploration of the relationship between comfort and sexual behaviour is recommended.

Appendix A Profile of services.

Profile of services:

Child Protection Cases:

Case 1

It was recorded that a sixteen year old male had presented some sexualised behaviours over a period of time. He lived was living with his mother, step- father and two younger siblings. His mother reported that that one night she had woken up to see him kissing her toe. She also reported that on another day she found him playing with her knickers. His younger brother, who was seven years old, disclosed that the young person had pinched his penis and bitten his toe. With regard to the family background, the children's service's record stated that the young person's father was murdered following after he was realised from prison. A reason for his imprisonment was not recorded on the children's services file. The young person was placed on the Child Protection Register under category 'emotional harm. This was due to domestic violence and his parents' drug and alcohol misuse. He was, subsequently, accommodated by the Local Authority. He was taken into care, because he was deemed as risk to his siblings due to his violent and aggressive behaviour. There was a record that CAMHS and Youth Offending team were involved but details of their involvement were not recorded. The main focus of services was on tackling domestic abuse and alcohol/drug misuse. There was no record of a formal risk assessment or specific intervention regarding harmful sexual behaviour. It was also recorded that the young person mother's died following an extreme drinking session.

Case 2

This case regarded a fifteen year old male who had a number of allegations regarding harmful sexual behaviour made against him. These allegations included:

- an eight year old boy alleged that the young person had thrust against him, then pulled down his trousers and asked the victim to touch his penis;
- another primary age school boy alleged that the young person attempted to penetrate him anally;
- the young person's sister alleged that he had touched her in sexual way.

The young person received a final warning from the police and his name was put on Sex Register for 12 months and an Initial Child Protection conference was convened. There was no record of a risk assessment or an intervention.

With regard to the family background, it was recorded that the young person's parents had separated. The young person's father suffered from depression. It was recorded that the relationship breakdown had been volatile. Following the separation, the young person lived with his father. They moved several times as the father due to his father's work commitments. Eventually, the young person returned to his mother's care, where he lived with his sister and his stepfather. The stepfather had alcohol problem. The young person's sister made separate allegations against her (and the young person's) father and her step-father. She alleged that the stepfather touched her around her vagina. It was investigated by the police but the outcome of the investigation was 'no further action'. With regard to the birth father, the girl alleged that he had touched her breast. The birth father admitted to the allegation and received warning for

the police. The birth father admitted to , who allegedly touched his daughter's breast, admitted allegations and received a warning.

Child in Need Cases:

Case 1:

The family background included a history regarding both parents having mental health problems including suicidal attempt by the mother. In addition to this the child had been subjected to Child Protection Plan due to emotional harm as result of domestic abuse. The parents separated

It was alleged that the young person, who was thirteen year old, forced his eight year old brother to suck his penis, put his finger up to his brother bottom and also sucked his bottom. The mother also found a video on her phone of him masturbating and ejaculating.

It was recommended to complete a core assessment with regard to the young person's need. The Children's Services provided support, which was mainly focused on contact arrangements between the father and the young person. A family intervention worker also worked with the young person's mother. The aim of this intervention was to help her to manage the young person's aggressive behaviour. There was no evidence on the young person's file that he was offered a specific assessment or intervention regarding sexual behaviour.

Case 2:

A fourteen year old girl alleged that brothers aged eleven and twelve touched her in a sexual way.

Both boys were adopted. They had learning difficulties. . Prior the boys were adopted there were allegations that they had been sexually abused. The adoptive parents separated.

There was a record on the Children's Service's file that "Good/bad touch" work has been completed with both boys by school. However, details of this work were not recorded on the Children's Service's file . It is possible that the details of the work were kept on their school file.

Case 3:

A eight year old girl disclosed to her mother that her fourteen year old brother had asked her for a 'blow job'. He also attempted to sexually touch her when she was in bed. The girl disclosed to the police that her brother had kissed her and touched in sexual way. The young person admitted inappropriate touching.

Information on the young person file stated that he was adopted as a child. It also said that he made allegations that his father was physically violent to him in the past.

With regard to services it was recorded that a "keep safe "work was completed with the girl and that the young person was referred to YOT (Youth Offending Team,) for further support.

Case 4:

It was alleged that a fourteen year old young person exposed himself to the six year old child male victim. He also kissed the victim's penis and asked the victim to kiss his penis. He also asked the victim's sister to watch this.

It was recorded that the young person had Tourette's Syndrome. It was also reported that his parents divorced and that his mother subsequently was in a new relationship. It was recorded that the young person was exposed to conflicts and arguments between his parents before and after the separation.

The young person received a formal warning from Police. He was referred to YOT and also referred for a specialist risk assessment regarding HSB..

Case 5:

A fourteen year old female alleged that she was sexually assaulted by the fourteen year old male, who was known to her family. She was asleep on a sofa and awoke to find out that the young person had put his finger in her vagina. The boy said it was with her consent which she denied. There was also another allegation that the young person grabbed another girl by her breast.

It was recommended to conduct a core assessment under section 17 (Child in Need) Children Act 1989 regarding the young person's need. The core assessment is a statutory assessment conducted by a social worker which examines young person needs, parents' capacity to care and also examines ecological factors impacting family functioning. It was also recommended to provide the family with advice regarding suitable services.

Case 6:

A sixteen year old female had sex with fifteen year old boy. The girl said that she was in a relationship with the boy. The case remained open due to concerns regarding the young

female's alleged drug misuse. In addition there were concerns that her mother was also misusing drugs.

Case 7

It reported to the Children's Services that a three year old boy had alleged to his parents that the thirteen year old female babysitter masturbated him. The police assessed that the child was too young to be interviewed. The young woman denied the allegations. The Children's Services had worked with the girl and her family prior to the allegation due to concerns regarding neglect and physical chastisement. There was no specific intervention or assessment regarding alleged harmful sexual behaviour.

Case 8:

An eight year old female victim alleged that an eleven year old female had kissed her and rubbed against her. The police investigation was inconclusive. The Children's Services provided support with regard to setting and maintaining boundaries at home in order to manage the young person's general behaviour.

Child in Care cases

Case 1:

This involved reports of extreme physical violence towards the family and particularly the fourteen year old sister from the seventeen year old young person. In addition it was reported that the young person was obsessed with pornography and was taking inappropriate photographs of his sister when she was changing. An incident of indecent exposure was also

reported as well as allegations that the young person came home drunk, went to his sister's room, pulled down her knickers and exposed himself to her and then to his mother.

The young person was accommodated by the Local Authority. He was also referred to JACAT and CAMHS. Referral to CAHMS did not meet their threshold for involvement. The outcome of JACAT referral was not recorded, but there was not record of any further involvement on their part which may indicate that the referral was not accepted.

Case 2:

This twelve year old female victim alleged that her sixteen year old brother had penetrative sex with her at least on 3 occasions. Previously she had alleged that he directed her to undress and took pictures of her vagina. There was history of physical and emotional abuse suffered by this young person from his father and also mother's boyfriend.

Information on the young person's file indicated longstanding history of domestic abuse, sexual violence and physical abuse in his family.

The young person was accommodated by the Local Authority and a risk assessment was completed regarding HSB. However, there was no record of any therapeutic intervention to follow.

Services – other cases

Case 1:

This fourteen year old male victim disclosed that another fourteen year old male () had been touching him inappropriately for a period of time. The victim did not want to make a formal complaint but wanted the behaviour to stop and someone to speak to the perpetrator.

Following this allegation there was another report stating that the young person had had a relationship with 13 years old girl, who he dumped and encouraged to commit suicide. It was recorded that he had said that he would come and watch her doing this. It was recorded that the young person stopped this when he realised the seriousness of his behaviour. It was recorded that the girl made an unsuccessful attempt on her life.

There was no record of a formal investigation but a multi-agency meeting was held and it was decided to exclude the young person from school. There was no record of services being provided to this young person other than home tutoring.

In addition there were two cases which resulted in no further action from Social Care but referrals were made out respectively to JACAT and to a General Practitioner. The outcome of referrals was not recorded.

Appendix B Analysis of TAAI and semi-structured interviews

1. Case 1: Harry age 17

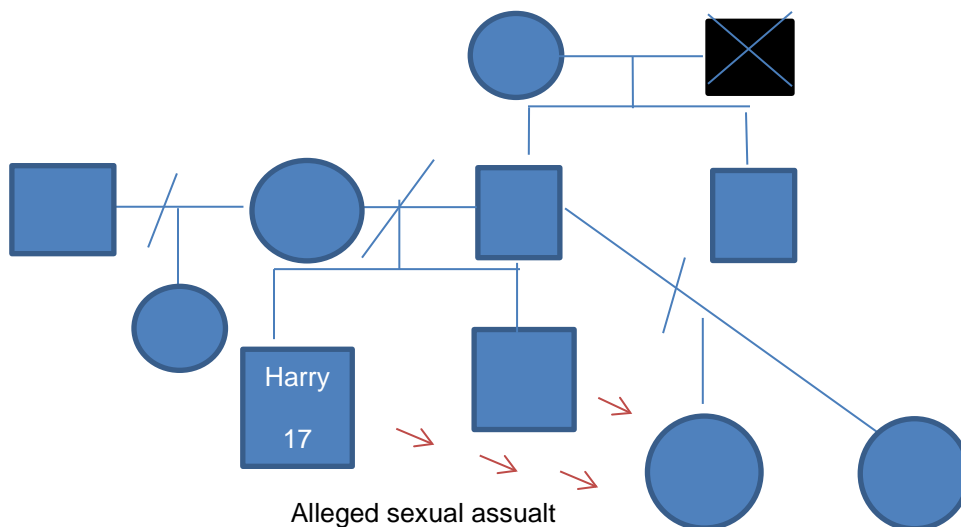


Fig 1.1. – Harry's genogram

Harry is White British, 17 years old and was convicted for two incidents of indecent assault on two children under 13. The incidents took place in a local park and included indecent exposure, an attempt to “tea-bag” (forcing penis and testicles into victims’ mouths) and threats to rape. These children were not related to him. In addition Jordan (half-sister) alleged that Harry and his brother sexually abused her, including allegations of rape and oral sex. There was not enough evidence to charge Harry or his brother and Harry was subsequently referred for a risk assessment and treatment.

Harry lived with his paternal grandmother and his brother. His father also had lived at the same address but he immigrated to New Zealand. Harry’s main carer has been his grandmother since

he was 1 year old. Harry had no contact with his mother for the last 7 years. Prior to this there was some contact, but the mother ceased it without a reason. Harry's grandfather passed away when Harry was about 7 years old.

1.1. Summary of Transition to Adulthood Attachment Interview

Attachment Classification:

C (3-5) aggression and derogation regarding his mother and A (4 - 6) compliant - self-reliant, dismissing strategy regarding his father and grandmother.

Trauma

Utr dismissed abandonment from mother,

Utr dismissed neglect from father

Utr dismissed unspecified trauma – extreme memory loss, bedwetting until he was 12/13 years old but no specific memories about it; extreme resistance to reflect on his life.

Danger

Violent and aggressive behaviour from father,

Neglect from mother

Aggression/unpredictable care from mother in first year of his life – she closed him in a cupboard.

Comfort

There is some evidence of practical help but no examples of comfort. In fact Harry denies his vulnerability or a need for comfort:

"I never get ill. Emotionally upset?(...)I don't know , I don't think I've ever been"

Integration and Reflective Functioning (RF 2)

Harry's capacity of reflective functioning seems extremely poor. He struggles to evaluate and conclude information. He found it difficult to answer integrative questions. He frequently resists reflecting.

"Q: Now when you look at your relationship with your Nan, has it changed over the years...

H: No, it's been the same

Q: Since you were a child and now?

H: No it's been about the same.

Q: What about your relationship with your dad?

H: No, it's been the same.

Q: What do you think you have learnt from your life experience so far?

H:...yhm.....nothing...nothing."

Overall A (dismissive) attachment pattern but almost approaches an A/C, particularly with the anger regarding his mother which seems to seep through into considerable resistance to answering the questions and dismissing of his offending.

Harry overall appears to be a lonely child who offers a very dry, factual account of his life. He is angry at his mother for her abandonment of him but does not want to re-connect with her. He gives positive terms regarding his Nan but offers no evidence of any form of emotional care or comfort. He does not complain about this but accepts that practical care was provided. Harry's father emigrated to New Zealand while Harry was prosecuted. However, Harry didn't complain about it. He tries to present himself as relatively emotionally invulnerable though there is some

occasional breakthrough of vulnerability, for example he mentions wetting his bed but this is rapidly dismissed as due to being 'a deep sleeper'. It seems that some attachment request was disguised in play-fighting between him and his father.

Harry seems to have superficial friendships and / or is resisting the interviewer in talking about these. In general he seems resistant to any reflection and seems to dismiss the point of it. This may be due to a sense of feeling that if he reveals anything about himself it may be used against him.

Disorientation

Harry mentions repeatedly that he has a very 'poor memory'. This may make him vulnerable to differentiating reality from fantasy. He also has been told about his mother's abandonment and neglect vs. being able to remember.

Distortions

He talks about his girlfriend but they only went out for a few days. He then gets confused about which one cheated on him and denies (bravado) that he was upset. He also distorts his offending by saying that he 'apparently did it'.

Overall he seems an emotionally needy, lonely young man who works hard at denying his vulnerability. He also speaks in tender terms about what kind of a girlfriend he wants but does not want to develop this. It is likely that his dismissed sadness about his mother and anger breaks through at times and fragments his attempt to be emotionally self-reliant.

1.2. Self-reported measures:

The results of IPPA indicated that Harry had secure attachment with his father, grandmother and friends. In fact his scores were very high. This was contradicted by findings from TAAI and semi-structured interview.

The results from PDS showed no symptoms or signs of trauma. Harry did not report any traumatic or stressful incident. On the surface these results may suggest that Harry presents with secure attachment style and has not suffered trauma. However more in-depth analysis combining findings from the semi-structured interview, TAAI and clinical notes, strongly suggest that the results are consistent with extreme avoidant attachment style, which employs idealisation, exoneration and self – reliance.

The results from Beck Youth Inventories were lower than average. They indicated that Harry has a poor concept of self and low self-esteem. Those findings including the much lower than average scores regarding anxiety, depression and anger could also be explained by extreme avoidant strategies. This is that Harry suppressed strong negative emotions but at the same time exonerates others and takes responsibility for his adverse childhood experience. Harry's results are presented in Tab. 1.1:

	T
BSCI- Y	44
BAI-Y	42
BDI-Y	42
BANI- Y	40
BDBI-Y	42

Tab 1.1 – Beck Youth Inventories results regarding Harry.

1.3.

Semi-structured Open Interview:

Harry provided a very minimalistic and dry account of his life story with an extreme lack of specific memories. There were important events in his life but he was unable to recognise these without prompts and he was unable to recognise their significance or reflect on how these events impacted on him. These events include: moves in living with his mother, his Nan and his dad, death of his grandfather, criminal convictions following his harmful sexual behaviour and his father's emigration abroad, which is not emphasised at all. Harry didn't recall any specific memories related to these events which were stated factually. Harry frequently presented himself as an individual who was not interested in thinking about information regarding his childhood experience and family history. He also was resistant to engage in any reflective conversation about his life and himself. Re-occurring responses were *"I can't remember; I'm not interested"*, *"I don't know"* , *"I don't think about it"*. Harry justified this by saying that he has *"bad memory"* or alternatively he would say *"I don't care"*.

Discursive Themes:

Harry position himself in his account within a strong theme of emotional loneliness and social isolation. This featured an account emphasising a sense of rejection from his parents. This dominant theme of isolation was underlined by the lack of any details of interpersonal family relationships and quality time.

Hard and lonely life:

Harry offered an account of his life as hard. He described that his grandmother had to look after her husband who was ill and who later on died. She also had to look after Harry and his brother and she herself became ill and had a heart attack. Harry described that he had no close and strong friendships; instead he spent most of the time at home watching TV or playing on his X box. Harry had no regular contact with his mother and his father did not seem to be actively involved in his upbringing not least due to the distance of him being away living in New Zealand. However Harry did not complain about nor reflect on the absence of his father. Instead, he claimed that he “*didn’t care*” and appeared to feel that fathers being absent was normal.

A slight exception to this discourse was his account of his relationship with his maternal grandmother who was described as a source of practical care. She helped him with his school homework, provided food, used to wake him up and took him to pre-school and school, and

looked after him. However, there were no references to any emotional dimension of their relationship and no examples of emotional support or comfort.

A strand to this theme of life as hard could also be seen in how Harry described the loss of his grandfather. Though not acknowledging explicitly that he was close to him there was an indication of unresolved loss with regarding to Harry's grandfather and some anxiety about risk of loss of his grandmother due to her health problems. Harry discussed this with a very dry and minimalistic narration which contrasted with stronger expression of negative affect regarding other people and events in his life. This contrast to an unexpectedly minimal show of affect is one of the indicators of an unresolved loss. In addition Harry, when acknowledging verbally that he was upset, occasionally slipped to present tense. Similarly when he talked how his father was affected, Harry slipped to present tense "*he is upset (...) I've heard him he is crying*". In addition this part of the interview was followed by an extensive fragment when Harry described a loss of his dog which had been taken by his step-mother. In the context of these other markers of unresolved states this digression indicated a possible process of displacing of his loss of his grandmother feeling onto the loss on his dog.

Normalisation of abusive behaviour - negative and angry feelings as normal

Harry did not express emotions throughout the interview nor did he verbalise any feelings related to parental rejection and, for example denied experiencing any anxiety when he reflected on his grandmother's heart attack. In fact there was evidence that he avoided or

suppressed feelings such as anger towards his attachment figures and instead displaced this in relation to other people.

He also denied that he was affected in any way by events in his life and importantly he also normalised his father's emotionally abusive behaviours. For example, Harry recalled that his father called him "retard" and "dumb ass" but Harry said it was *"a joke (...) just to do my head in"*. Harry's reaction to this was *"I just laughed"*. Harry also recalled that his father had described his sister as "his (father's) best mate" but Harry's response was *"I don't care"*. Harry also normalised his mother's rejection. She would not have contact with him for years. His comment was *"I don't know. It's just her choice"*.

This theme of an acceptance of negative emotions as normal was very apparent in his descriptions of children who featured in his life. There was a strong theme of anger, resentment and blame towards children with a re-occurring theme was that *"kids are too loud"*; *"kids do my head in"*, *"I don't like kids"*. Harry was derogatory about his cousins but his anger was particularly manifest when Harry talked about his half-sister Jordan, who alleged that he sexually abused her. He dismissed her importance and referred to her as "it".

"Jordan was born in 2005 but I don't really care about that (...) we went up to the hospital to see it (...) I wanted to give it back".

The anger escalated when her allegations were discussed including some violent images.

"She would wind me up, she was arguing constantly with everything. I could throw her through the window I hate her"

In Harry's account a child is not allowed to be a child and behave like a child. His half-sister was dehumanised and reduced to "it". Her voice was not allowed in the interview. Harry struggled to recall any memories of him being a child, it may well be that a dismissed sense of "lost childhood" emerged as an anger and dislike towards children.

Acceptance of violent and aggressive behaviour and male dominance through power:

In Harry's narrative a male is dominant and assigned with attributes such as control, anger and violence. Men are seen as not publicly showing any vulnerable feelings, for example his father locked himself in a room following the death of Harry's grandfather. However, men may legitimately show anger and aggression but also men are regarded as needing to protect females (his woman), which gives him a sense of entitlement. Harry recalled that when his "dad gets so angry he has this murderer's look in his eyes". Harry claimed that though he himself did not see this look, he recalled an incident which he was told about by his step-mother, when his father had this "look" and head-butted the frontman of "Wet Wet Wet". This was because the frontman "was doing his step-mother's head in".

Harry also found it acceptable that his father would call him "retard" and "dumb ass". Harry acknowledged that his father once described Jordan as "his best mate" but he sought alliance with him and validation of his behaviour through exercising power over Jordan. This also distributed power to male over female and child:

"Yeah she was just running around, being loud, screaming, ohhh (...) My dad just would tell her to shut up if she was screaming. I told her to shut up when she was screaming."

This suggests that Harry by joining with a discourse of male power used this to manage his sense of being second best in relation to Jordan. In telling her to shut up he appears to be able to join with his father whilst minimising the insults that his father heaped on him and the preference he appeared to show for his sister.

Harry also recalled his step-mother and father being angry and shouting at him when he misbehaved - *“they were quite angry (...) they just shouted, that’s it”*.

It is notable in this quote that Harry cuts off further consideration and reflection at the impact of being shouted at by the phrase ‘that’s it’. This avoidance of further reflection was characteristic of his strategy for managing memories of negative events.

In addition Harry referred to his brother several times and described him as trouble maker and volatile young man. Harry didn’t disapprove of his behaviour but believed that his brother was mistreated and provoked by teachers.

Power and gender discourse:

Critical DA indicates that Harry employed power discourse confined around male supremacy established through violence and anger. Younger individuals, in particular children, do not have rights and they need to submit to individuals in power. Females are portrayed as less valued than male, needing male protection and having no valid opinion. When Harry talked about females he refers to them as *“moaning”* and *“giving you headache”*. Harry said that something he wants from a relationship is *“not to have a woman that always moans”*. His discourse draws on wider cultural discourse whereby the female is not sensible, has no valued opinion and

needs a male's protection. Males are seen to exercise their power by threat, violence or aggression. But in all of this Harry seems disempowered, not having control over life and rather than being able to voice his opinion he suppressed it.

1.3. Harmful Sexual Behaviour:

Denial

Denial was Harry's main strategy to deal with harmful sexual behaviour. He denied both indexes of allegations from his half-sister and from two children in a park. With regard to the incident in the park, he denied taking part in the incident and blamed someone else. Alongside this denial he also attempted to position himself as more responsible than his friend and that he, in fact, helped to prevent a more serious sexual offence. Harry said he was playing on a mobile phone for about 2 hours when he lifted his head, he saw his mate with his trousers down, "looking directly at the kids". Harry said he had told him to stop and pull his trousers up, which he did. Harry denied offending behaviours, despite of that he was convicted for sexual assault on these two children.

Victim:

Harry not only denied allegations but he also believed he was wrongly convicted. He believed that the judge convicted him because the judge was "lazy".

"The judge just said, you were there, so you must have done it (...) the judge was purely lazy on this".

Minimisation and delusional beliefs:

There was a strong reaction from Harry's father who upon hearing about allegations from Jordan was reported by Harry to have punched a hole in a wall and said he was going to kill Harry. Harry struggled to make sense of such an intense reaction from his father:

"I think he actually didn't really believe it. He didn't know which side to take"

This seems to run counter to the statement regarding how angry his father was and appears consistent with his attempt consider that his father regarded him in a positive light. Or at least was willing to defend him.

Harry also employed some delusional belief in order to deal with the consequences of his actions. As a result of his father's initial reaction, Harry and his brother were placed in an emergency foster placement. However, Harry said he counted it as being on holiday because it was in Cornwall. This can be seen as a form of bravado which is an attempt to deny his sense of rejection and separation from his family. It is also consistent with a macho male discourse within which Harry appeared to be attempting to locate his identity.

Overall, Harry can be seen to employ the combination of a number of dominant discourses, life is hard, abuse and victimisation as normal and masculine identity as relatively brutal to minimise the impact and seriousness of his offences. He appeared to employ these within a framework which veers towards a delusional denial of his own needs but also those of his victims. Hence his key strategy to manage self-integrity in context of his harmful sexual behaviour was to deny it and portray himself as a victim of misjudgement. Denial of the impact

of his offences and in fact of the reality of having committed them, fits with his broader presentation whereby he resists reflecting on his life and denies any adverse impact. He appeared to engage in some idealisation of his relationship with, for example, his father and manages to block the sense of rejection and separation that may have arisen when he was sent away.

2. Case 2: Roland age 17

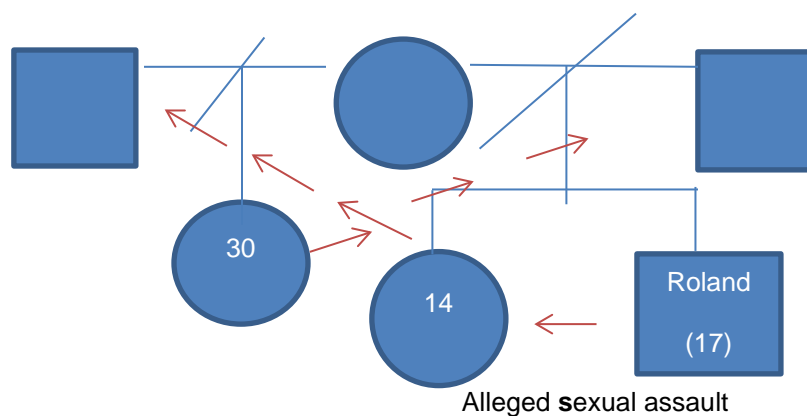


Fig 2.1 – Roland's genogram

Roland is White-British. Roland received a final warning from Police for two incidents of harmful sexual behaviour. In the police interview Roland admitted that he invited to his house a seven year old boy, thrust against him, then lay down on a floor, took his pants down and asked the boy to touch his penis but the boy ran out of the house. Roland also admitted that he attempted to anally penetrate another boy who was nine years old. In addition there was a

record on Children Service's file that his younger sister had alleged in the past that he had touched her sexually but she didn't want to make a formal complaint to Police.

Roland's parents separated when he was about seven years old. He lived with his mother but following allegations made by two boys of his sexual offending towards them he moved to live with his father. Roland showed threatening and violent behaviours towards his mother, younger sister and also in the community and school. His behavioural problems led to exclusions and attendance at several different schools. Sexual offending had a wider basis in his family and Roland's younger sister made allegations against Roland's mother's previous partner that he had touched her vaginal area and her bottom. Also Roland's older half-sister had made allegations against Roland's father that he had touched her breast. Roland's father admitted to this and received a warning from Police.

2.1. Summary of Transition to Adulthood Attachment Interview

Attachment Strategies:

A (4-6) Self-reliant, idealising regarding his father;

C (5-7) angry - menacing, derogation, regarding his mother

Trauma:

There were no obvious indicators of unresolved states of trauma or loss. However, Roland referred repeatedly to the bullying he had experienced at school but appeared to dismiss the significance of this suggesting a possible dismissed trauma.

Danger:

- Threats of physical violence, e.g. smack or punch from the father to get Roland to behave
- Bullying at school
- Parents' separation and divorce

Comfort:

Ronald didn't provide any evidence that he had experienced comfort. He described receiving some practical help but indicated in his account that he did not expect comforting and was not now retrospectively complaining about not having received it and more broadly dismissed his need for comfort.

"And what happened when you broke your arm?"

I carried on working for a couple of hours and real...thought I can't move me finger, fingers. And that's was about it. I went to hospital...

Where was your dad when it happened?

He was home here and I was at the farm.

And what was his reaction when you told him?

You'll have to drive, come home and I'll have to take you to hospital. That was about it.

Any other memories about being ill when you were child?

Not really.

What about when you were upset emotionally?

Never really got upset, I don't think.

What about when you need a comforting, have you got any memories about it?

Not that I can remember.

Do you remember what would you do if you needed comfort as a child?

Just go and talk to my dad. That's about it.

Can you remember a specific example?

Prrrrrr (sigh) I don't really, no.

Integration: RF 1- 2

Roland seemed unable to engage in any significant degree of reflection and when he did it appeared to be very superficial. He showed great resistance and no co-operation when he was asked integrative questions with some strong, angry undertones.

"And how do you think your childhood affected your personality?"

No idea.

Do you think that your parents separations affected you in anyway?

I don't think so, no, but if it did I didn't really realise it

Do you think that if your childhood was different things would be different for you now?

Maybe, I don't know. Never really thought about it.

Looking back, have there been anything in your childhood that you think were setbacks for you to become happy and confident young person?

Ooo, possibly, I don't really know.

Any particular thing that you think was a setback for you, stopped you from developing the way you wanted?

Not that I know of

Why do you think your parents behaved in the way they behaved as the parents?

I don't really know. I think it was just as they were treated, as they were brought up.

How would you described then as the parents?

I don't really know. Just sort of parentish."

Overall Roland showed a mixture of self – protective strategies. Procedurally he stayed calm but, especially towards the end of the interview displayed disinterest and lack of co-operation and a refusal to engage with or attempt to consider the reflective questions. There is little visual or sensory imagery and instead he offered a dry bare, factual account. Semantically he idealises his father and derogates his mother, he shows some RDT (reductionist, blaming thought regarding his mother) and idealisation regarding his father. In terms of his episodic representations, especially regarding comfort he showed an extreme dismissive orientation with high self-reliance and little expectation of comfort nor any resentment that it was not offered. However, he did express anger towards his mum for ignoring his bullying. He does

not seem to want to engage in the reflective aspects of the interview and gave minimal, non-co-operative answers.

There was an underlying sense of anger in his interview which was generally kept in check but had a menacing tone. He talked about the boy he hit in a dispassionate manner and displayed bravado 'that mother would not touch him'.

Delusional processes – this features particularly in relation to him describing his girlfriend. He showed some vulnerability and tenderness in talking about her especially in dismissing her finishing with him as not being 'fussed'. He also refers to his attractiveness and being constantly checked out by women. Broadly it appeared that his strategy was to avoid thinking about emotional topics by losing himself in work. This appeared to be his overall dismissive strategy but his anger regarding his mother was not processed in this way and also appeared to emerge as a generalised anger towards women, possibly driving his more violent coercive offences against women. He seemed in contrast to idealise his father, who in fact, he does not offer any evidence of providing warmth or comfort?

He seems overall to have denied that he has had any real problems at any point in his life. His lack of reflection suggests that he has not been able to develop strategies for making sense of dangers in his life nor for developing effective strategies for anticipating and coping with future challenges and dangers.

2.2. Self-reported inventories:

The IPPA results indicate that Ronald has secure attachment with both parents. This is contradicted by findings from TAAI.

With regard to trauma, PDS showed no symptoms of trauma. The TAAI analysis did not identify significant indicators of trauma.

The Beck Youth Inventory results were in range of average and lower than average. Specifically anxiety, depression and anger results were lower than average. The results are presented in

Tab. 2.1

	T- score
BSCI- Y	52
BAI-Y	40
BDI-Y	42
BANI- Y	44
BDBI-Y	57

Tab 2.1. – Beck Youth Inventories results regarding Roland.

2.3. Semi-structured Open Interview:

Roland provides a very dry account of his life story. The factual description was limited in detail but was also lacking in any emotional references. Roland attempted to provide a relatively positive picture of his life but he was unable to recall any memories to support such positive semantic statements. Early in the interview he summarised his life story and in doing this he suggests that his life is not interesting or significant and gravitated around three significant issues: work, school and getting in trouble. Following themes emerge in his interview:

Life is hard: Work as an escape and means of control :

Roland referred to working with his dad on farms since he was 8 years old and rather than complain appeared to be proud of this work which became a central point of his life. He recalled several moves he had because of this but he dismissed any impact on him, his friendships or education. He recalled that his parents divorced and that he never got on with his mother or sisters but again he does not complain or reflect on this. *"Everything is fine"* was a re-occurring phrase.

Roland attempts to remain in control of his life by constructing a sense of empowerment in framing aspects of his life, such as moves between his mother and his father as if these were his decisions. However, the wider context of his life suggests that in fact he had little choice and he had to move due to the volatile relationship between him and his mother or because his father moved in with a new girlfriend and that he did not get on with her. He did not express any anger towards his dad, even though it seemed that he had prioritised his short term relationships over him. As an example of his discourse to deal with a rejection from his mother by employing a dismissive form of bravado:

"Tough, I didn't care"

This served to short-circuit any potentially painful consideration of his mother's motives in rejecting him. It arguably also positions his relationship with others, in a similar way, 'I don't care and I don't expect others to care'. In essence this becomes a strategy of de-humanisation and specifically elimination of emotion and attachment leading to a pseudo-invulnerability.

Violence and threats are expectable and acceptable:

This discourse contained within it a view of life as troubled and troubled relationships as the norm. Roland talked about not getting on with his mother and sisters. He also recalls not getting on with his father's girlfriend.

The other side of the discourse was that troubled relationships assumed that it was legitimate to engage in violence, for example Roland described how he would hit or threaten his mother if she attempted to discipline him. He also tells about his sister being bullied at school and he "*sorted it out*" by "*beating up*" a student who bullied her. In another example he talks about "*having a go*" at a student who insulted his friend.

Truth as negotiable: Denial:

Roland appears to have utilised a discourse which fitted with the primary strategy evident in his TAAI of distorting reality. In particular he dismissed or denied his vulnerability insofar as to position himself as not affected by negative life events. For example, when he was asked about range of aspects of his family life he frequently would say "*things were fine*" without elaborating on this or alternatively he would say "*I don't know*", "*I can't remember*". When he talks about frequent moves, he moved house about 5 times, he dismissed any impact – "*Fine, no problems at all. It was all fine*". The reoccurring phrase was "*that's about it*". Roland used it to 'wrap up' his answers to avoid any further reflection, particularly regarding issues that could be emotionally challenging.

Male Power discourse:

Roland drew clear division between females and males with a gendered and a simplistic distinction that portrayed men as hard working while female as lazy:

I: And what kind of stuff did you like to do as a child?

R: Just get out and about. Help dad at the farm, listen music

I: And what about your sisters, what did they do?

R: They just sit down and watched TV or go on a computer."

This offers an undifferentiated account which does not accord the hard life that both women and men live in agricultural communities. He also uses the word 'just' to underline that his sisters were not working. However, he misses the fact he describes his activities as listening to music and also a vague 'out and about'. It is also possible that while he was helping his dad his sisters did work which he would not see. Given his sense of rejection from his mother it is possible that it was important for him to see himself as valued in his work for his dad in contrast to his sisters who appear to have been preferred to him by his mother.

The girls were described as "*well behaved*" and they were expected to be compliant – "*Always well behaved. Done what they told, yeah both of them*". But Roland described himself as violent and aggressive towards his mother or in school. Roland would also listen to his dad and did what he was told but he would get angry and threatening when he was told off by his mother. Physical violence and threatening behaviour were means to establish position and retain a control. These behaviours were condoned and validated by his father:

I: What would happen if one of you would misbehave?

R: Nothing, cause mother knew if she tried just calm me down she would just get hit or threaten with something"

I: "What about your dad?

R: Da, he never really did anything about it. So he wasn't really fussed."

Violence and aggression seemed to give him a sense of entitlement over his sisters. Although throughout the interview he distanced himself from them, he also recalled an event when he had beaten someone up at school because his sister was bullied. This is consistent with a conventional masculine discourse of males as both having the right to be abusive towards women and a duty to protect them. Protecting in turn legitimises the sense of power and entitlement to have power over them. This is consistent with the events reported since there was no indication that his sister asked him for a help or thanked him. Overall Roland's power discourse drew on gender male supremacy over female whereby male is aggressive and powerful but also hard working while female is submissive, does what she is told but also lazy.

Denial of sexual needs

Given his sexual offences it was interesting to observe (as with most of the other young men) that sexual activity is minimised in the context of an intimate relationship. So a relationship with a girlfriend is not regarded in sexual terms or in terms of emotional intimacy but stripped of any emotional meaning:

"Emmm... Uh...it just to get a girlfriend and that's about it; just to meet up and that's about it really."

Specifically Roland dismissed sex and sexual needs claiming that it is *“Not that important.”*

This generalised statement might also imply that it is not important not just to him but should not be such a focus of concern regarding his own offences. A sort of ‘what is the fuss’ position. Perhaps it is also not important thereby if someone wants to coerce you into sex?

2.3. Harmful Sexual Behaviour:

Victim’s responsibility

Roland made his victim responsible for the incident and consequences. He portrayed the child as the instigator and himself as a victim:

“Oo, neighbour came over one day.... I think he was about 8 at that time and he come up to me and he went “here do you want to touch my dick”. That’s was it. Then he run off and told his mum and I got in trouble for it, so I couldn’t stay in S.W. anymore so I had to move”.

He distanced himself from his victim by describing him as a “neighbour”, though it is most likely that he knew him by his first name. The word “neighbour” perhaps also helps to conceal the fact that this was a child. In this account he also positions himself as having been approached rather than instigating the sexual offence. He misses out whether he actually did the touching and presumably did because the child ran off to tell his mum. The story concludes with the fact that he had to move, not any consideration of the offence or the consequences on an eight year old child. His matter of fact way of saying ‘touch my dick’ also fits with his discourse of minimising the importance of sex or any other emotions and vulnerability.

Victim of false allegation

He continued this theme by also positioning himself as the victim of false allegations. For example, he claimed that another boy visited him and not only instigated sexual activity but was deliberately using this to get him into trouble:

“Or apparently that he came to my house one day and then I wanted to stick dick into his ass (...) Apparently...but that never got anywhere”

It is not clear whether Roland means by this that he did not want to engage in this activity or that it did not happen for some reason. He qualifies his account with the word ‘apparently’ which helps create a sense of unreality about what did or did not happen. The sequence of events also has a similar form to other examples in that a boy ‘came to his house as if Roland has no say in this or a role in inviting to the boy to come and perhaps wanting him to engage in such activity with him.

Roland also claimed the false allegations were motivated by revenge as this boy wanted to get Roland into trouble as Roland didn’t get on with his family.

“I don’t know. I just never got on with him or with his parents at all. He was best mate with the other neighbour. He thought, he’s in trouble for that so I’ll try to get him in more trouble”

Further exploration identified that Roland was rejected by this boy’s sister in the past. Roland said that he and her had discussed a relationship but it didn’t happen because she was 3 years younger. However, there is also a strong possibility that Roland might have had attempted to be sexual with her, hence her family didn’t like him. Roland made a sexual innuendo that he

knew her *“too, very well”* and that they did *“just go out to woods, just messing around”*. Again there is a juxta-positioning of discourses about acceptable and almost ‘noble’ ways of acting ‘she was 3 years younger’ with a wish to engage in sexual activity. This is also minimised and neutralised by the term ‘just messing around’. Given that Roland is so closed off from reflection and consideration of his own or other people’s emotional feelings his own sexual needs may present a confusing range of feelings. He also appears to engage in activities with little sense of people’s reactions and hence does not appear skilled at covering his tracks possibly being confused about what the ‘fuss is about’. However, it is also possible that the anger he feels but suppresses towards his mother does emerge in aggressive positions regarding women but even more broadly towards life, which is hard and uncomfortable. Hence his anger can also generalise towards boys, not least ones whose mothers’ appear to be willing to protect and instead accuse him.

3. Case 3 – Jamie age 17.

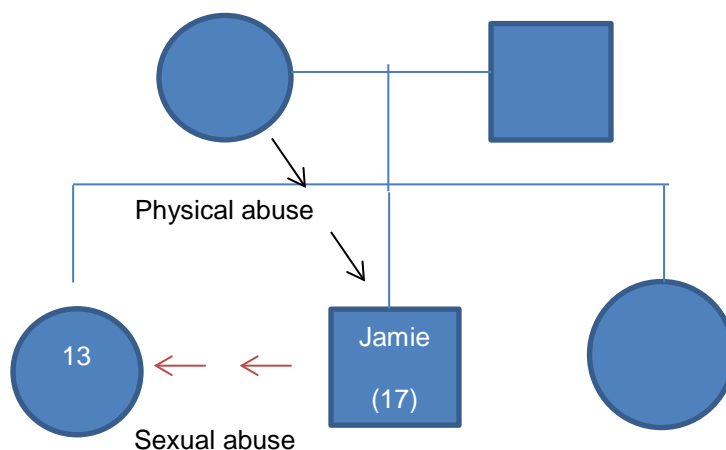


Figure 3.1. – Jamie's genogram

Jamie is seventeen years old, White, British, and brought up by both parents and lived most of his life abroad due the nature of his parents' work. The parents reported that Jamie presented some behavioural difficulties at home, i.e. he was described as oppositional, but these were not deemed challenging enough for parents to seek professional help. Jamie was referred for assessment and treatment after the parents discovered that he was sexually abusing his younger sister. The abuse took place over a period of four years and included extensive sexual touching and masturbating. However, professionals involved in the case believed that the full extent of the abusive behaviour remained unknown. This was because the allegations were not investigated by Police or Social Care. The abuse took place while the family lived abroad and was discovered by the parents. Subsequently the victim was provided with therapeutic intervention during which she made partial disclosure. This resulted in the parents seeking professional help for Jamie.

3.1. Summary of Transition to Adulthood Attachment Interview:

Attachment Classification:

A (4-6) - Avoidant self-reliant with intrusions of trauma regarding neglect, abandonment by mother leaving and physical aggression from his mother.

Trauma:

Utr (dismissed) – neglect and abandonment by his mother

Utr physical aggression from his mother

Danger:

- Abandonment from his mother
- Violent mother
- Threat from a gang

Comfort:

Jamie was able to describe events when he was provided with practical care but there was no evidence of comfort, for example when he injured himself he reported being taken to a doctor but there were no references of any comforting. Likewise, he described that when he was upset, his mother simply told him to watch TV.

“Q: What about when you needed comfort from your parents? Have you got any memories?

What happened?

J: Yeah I was really sick this one time. You know vitamin C, they have jelly versions of them, they acted to me as sweets, even a whole box a day, the next day I got food poison. Mum had to stay home.

I: So how has she comforted you?

J: She just like, she just like hmnm turn on the TV, sit beside me, hold my back and so”

Integration: RF 3

Jamie struggles to take another perspective. His reflection about his parents is superficial and tended to normalise their behaviour. He also distorts his reflection on his childhood.

I: "ok, so wrapping this up, how do you think the experience you told me about your childhood has affected your personality and what you are now as an adolescent?"

J: hummwell it's amusing to see how I did back then. I mean there's one time, I mean there are some bad memories I find really amusing but some of them are really hilarious, I just one time remember spitting on a ball, and the teacher caught, "did you spit on the ball, did you spit on the ball?" like "yeah"

I: so how do you think this has all affected who you are now?

J: hummm.....well none of them has really affected me. I just use them for amusement hehehe

I: But do you think that if your childhood were different, in any ways, you would be different now?

J: No I don't think so"

Overall Jamie came across as a rather sad and somewhat lonely boy. He repeatedly described violence from his mother but in a 'journalistic' style with little emotion or resentment at his beatings, for example, "Well, she just like she grabs me by the hair and drags me upstairs". He generally took responsibility and a recurring auditory image is of him 'screaming'.

Jamie showed considerable idealisation in terms of trying to find evidence of caring from his mother and father. He also normalised his parents behaviour in terms, e.g. of "typical for Thailand" and "of life being like that". What he recounted sounded like very practical care with little emotion or attention being shown to his feelings. He indicated that he was upset by a sense of abandonment due to his mother going into hospital and showed some anxiety related to the abandonment.

There were some violent intrusions of his fights with elements of bravado about how tough he was, e.g. referring to blood and that he did not apologise. But this is followed by a powerful episode of him being very scared by bigger boys in Thailand.

Likewise, he was unclear about his girlfriend though reading between the lines she left him and he again uses bravado, “I did not care, was not into it anyway”. This distortion runs through the interview and he also shows considerable self-mockery for his own vulnerability, and his girlfriend’s. In these episodes he also appears to indicate difficulty in making sense of feelings, e.g. why his girlfriend might have cried. Likewise, he indicates that attention to his feelings did not happen from his parents.

He avoided reference to sexual feelings with his girlfriends but made a passing reference to looking at ‘fit’ girls early on in the interview.

Overall his TAAI presented a picture portrait of a lonely, sad and emotionally frightened young man who was wanting affection but tried to push away his needs. However, these intruded occasionally and were expressed in terms of:

- Bravado – incidents of his toughness
- Denial of needs and vulnerabilities
- Self-mockery
- Delusional reversal of his needs, e.g. that he did not care that his girlfriend wanted to finish

3.2. Self – reported measures:

The IPPA results indicated that Jamie has a secure attachment with both his parents. This was contradicted by finding from his TAAI.

The PDS results did not show any symptoms of trauma. This was contradicted by TAAI which identified significant indicators of unresolved trauma related to violence from the mother but also abandonment by his mother.

The Beck Youth Inventories results were in a range between much lower than average to mildly elevated than average. Specifically the results suggested that Jamie has very poor concept of self. The results regarding anxiety and disruptive behaviour were mildly elevated, whilst the results regarding depression and anger were average. Table 7.9 presents Beck Youth

Inventories results:

	T
BSCI- Y	39
BAI-Y	56
BDI-Y	53
BANI- Y	46
BDBI-Y	59

Tab 3.1. – Beck Youth Inventories results regarding Jamie

3.3. Semi- structured interview:

Jamie employed a variety of discursive strategies to make sense of and preserve an acceptable self –image and presentation of self. He appeared to attempt to deal with a sense of loneliness, powerlessness and fear/anxiety related abandonment from his parents by self-blame,

minimisation, justification and normalisation but these also merged with bravado and some delusional beliefs.

Victim of difficult and unfair family life:

Jamie described physical violence from his mother and frequent punishments. Jamie referred to her as a controlling person and described that his father used to be a stranger to him. He stated that he used to think that his parents were “devils”. Jamie also recalls that his parents would embarrass him in front of others. He talks about fights with his sister. He also believes that his sisters were treated better than him and alongside a tacit acceptance he also shows an indication that he felt this was unfair: *“it just shows that life is very unfair and sexist”*.

This discourse of victimhood was partly under-mined by a sub-theme that his *“life was simple”* and he also described his childhood as a *“simple life”*, *“decent”* and *“easy”*. He commented that his relationship with his mother was *“pretty simple”* and that as a family they had a *“normal family life”*. He also described himself as *“normal person”*, *“blended in society”*, *“just blending in with everyone else”*. This added and gave support to the discourse of himself as a ‘victim’ since he was ‘just blending in’.

Negative Identity and responsibility

In some contradiction to the themes of himself as a victim Jamie also offered accounts of a negative self-representation. He described that he was a *“screamer”* as a baby and later referred to *“kicking off”* frequently. He says that he gambled and stole money which was for

the house maid and also referred to behavioural problems at school. However, he described himself in opposition to his sisters who were *“goody, goody girls”, “always truthful”* whilst he was *“of course carried on being bad”*.

This appeared to suggest that though he had some acknowledgement of himself as difficult this was preferred position to being ‘goody, goody girls’ which indicates a contempt for conformity but may also have indicated a resentment at his sister’s perceived preferential status to himself in the family

It seemed possible that Jamie regarded that he had little control or influence over family life and sought to perceive a sense of agency and control by describing his oppositional behaviour and describing himself as trouble maker. This perhaps served to soften the negative and shameful sense of being labelled by his parents as a difficult child, ‘a screamer”, which was a source of shame and embarrassment:

“he’d (father) tell me ‘well when you were young mate, you used to scream and we couldn’t take you anywhere’, and I would just feel embarrassed inside”

In his remark that he would feel ‘embarrassed inside’ he appears to reveal his vulnerability and he appears to struggle with this by on the one hand adopting his bad behaviour as intentional to gain a sense of control and minimise the rejection. At the same time he also appeared to try to contest this assignation of blame:

“Of course that was a bit stupid for me to listen to but you know (...) It just made me feel, ‘what the, what... what... what stupid, what stupid behaviour I was doing’ really (...) I was only 1. Everyone behaves that way I think”.

In saying that 'everyone behaves that way' he appeared to be trying to normalise and counter his parents' accusations and rejection. However, in the qualifying 'I think' he suggested that he was not sure and perhaps his parents were right that there was something wrong with him

Normalising violence

Jamie appeared to both normalise and minimise violence from his parents:

"They wouldn't do it violently like just a clip across the head and stuff".

He describes his parents as not doing, acting 'violently' and that it was 'just' a clip around the ear. Again this seems to be part of the process of his struggle to find a way to offset the humiliation and the shame, and feeling of being rejected.

He returns to the theme of himself as difficult and causing the negative quality of the relationship with his parents *"Yes, I would get angry if I didn't get things that I wanted"*.

In the statement that 'if he didn't get the things that he wanted' it is left unclear whether what he was asking for was reasonable or not.

Vulnerability and need for affection

Jamie appeared to offer a relative articulation of his vulnerability and need for affection. There was a sense of insecurity with parents, a sense of not being loved, or desperately seeking a confirmation that he is loved by his mother and an attempt of rationalisation as to why there was not closeness with his father. It seems to take a form of reversal whereby he is questioning his own feelings towards the parents. This may allow him to retain some control:

“Well when you were young, you’d always want your mum wouldn’t you every time, it’s the first person you see and just the person you love the most isn’t it? And like you probably think of your dad as a stranger compared to, I was like, ‘mum get this stranger away from me’”

In describing this need Jamie engages in a distancing of this need from himself by the use of the third person ‘you’. He is expressing what can be seen as a normal and legitimate need but by this distancing perhaps also implies that he should not really feel this way.

This vulnerability becomes even more clearly expressed in his description of his fear and anxiety related to abandonment and separation from his family, which was introduced early in the interview:

“I hated going to school (...) Well just wanted to stay at home, used to hate travelling to places, hate it (...) I just like being at home just like being inside a lot of the time with my family and stuff”.

It is noticeable that he states that he ‘hated’ being away from home twice to underline his sense of a need for the security of home. Also this account is in the first person and offers what appears to be a fairly unambiguous statement of his vulnerability

Neediness and social isolation:

Jamie continued this theme of a needy vulnerability in his description of his friendships. He offers some bravado regarding his early friendships in claiming to having “loads” of friends with

whom he would “walk around and bother people”. However, he went on to indicate a somewhat lonely and sad attempt to gain some attention and affection:

“I was about 6, and they (friends?) would have been around 12 or 13 something like that (...)We’ll just like walk around and stuff and bother people I’m guessing (...)Just like just like tell them like do you want to play with me? Do you wanna do this? Do you wanna do that?”

Again in this passage there are a number of markers of his anxiety and neediness. For example, he repeats ‘do you wanna’ twice as if he is re-enacting this, seeking of some contact for someone to play with him. This is also described as ‘bothering’ people , perhaps indicating that he felt himself to be a nuisance in doing this and had experienced rejection as a consequence of ‘walking around and bothering’ people.

Power discourse:

Jamie’s account indicated a strong sense of powerlessness, lack of intimacy and loneliness in his life. His vulnerability is articulated more unequivocally than the accounts from the other boys in the sample where this need was typically disguised by various strategies, especially bravado. Jamie’s primary strategy appears to be to locate himself as difficult to disguise the rejection where he describes that he would “kick off” but his parents were stronger therefore they were able to control him:

“I would always like drag myself away, sometimes they even carried me as my parents are stronger and I’m doing this (hand movements) shouting ‘no no’”.

There was evidence that as he became older, stronger and more physically powerful he could employ this strategy in a more aggressive manner. For example, when he was talking about going out in his mid-teens years: *“Well if she (mother) said no in the first place I would say, ‘too bad I’m going’”*

Jamie clearly felt that his parents favoured his sisters. However, in his narration he attempted to restrict his older sisters influence, emphasise his position and undermine her opinions. In one fragment he restricted his sister to her bedroom whilst he was occupying the main living area at home. He also slipped into the present tense when he talked about his past which suggested that these resentments were still current for him.

As with the other boys Jamie also appeared to draw on conventional gender discourses of men needing to be tougher and less emotional and as entitled to power:

and on the computer and stuff you know”, “she’d (sister) say ‘leave me alone’ and stuff, and obviously I’m here as well so you’ve got to live with that”.

Here he appeared to assert his position that she has to put up with ‘live with’ that. It is not clear what he meant by leave me alone and it is possible that his sister was reacting to him trying to assert control over her.

He also repeatedly described his sisters as *“goody – goody girls”* and his older sister as *“truthful all the time”* but this was stated with a hint of sarcasm as opposed to him *“always”* stealing money from home, gambling with friends or getting in trouble at school. These more aggressive actions appear too designated as male and in contrast to:

“goody – goody girls” .. “she’d always into tears when something happened and say, ‘no mum you don’t understand and ‘meh meh meh’, she would always moan and groan”.

This implied that he devalued his sisters’ expression of emotion with reference to wider cultural discourse whereby females are emotional rather than rational, they do not express opinions but rather moan and no one can understand what they moan about. But he also believed that his sister would *“get away with things so easily”*, which was a reference to the preferential treatment that he felt his sisters received from his parents.

3.4. Harmful Sexual Behaviour:

Jamie employed a range of strategies when he discussed his harmful sexual behaviour such as: altering the meaning, for example by framing the activity as a positive experience for his sister, such as a massage and minimising, distancing and normalising the behaviour.

Changing the meaning - altering the meaning and intention

He referred to a massage which almost unintentionally became sexual. Jamie used a passive form and omitted “I” when he talked how he started abusing his sister.

“It all started with like massage and stuff and yeah started touching her in a sexual way unfortunately”

He starts by stating that ‘it’ started rather than the activity was something that he initiated. He then admits that it became sexual and professes an admission of responsibility in the use of the word ‘unfortunately’ However, this still avoids a direct admission that he started it and implies that that it somehow went wrong.

Normalising

Although Jamie started from admitting that he “*sexually abused*” his younger sister, he also started to normalise and minimise his behaviour.

“I was touching her in a way that I wasn’t supposed to and you know, a lot of people are in this situation”

Again alongside an admission of doing wrong he seeks to minimise and normalise this by claiming that ‘a lot of people are in this situation’

Entitlement and pleasurable experience:

There is also a sense that a male has right to have his sexual desires met. He was sexually aroused, so he created access to his sister and he fulfilled his sexual desire, which he deemed as pleasurable for both of them.

“Erm well I thought of it as an excuse to touch her really I think (...) Well I think of it as pleasurable and good and stuff (...)For both of us well, well of course it wasn’t as pleasurable for her”

There is further evidence when he answered why he targeted his sister:

“Well I couldn’t do it to anyone else so”

Jamie’ justification seemed as a natural consequence of a power distribution in his home. His parents were older, bigger and stronger so they exercised their power over him to get what they wanted. He was powerless in this relationship. However he was bigger, older and stronger than his sister, so he exercised his power to get what he wanted i.e. met his sexual needs through abuse as she was available and accessible. This may be related to his low self-esteem

and lack of confidence in peer to peer relationship with females. However, this also reflected a broader certain cultural context whereby a man is entitled to treat females as a means to meet his sexual needs and reduce females to an entertainment. It is important to note that the abuse took place in the country with a highly sexualised culture which is often deemed as a “sex holiday destiny”. This belief is also reflected in this section:

“Well I didn’t really have any thoughts I mean, if I was bored or if I didn’t have anything to do I’d just give her a massage and it was pleasurable I suppose”

As with the extract above he expresses an indication that it might not have been pleasurable for his sister but still maintains the framing of this activity as a ‘massage’

Self-blame and justification

Jamie was unusual in this sample in that he appeared to have a recognition and admitted to the behaviours as wrong. Whether this was a sophisticated deceptive strategy is not clear but can be construed with the broader context of his family life. Jamie made reference to his sexual behaviour as *“it wasn’t normal in social terms”* but he didn’t say he believed it was wrong.

Jamie says that *“it”* made him feel like he is *“a bad person, not normal”*. However, this sense of not being normal runs through his discourse and his view of how his parents saw him in a less favourable light to his sister.

Minimising impact

As with the earlier extracts Jamie both appears to admit to and accept some responsibility but he also attempts to minimise his actions: *“Well I think it affected her in a bad way just not very, just wasn’t pleasurable for her (...) Well I think she probably she may of got on with her life I dunno”*

In the extract above he appears to progress through three layers of minimisation: firstly he says ‘I think’ which is relatively mild and opens up the possibility that it might not have been so serious and affect. He then says it was ‘not very pleasurable for her’ which even implies that it might have been partly pleasurable or minimally unpleasurable. Lastly, he ends by suggesting that she could have possibly ignored it ‘may have got on with her life’.

Jamie himself said he had already *“put it behind”* and hoped his sister may do the same. He continued this theme : *“Well in a couple of years, if I go to university I’ll just put that behind me and forget about it just look at my own life (...)Yeah she may be present in my life yeah definitely”*

Here he further suggested that this activity could be forgotten about especially by him. Though he makes a reference to his sister continuing to be a presence in his life he does not articulate how he might try to repair his relationship with her. It is possible that his pre-occupying resentment at his ‘goody, goody’ sisters allowed him to avoid a focus on how his sister felt or to recall anything that she might have said to him. She appeared to be largely absent in his interview apart from the resentment at her preferred status in the family.

Jamie also minimised implications of his abusive behaviour for him. As result of his behaviour he and his father had to separate from his sisters and mother to ensure safety of his younger sister, and in order to access a treatment. There was also a strong possibility that Jamie would not be reunited with his family but encouraged to live independently. But Jamie minimised and normalised this possibility:

“Well I found, well I just find it I mean a lot of families are like separated from their mum and dad but of course, erm (pause) I find that well I’m used to it now I find it like a normal life but without my mum and my sister I find it a tiny bit different but you know I’ve got me dad”

4. Case 4 – Noah age 17

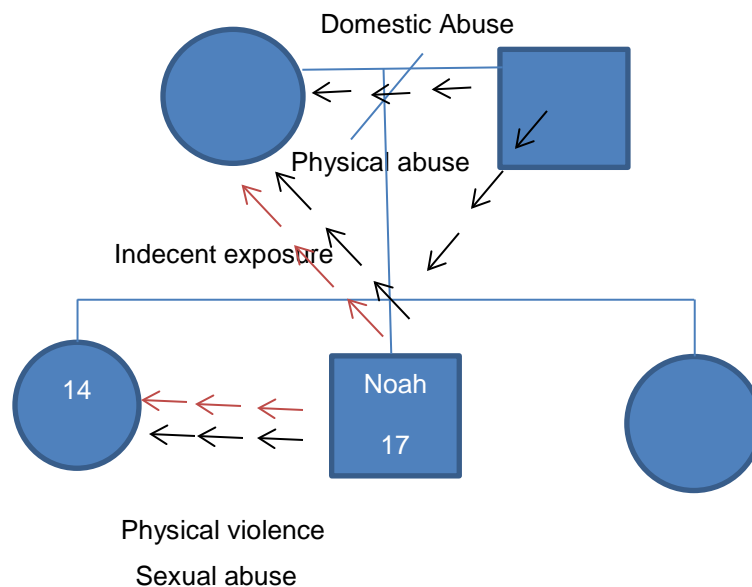


Fig 4.1. – Noah's genogram

Noah is White, British. Noah presented with a range of severe behavioural difficulties. He was referred to Children's Services on a number of occasions due to his aggressive and violent

behaviour towards his sisters and mother. It was reported that Noah assaulted his younger sister by hitting her and swinging her around room by her hair and also threatened her with a knife. Noah also assaulted his mother and threatened to kill her. He was violent to family pets. In addition there were incidents of self-harm, stealing and setting fire. As result of his aggressive behaviour he was accommodated by the Local Authority.

Noah parents separated, the reason was unclear but there was a strong suggestion of domestic abuse. Noah's mother was suffering from cancer and had undertaken treatment which had significant side effects, for example she developed Vasculitis in her leg and she was at risk of losing her leg. In addition she was in remission for cervical cancer.

Noah's younger sister alleged that one night she was woke up by Noah being in her bed and pulling her underwear and was very upset and screamed. In addition she disclosed that on another occasion Noah exposed his penis to her, put a crisp on it and told her to eat it. It was also alleged that Noah exposed his penis to his mother. In addition it was reported that Noah would take pictures of his younger sister when she was changing, and that he was obsessed with pornography.

4.1. Summary of Transition to Adulthood Attachment Interview:

Attachment Classification:

A (6-8) - delusional idealisation

Trauma:

Unresolved loss regarding grandmother;

Utr family arguments

Utr abuse from father,

Utr belief that granddad killed grandmother

Utr domestic abuse

Utr (pre-occupied) beheaded female found by him and his siblings

Danger:

Physical abuse from father

Belief that granddad killed his grandmother

Neglect and unavailability from mother

Emotionally abusive from mothers aliens story

Domestic abuse

Social situation i.e. social interaction with peers

Volatile relationship with his mother

Comfort:

It appears that Noah experienced very little comfort if at all. Some episodes which were intended to illustrate comfort didn't match or very quickly evolved into an argument between him and his mother. Noah seems to become very self-reliant as if he didn't expect any comfort:

"Q: And what would happen when you were emotionally upset?"

N: I either would cry myself to sleep or have a panic attack, orjust cry.... and just ignore everything.

Q: Panic attack?

N: I would cry so much that would make it hard for me hard to breath. I would like .. freeze I would do anything ... I would say anything, I would be like blank. I would not talk to anyone, felt like a brick wall, like in a box. Like a brick box. I would be like crying, like hiccups but hard breathing, like difficult to breathing.

Q: And what would you do if you needed comfort?

N: My mum would comfort me but if I, if we had argument and I was arguing like I did sometimes. I sometimes hurt myself and then make myself cry. And then if I'm going to panic

attack mode, she comforts me, hugs me and that lot. I always cried out on her and then. When I know that, when I was younger I suffered from headaches. Sometimes I still do. But when I cry I always get lots of headaches, and I was like lousy (speech unclear) always calm down and regain kind of communication.

Integration: RF 2

Noah shows some glimpse of reflective thinking but this appears very idealistic and somehow lacks an analytic part. There are lots of words but very little reflective processes.

"I've learn a lot of things, hell a lot things. Not to lie, not to manipulate people, not to.. emh...was not to be angry with people without an apparent reason, I've learnt to control my temper. Em. I've learnt to communicate with people, be more confident for myself and another people, and more laid back, more confident, more head on concentrate on my future cause I never used to think about future, in primary, secondary. I never had career or know what have. Have certain life in future and wanna live it. And I don't care for what happens later in life. I'm not worried about ... I won't be like a bum or anything like that, like yes enjoy when you are young, and young free life and rock'n'roll."

Overall Noah showed an extreme avoidant attachment pattern with intrusions of unresolved loss and unresolved trauma. He presented as a rather sad, lonely boy who was desperate for affection. He alluded to the fact that he had few friends as a child and now. There was also a sense that he was desperate to please and try to get some affection/attention.

Noah describes a variety of dangers without any derogation, in a matter of fact manner. In contrast he derogated himself quite a bit describing himself as a difficult child, possibly with ADHD, as soft and deceptive/lying as well as easily led.

Noah repeatedly mentioned wanting to stay out of conflicts, e.g. between his parents and trying to mediate. He appeared to have been close to his grandmother and appeared to have an unresolved state of loss regarding her death and an anxious story about granddad killing her.

Noah's overall pattern is dismissive with markers of idealisation, excessive detail of objects rather than relationships, concerned with getting detail correct and seeing his own pain as funny. He showed some indicators of reflection in that he saw himself as lying and as finding it hard to separate truth from deception. Though he was aware of this he also seemed to distort to a delusional level his attachment responses from his mother. In contrast to comfort he offered evidence of emotional abuse of absence of care but idealised his relationship with his mother. He recounted a story about her coming to watch him at netball was strange with psychic undertones of 'sensing her presence'. He also engaged in a delusional reversal of his fears, for example that he now loves the dark. He also described himself as very relaxed and confident now and claimed that everything is fine in his life. It was also not convincing that he actually had a girlfriend and possibly his story is an Internet friendship and his description of being close to his girlfriend was supported by minimal evidence of seeing her occasionally on the bus.

4.2. Self-reported measures:

The IPPA results indicated that Noah has secure attachment with his mother and avoidant attachment style with his father. This is contradicted by findings from his TAAI, which suggested that Noah presents with complex insecure attachment strategies which could be classified as disorganised attachment under Main's classification.

The PDS results indicated moderate trauma which was related to the incident when he and his sister found a severed head of a young female. This was corroborated by findings from TAAI. However in addition to this, TAAI identified other unresolved traumatic states.

Finding from Beck Youth Inventory suggests that Noah has very low self-esteem and a poor concept of self. He also matches the clinical group means on all measures except for disruptive behaviour, where his result is lower, though still above the control group mean. The results are presented in tab. 4.1.

	T
BSCI- Y	35
BAI-Y	59
BDI-Y	60
BANI- Y	53
BDBI-Y	58

Tab 4.1. – Beck Youth Inventories results regarding Noah.

4.2. Semi-structured interview:

There were several overlapping dominant themes emerging from Noah's interview.

Hard life:

Consistent with the accounts of the other young men Noah portrays his life as being hard across different areas of his functioning, he refers to *"rough stage with family and school"* and having *"rough feelings"* and feeling *"pretty down (...) like depressed"*.

He described his family life as consisting of frequent arguments with his mother and sisters and his relationship with his mother as *"very tensed"*. He said *"I used to run away from my mum and home"*. Noah talks about fights with his sisters and describes them as being *"jealous"* about him. He referred to *"lots of tears"* in context of his relationship with his sister and mother but did not elaborate on this. Noah also described experiences of physical violence and threatening behaviour from his father but he claimed that, *"they never hurt my feelings"* referring to his family. This statement appears to possibly be a distortion of the reality of his experience of his family. In particular he talks about running away from home which implies that he must have been quite unhappy.

With regard to school Noah says he *"got mick taken out of"* him by other students and that generally he did not get on with other children. He suggested that other young people took advantage of him, for example he described how he used to get a ball for other boys from bushes full of thorns:

"Noah, Noah, get the ball! I was came out with thorns all over me, it was annoying but it was funny".

In this extract there is an implication of him trying to please and being ridiculed but he minimises this by suggesting that it was 'funny'.

A sense of being excluded and being inadequate was further indicated by a sense that he was discriminated against because he couldn't spell. He rather sadly stated that; *"I wish I never lived my life"* in referring to being at school in year 6.

This theme of life being hard and unpleasant continued with a sub-theme of being an "outsider". He described himself as a *"nutter"*, *"nutcase"* who *"easily bored and distracted"*. The concept of being a 'nutcase' overlapped with a theme related to his aggression and violence – a tendency to "kick-off".

An extremely disturbing indication of his disturbed life was a harrowing account of having found a severed head of female whilst they were playing in fields. Noah was about 7 years old. Noah recalls some vivid images related to this event, e.g. *"dirty coloured grass, kind of brown and bristly"*. The trauma seems unprocessed which results in intrusive thoughts, attempts to dismiss it but overall it indicates Noah struggles with these memories and that it impacts his functioning.

"And erm... head, a woman's head.....erm, blond, I can remember it now, blond...erm, blondish hair (...) I remember seeing it like now (...) I can't get rid of it and when you're like drunk or anything...erm, like doing something, you can't actually forget it, it is so distorting, one of my strongest memories when I was a kid (...) in secondary school we were talking about when women cause crimes, so it brought back the memory (...) I wanted to put things together to find

out so I searched online and it was in Bury (...) I was actually shocked at myself cause I thought I was making it up in my head (...) oh my God it was actually traumatic, it builds up a traumatic tension age years and years”.

Importantly in his account Noah gives little indication of any responses from his parents or any other adults in helping to deal with this potentially traumatic event.

Physical violence as uncontrollable

Noah construed his anger as something that was beyond his control and would take him over. He made references to his father’s threatening behaviours and violence. He also described how he was aggressive and violent towards his mother and sisters and described an incident when his mother called the police because *‘he got so angry and was getting out of control’*. Noah also describes incidents of his aggressive and violent behaviour which took place at school. He said he was not pleased with his behaviour but construed it as out of his control it and more broadly accepted this as a norm. He used a metaphor to describe an escalation of his aggression : walking through different landscapes starting from fields with flowers, then green grass, plain ground, through desert and eventually he gets to a river where *“you can’t be stopped, you go around and literally just whacking people”*.

Noah construed his anger in a variety of ways all of which implied that it was not controllable: He employed a version of personality theory - that he was an angry and violent person who is unable to self- control. He also referred to himself as “mental” and having developmental delay that adversely affects his “mental capacity”. He also commented he was “not confident”

possibly implying that this led to feeling bad and anxious which could transform itself into anger. Noah also believed that his anger was because he had strands of Autistic Spectrum Disorder though he mentioned that *“it’s not full autism and part of that is tunnel vision”*. This is when he gets fixated on something and can’t control it or be distracted from doing something.

Reality as fragile:

Noah indicated in his account that he at times struggles to be able to differentiate what was real from fiction. In the interview it was apparent that Noah desperately wanted to get all the facts right and have a firm and consistent narrative about his life so he would be careful about some specific details. . However, it seems that he struggles with episodic memories, and repeatedly would digress into what appeared to be delusional states where he doubted his mind, reality and fiction. His story of the severed head appeared to be such an example of fantasy but appeared to be corroborated by the specific details he was able to provide.

“If I’m believing in stuff that is true or is a lie, dunno how I’ve created it but sometimes it’s true and sometimes it isn’t. So sometimes I don’t believe my mind”

“It’s like but no day dream, it’s like when you have got a memory you add things to it, it’s like when you’re dreaming, you add things to it (...) but you can a memory sometimes twists a little things (...) you can change and adopt it, I can change and adopt it and that’s mine. Imagination, like memories, that’s what freaks me out, whether it’s true or not...manipulating it. I don’t know whether it’s true or not.”

Distinguishing between reality and fiction appeared to be difficult for Noah. This can also be seen as a useful strategy to employ to deny his offences but also made sense in terms of its function as an escape from his apparently negative and humiliating experiences as a child.

Noah presented an account in which he seemed to have possessed few sources of power. He struggled at school and appeared to have experience humiliation and was frequently overtaken by a loss of control regarding anger and violence and marginalised as a 'nutter'. He stated that he felt unable to control his behaviour; he can't control his intrusive thoughts and was overtaken by delusional states when he is unable to distinguish what was real and what was his imagination. However, on the other hand his anger also appears to have been one of the sources of power for him as well. This also fits with a male discourse though he did not so overtly express this. He is determined to stay in control of his life but there is an overwhelming sense that he is unable to do it.

4.3. Harmful Sexual Behaviour:

Misunderstanding

Noah found it difficult to talk about his harmful sexual behaviour. He did not provide many details and minimised his actions. He did not think anything "really bad" happened. Since he construed it in this minimal way he also avoided having to offer any substantial explanation. He re-interpreted the offences with his sister as 'mucking' around:

“We got a bit too kind of like we got to a state where it’s like mucking around, we got a bit too close to each other and we got a bit wrong tensions, wrong things, got random look at each other(...) I regret doing that but it’s just based on getting the wrong impression”.

The activity is framed as ‘mucking around’ and the sex as ‘getting too close to each other’. He also uses the plural pronoun ‘we’ several times to suggest that they were equally participating in this activity. Though he adds that ‘I regret doing it’ which appears to be an admission of responsibility with the use now of ‘I’ this is diminished by the phrase ‘getting the wrong impression’. The idea of “getting the wrong impression” fits within Noah’s struggles about what real and what is his imagination. Arguably he could misread cues from his sister and believed she invited him to be sexual with her.

Pornography:

Information on the Children’s Services file states that Noah was obsessed with pornography. In his interview he refers to watching “too many movies” as something which led to his behaviour. It is possible that pornography was a safer outlet for Noah in that its usage could provide some excitement for him but did not involve any relational risk in terms of having to approach a person who might reject and humiliate him

5. Case 5 – Robert 16

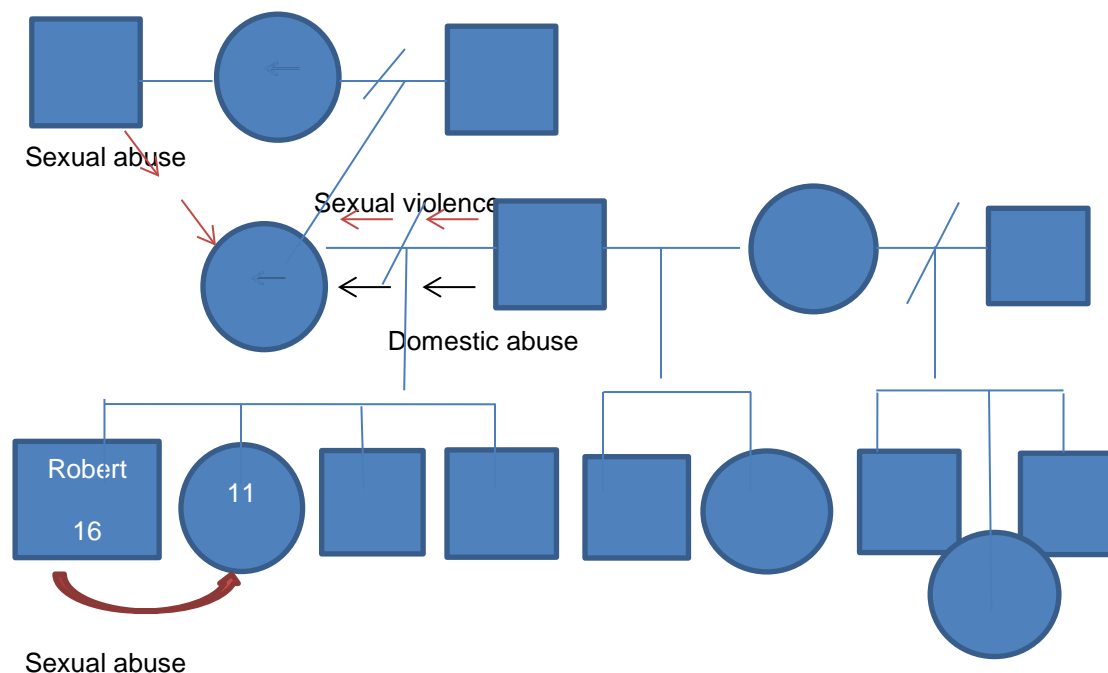


Fig 5.1. – Robert's genogram

Robert is White, British. His parents separated and Robert witnessed domestic abuse between his parents. Following the parents' separation Robert lived with his mother but when he was about 13 years old he stayed for a year with his father. He subsequently returned into his mother's care. Robert's sister (11) disclosed that he had sexually abused her which involved vaginal penetration.

5.1. Summary of Transition to Adulthood Attachment Interview

Attachment classification:

A (4-6) idealisation of both parents, self-reliance and dismissive.

Trauma:

- Utr dismissed domestic abuse
- Utr parents' divorce

Danger:

- Violence from his father

Comfort:

There is no evidence that Robert experienced comfort, particularly in times of danger. As a result he seemed to have developed self-reliance and further to this took on a caring role regarding his younger siblings.

“Q: The other questions- again what would happen if you were ill or physically hurt as a child?”

R: Well I would go to the doctors or

Q: And when you were upset emotionally what would you do as a child?

R: Just run off into my bedroom and do some drawing or

Q: Can you tell me about a particular memory when you got upset and what happened?

R: When me mum and dad were arguing and like I'd run up into my bedroom and just like and yeah just like do some drawing or doodling

Q: O.K and when you needed comfort what would you do?

R: Erm when I just well I wait till I calm down then go see my mum or my dad and just hug em"

He ends this extract here by stating that he would hug his parents rather than they would comfort him following the arguments that they had. He also states that he would calm down again positioning his self-reliance as normal and as a prelude to him being able to offer support to his parents.

Integration: RF 2

Robert struggled to engage in reflective integration and demonstrated low reflective functioning:

"Q: Over the years has your relationship with your parents changed and now when you're older?

R: Erm I dunno, we still got like a strong relationship I wouldn't say it's changed much but yeah I just I dunno"

Overall Robert is showing type A attachment strategies – dismissing. Robert himself appears relatively contained and co-operative with the interview. There is an unemotional tone to the interview that indicates self-reliance. Robert's interview contains very little imagery and his memories tend to be general. Robert offers some idealisation of his parents. Robert attempted to present his parents as providing care but this was not elaborated on terms of any specific indications of comfort having been provided. Robert appeared to be self-reliant and to have taken on a caring role over his siblings. There was evidence of unresolved trauma regarding the break-up of his parents and the arguments. There is a theme of 'things on his mind' - this seems to be related to the arguments between his parents.

5.2. Self-reported inventories:

The IPPA results indicate that Robert has a secure attachment with both parents. This was contradicted by findings from TAAI.

The PDS inventory did not identified any trauma, whilst TAAI identified significant indicators of unresolved trauma regarding domestic abuse and the parents' divorce.

The Beck Inventories result with regard to self-concept was below average, which suggests low self-esteem and poor self-image. The result regarding anxiety and depression were respectively moderated and mildly elevated above average, and the result regarding disruptive behaviour was lower than average.

Tab. 5.1. Presents results from Beck Youth Inventory:

	T
BSCI- Y	41
BAI-Y	61
BDI-Y	57
BANI- Y	54
BDBI-Y	44

Tab 5.1. – Beck Youth Inventories results regarding Robert.

5.3. Semi-structured Open Interview:

Robert's semi-structured interview is very much family orientated with a consistent attempt to construct his childhood experience in positive terms. He made references to quality family time, positive interactions and feelings. However, he also presented contrasting information, without being aware of the contradictions regarding incidents of domestic violence and a sense

of loss when Robert talked about his parents' separation. Robert employs a range of strategies in his account which bear resemblance to those used by this many in this group of young men:

Family life was difficult but to which he was impervious

Robert talks about his parents' on and off relationship and describes it as a "rocky road".

"They were like splitting up then getting back together, splitting up and it was just like on a rocky road"

However, he does not believe this had any impact on him. He also employs the phrase 'like on a rocky road' which excludes reference to his parents actions or any indication of blame. The rows become depersonalised into this metaphor which contains no responsibility on his parents' part.

He employed a range of strategies which appeared to construct a delusional sense of not being affected. He frequently says he "didn't pay attention", he "switched off" or "didn't take notice".

"I didn't really like pay much attention cause like I've always been brought up to if it's not your fight or not your like thing to deal with then don't worry about it (...) I honestly can't remember cause I wasn't really like listening (...) it didn't really affect me to much cause like mum and dad told me at an early age not to get involved (...) I was just switched off from it and just comforted my little brothers"

This passage contains the notion the discourse of the need to compliance which was also a feature of his TAAI. He suggests that being told not to pay attention to distressing events can be successfully accomplished by paying attention to his parents and doing as he is told. But he

qualifies this by the phrase by stating that it did not affect me 'so much' suggesting that despite his attempts to switch off it did in fact affect him. Again consistent with his TAAI this potential trauma inducing parental conflict is displaced onto his brothers. Here their vulnerability in juxtaposed by the terms 'little brothers' emphasised their vulnerability with his ability to turn off and attend to and comfort them rather his own feelings. There was a sense of sadness when Robert talked about his parents' separation. He also comments that if his parents remained together he would have been a happier person. However he stops this short and deals with this by becoming self-reliant:

"I just been learnt to take it on the chin and just go on with life... Erm well just like when they split up I knew that they probably wouldn't get back together so"

In this passage 'take it on the chin' chimes with the accounts from the other young men of life being hard and expecting little in return for trying to be good.

Self as caring and protective Robert presents his self as protective and caring over his younger siblings. This appeared to allow him to dismiss any impact on him but also retain some control and make sense of his place in the family. He refers to comforting his siblings and trying to protect them.

"They were just like those two were like arguing and like I seen I like witnessed my brothers and sisters crying, so I erm like was there comforting them and then like I shouted at them to stop cause they, cause they were crying."

In this passage Robert appears to both present himself as caring and responsible for the well-being of his siblings but also slips into a discourse of crying and vulnerability as not acceptable.

He says he shouted at his siblings to stop crying but does not appear to realise that shouting at them may well frighten them more. He does not explain why he felt the need to stop them crying but mentions this in a form of passive thinking 'cos they were crying'. This encapsulates a dilemma in that he attempts to locate himself as kind and caring but in fact is antagonistic to expression of vulnerability in others. Possibly this framing of himself as 'caring' functions to support a presentation of himself and a justification in his own mind of his sexual actions as not being offences because they are committed by a 'kind and caring person' – which he locates himself as.

In a similar vein he also talked about helping his mates negotiate and resolve problems. He states that arguments between his parents 'thought him to help those in need'.

Medical discourse as distancing from feelings

Robert appeared to employ medical discourse to minimise the negative experience of the impacts of domestic abuse and his parent's separation:

"I dunno if it really affected me like that much I was down quite a bit cause of my ADHD and everything like that and erm yeah I just I dunno I was quite depressed"

This can be seen as a function to distance himself from the negative experiences by attributing his negative moods to illness – ADHD and depression. This can be seen to help distance himself from a recognition of the relational losses and potentially traumatic impacts of the violence and separation in his family.

Similarly Robert labels himself as being 'addicted' to games when he was 7. He believed that as result of this he was aggressive. Though, arguably gaming could have been a form of escapism from the reality of domestic abuse. However he blamed himself for conflicts at home *"It was calm in a way like unless I was like noisy"*.

Contested Power and Moral Authority Robert positioned himself as possessing a moral authority in the family to intervene in his parents' dynamics and conflicts. Though he says that he *"learnt not to get involved"* he also repeatedly described that he did so and suggested that he had a right to do so:

"They were just like those two were like arguing and like I seen I like witnessed my brothers and sisters crying, so I erm like was there comforting them and then like I shouted at them to stop cause they, cause they were crying. And erm I think dad walked out and then the next day they like sat down with me cause I was slightly older, they just sat down with me and told me to sort of like just not get involved"

Again here he legitimates his 'shouting at them' by reference to it upsetting his siblings.

However, earlier he had described that he had also shouted at them to stop them crying. It is also interesting that he continues this passage by saying that his parents 'just sat down with him'. This sounds quite mild and potentially a reasonable assertion of parental authority.

Further he describes that they 'told him sort of like not to get involved'. Again this sounds a mild form of advice rather than threat from his parents. Furthermore, this is presented in a

context of the parents apparently working together which is at odds with the portrayal of them as embattled parents

Robert frames this as his voice being unheard and dismissed which led to an inner struggle and a sense of being oppressed due to a conflict between feelings and behaviours whereby he felt unable to act due to restrictions imposed by parental power.

"I've just I dunno really I just learnt to stay out of it from mum and, and telling me but like I wanted to help inside, but like I don't because I know it's like not my argument so"

It is possible that this involvement offered Robert a sense of power and he further legitimises this by claiming to care for his siblings. It is also possible that the relatively mild manner in which his parents request that he does not involve himself in their arguments does not clearly communicate a boundary. It also possibly offered him a sense of power and minimised how frightened he might have felt. Possibly his statement that his parents 'sat down with him' was a minimising of their anger at his involvement and the fear he experienced is suggested by the description of the effects it caused on his siblings.

The process of somewhat delusional claim of power can also be seen in his attempt to retain some control by claiming that he made the decision about moving from his mother to his father and back.

5.4. Harmful Sexual Behaviour:

Gendered Discourse: It is OK for boys to watch pornography:

Robert started watching pornography when he was 12 years old and stated that he watched it about twice a week. He appeared to justify this behaviour through reference to cultural discourse that it is “*normal for boys*”. It was also validated by his mother’s reaction.

“She didn’t know about the pictures until like she looked through my phone erm she just said ‘oh it’s just what boys do’ then there was that was it”

This is an interesting passage in that it reveals that the acceptance and reproduction of such gendered discourse is not just by men but also by women. It contains a tacit acceptance of stereotypical masculine behaviour and consequently absolves responsibility for such behaviour. It also excuses or normalises behaviour which can be regarded as abusive and disrespectful towards women but his mother does not appear to realise this contradiction. It may possibly be explained in terms of Madonna – whore discourse in that the women in pornography are different to the sort of ‘decent’ woman that his mother is?

Robert minimised his access to pornography and its impact:

“I only watched videos like in year 9 (...) I haven’t really learnt anything”

Interestingly here he uses the word ‘learn’ to suggest that watching pornography is not about sexual stimulation but about learning about sexual behaviour? However, what learn means is not clear and it may also mean that he did not learn abusive practices from it?

He did not elaborate on pornography as oppose to his views about music videos where he referred to a cultural discourse whereby women are reduced to sex objects:

“Well I know in music videos women get taken for granted and like just yeah just taken for granted most music videos women just in like bikinis and everything like that they just. Well like taken advantage of I just dunno like men see women just as like sex so”

Here he distances himself by referring to ‘men’ and suggesting that unlike him they just see women as sex. However, this contradicts his use of actual pornography which is arguably more stark and less about titillation to make music more exciting.

Robert also alluded to a *dominant* gendered discourse *that* women may say “NO” but in fact this means “Yes”. Further this contains the idea that *a* man doesn’t take ‘no’ for answer.

“Like me asking- wanna do that thing again? Blunt and asking (...) she said no at first and I said oh come on and she said yeah alright then”

Minimisation:

Robert employed a range of strategies to account for his HSB and retain what he construed to be a relatively acceptable image of self.

Pedantics - Disputed technical definitions

One strategy was to alter the definition of his actions by an appeal to definitions of what constituted sexual activity:

“Well it was just like penetration but it wasn’t like sex (...) it didn’t go fully in” “I didn’t go fully in’

In this pedantic strategy he appears to employ the strategy of needing to keep to strict technical definitions. This avoids a definition, for example of the emotional intention behind his

action. It is reminiscent of President Clinton's statements 'I did not inhale' or 'I did not have sex with that woman'

Game:

Another strategy that several of the young men employed was to frame the sexual offending as a 'game'. *"The school game, and erm basically what we were doing like she was the teacher and I was the teacher's boyfriend like head teacher and it just spiralled from that"*

This situates the act as being part of an innocuous game of playing school, though he was presumably older than the younger five or six year old children who usually play such games. Having constructed the activity as a game then responsibility for the abuse is also reduced by the claim that 'it just spiralled from that'. This frames himself as relatively innocent and a 'victim' of an escalating process out of his control. The spiralling however can instead be seen as driven by a combination of his sexual need and distorted need for comfort and connection.

Historic cultural discourse regarding interfamilial marriages and pornography

Robert justified his abusive behaviour by referring to historic cultural discourse that family members used to get married. This was further re-enforced and sexualised including sexualisation of the siblings' relationship by viewing pornography. Interestingly framing this in terms of acceptable family relationship somewhat fitted with his high regard of family life. However, his behaviour also echoed cultural discourse which in a sense is also reflected in pornography, where the men are positioned as driven by biological urge for sex which he is entitled to satisfy and a female is asking for sex, particularly if she shows her naked body.

“Well we were like just playing this game and cause I was like watching porn and everything erm I honestly got told in year 6 that in the olden days that people like family members used to get married. Like brothers and sisters used to get married and I thought it was right cause I was young and still learning and erm yeah it was just I had like mixed emotions plus I seen her run across the landing to go in to the bath or shower like naked just like hormones where like starting to come from like kicking in more so”

In this account he makes reference to cultural and historical factors as a way of legitimising sexual contact between siblings. However, this takes no account of the feelings of his sister whose ideas about what was acceptable may have been based on the cultural norms in contemporary society. It is also possible that in his family the ideas about what was acceptable were not clear and his sister was also confused by this, as indicated by her running naked to the bathroom. He then turns back to a biological discourse of hormones to further explain how he was driven to an offence. The combination of these two forces can be employed to suggest that given these two, it was almost inevitable and quite understandable that he would react in this way.

Self as Victim

The emphasis on the consequences of his offending was the negative effects on his own life. He described his life as “a hell”, for example because he was not allowed to see his friends and siblings, he had no access to Facebook or mobile phone, and he had been home tutored for 6

months. However, Robert was also self-derogatory, he describes himself as “cruel and stupid” but nevertheless he portrayed himself as a victim of his behaviour:

“Well not being able to I lost Facebook and my phone for a year I wasn’t allowed no contact with anyone I was home tutored for like 6 months wasn’t allowed to see my brothers or my sisters and it was just it was just hell for me (...) I do feel that I’m I do sometimes think to myself I am like a cruel person for doing it like I know that I was stupid and silly for doing it but like I dunno I think that if people found out that I’d get judged and like picked on”

Robert here juxtaposes a number of discourses. Importantly, he uses the word ‘cruel’ in relation to his actions which is not common for the boys in this study. However, the negative intention implied by ‘cruel’ is softened with the word ‘stupid’ and even more by ‘silly’ which positions his actions as much less harmful. He then goes on to suggest surprise that his actions might elicit being judged and then this passage ends with a claim of to a victim status of ‘being picked on’

In comparison Robert shows a very little recognition of the impact on his sister. His discourse features the impacts on him and the curtailing of his social life whilst the impact on his sister is minimised in a number of ways:

“Well she was quite upset when she couldn’t see me I honestly don’t know what she’s feeling or what cause don’t really talk about her like I ask how everyone is and too include her but I dunno (...) Well she’s not getting that much work so I’ve had like all the work and she had no like victim work so she I think she still thinks about it and still like really upset about it”

He states that he does not understand what she may be feeling and prefaces this with 'honestly' suggesting that he is making a genuine attempt to be sympathetic to her feelings. However, he does not explain why it is so hard to understand how she feels. Possibly this relates to a sense that life is hard for everyone so why is she making a fuss? He also engages in some use of professional language 'victim work' to discuss her feelings and the help she is getting. However, he appears to resent that he has to do 'all the work' which makes a claim for is victim status but importantly also confuses her and his work which are fundamentally different: her coping as a 'victim' and him as an 'abuser'. But this is reversed to position him as the victim.

Overall Robert's key discursive strategies featured himself as a well-intentioned boy who tried to protect people, especially his siblings. The contradiction between this and also abusing his sister is not apparent for him. He also draws, as do the other boys, on dominant gendered discourses of male entitlement to power and sexuality and alongside this the biological discourse which is used to support the discourse of male sexual entitlement and a coercive approach to gaining sexual pleasure as inevitable. It is also possible that his belief that he was offering comforting behaviours towards younger siblings re-enforced his sense of entitlement and in a way legitimised his right to seek sexual responses. However, with Robert there was also a fleeting recognition of his sexual actions as being construed as cruel but alongside this a sense of injustice that he should be so punished given that he tries to be a 'good' boy who tries to protect his siblings from his parents' conflicts.

Appendix C AAI and relational analysis

1. Lisa:

Lisa (38) is White, British female. Her parents separated when she was 4 years old. Her father re-married and had more children. Lisa's mother had an "on/off" relationship with a new partner with whom she had two daughters. Lisa also had an older brother. Lisa reported witnessing domestic abuse perpetrated by her step-father. She also said she was sexually assaulted by him. Lisa had an episode of being in the care of the Local Authority. Lisa reported she was a victim of domestic abuse which involved marital rape, from Robert's father. They later separated.

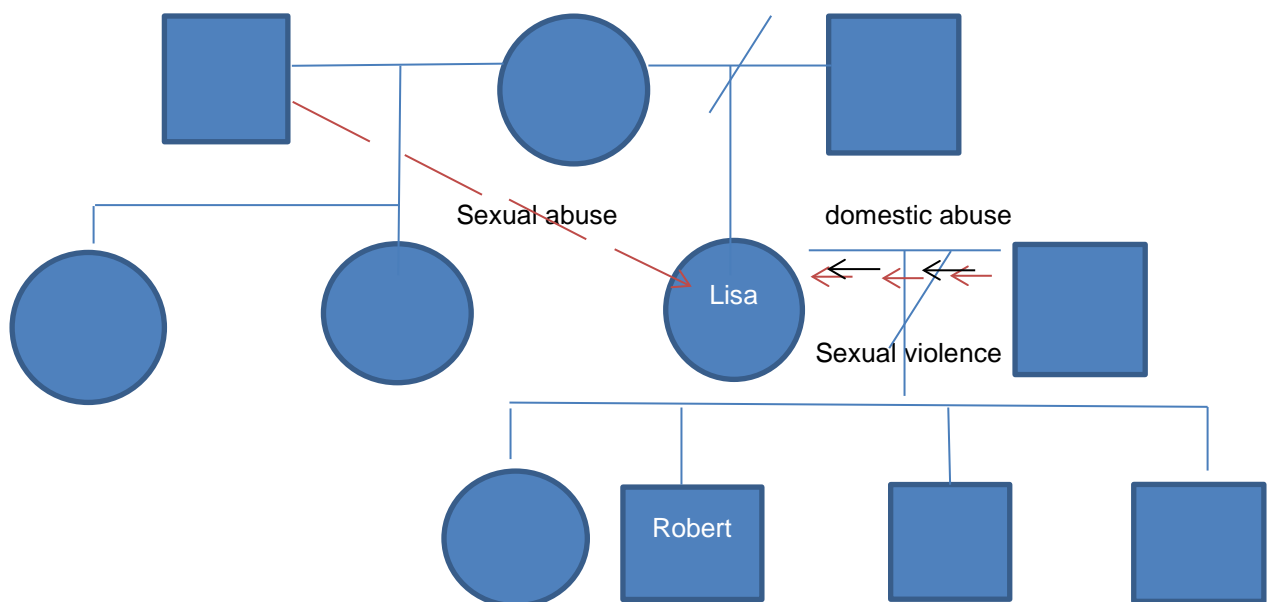


Fig 1.1. Lisa's genogram

1.1. Summary of Adult Attachment interview:

Classification: A (6-8) dismissive-self-reliance, conforming, compulsive desire to please/
beloved, externally assembled self

Danger

- Violence from step-father,
- Violence from her brother;
- Rejection from both parents;
- Exposure to domestic abuse;
- Sexually assaulted by step-father;
- Physically abused by her mother;
- Lack of protection by her mother from physical abuse and sexual abuse
- Bullying at school
- Dad leaving – divorce
- Domestic Abuse from her ex-husband

Traumas:

Lisa suffered multiple traumas:

- Utr (vicarious) - domestic abuse;
- Uloss (Preoccupied)- dad leaving;

- Utr(d) sexual assault by step-father and violence
- Utr(d) – domestic abuse from her ex-husband
- Utr(d) – violence from her brother

Comfort:

There was very little suggestion of any comfort being experienced by Lisa. There were some bits in the interview related to comfort but these were general and vague. There was also evidence of self-soothing strategies.

“Q: And if you needed comfort as a child what would you do?”

Lisa: Erm I would always go to my mum erm and you know she was sort of the one person that was always there. Erm the other thing was sucking my thumb and if I felt sad I would go and sit on my bed with the music on and suck my thumb.”

Integration and Reflection

Lisa comes across in the interview as quite perceptive and a bright woman. She shows some examples of quite sophisticated reflection:

“Q: Ok so taking your childhood as a whole how do you think childhood affected your adulthood personality?”

Lisa: Hugely.....I was so unhappy as a child about things growing up Erm and I think seeing my mum in the kind of relationship she was in with my sisters dad Erm it did make me feel like I had to accept things and maybe I was destined to be like my mum Erm but it's also made me more

adamant to make sure my children have a childhood and they enjoy their childhood and to them you know family is everything and it is not about what you got or about how much is spent it is about the people you are with the time you spend with your family

Q: And how do you think your childhood relationship with your parents prepared you for adult relationships, love relationship?

Lisa: Erm I think it has shown me what not to do but in other ways it's made me accept all the wrong things and its shown me all the wrong ways to go about it rather than you know thinking you should aim for the sky you know thinking you should have the wonderful happy family life with the husband and children, I thinks it's shown me that dysfunctional is normal which isn't always good but it is also made me realize that being on your own with your children isn't always a bad things as with my mum kind of made it seem that I love my children regardless and I am not going to let them suffer just because their dad isn't here.

Q: Are there any things you wouldn't like to do or do different than your parents did?

Lisa: Yeah [laughs] never make them think they are not good enough, never make them think one feel left out over the others, erm make them all realize that they are special for their own qualities erm but just I think be fair with them I have made sure that I treat then fairly but if they miss behave they'll get told off, its discipline really, I don't discipline the same way my parents did. In a lot of ways its bringing them up the way my parents didn't [laughs] love em."

Lisa indicates a vast array of traumas and losses through her childhood which was peppered with dangerous events. One of the most striking features of her mental state is a pre-occupying

loss regarding her father leaving and an extreme idealisation of him. She states how she was a daddy's girl but there is scant evidence that her dad was caring towards her and later in the interview she talks about how she was not good enough and he held up his new step children as models of what she should be more like. She also idealises her mother who again seems to have been largely unable to protect her.

Generally her narrative is relatively journalistic and factual. She engages in very little derogation or blame, though gradually offers more criticism of her father as the interview progresses. Despite this she does not seem to have abandoned a yearning to be loved by him which almost reaches delusional proportions. There are also parts of her interview that suggest the accounts must have been told to her by her parents. She talks of memories going back to 2 years old. There is also a disturbing story of a repetitive nightmare which possibly connects to a fear of losing her father. In this nightmare Lisa and her brother found a dead body in a bathroom and reported this to their mother. Lisa recalled that her dream was very much in "matter of fact style" but it was so vivid that it terrified her and she believed it actually had happened. Throughout the interview Lisa employs exonerations, idealisation, minimisation, self-derogation and responsibility and some false positive affect. All of these point towards a consistent A++ strategy. There are just a few glimpses of some anger. Lisa mentions hitting her mother and being a difficult teenager. She does not elaborate much on what she did and there might be some sense in which her story is aimed to engender a sense of feeling sorry for her without giving us information about her actions. There is also a passage in which she berates her mother for not pushing her more regarding her education but does not take responsibility

herself for this. She adds in the abuse from her brother right at the end maybe to emphasise her 'victim' status – 'poor me'? But again there is no negative affect or derogation involved. There is also some indication that these add up towards a depressive orientation in that there is some acceptance of the inevitability of her having to suffer, though she does start to indicate an attempt to alter this in the final section of the interview. Final extracts of her interview suggest that Lisa is engaging in some re-organisation of her attachment states, suggesting that with some support she could possibly make some substantial changes.

1.2. Lisa and Robert

Both Lisa and Robert present type A avoiding attachment strategies. Both idealised their parents and, interestingly enough, they both particularly idealised fathers. However, at the same time both of them seem to present unresolved loss regarding family breakdown and particularly loss of father due to them leaving. In addition Lisa and Robert both experienced unresolved trauma related to domestic abuse witnessed by them respectively as children. They had in common a presentation of appearing needy and seeking comfort. Both of them were able to give some examples of comfort but these were brief, not elaborated in terms of indicators of comfort or contrary they seemed over exaggerated.

Lisa used avoidant strategies such as distancing and normalisation to cope with domestic abuse. For example she said "I thought well mum went through it maybe this is how it is meant to be, to be you know you have to man up and get on with it really". Arguably as a result of this,

Robert did not have recollection of comfort when he was upset because of domestic violence but was given practical advice “not to get involved.”

“They were just like those two were like arguing and like I seen I like witnessed my brothers and sisters crying, so I erm like was there comforting them and then like I shouted at them to stop cause they, cause they were crying. And erm I think dad walked out and then the next day they like sat down with me cause I was slightly older, they just sat down with me and told me to sort of like just not get involved”

Subsequently Robert became self-reliant and employed distancing, minimisation and normalisation to cope with domestic abuse. He would refer to “arguments”, whilst his mother said that he had witnessed “lots of violence”. He would talk about “staying out “of this and would say that “all families argue”. It appears that gaming was another distancing strategy that helped Robert to “switch off”. Robert commented that he was “addicted” to video games.

There is a theme of not showing emotions but assuming they exist. Robert said that his mother cared for her father but didn’t show it. He also said that his father was upset but “bottled it up”

“She, I think she does care, like deep down but she like doesn’t show it.”

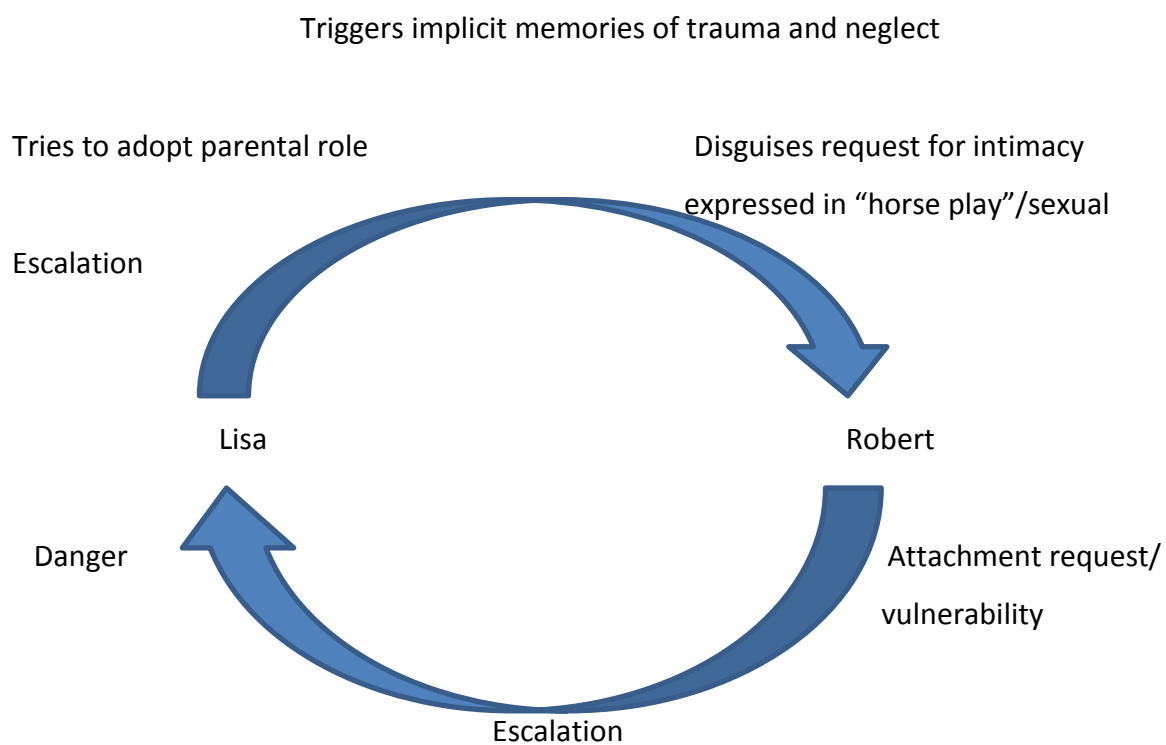
“I think he was quite upset but he didn’t really show any emotions he kind of bottled it up a little bit”

In this context fun, and particularly food fights and play fights, seem to play a significant role in the relationship between Robert and Lisa. Robert talks about these tactile experiences to illustrate happiness and fun in his relationship with Lisa. It appears that this was a platform for showing affection and a substitute for other forms of intimacy in the parent-child relationship,

but these games could also become volatile on occasions, e.g. “normally me getting over the top or something” and there seems to be some possible sexual undertone to this.

“she was like got some like salad cream or something and put it down my back and just messing about like that”

Processes of disguising /distorting attachment needs: Triggering of Implicit memories of neglect, trauma and loss



Seeks comfort/ expresses through “horse play”/sexual/ escalates
implicit memories of neglect lead to conflict/ goes over the top/
seeks comfort and intimacy through HSB

Fig 1.2. Processes of disguising /distorting attachment needs: Triggering of Implicit memories of neglect, trauma and loss re: Robert and Lisa

Robert's attachment request is interpreted by Lisa as "danger" because it triggers her implicit memories of neglect and trauma. She attempts to take on a parental role but her fearful arousal triggers avoidance. "Horse play" becomes a medium to express a need for intimacy and allows some comfort to be experienced. However Robert's behaviour escalates because this also triggers his memories of neglect. An escalation in aggression in Robert's behaviour evokes trauma related to domestic abuse, but at the same time tactile experiences of play fighting may also produce a sexual undertones. Horse play becomes problematic and leads to Robert "going over the top". At times of danger Robert takes on a parenting role and comforts his siblings. Arguably this also gives him reciprocal comfort. In addition he is not perceived as "dangerous" by his younger siblings. It may be argued that tactile experiences of comforting his siblings also evokes sexual undertones just as he had experienced in "horse play" with his mother. This further creates a potential for escalation culminating in harmful sexual behaviour.

In both interviews there is a nostalgic undertone regarding the loss of family unity. They both attempt to see things in a positive light but appear lacking in evidence to support this. Similarly Robert was nostalgic and idealistic about his romantic relationship. However he was quite vague about qualities that made his relationship "the best". Interestingly in order to illustrate happiness in this relationship Robert again referred to play fighting.

"like we was always messing about like pushing each other like just in a friendly way"

With regard to Lisa it seems that preoccupation with loss of her father and distancing and normalising domestic violence resulted in Lisa staying with her husband and allowing her children to be exposed to domestic abuse for the majority of their lives.

Q: "Do you think your dad separating from your mum affected you as a mother and the way you treat your children?"

L: Erm it did affect me in that I didn't want the children to go through a divorce"

Lisa had some glimpses of recognition of the damaging impact of domestic abuse on Robert when she commented that he had witnessed lots of violence and was very aggressive but she also minimised it by blaming ADHD for his aggressive behaviour. Robert's minimising and distancing from the impact of witnessing domestic violence and a lack of comfort from either parent led to him developing a caregiving role through which he comforted his younger siblings but also arguably experienced some comfort for himself. He also felt responsible for protecting them.

"I was just switched off from it and just comforted my little brothers (...) just give them hugs and that's all I done, give them hugs and give them drinks."

Notably Robert attempted to justify his harmful sexual behaviour by referring to the fact that in the past it was common for people within a family to get married. He believed that intra-familial marriage extended also to siblings. He framed his own abusive behaviour within the context of "family nostalgia", but it also might have been linked to his strategy of self-reliance and assuming a "caregiving" role, which seemed to confer a sense of entitlement over his sister.

"I should have been more protective and like there for her and not do what I done"

Lisa was sexually assaulted by her step-father. She didn't recall any comforting from her mother; instead her attempt at disclosure was met with disbelief and ultimately she felt rejected when her mother allowed her step-father to return home. It also appears that she partly blamed herself for the assault.

"he decided that he would try it on me basically erm I was always quite mature for my age always quite physically ahead for my age erm and that I think was the final straw for me that mum sort of kicked him out afterwards but then had him back again so I felt like it was almost that he had been chosen over me (...) I was the outcast really because I said these awful things about him."

Arguably a lack of validation of her own abuse in combination with her use of avoidant strategies prevented Lisa from dealing with Robert's behaviour. She missed her first opportunity when she discovered that Robert was viewing pornography. Instead of addressing this, she normalised his behaviour.

"She didn't know about the pictures until like she looked through my phone erm she just said 'oh it's just what boys do' then there was that was it".

Then Lisa appeared uncertain what to do when she discovered that Robert was abusing his sister. Robert recalled that his mother phoned his grandparents and they called the Police.

Appendix D List and copies of research measure (attached)

- Transition to Adulthood Attachment Interview
- Adult Attachment Interview
- Semi – structured interview (for detailed description of the semi structured interview see Chapter 5.4)
- Inventory of Parent and Peer Attachment
- Becks Youth Inventory (2nd ed)
- Posttraumatic Diagnostic Scale

Transition to Adulthood Attachment Interview (TAAD)

Patricia M. Crittenden¹

January, 2006

Introduction to Family and Current Life

Before we begin, could you tell me about **your family**? For example, where you were born, who's in your family, where you have lived, what your parents do for a living, and whether you have moved around much - things like that. I just want to know something about your family before we start.

Do you know your **grandparents** well?

Did you know them when you were a child? Tell me a bit about them.

(Or) What did your **parents tell you** about them?

Are there any **other people** who are especially important to you, when you were growing up or now?

Okay, that's your family. Can you tell me **how you spend your days now**? For example, whether you go to school or work? Whether you have any important friends or someone you love? Where you live now and whether you have children. I just want to get a sense of how you live now.

What is the **earliest memory** that you have as a child?

Why do you think that memory sticks in your mind?

Attachment Figures

I'd like you to describe your relationship with your **Mother** (or attachment figure #1), as far back as you can remember

Now, I'd like you to choose **4 words or phrases** to describe your relationship with your mother when you were younger (like when you were in primary school or before that).

You said that your relationship with your mother was _____. Can you tell me about a **specific memory** or time in your childhood when your relationship was _____? Try to think back as far as you can.

Could you now describe your relationship with your **Father** (or attachment figure #2), going as far back as you can remember.

Now, I'd like you to choose **4 words** that describe your relationship with your father when you were younger (like when you were in primary school or before that).

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You said that your relationship with your father was _____. Can you tell me about a **specific memory** or time when your relationship was _____? Try to think back as far as you can.

Which parent did you feel **closest** to as a younger child, like when you were in primary school or before that? Is that true even now or has it changed?

Why do you think you feel closer to _____?

Why isn't there this feeling with _____ (the other parent)?

You said that _____ is (or was) your **best/boy/girlfriend/partner**. Can you tell me a bit about them? Include:

- a. Kinds of **things done together**;
- b. How **long known**;
- c. How **often seen**;
- d. Whether they **shared secrets**;
- e. Whether the relationship was **romantic**;
- f. **One episode** that shows how you feel/felt about this person;
- g. How relationship **ended** - if it ended (What could end it if it is current.).

Common experiences from childhood

The next set of questions is about some common experiences that happen to young children.

What happened when you went to **bed**? Can you recall any particular occasion when you were in bed?

For example, what happened when you were **ill or hurt physically** as a child?

When you were **upset emotionally**, what would you do?

If you needed **comfort**, what would you do?

Can you recall how your parents would **touch you**?

Can you tell me about the first time you remember being **separated** from your parents?

How did you respond?

How do you think your parents felt?

Common experiences including adolescence

Now that you are an adolescent (young adult), have you ever felt that your parents **treated you differently from your siblings**?

Can you remember a specific instance?

Why do you think your parents did this (or these things)?

Do you think they **realized** that you felt bad about this?

Is this the **same** as what you thought at the time when it happened?

If speaker is an only child:

Now that you are an adolescent (young adult), have you ever **rejected** by your parents - even though they might not have meant it or have been aware of it?

Can you remember a specific instance?

Why do you think your parents did this (or these things)?

Do you think they **realized** that you felt rejected?

Is this the **same** as what you thought at the time when it happened?

Can you think of a time when you were **angry with your parents**?

What happened? **Why** do you think you acted that way?

Why did they act as they did?

What do you think you'd **do now** if it happened again?

If that didn't work, is there **anything else** you could do?

Tell me about a time when **a friend really disappointed or hurt you** in a way that you didn't expect.

How did you **handle** that?

Would you do the **same thing now or something different**?

Why would you do that?

Looking back on it, do you think that there was any way to **predict** that they were this sort of person?

Will you tell me about a time when you did something that you knew was **wrong** to do? It can be when you were a child or even recently.

Looking back, **why** do you think you did that?

Is that what you **thought then** - or what do you think you were thinking when you did that?

Did your parents ever **threaten you**, for example, to get you to behave, or even jokingly?

For example, did they ever **threaten to leave you**?

What about your **friend** _____? Did he/she ever threaten you? What did you do about that?

Can you think of an occasion when you felt **frightened or not sure you were safe**?

What did you do? How did you feel? How did it turn out? If it happened again, what would you do?

Loss of attachment figures

Has **anyone that you know died**? (Determine whether they were and A.F. - responded to as if they were an A.F. or self - substitute.)

Can you tell me about the **circumstances** and how old you were?

Were you **present** at _____'s death? What happened? Did you go to the funeral? What was that like for you?

How did you **respond** at the time?

Did you **know** that _____ was going to die?
 Can you recall your **feelings** at the time? Have your feelings regarding this death **changed** much over time?
 How did it affect **other members** of your family?

Do you **worry about other people dying**?

Have you ever **worried that you might die**?

Integrative Questions about childhood

How do you think these experiences you've told me about as a child have **affected your personality**, what you're like now as an adolescent?

Do you think that **if your childhood had been different**, things would be different for you now?

Looking back on it, are there any things about your childhood that you think have been a **setback** to you becoming a happy and confident young person?

Why do you think your parents behaved the way they did as parents, when you were a child?

Has your relationship with your parents **changed** now that you're older?

Current Functioning and Integration

One thing adolescents (young adults) have to do as they get older is become **more independent**. How are you and your parents handling that?

Another important thing adolescents (young adults) do as they get older is develop close friendships and have **boyfriends or girlfriends**.

What are you **looking for (did you look for)** in a serious relationship with someone else?

Can you give me **one example** of when you found (or didn't find) what you wanted?

What would you **tell them about yourself** so that they could understand you better?

If you were to put that in 4 words to **describe yourself**, what would they be?

What words do you think _____ (best/boy/girl-friend or partner) would use to describe you?

What do you think you've **learned** from your experiences so far in life?

Is there any **change** you are trying to make for yourself now?

How are you doing that?

I've been asking you a lot about your relationships with your parents, as a child and up to now. Is there **anything else** you'd like to add that you feel is important in

understanding the teenager (young adult) you've become?

This material is not a substitute for training in AAI administration procedure. It is provided because it is important for consumers of AAI research to have easy access to the interview questions. Without them, it is difficult to evaluate published research. Seeing the full interview protocol can also help consumers of AAI based research appreciate the level of interview information and detail underlying AAI scores. It can also help them make important decisions about the adequacy of procedures in various reports they may encounter.

The authors of the AAI make the scoring manual available only in conjunction with their training courses. Researchers interested in understanding more about the logic of scoring the AAI can however see the scoring manual for Crowell & Owens' Current Relationship Interview (CRI) which is available in full on this site. The logic and procedures for scoring the CRI closely parallel those for the AAI. The primary difference is that the AAI focuses on relationships to parents and the CRI on relationships to adult attachment figures. At present this is the only detailed source of insights into the criteria for scoring the AAI available to those who do not take the training course.

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EW

ADULT ATTACHMENT INTERVIEW PROTOCOL

Mary B. Main

Introduction

I'm going to be interviewing you about your childhood experiences, and how those experiences may have affected your adult personality. So, I'd like to ask you about your early relationship with your family, and what you think about the way it might have affected you. We'll focus mainly on your childhood, but later we'll get on to your adolescence and then to what's going on right now. This interview often takes about an hour, but it could be anywhere between 45 minutes and an hour and a half.

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on? If you could tell me where you were born, whether you moved around much, what your family did at various times for a living?

This question is used for orientation to the family constellation, and for warm-up purposes. The research participant must not be allowed to begin discussing the quality of relationships here, so the "atmosphere" set by the interviewer is that a brief list of "who, when" is being sought, and *no more than two or three minutes* at most should be used for this question. The atmosphere is one of briefly collecting demographics.

In the case of participants raised by several persons, and not necessarily raised by the biological or adoptive parents (frequent in high-risk samples), the opening question above may be *"Who would you say raised you?":* The interviewer will use this to help determine who should be considered the primary attachment figure (s) on whom the interview will focus.

Did you see much of your grandparents when you were little? If participant indicates that grandparents died during his or her own lifetime, ask the participant's age at the time of each loss. If there were grandparents whom she or he never met, ask whether this (these) grandparents had died before she was born. If yes, continue as follows: Your mother's father died before you were born? How old was she at the time, do you know? In a casual and spontaneous way, inviting only a very brief reply, the interviewer then asks, Did she tell you much about this grandfather?

Did you have brothers and sisters living in the house, or anybody besides your parents? Are they living nearby now or do they live elsewhere?

-

2. *I'd like you to try to describe your relationship with your parents as a young child if you could start from as far back as you can remember?*

Encourage participants to try to begin by remembering very early. Many say they cannot remember early childhood, but you should shape the questions such that they focus at first around age five or earlier, and gently remind the research participant from time to time that if possible, you would like her to think back to this age period.

Admittedly, this is leaping right into it, and the participant may stumble. If necessary, indicate in some way that experiencing some difficulty in initially attempting to respond to this question is natural, but indicate by some silence that you would nonetheless like the participant to attempt a general description.

3. *Now I'd like to ask you to choose five adjectives or words that reflect your relationship with your mother starting from as far back as you can remember in early childhood--as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me.*

Not all participants will be able to think of five adjectives right away. Be sure to make the word *relationship* clear enough to be heard in this sentence. Some participants do use "relationship" adjectives to describe the parent, but some just describe the parent herself --e.g., "pretty"... "efficient manager"--as though they had only been asked to "pick adjectives to describe your mother". These individual differences are of interest only if the participant has heard the phrase, "that reflect your childhood *relationship*" with your mother. The word should be spoken clearly, but with only slight stress or emphasis.

Some participants will not know what you mean by the term *adjectives*, which is why we phrase the question as "adjectives or words". If the participant has further questions, you can explain, "just words or phrases that would describe or tell me about your relationship with your (mother) during childhood".

The probes provided below are intended to follow the entire set of adjectives, and *the interviewer must not begin to probe until the full set of adjectives has been given*. Be patient in waiting for the participant to arrive at five adjectives, and be encouraging. This task has proven very helpful both in starting an interview, and in later interview analysis. It helps some participants to continue to focus upon the relationship when otherwise they would not be able to come up with spontaneous comments.

If for some reason a subject does not understand what a memory is, you might suggest they think of it like an image they have in their mind similar to a videotape of something which happened when they were young. Make certain that the subject really does not understand the question first, however. The great majority who may seem not to understand it are simply unable to provide a memory or incident.

The participant's ability (or inability) to provide both an overview of the relationship and specific memories supporting that overview forms one of the most critical bases of interview analysis. For this reason it is important for the interviewer to press enough in the effort to obtain the five "overview" adjectives that if a full set is not provided, she or he is reasonably certain that they truly cannot be given.

The interviewer's manner should indicate that waiting as long as a minute is not unusual, and that trying to come up with these words can be difficult. Often, participants indicate by their non-verbal behavior that they are actively thinking through or refining their choices. In this case an interested silence is warranted. Don't, however, repeatedly leave the participant in embarrassing silences for very long periods. Some research participants may tell you that this is a hard job, and you can readily acknowledge this. If the participant has extreme difficulty coming up with more than one or two words or adjectives, after a period of two to three minutes of supported attempts ("Mm... I know it can be hard ...this is a pretty tough question... Just take a little more time"), then say something like "Well, that's fine. Thank you, we'll just go with the ones you've already given me." The interviewer's tone here should make it clear that the participant's response is perfectly acceptable and not uncommon.

Okay, now let me go through some more questions about your description of your childhood relationship with your mother. You say your relationships with her was (you used the phrase) Are there any memories or incidents that come to mind with respect to (word)

The same questions will be asked *separately* for *each* adjective in series. Having gone through the probes which follow upon this question (below), the interviewer moves on to seek illustration for each of the succeeding adjectives in turn:

You described your childhood relationship with your mother as (or, 'your second adjective was', or "the second word you used was"). Can you think of a memory or an incident that would illustrate why you chose to describe the relationship?

The interviewer continues, as naturally as possible, through each phrase or adjective chosen by the participant, until all five adjectives or phrases are covered. A specific supportive memory or expansion and illustration is requested for each of the adjectives, separately. In terms of time to answer, this is usually the longest question. Obviously, some adjectives chosen may be almost identical, e.g., "loving ... caring". Nonetheless, if they have been given to you as separate descriptors, you must treat each separately, and ask for memories for each.

While participants sometimes readily provide a well-elaborated incident for a particular word they have chosen, at other times they may fall silent; or "illustrate" one adjective with another ("loving ...um, because she was generous"); or describe what usually happened--i.e., offer a "scripted" memory--rather than describing specific incidents. There are a set series of responses available for these contingencies, and it is vital to memorize them.

If the participant is silent, the interviewer waits an appropriate length of time. If the participant indicates non-verbally that she or he is actively thinking, remembering or simply attempting to come up with a particularly telling illustration, the interviewer maintains an interested silence. If the silence continues and seems to indicate that the participant is feeling stumped, the interviewer says something like, "well, just take another minute and see if anything comes to mind". If following another waiting period the participant still cannot respond to the question, treat this in a casual, matter of fact manner and say "well, that's fine, let's take the next one, then". Most participants do come up with a response eventually, however, and the nature of the response then determines which of the follow-up probes are utilized.

If the participant re-defines an adjective with a second adjective as, "Loving ---she was generous", the interviewer probes by repeating the original adjective (loving) rather than permitting the participant to lead them to use the second one (generous). In other words, the interviewer in this case will say, "Well, can you think of a specific memory that would illustrate how your relationship was loving?" The interviewer should be careful, however, not to be too explicit in their intention to lead the participant back to their original word usage. If the speaker continues to discuss "generous" after having been probed about loving once more, this violation of the discourse task is meaningful and must be allowed. As above, the nature of the participant's response determines which follow-up probes are utilized.

If a specific and well-elaborated incident is given, the participant has responded satisfactorily to the task, and the interviewer should indicate that she or he understands that. However, the interviewer should briefly show continuing interest by asking whether the participant can think of a second incident.

- If one specific but poorly elaborated incident is given, the interviewer probes for a second. Again, the interviewer does this in a manner emphasizing his or her own interest.
- If as a first response the participant gives a "scripted" or "general" memory, as "Loving. She always took us to the park and on picnics. She was really good on holidays" or "Loving. He taught me to ride a bike"--the interviewer says, "Well, that's a good general description, but I'm wondering if there was a particular time that happened, that made you think about it as loving?"

- If the participant does now offer a specific memory, briefly seek a second memory, as above. If another scripted memory is offered instead, or if the participant responds "I just think that was a loving thing to do", the interviewer should be accepting, and go on to the next adjective. Here as elsewhere the interviewer's behavior indicates that the participant's response is satisfactory.

4. Now I'd like to ask you to choose five adjectives or words that reflect your childhood relationship with your father, again starting from as far back as you can remember in early childhood--as early as you can go, but again say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think again for a minute...then I'd like to ask you why you chose them. I'll write each one down as you give them to me. (Interviewer repeats with probes as above).

5. Now I wonder if you could tell me, to which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?

By the time you are through with the above set of questions, the answer to this one may be obvious, and you may want to remark on that ("*You've already discussed this* a bit, but I'd like to ask about it briefly anyway..."). Furthermore, while the answer to this question may indeed be obvious for many participants, some--particularly those who describe both parents as loving--may be able to use it to reflect further on the difference in these two relationships.

6. When you were upset as a child, what would you do?

This is a critical question in the interview, and variations in the interpretation of this question are important. Consequently, the participant is first encouraged to think up her own interpretations of "upset", with the interviewer pausing quietly to indicate that the question is completed, and that an answer is requested.

Once the participant has completed her own interpretation of the question, giving a first answer, begin on the following probes. Be sure to get expansions of every answer. If the participant states, for example, "I withdrew", probe to understand what this research participant means by "withdrew". For example, you might say, "And what would you do when you withdrew?"

The interviewer now goes on to ask the specific follow-up questions below. These questions may appear similar, but they vary in critical ways, so the interviewer must make sure that the participant thinks through each question separately. This is done by placing vocal stress on the changing contexts (as we have indicated by underlining).

----When you were Upset emotionally when you were little, what would you do? (Wait for participant's reply). **Can you think of a specific time that happened?**

----Can you remember what would happen when you were hurt, physically? (Wait for participant's reply). **Again, do any specific incidents (or, do any other incidents) come to mind?**

----Were you ever M when you were little? (Wait for participant's reply). **Do you remember what would happen?**

When the participant describes going to a parent, see first what details they can give you spontaneously. Try to get a sense of how the parent or parents responded, and then when and if it seems appropriate you can briefly ask one or two clarifying questions.

Be sure to get expansions of every answer. Again, if the participant says "I withdrew", for example, probe to see what the participant means by this, i.e., what exactly she or he did, or how exactly they felt, and if they can elaborate on the topic.

If the participant has not spontaneously mentioned being held by the parent in response to any of the above questions, the interviewer can ask casually at the conclusion to the series, ***"I was just wondering, do you remember being held by either of your parents at any of these times--I mean, when you were upset, or hurt, or ill?"***

In earlier editions of these guidelines, we suggested that if the participant answers primarily in terms of responses by one of the parents, the interviewer should go through the above queries again with respect to the remaining parent. This can take a long time and distract from the recommended pacing of the interview. Consequently, it is no longer required.

What is the first time you remember being separated from your parents?

--How did you respond? Do you remember how your parents responded?

--Are there any other separations that stand out in your mind?

Here research participants often describe first going off to nursery school, or to primary school, or going camping.

In this context, participants sometimes spontaneously compare their own responses to those of other children. This provides important information regarding the participant's own overall attitude towards attachment, so be careful not to cut any such descriptions or comparisons short.

8. *Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it wasn't really rejection, but what I'm trying to ask about here is whether you remember ever having rejected in childhood*

----How old were you when you first felt this way, and what did you do?

----Why do you think your parent did those things--do you think he/she realized he/she was rejecting you?

Interviewer may want to add a probe by reframing the question here, especially if no examples are forthcoming. The probe we suggest here is, *Did you ever feel pushed away or ignored?"*

Many participants tend to avoid this in terms of a positive answer.

So, were you ever frightened or worried as a child?

Let the research participant respond "freely" to this question, defining the meaning for themselves. They may ask you what the question means, and if so, simply respond by saying "It's just a more general question". Do not probe heavily here. If the research participant has had traumatic experiences which they elect not to describe, or which they have difficulty remembering or thinking about, you should not insist upon hearing about them. They will have a second, brief opportunity to discuss such topics later.

9. *Were your parents ever threatening with you in any way - maybe for discipline, or even jokingly?*

----Some people have told us for example that their parents would threaten to leave them or send them away from home.

----(Note to researchers). In particular communities, some specific kind of punishment not generally considered fully abusive is common, such as "the silent treatment", or "shaming", etc. One question regarding this one selected specific form of punishment can be inserted here, as for example, 'Some people have told us that their parents would use the silent treatment---did this ever happen with your

parents?': The question should then be treated exactly as threatening to send away from home, i.e., the participant is free to answer and expand on the topic if she or he wishes, but there are no specific probes. The researcher should not ask about more than one such specific (community) form of punishment, since queries regarding more than one common type will lead the topic away from its more general intent (below).

Some people have memories of threats or of some kind of behavior that was abusive.

-----Did anything like this ever happen to you, or in your family?

-----How old were you at the time? Did it happen frequently?

-----Do you feel this experience affects you now as an adult?

-----Does it influence your approach to your own child?

-----Did you have any such experiences involving people outside your family?

If the participant indicates that something like this did happen outside the family, take the participant through the same probes (*age? frequency? affects you now as an adult? Influences your approach to your own child?*). Be careful with this question, however, as it is clinically sensitive, and by now you may have been asking the participant difficult questions for an extended period of time.

Many participants simply answer "no" to these questions. Some, however, describe abuse and may some suffer distress in the memory. When the participant is willing to discuss experiences of this kind, the interviewer must be ready to maintain a respectful silence, or to offer active sympathy, or to do whatever may be required to recognize and insofar as possible to help alleviate the distress arising with such memories.

If the interviewer suspects that abuse or other traumatic experiences occurred, it is important to attempt to ascertain the specific details of these events insofar as possible. In the coding and classification system which accompanies this interview, *distressing experiences cannot be scored for Unresolved /disorganized responses unless the researcher is able to establish that abuse (as opposed to just heavy spanking, or light hitting with a spoon that was not frightening) occurred.*

Where the nature of a potentially physically abusive (belting, whipping, or hitting) experience is ambiguous, then, the interviewer should try to establish the nature of the experience in a light, matter-of-fact manner, without excessive prodding. If, for example, the participant says "I got the belt" and stops, the interviewer asks, "And what did getting the belt mean?". After encouraging as much spontaneous expansion as possible, the interviewer may still need to ask, again in a matter-of-fact tone, how the participant responded or felt at the time. "Getting the belt" *in itself* will not qualify as abuse within the adult attachment scoring and classification systems, since in some households and communities this is a common, systematically but not harshly imposed experience. Being belted heavily enough to overwhelmingly frighten the child for her physical welfare at the time, being belted heavily enough to cause lingering pain, and/or being belted heavily enough to leave welts or bruises will qualify.

In the case of sexual abuse as opposed to battering, the interviewer will seldom need to press for details, and should be very careful to follow the participant's lead. Whereas on most occasions in which a participant describes themselves as sexually abused the interviewer and transcript judge will have little need to probe further, occasionally a remark is ambiguous enough to require at least mild elaboration. If, for example, the participant states 'and I just thought he could be pretty sexually abusive', the interviewer will ideally follow-up with a query such as, 'well, could you tell me a little about what was happening to make you see him as sexually abusive?'. Should the participant reply that the parent repeatedly told off-color jokes in her company, or made untoward remarks about her attractiveness, the parent's behavior, though insensitive, will not qualify as sexually

abusive within the accompanying coding system. Before seeking elaboration of any kind, however, the interviewer should endeavor to determine whether the participant seems comfortable in discussing the incident or incidents.

All querying regarding abuse incidents must be conducted in a matter-of-fact, professional manner. The interviewer must use good judgment in deciding whether to bring querying to a close if the participant is becoming uncomfortable. At the same time, the interviewer *must not avoid the topic or give the participant the impression that discussion of such experiences is unusual*. Interviewers sometimes involuntarily close the topic of abuse experiences and their effects, in part as a well-intentioned and protective response towards participants who in point of fact would have found the discussion welcome.

Participants who seem to be either thinking about or revealing abuse experiences for the first time-- "No, nothingno... well, I, I haven't thought, remembered this for, oh, years, but ...maybe they used to... tie me...."-- must be handled with special care, and should not be probed unless they clearly and actively seem to want to discuss the topic. If you sense that the participant has told you things they have not previously discussed or remembered, special care must be taken at the end of the interview to ensure that the participant does not still suffer distress, and feels able to contact the interviewer or project director should feelings of distress arise in the future.

In such cases the participant's welfare must be placed above that of the researcher. While matter-of-fact, professional and tactful handling of abuse-related questions usually makes it possible to obtain sufficient information for scoring, the interviewer must be alert to indications of marked distress, and ready to tactfully abandon this line of questioning where necessary. Where the complete sequence of probes must be abandoned, the interviewer should move gracefully and smoothly to the next question, as though the participant had in fact answered fully.

10. *In general, how do you think your overall experiences with your parents have affected your adult personality?*

The interviewer should pause to indicate she or he expects the participant to be thoughtful regarding this question, and is aware that answering may require some time.

Are there any aspects to your early experiences that you feel were a set-back in your development?

In some cases, the participant will already have discussed this question. Indicate, as usual, that you would just like some verbal response again anyway, "for the record".

It is quite important to know whether or not a participant sees their experiences as having had a negative effect on them, so the interviewer will follow-up with one of the two probes provided directly below. The interviewer must stay alert to the participant's exact response to the question, since the phrasing of the probe differs according to the participant's original response.

If the participant has named one or two setbacks, the follow-up probe used is:

---Are there any other aspects of your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?

If the participant has understood the question, but has not considered anything about early experiences a setback, the follow-up probe used is:

---Is there any thin about your early experiences that you think might have held your development back, or had a negative effect on the way you turned out?

Although the word **anything** receives some vocal stress, the interviewer must be careful not to seem to be expressing impatience with the participant's previous answer. The stress simply implies that the participant is being given another chance to think of something else she or he might have forgotten a moment ago.

RE: PARTICIPANTS WHO DON'T SEEM TO UNDERSTAND THE TERM, SETBACK. A few participants aren't familiar with the term, **set-back**. If after a considerable wait for the participant to reflect, the participant seems simply puzzled by the question, the interviewer says,

*"Well, not everybody uses terms like **set-back** for what I mean here. I mean, was there anything about your early experiences, or any parts of your early experiences, that you think might have held your development back, or had a negative effect on the way you turned out?"*

In this case, this becomes the main question, and the probe becomes

-Is there anything else about your early experiences that you think might have held your development back, or had a negative effect on the way you turned out?

11. Why do you think your parents behaved as they did during your childhood?

This question is relevant even if the participant feels childhood experiences were entirely positive. For participants reporting negative experiences, this question is particularly important.

12. Were there any other adults with whom you were close, like parents, as a child?

--- Or any other adults who were especially important to you, even though not parental?

Give the participant time to reflect on this question. This is the point at which some participants will mention housekeepers, au pairs, or nannies, and some will mention other family members, teachers, or neighbors.

Be sure to find out ages at which these persons were close with the participant, whether they had lived with the family, and whether they had had any caregiving responsibilities. In general, attempt to determine the significance and nature of the relationship.

13. Did you experience the loss of a parent or other close loved one while you were a young child--for example, a sibling, or a close family member?

(A few participants understand the term "loss" to cover brief or long-term separations from living persons, as, "I lost my mom when she moved South to stay with her mother". If necessary, clarify that you are referring to death only, i.e. specifically to loved ones who had died).

-----Could you tell me about the circumstances, and how old you were at the time?

-----How did you respond at the time?

-----Was this death sudden or was it expected?

-----Can you recall your feelings at that time?

-----Have your feelings regarding this death changed much over time?

If not volunteered earlier. *Did you attend the funeral, and what was this like for you?*

If loss of a parent or sibling. *What would you say was the effect on your (other parent) and on your household, and how did this change over the years?*

-----Would you say this loss has had an effect on your adult personality?

-----Were relevant How does it affect your approach to your own child?

13a. Did you lose any other important persons during your childhood?

(Same queries--again, this refers to people who have died rather than separation experiences).

13b. Have you lost other close persons, in adult years? (Same queries).

Be sure that the response to these questions covers loss of any siblings, whether older or younger, loss of grandparents, and loss of any person who seemed a "substitute parent" or who lived with the family for a time. Some individuals will have been deeply affected by.

Probe any loss which seems important to the participant, including loss of friends, distant relatives, and neighbors or neighbor's children. Rarely, the research participant will seem distressed by the death of someone who they did not personally know (often, a person in the family, but sometimes someone as removed as the friend of a friend).

If a participant brings up the suicide of a friend of a friend and seems distressed by it, the loss **should be fully** probed. The interviewer should be aware, then, that speakers may be assigned to the unresolved/disorganized adult attachment classification as readily for lapses in monitoring occurring during the discussion of the death of a neighbor's child *experienced during the adult years* as for loss of a parent in childhood.

Interviewing research participants regarding loss obviously requires good clinical judgment. At maximum, only four to five losses are usually fully probed. In the case of older research participants or those with traumatic histories, there may be many losses, and the interviewer will have to decide on the spot which losses to probe. No hard and fast rules can be laid out for determining which losses to skip, and the interviewer must to the best of his or her ability determine which losses--if there are many--are in fact of personal significance to the participant. Roughly, in the case of a participant who has lost both parents, spouse, and many other friends and relatives by the time of the interview, the interviewer might elect to probe the loss of the parents, the spouse, and "any other loss which you feel may have been especially important to you". If, however, these queries seem to be becoming wearying or distressing for the participant, the interviewer should acknowledge the excessive length of the querying, and offer to cut it short.

14. Other than any difficult experiences you've already described, have you had any other experiences which you should regard as potentially traumatic?

Let the participant free-associate to this question, then clarify if necessary with a phrase such as, ***I mean, any experience which was overwhelmingly and immediately terrifying.***

This question is a recent addition to the interview. It permits participants to bring up experiences which may otherwise be missed, such as scenes of violence which they have observed, war experiences, violent separation, or rape.

Some researchers may elect not to use this question, since it is new to the 1996 protocol. If you do elect to use it, it must of course be used with all subjects in a given study.

The advantage of adding this question is that it may reveal lapses in reasoning or discourse specific to traumatic experiences other than loss or abuse.

Be very careful, however, not to permit this question to open up the interview to all stressful, sad, lonely or upsetting experiences which may have occurred in the subject's lifetime, or the purpose of the interview and of the question may be diverted. It will help if your tone indicates that these are rare experiences.

Follow up on such experiences with probes only where the participant seems at relative ease in discussing the event, and/or seems clearly to have discussed and thought about it before.

Answers to this question will be varied. Consequently, exact follow-up probes cannot be given in advance, although the probes succeeding the abuse and loss questions may serve as a partial guide. In general, the same cautions should be taken with respect to this question as with respect to queries regarding frightening or worrisome incidents in childhood, and experiences of physical or sexual abuse. Many researchers may elect to treat this question lightly, since the interview is coming to a close and it is not desirable to leave the participant reviewing too many difficult experiences just prior to leave taking.

15. Now I'd like to ask you a few more questions about your relationship with your parents. Were there many changes in your relationship with your parents (or remaining parent) after childhood? We'll get to the present in a moment, but right now I mean changes occurring roughly between your childhood and your adulthood?

Here we are in part trying to find out, *indirectly* (1) whether there has been a period of rebellion from the parents, and (2) also indirectly, whether the participant may have rethought early unfortunate relationships and "forgiven" the parents. Do not ask anything about forgiveness directly, however--this will need to come up spontaneously. This question also gives the participant the chance to describe any changes in the parents behavior, favorable or unfavorable, which occurred at that time.

16. Now I'd like to ask you, what is your relationship with your parents (or remaining parent) like for you now as an adult? Here I am asking about your current relationship.

----Do you have much contact with your parents at present?

----What would you say the relationship with your parents is like currently?

---Could you tell me about any (or any other) sources of dissatisfaction in your current relationship with your parents? any special (or any other) sources of special satisfaction?

This has become a critical question within the Adult Attachment Interview, since a few participants who had taken a positive stance towards their parents earlier suddenly take a negative stance when asked to describe current relationships. As always, the interviewer should express a genuine interest in the participant's response to this question, with sufficient pause to indicate that a reflective response is welcome.

17. I'd like to move now to a different sort of question--it's not about your relationship with your parents, instead it's about an aspect of your current relationship with (specific child of special interest to the researcher, or all the participant's children considered together). How do you respond now, in terms of feelings, when you separate from your child / children? (For adolescents or individuals without children, see below).

Ask this question exactly as it is, without elaboration, and be sure to give the participant enough time to respond. Participants may respond in terms of leaving child at school, leaving child for vacations, etc., and this is encouraged. What we want here are the participant's feelings about the separation. This question has been very helpful in interview analysis, for two reasons. In some cases it highlights a kind of role-reversal between parents and child, i.e., the participant may in fact respond as though it were the child who was leaving the parent alone, as though the parent was the child. In other cases, the research participant may speak of a fear of loss of the child, or a fear of death in general. When you are certain you have given enough time (or repeated or clarified the question enough) for the participant's natural ly-occurring response, then (and only then) add the following probe:

-----Do you ever feel worried about (child)?

For individuals without children, you will pose this question as a hypothetical one, and continue through the remaining questions in the same manner. For example, you can say, now I'd like you to imagine that you have a one-year-old child, and I wonder how you think you might respond, in terms of feelings, if you had to separate from this child?" Do you think you would ever feel worried about this child?"

18. *If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child I'll give you a minute or two to think about this one.*

This question is primarily intended to help the participant begin to look to the future, and to lift any negative mood which previous questions may have imposed.

For individuals without children, you again pose this question in hypothetical terms. For example, you can say, "Now I'd like you to continue to imagine that you have a one-year-old child for just another minute. This time, I'd like to ask, if you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your imagined child I'll give you a minute or two to think about this one'.

19. *Is there any particular thing which you feel you learned above all from your own childhood experiences? I'm thinking here of something you feel you might have gained from the kind of childhood you had.*

Give the participant plenty of time to respond to this question. Like the previous and succeeding questions, it is intended to help integrate whatever untoward events or feelings he or she has experienced or remembered within this interview, and to bring the interview down to a light close.

20. *We've been focusing a lot on the past in this interview, but I'd like to end up looking quite a ways into the future. We've just talked about what you think you may have learned from your own childhood experiences. I'd like to end by asking you what would you hope your child (or, your imagined child) might have learned from his/her experiences of being parented by you?*

The interviewer now begins helping the participant to turn his or her attention to other topics and tasks. Participants are given a contact number for the interviewer and/or project director, and encouraged to feel free to call if they have any questions.

INVENTORY OF PARENT AND PEER ATTACHMENT (IPPA)

Authors:

©Gay Armsden, Ph.D. and Mark T. Greenberg, Ph.D. ¹

This questionnaire asks about your relationships with important people in your life; your mother, your father, and your close friends. Please read the directions to each part carefully.

Part I

Some of the following statements asks about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you

Now

¹ Address for Dr. Greenberg: Dept. of Human Development, Penn State University, State College, PA 16802.

	Almost Never or Never True	Not Very Often True	Some- times True	Often True	Almost Always or Always True
1. My mother respects my feeling.	1	2	3	4	5
2. I feel my mother does a good job as my mother.	1	2	3	4	5
3. I wish I had a different mother.	1	2	3	4	5
4. My mother accepts me as I am.	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7. My mother can tell when I'm upset about something.	1	2	3	4	5

8. Talking over my problems with my mother makes me feel ashamed or foolish. 1 2 3 4 5
9. My mother expects too much from me. 1 2 3 4 5
10. I get upset easily around my mother. 1 2 3 4 5
11. I get upset a lot more than my mother knows about. 1 2 3 4 5
12. When we discuss things, my mother cares about my point of view. 1 2 3 4 5
13. My mother trusts my judgment. 1 2 3 4 5
14. My mother has her own problems, so I don't bother her with mine. 1 2 3 4 5
15. My mother helps me to understand myself better. 1 2 3 4 5
16. I tell my mother about my problems and troubles. 1 2 3 4 5

17. I feel angry with my mother. 1 2 3 4 5

18. I don't get much attention from
my mother. 1 2 3 4 5

19. My mother helps me to talk
about my difficulties. 1 2 3 4 5

20. My mother understands me. 1 2 3 4 5

21. When I am angry about
something, my mother tries to be
understanding. 1 2 3 4 5

22. I trust my mother. 1 2 3 4 5

23. My mother doesn't
understand what I'm going through
these days. 1 2 3 4 5

24. I can count on my mother when
I need to get something off my chest. 1 2 3 4 5

25. If my mother knows something
bothering me, she asks me about it. 1 2 3 4 5

Part II

This part asks about your feelings about your father, or the man who has acted as your father. If you have more than one person acting as your father (e.g. natural and step-father) answer the question for the one you feel has most influenced you.

	Almost Never or Never True	Not Very Often True	Some- times True	Often True	Almost Always or Always True
1. My father respects my feelings.	1	2	3	4	5
2. I feel my father does a good job as my father.	1	2	3	4	5
3. I wish I had a different father.	1	2	3	4	5
4. My father accepts me as I am.	1	2	3	4	5
5. I like to get my father's point view on things I'm concerned about	1	2	3	4	5

6. I feel it's no use letting my feelings show around my father. 1 2 3 4 5
7. My father can tell when I'm upset about something. 1 2 3 4 5
8. Talking over my problems with my father makes me feel ashamed or foolish. 1 2 3 4 5
9. My father expects too much from me. 1 2 3 4 5
10. I get upset easily around my father. 1 2 3 4 5
11. I get upset a lot more than my father knows about. 1 2 3 4 5
12. When we discuss things, my father cares about my point of view. 1 2 3 4 5
13. My father trusts my judgment. 1 2 3 4 5
14. My father has his own problems so I don't bother him with mine. 1 2 3 4 5

15. My father helps me to understand
myself better.

1 2 3 4 5

16. I tell my father about my problems
and troubles

1 2 3 4 5

17. I feel angry with my father

1 2 3 4 5

18. I don't get much attention from
my father.

1 2 3 4 5

19. My father helps me to talk about
my difficulties.

1 2 3 4 5

20. My father understands me.

1 2 3 4 5

21. When I am angry about
something, my father tries to
be understanding.

1 2 3 4 5

22. I trust my father.

1 2 3 4 5

23. My father doesn't understand
what I'm going through these days.

1 2 3 4 5

24. I can count on my father when

need to get something off my chest.

1

2

3

4

5

25. If my father knows something

bothering me, he asks me about it.

1

2

3

4

5

Part III

This part asks about your feelings about your relationships with your close friends.

Please read each statement and circle the ONE number that tells how true the statement is for you now.

Almost	Not	Some-	Often	Almost
Never	Very	times	True	Always
or	Often	True		or
Never	True			Always
True				True

1. I like to get my friend's point

view on things I'm concerned about

1

2

3

4

5

2. My friends can tell when I'm

upset about something.

1

2

3

4

5

3. When we discuss things, my
friends care about my point of view. 1 2 3 4 5

4. Talking over my problems with
friends makes me feel ashamed or
foolish. 1 2 3 4 5

5. I wish I had different friends. 1 2 3 4 5

6. My friends understand me. 1 2 3 4 5

7. my friends encourage me to talk
about my difficulties. 1 2 3 4 5

8. My friends accept me as I am. 1 2 3 4 5

9. I feel the need to be in touch
with my friends more often. 1 2 3 4 5

10. My friends don't understand
what I'm going through these days. 1 2 3 4 5

11. I feel alone or apart when I am
with my friends. 1 2 3 4 5

12. My friends listen to what I have
to say. 1 2 3 4 5

13. I feel my friends are good friends. 1 2 3 4 5

14. My friends are fairly easy to talk to. 1 2 3 4 5

15. When I am angry about something my friends try to be understanding. 1 2 3 4 5

16. My friends help me to understand myself better. 1 2 3 4 5

17. My friends care about how I am feeling. 1 2 3 4 5

18. I feel angry with my friends. 1 2 3 4 5

19. I can count on my friends when I need to get something off my chest. 1 2 3 4 5

20. I trust my friends. 1 2 3 4 5

21. My friends respect my feelings. 1 2 3 4 5

22. I get upset a lot more than my
friends know about. 1 2 3 4 5

23. It seems as if my friends are
irritated with me for no reason. 1 2 3 4 5

24. I can tell my friends about my
problems and troubles. 1 2 3 4 5

25. If my friends know something
is bothering me, they ask me about i 1 2 3 4 5

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for children and adolescents
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Please read instructions at the top of each inside page.

Background Information

Name: _____ Date of Birth: _____
Today's Date: _____ Location: _____
Sex: ☐ Female ☐ Male Grade: _____ ID: _____
Parent/Guardian Name: _____

Notes:

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Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
1 I work hard.	Never	Sometimes	Often	Always
2 I feel strong.	Never	Sometimes	Often	Always
3 I like myself.	Never	Sometimes	Often	Always
4 People want to be with me.	Never	Sometimes	Often	Always
5 I am just as good as the other kids.	Never	Sometimes	Often	Always
6 I feel normal.	Never	Sometimes	Often	Always
7 I am a good person.	Never	Sometimes	Often	Always
8 I do things well.	Never	Sometimes	Often	Always
9 I can do things without help.	Never	Sometimes	Often	Always
10 I feel smart.	Never	Sometimes	Often	Always
11 People think I'm good at things.	Never	Sometimes	Often	Always
12 I am kind to others.	Never	Sometimes	Often	Always
13 I feel like a nice person.	Never	Sometimes	Often	Always
14 I am good at telling jokes.	Never	Sometimes	Often	Always
15 I am good at remembering things.	Never	Sometimes	Often	Always
16 I tell the truth.	Never	Sometimes	Often	Always
17 I feel proud of the things I do.	Never	Sometimes	Often	Always
18 I am a good thinker.	Never	Sometimes	Often	Always
19 I like my body.	Never	Sometimes	Often	Always
20 I am happy to be me.	Never	Sometimes	Often	Always

BSCL-Y
Total RS

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best, especially in the last two weeks. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
21. I worry someone might hurt me at school.	Never	Sometimes	Often	Always
22. My dreams scare me.	Never	Sometimes	Often	Always
23. I worry when I am at school.	Never	Sometimes	Often	Always
24. I think about scary things.	Never	Sometimes	Often	Always
25. I worry people might tease me.	Never	Sometimes	Often	Always
26. I am afraid that I will make mistakes.	Never	Sometimes	Often	Always
27. I get nervous.	Never	Sometimes	Often	Always
28. I am afraid I might get hurt.	Never	Sometimes	Often	Always
29. I worry I might get bad grades.	Never	Sometimes	Often	Always
30. I worry about the future.	Never	Sometimes	Often	Always
31. My hands shake.	Never	Sometimes	Often	Always
32. I worry I might go crazy.	Never	Sometimes	Often	Always
33. I worry people might get mad at me.	Never	Sometimes	Often	Always
34. I worry I might lose control.	Never	Sometimes	Often	Always
35. I worry.	Never	Sometimes	Often	Always
36. I have problems sleeping.	Never	Sometimes	Often	Always
37. My heart pounds.	Never	Sometimes	Often	Always
38. I get shaky.	Never	Sometimes	Often	Always
39. I am afraid that something bad might happen to me.	Never	Sometimes	Often	Always
40. I am afraid that I might get sick.	Never	Sometimes	Often	Always

BAL-Y
Total RS

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best, especially in the last two weeks. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
41. I think that my life is bad.	Never	Sometimes	Often	Always
42. I have trouble doing things.	Never	Sometimes	Often	Always
43. I feel that I am a bad person.	Never	Sometimes	Often	Always
44. I wish I were dead.	Never	Sometimes	Often	Always
45. I have trouble sleeping.	Never	Sometimes	Often	Always
46. I feel no one loves me.	Never	Sometimes	Often	Always
47. I think bad things happen because of me.	Never	Sometimes	Often	Always
48. I feel lonely.	Never	Sometimes	Often	Always
49. My stomach hurts.	Never	Sometimes	Often	Always
50. I feel like bad things happen to me.	Never	Sometimes	Often	Always
51. I feel like I am stupid.	Never	Sometimes	Often	Always
52. I feel sorry for myself.	Never	Sometimes	Often	Always
53. I think I do things badly.	Never	Sometimes	Often	Always
54. I feel bad about what I do.	Never	Sometimes	Often	Always
55. I hate myself.	Never	Sometimes	Often	Always
56. I want to be alone.	Never	Sometimes	Often	Always
57. I feel like crying.	Never	Sometimes	Often	Always
58. I feel sad.	Never	Sometimes	Often	Always
59. I feel empty inside.	Never	Sometimes	Often	Always
60. I think my life will be bad.	Never	Sometimes	Often	Always

BDI-Y
Total RS

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
61 I think people try to cheat me.	Never	Sometimes	Often	Always
62 I feel like screaming.	Never	Sometimes	Often	Always
63 I think people are unfair to me.	Never	Sometimes	Often	Always
64 I think people try to hurt me.	Never	Sometimes	Often	Always
65 I think my life is unfair.	Never	Sometimes	Often	Always
66 People bully me.	Never	Sometimes	Often	Always
67 People make me mad.	Never	Sometimes	Often	Always
68 I think people bother me.	Never	Sometimes	Often	Always
69 I get mad at other people.	Never	Sometimes	Often	Always
70 When I get mad, I stay mad.	Never	Sometimes	Often	Always
71 When I get mad, I have trouble getting over it.	Never	Sometimes	Often	Always
72 I think people try to control me.	Never	Sometimes	Often	Always
73 I feel people try to put me down.	Never	Sometimes	Often	Always
74 I feel mean.	Never	Sometimes	Often	Always
75 I feel like exploding.	Never	Sometimes	Often	Always
76 I think people are against me.	Never	Sometimes	Often	Always
77 I get angry.	Never	Sometimes	Often	Always
78 When I get mad, I feel mad inside my body.	Never	Sometimes	Often	Always
79 I hate people.	Never	Sometimes	Often	Always
80 I get mad.	Never	Sometimes	Often	Always

BANI-Y
Total RS

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
81 I steal.	Never	Sometimes	Often	Always
82 Other people get me into trouble.	Never	Sometimes	Often	Always
83 I think about running away from home.	Never	Sometimes	Often	Always
84 I do mean things.	Never	Sometimes	Often	Always
85 I break into cars, houses, or other places.	Never	Sometimes	Often	Always
86 I fight with others.	Never	Sometimes	Often	Always
87 I like getting people mad.	Never	Sometimes	Often	Always
88 I skip school.	Never	Sometimes	Often	Always
89 I hate listening to other people.	Never	Sometimes	Often	Always
90 I argue with adults.	Never	Sometimes	Often	Always
91 I hurt people.	Never	Sometimes	Often	Always
92 I like being mean to others.	Never	Sometimes	Often	Always
93 I break the rules.	Never	Sometimes	Often	Always
94 I like it when people are scared of me.	Never	Sometimes	Often	Always
95 I like to hurt animals.	Never	Sometimes	Often	Always
96 I like to bully others.	Never	Sometimes	Often	Always
97 I tell lies.	Never	Sometimes	Often	Always
98 I like to trick people.	Never	Sometimes	Often	Always
99 I break things when I am mad.	Never	Sometimes	Often	Always
100 I swear at adults.	Never	Sometimes	Often	Always

BDI-Y
Total RS

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When the booklet is returned, ensure that all items are completed. Follow the instructions below to score the inventories.

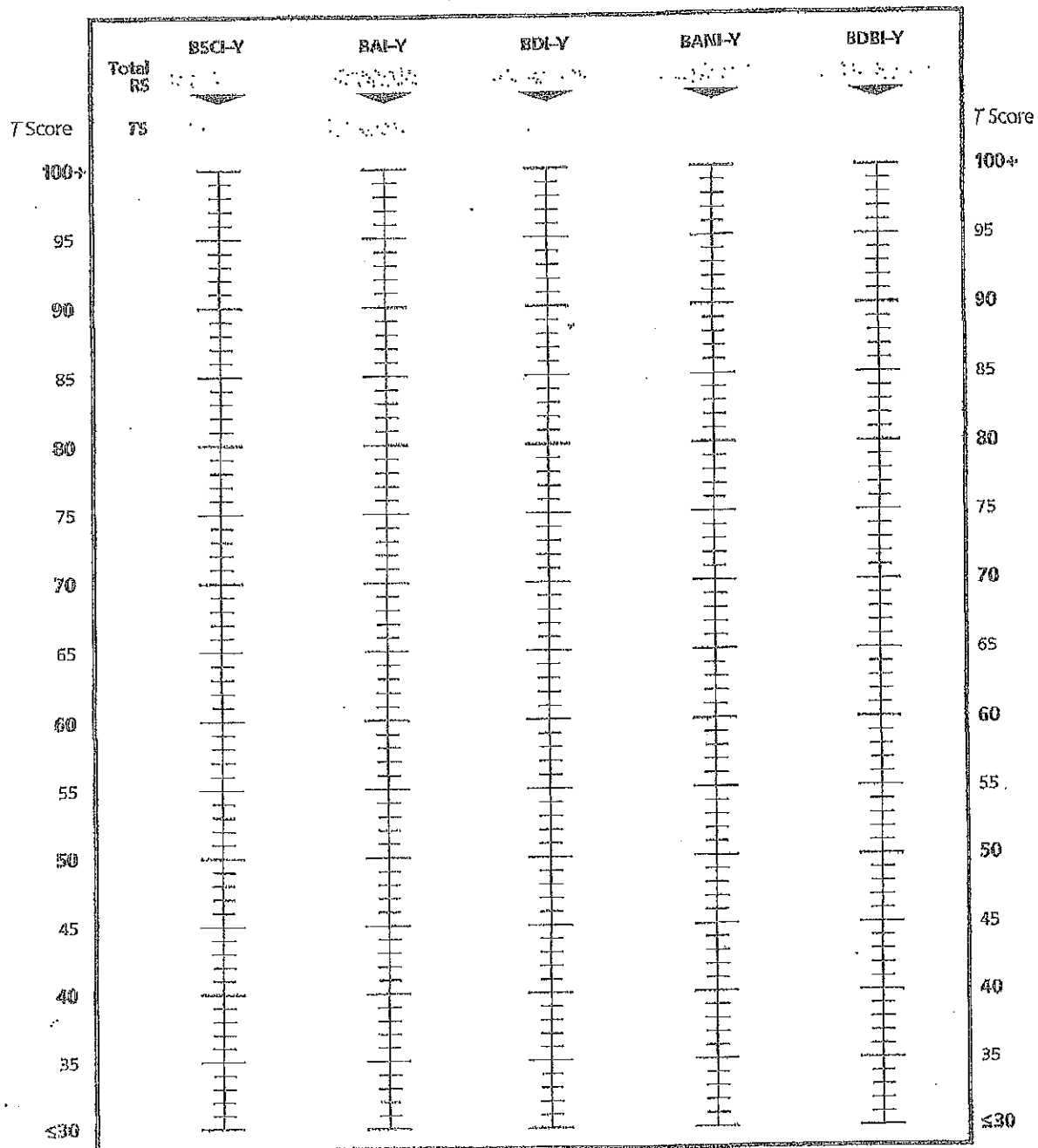
Starting on page 2, total the value of the responses for all 20 items of the inventory. Record the total raw score in the box at the bottom of the page. Repeat this for pages 3-6.

Transfer each total raw score to the total raw score box (in the row labeled Total RS) for the inventory.

Use Tables A.1-A.3 to convert the raw scores to T scores. The tables are presented age-by-sex across the five inventories.

Enter the T score for each inventory in the corresponding T score box (in the row labeled TS). The profile can be plotted after the T scores are obtained.

T Score Profile



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Name: _____

Date: _____

Sex: ☐ Female ☐ Male

Age: _____ Grade: _____

Referral Information

Referred by: _____

Reason for Referral: _____

Clinical Information

Treatment Status

Intake: ☐

Review: ☐

Other: ☐

Comments: _____

Educational Information

Education Status

School: _____

Teacher: _____ Grade: _____

Comments: _____

Assessment Information

Testing Observation: _____

Testing Results

Elevated Scores: _____

Critical Items: _____

Recommended Action: _____

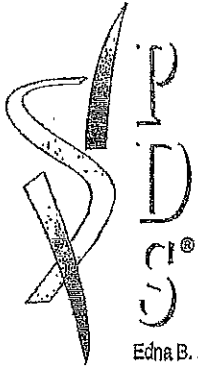
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Part 1

Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Below is a list of traumatic events. Put a checkmark in the box next to ALL of the events that have happened to you or that you have witnessed.

- (1) ☐ Serious accident, fire, or explosion (for example, an industrial, farm, car, plane, or boating accident)
- (2) ☐ Natural disaster (for example, tornado, hurricane, flood, or major earthquake)
- (3) ☐ Non-sexual assault by a family member or someone you know (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
- (4) ☐ Non-sexual assault by a stranger (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
- (5) ☐ Sexual assault by a family member or someone you know (for example, rape or attempted rape)
- (6) ☐ Sexual assault by a stranger (for example, rape or attempted rape)
- (7) ☐ Military combat or a war zone
- (8) ☐ Sexual contact when you were younger than 18 with someone who was 5 or more years older than you (for example, contact with genitals, breasts)
- (9) ☐ Imprisonment (for example, prison inmate, prisoner of war, hostage)
- (10) ☐ Torture
- (11) ☐ Life-threatening illness
- (12) ☐ Other traumatic event
- (13) If you marked Item 12, specify the traumatic event below.

IF YOU MARKED ANY OF THE ITEMS ABOVE, CONTINUE. IF NOT, STOP HERE.

Part 2

- (14) If you marked more than one traumatic event in Part 1, put a checkmark in the box below next to the event *that bothers you the most*. If you marked only one traumatic event in Part 1, mark the same one below.

- ☐ Accident
- ☐ Disaster
- ☐ Non-sexual assault/someone you know
- ☐ Non-sexual assault/stranger
- ☐ Sexual assault/someone you know
- ☐ Sexual assault/stranger
- ☐ Combat
- ☐ Sexual contact under 18 with someone 5 or more years older
- ☐ Imprisonment
- ☐ Torture
- ☐ Life-threatening illness
- ☐ Other

In the box below, briefly describe the traumatic event you marked above.

Below are several questions about the traumatic event you just described above.

- (15) How long ago did the traumatic event happen? (circle ONE)
- 1 Less than 1 month
 - 2 1 to 3 months
 - 3 3 to 6 months
 - 4 6 months to 3 years
 - 5 3 to 5 years
 - 6 More than 5 years

For the following questions, circle Y for Yes or N for No.

During this traumatic event:

- (16) Y N Were you physically injured?
- (17) Y N Was someone else physically injured?
- (18) Y N Did you think that your life was in danger?
- (19) Y N Did you think that someone else's life was in danger?
- (20) Y N Did you feel helpless?
- (21) Y N Did you feel terrified?

Part 3

Below is a list of problems that people sometimes have after experiencing a traumatic event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE PAST MONTH. Rate each problem with respect to the traumatic event you described in Item 14.

- 0 Not at all or only one time
1 Once a week or less/once in a while
2 2 to 4 times a week/half the time
3 5 or more times a week/almost always

- 22) 0 1 2 3 Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to
- 23) 0 1 2 3 Having bad dreams or nightmares about the traumatic event
- 24) 0 1 2 3 Reliving the traumatic event, acting or feeling as if it was happening again
- 25) 0 1 2 3 Feeling emotionally upset when you were reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc.)
- 26) 0 1 2 3 Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast)
- 27) 0 1 2 3 Trying not to think about, talk about, or have feelings about the traumatic event
- 28) 0 1 2 3 Trying to avoid activities, people, or places that remind you of the traumatic event
- 29) 0 1 2 3 Not being able to remember an important part of the traumatic event
- 30) 0 1 2 3 Having much less interest or participating much less often in important activities
- 31) 0 1 2 3 Feeling distant or cut off from people around you
- 32) 0 1 2 3 Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)
- 33) 0 1 2 3 Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)

- (34) 0 1 2 3 Having trouble falling or staying asleep
- (35) 0 1 2 3 Feeling irritable or having fits of anger
- (36) 0 1 2 3 Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)
- (37) 0 1 2 3 Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)
- (38) 0 1 2 3 Being jumpy or easily startled (for example, when someone walks up behind you)
- (39) How long have you experienced the problems that you reported above? (circle ONE)
1 Less than 1-month
2 1 to 3 months
3 More than 3 months
- (40) How long after the traumatic event did these problems begin? (circle ONE)
1 Less than 6 months
2 6 or more months

Part 4

Indicate below if the problems you rated in Part 3 have interfered with any of the following areas of your life DURING THE PAST MONTH. Circle Y for Yes or N for No.

- (41) Y N Work
- (42) Y N Household chores and duties
- (43) Y N Relationships with friends
- (44) Y N Fun and leisure activities
- (45) Y N Schoolwork
- (46) Y N Relationships with your family
- (47) Y N Sex life
- (48) Y N General satisfaction with life
- (49) Y N Overall level of functioning in all areas of your life

Appendix E Ethics forms

- Consent letter from ethic committee
- Information sheet
- Consent sheet

**SUCCEED
WITH
PLYMOUTH
UNIVERSITY**

Faculty of Health, Education and Society
School of Social Science and Social Work
Doctorate in Clinical Psychology
Administration Department
Floor 6, Rolle Building
Plymouth University
Plymouth
PL4 8AA

Jacqui Stedmon
Programme Director
Michele Thomas
Programme Administrator
michele.blake@plymouth.ac.uk

Tuesday, 31 March 2015

Re; Bartosz Zaniewski,

I am writing to confirm that Bartosz Zaniewski has received full ethical approval from the Faculty of Health, Education and Social Work, research ethics committee for his research study:

'Attachment Strategies Employed by Young People who Engage in Harmful Sexual Behaviour'

Due to a number of relocations and re-organisations of the university faculties since the start of Bartosz' part-time Ph.D. the copy of the approval letter from the ethics committee is not available. I am still searching my own personal records but have not been able to locate it.

I hope that this note of confirmation from me is sufficient for the purposes of is grant application.

Yours sincerely

Prof. Rudi Dallos



Doctorate in Clinical Psychology
Faculty of Health and Social Work
Mary Newman
University of Plymouth
Drake Circus
Plymouth PL4 8AA
United Kingdom

Email: bianiewski@plymouth.ac.uk

Tuesday, 31 March 2015

Dear

Research Title: Attachment Style among Young People and Adolescence with Sexually Harmful Behaviour.

I would like to invite you to take part in a research study. Before you decide whether or not you would like to take part it is important that you understand what the research is about, why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information about the research. Take some time to decide whether or not you would like to take part.

What is the purpose of the study?

First, let me explain the title of the research and what I mean by "attachment style" and "sexually harmful behaviour".

"Attachment style" is a set of behaviours which people present in response to internal and external cues. There are four main types of "attachment style". These are ways humans manage their feelings, thoughts and behaviours in response to what is happening, particularly in stressful or difficult situations. "Attachment style" also impact the way we relate to other people. These behaviours are shaped to great extent by life experience, particularly early family experience.

Sexuality is an important part of life and there is a wide range of sexual behaviours. But there are situations when sexual behaviour could be harmful to people involved. For instance when someone does not understand what was happening because is too young, or is forced or tricked into this by someone else. So what I would like to do is to find out whether there is a link between "attachment style" and why some young people behave in harmful way.

To achieve this I want to interview young people. I intend to conduct two types of interviews. First interview is the attachment style interview called "Transition to Adulthood Attachment Interview". It is a set pre-prepared questions about different aspects of young people's life. For example I will be asking about a relationship with significant family member e.g. parents, carers or grandparents; I will be asking about friendships and also plans for future. Second interview is so called "open ended interview". There will not be pre-prepared questions but a young person will be invited to tell his or her life story. This is to explore how early family relationship and experience and also important life events influence those young people's well-being and the way they develop their thinking and feeling ability (attachment behavioural system). I am particularly interested in understanding how those affect young people's relationships with peers and parents/carers. I also would like to explore the way of a young person's thinking and feeling influence behaviours related to sex and intimacy. During the second interview I will be asking about episodes of harmful sexual behaviour. This is to seek young people's understanding why they displayed such behaviour.

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Senior Lecturer
Academic Director

Ms Kay Hughes
Senior Lecturer
Clinical Director

Ms Gillian Watson
Senior Lecturer
Admissions Tutor

Prof Rudi Dallos
Programme Director

Mr John Wright
Senior Lecturer

Mr Duncan Moss
Senior Lecturer
Admissions Tutor

Dr Man Cheung Chung
Reader in Psychology
Research Director

I hope that this research will give participants an opportunity to tell their life story and the difficulties they have encountered along the way. This project may help give professionals a better understanding of reasons behind sexually harmful behaviour and be especially helpful in therapeutic work with young people who display such behaviour and their families in order to overcome their problems.

As a part of the research I am also planning to interview some parents who would be willing to take part in "Adult Attachment Interview". This is to see whether there are intergenerational patterns of attachment style.

Why have I been chosen?

You have been referred to NSPCC for a risk assessment regarding harmful sexual behaviour.

The young people that will be approached have been convicted for sex related offence or have been provided with help to address sexually harmful behaviour. There will be approximately ten young people approached separately in this way. I will not share information about you with them and I do not intend to arrange a group meeting.

Do I have to take part?

Taking part in this research study is **entirely voluntary**. It is up to you to decide whether or not to take part. The participation in the research is totally independent from services you are accessing. You do not have to take part in this research and if you say "no", this will not change anything in terms of support you have been receiving.

If you decide to take part I will come and visit you to discuss the research further. During this meeting we will spend some time together talking about any concerns you may have. You will then have more time to decide whether or not you would like to go ahead. If you do decide to take part you will be asked to sign a consent form. You are **free to withdraw** from the study at any time and any decision not to take part will not affect the standard of health care you receive later. If you decide to withdraw all information about you will be destroyed.

What will I have to do if I decide to take part?

If you decide to take part, we will agree to meet at a time and place that is convenient for you. There will be two meetings. These might be at your home, or in another health care or social care venue. I will ask you to participate in an interview. This interview will involve following stages:

Meeting 1:

- (1) Attachment Style Interview called "Transition to Adulthood Attachment Interview" during which I will be asking you about your relationships with family members, peers and your memories from your childhood.
- (2) During next part I will carry out questionnaires about your peer and family relationship and emotional well-being.

Meeting 2:

- (1) Open ended interview about your life story.

The individual and interviews normally takes about 60 – 90 minutes. However, this is flexible and I will give you as much time as you need and we can have a break or pause if you find this helpful. I hope that this allows you the freedom to speak and to tell me about your experiences as fully as you wish.

The questionnaires usually takes up to 30 minutes but again I will give you as much time as you need and you can have a break or pause if you find this helpful.

The individual interviews will be digitally voice-recorded. The recording will be kept on password protected computer. Transcript from the recording will be done and analysed.

Will my taking part be kept confidential?

All information which is collected about you will be kept strictly confidential. Other young people will not be informed about the content of each other's interviews. Any information you provide during the interview will not have your name and address on it so that you cannot be recognised by it. When the interviews are transcribed they will be coded so that you cannot be recognised by it. Sections of these anonymised transcripts will be read

Dr Jacqui Stedmon Senior Lecturer Academic Director	Ms Kay Hughes Senior Lecturer Clinical Director	Ms Gillian Watson Senior Lecturer Admissions Tutor	Prof Rudi Dallos Programme Director	Mr John Wright Senior Lecturer	Mr Duncan Moss Senior Lecturer Admissions Tutor	Dr Man Cheung Chung Reader in Psychology Research Director
--	--	---	---	--	--	---

by my supervisors/colleagues just so they can check for themes etc. Other than this all information will be kept in a locked cabinet at the University.

However there is one exception. If you tell me information which suggests that you are at risk of harm or that someone else is at risk of harm I will have to share this information. I may share this information without your consent. I will need to do it because it is required by law.

What are the possible disadvantages and risks of taking part?

I will be asking you to think back over your life and to tell me about your experiences, relationships in your family and changes that may have taken place. This process might be difficult for you and may evoke memories that are painful or distressing. If you become distressed, I will stop the interview. If you like, we can spend some time talking together about how you are feeling. I will also contact you within a week following the interview to check whether there is something you would like to talk about. A meeting with ourselves can also be arranged at your convenience if this is something that you would like. I will also give a list of support services that are available.

Support services:

NSPCC

Joint Agency Child Abuse Team, Exeter

Childline 0800 1111

What are the possible benefits of taking part?

Taking part in this research will give you an opportunity to talk about your experiences. Some researchers believe that the act of talking freely about one's experiences can in itself have positive effects on the participant. You also will help to provide better support for young people who display sexually harmful behaviour and their families.

What if something goes wrong?

If you are harmed by taking part in the research there are no special compensation arrangements. If you wish to complain or have concerns about the way in which you have been treated during the course of this research, the normal University of Plymouth complaints procedure is available to you.

You can also contact my University of Plymouth supervisor if you have any concerns about the way this research is being conducted:

Rudi Dallos,
Clinical Psychologist
Dept. of Clinical Psychology,
PAHC,
Derriford Rd.,
University of Plymouth
Plymouth PL6 8BH
Tel: 01752 233161
Fax: 01752 233185
E-mail: rdallos@plymouth.ac.uk

This project has been reviewed and approved by the University of Plymouth.

What will happen to the results of the research project?

The data that you provide will be used in a research report. This data will be anonymised so that you cannot be recognised. I hope to publish this report in a suitable academic journal and present it at local meetings and at national conferences. You will be amongst the first to read the report. Information obtained during the research will be kept at University of Plymouth for 5 years.

Who is organising and funding the study?

Dr Jacqui Stedmon	Ms Kay Hughes	Ms Gillian Watson	Prof Rudi Dallos	Mr John Wright	Mr Duncan Moss	Dr Man Cheung Chung
Senior Lecturer	Senior Lecturer	Senior Lecturer	Programme Director	Senior Lecturer	Senior Lecturer	Reader in Psychology
Academic Director	Clinical Director	Admissions Tutor			Admissions Tutor	Research Director

This research is being organised by the University of Plymouth, Department of Health and Social Work. It is funded from private resources.

Who has reviewed the study?

This study has been reviewed and approved by both the University of Plymouth Ethics Committee.

Who can I contact for further information?

Please contact me at:

0203 188 3737
bzaniewski@plymouth.ac.uk

Or my supervisor:

Prof. Rudi Dallos,
Dept. of Clinical Psychology,
PAHC,
Derriford Rd.,
University of Plymouth
Plymouth PL6 8BH
Tel: 01752 233161
Fax: 01752 233185
E-mail: rdallos@plymouth.ac.uk

If you would like a copy of this sheet in another language, in a larger font style or other medium, please ask.

Please do not hesitate to contact me if you would like any further information.

Thank You

Bartosz Zaniewski

Dr Jacqui Stedmon
Senior Lecturer
Academic Director

Ms Kay Hughes
Senior Lecturer
Clinical Director

Ms Gillian Watson
Senior Lecturer
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Tuesday, 31 March 2015

Consent Form: Young Person

Title of Project: Attachment Behavioural Systems Among Young People and Adolescence with Sexually Harmful Behaviour.

Name of Researchers: Prof. Rudi Dallos and Bartosz Zaniewski

Please initial Box and write in the child's name that you are consenting for

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is entirely voluntary and that I am free to withdraw them at any time without giving reason, without their medical care or legal rights being affected.
3. I agree to my interviews being audio-taped

☐☐☐

Name of Child

Date

Signature

Name of Researcher

Date

Signature

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Senior Lecturer
Academic Director

Ms Kay Hughes
Senior Lecturer
Clinical Director

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Tuesday, 31 March 2015

Consent Form: Parents/ Guardian Consent for their Child to Participate

Title of Project: Attachment Behavioural Systems Among Young People and Adolescence with Sexually Harmful Behaviour.

Name of Researchers: Prof. Rudi Dallos and Bartosz Zaniewski

Please initial Box and write in the child's name that you are consenting for

1. I confirm that I have read and understand the Information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that 's participation is entirely voluntary and that I am free to withdraw them at any time without giving reason, without their medical care or legal rights being affected. ☐
3. I agree to 's interview being audio-taped ☐
4. I agree for to take part in the above study ☐

Name of Parent/Guardian

Date

Signature

Name of Child

Date

Signature

Name of Researcher

Date

Signature

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Academic Director

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Appendix F Examples of interviews

TAAI:

Sean – Transition to Adulthood Attachment Interview.

Q: What happened?

S: I told one of my girlfriends that about one of my exs that I've been cheating on her. Andy, he's told her all my secrets about oh "he's been doing this behind your back, having sex and everything else". And I didn't know anything about it. My girlfriend came up to me and slapped me. And I was like "what's that for?" She goes like whack again, I was like "wooooow" And my mate turned up and goes "Yeah keep on doing, keep on doing". So I know it was him. Since she starts, he goes "Oh for, just quitting on you" I went to my mate and snapped him one right in the nose. His nose started bleeding and bleeding and bleeding and I was like "Yeah you better pack in laying".

Q: Are you still friends?

S: Kind of

Q: Why do you think he did it?

S: Because he wanted some attention

Q: Right

S: and in the end he did, cause I lost my temper and went over and snapped him one. and got told off.

Q: Would you react in the same way now?

S: Probably. Probably or probably not. I(.) yeah probably lies, I can't be bothered with it. You can't trust mates, clear off. And when I do get rid of him, I just turn around and goes "If you don't stop lying, I just smack you hehe". Cause did my mate lost his temper and chucked a chair at the teacher and I'd just lose it and chucked a chair at the wall or something. I chucked a chair at the wall and the teacher walked right in the way did she, nearly got hit.

Q: Do you remember time when you did something you knew it was wrong? (43.53)

S: Chuck a chair at the teacher.

Q: Why do you think you did it?

S: Cause that everybody annoyed me in my class. And I just went for it, had enough of that, pick up my chair and I choked it, because the teacher was talking to me, told me to sit down and I was like " For goodness sake" whacked like (voice goes up) that, let go the chair and hit her. I was like "ohhh". But they chars, they got full chars leg. That basically she went like that and her both arms were like that, pinned up, like beside her, so the chairs went there and there, she was like "I can't move, I can't move" because it went through the plaster. I was like " for goodness sake I lost my temper", went to head teacher off, head of school and the teacher had a go at me, and I was like "woow you can't have a go at me, she had wind me right up, she told me to get out of the class. I was doing my work peacefully...so I swung the chair, let go of it, hit the plaster and went, she was like that stuck and I was like "yeahhh"hehe

Q:Do you remember whether your parents ever threatened you?

S:No.

Q: that they leave you or do something to you?

S:Oo dad did.

Q: What happened?

S:(..)lost my temper, he goes "Ooo I get my army belt, dump you" I'm like "Oh yeah that one hurt (dismissive voice/cool) And in the end he gave me a slapped around head and told me to pack it in being cheeky

Q: Can you think about occasions when you felt frighten or not safe?

S: School.

Q: Tell me more what happened?

S: I was (.) being frighten that if anything did happen to me, I really die (yawing) Cause when I went up to Bideford college I was worried that the worst could, cause someone got ki, got stabbed up there. And I was like " I gonna be up there, I'm gonna get stabbed or anything. On a way to school get frighten and everything, my mate come up and goes "aa what's wrong with you?" I'm like " Did you not hear about the school?" we got ages. it's worth checking in.

(Dialogue again)

Q: Ok..

S: I'm overprotective over my family and my girlfriend...

Q: Ok, we will talk about this in our next interview because it sounds interesting. But now I would like to ask you about your mum, when she died. Could you tell me about circumstances, how old were, actually you told me you were about 6...

S: Yea I was 6 years old when she died, she collapsed and she died right on my foot.

Q: What happened?

S: She was eating her breakfast, about she get my sister's breakfast, my sister went to school and she died. She just fell off the chair and died on my foot. She was smoking and every thing, she wasn't no her machine, she supposed to be on this machine. She forgot put on this machine, I think she had..cancer or something. She got put on this machine, she didn't take and to put on. And that day she collapsed on my foot and I was like "da..da..da ..da..dad - mum - is on my fo..foot". Cause I couldn't talk and anything, I thought "oow, something happened to my mum, I was frighten and everything. I was like "dddd daaad (heavy breathing, pretending sobbing) that was like well funny, when they was like" Ohh did you don't know she was dead", dddaad, heheh and it's funny now.

(Into dialogue again – acting out the trauma)

Q: And what happened after that?

S: Dad climbed me up, took mum off my foot, I went up. They rang the ambulance, the black ambulance came along, I don't know what is called, that funeral thing. They come along, I think it's that ambulance for bodies or something, that come up and took mum away. I was on stairs, my cousin get run down from his antie's or something and jumped the car bonnet when it was moving and slipped right off back off it, slipped off the front of it, run up the top of it, top of the car, run off and tried to get into my house to help me. They used to put me on (.) that time and took me to my old, my school where I used to go(..) And(yawing, unclear) can I have Cristal for a bit, her mum has (yawing) died. Her mum's died. And she goes like "ahh, alright, I'm going to get her". And then Crystal goes "ohh, what happened?" Maurice goes "come on you got to go with me", she's like "Why? what, what's happened (voice goes high, pretending anxious and stressed), what's happened, why, why?" She was like "Mum has died (tender voice). She goes

"noooo- (unclear pretended cry), she goes down in tears and everything. But I was on a stairs looking downstairs, because they took mum's body. I was like " No, mummy!" Because was still ... I used to call mu, mummy and daddy and dad.

(Very disturbing sequence – traumatic memories, self – derogation of vulnerability, repeating pattern of dialogue)

Semi-structured interview (example):

HENRY'S OPEN INTERVIEW

H: Hum to be perfectly honest it was between my mum and Steve. They didn't tell me much. Hum first time I ever met Steve like I couldn't sleep one night, went downstairs, and my mum was in the next door's back garden. They were having like a little summer party at night. And when I went out I met him there it was the first time I met him and I think he stayed here over at night. Hum then relationship obviously developed and hum he ended up staying there quite often, coming around quite often, he used to take me up on a tractor and digger and stuff like that. Hum..... I think my mum, my mum was finding it hard to cope on her own back then, she was paying a rent, she didn't have a job or didn't have very much help with it. She decided to move in with Steve in a mobile home.

I: And how did you respond when you were told that you were moving out?

H: I was quite excited. I quite wanted to like well have a bit of different scenario really. Hum I was, well I was used to living in a town then I suppose when you're a kid you quite correspond quite things like that

I: So why did it have impact on your life, and in what way?

H: hmmm. I felt lonely I suppose, I didn't see my friends anymore, only at school. Well I suppose I saw them quite often but like I didn't get much free time anymore. Like I could normally go out, go to my next door neighbours and play with them but like it was such a struggle for me to like keep travelling and stuff

I: Hum tell me a bit more how was your life before actually your mum met Steve

H: Quite isolated really, just me, me and her. I can't really remember much but just me and her most of the time. Like well I remember going to my grands quite often. My grand granddad looking after me when my mum had physical things to deal with. Hmmm, yeah, it's quite hard

I: Hum, in what way ?

H: hmmm, just, well, I just feel quite hard for my mum...

I: hum

H: ...because she had to be there on her own at that time but

I: So what made you think that it was hard for your mum?

H: hmmm, because like, looking at my grandparents, my Nan's always and my, my granddad've always been like a strong pair together, like a like someone to fall back on. But my mum just didn't have that. And like I had to look after herself and look after me as well

I: And was it what you were thinking then or what you're thinking now looking back that it was hard

H: Now looking back. Back again I suppose it was just normality, normality for a child really, they don't have a father or yeah

I: You said that one of the first memory you've got was you and your mum sitting in front of TV. Tell me more about this.

H: Hum just sitting in the front room really, just happy with my mum, just happy how things were going at that time when I was a kid, hmmm but I can't really say much more about that

I: Ok, in your last, in our first interview you mentioned her boyfriend. Tell me more about this boyfriend

H: hum well the boyfriend before Steve?

I: Yeah

H: hmmm, he, he's called Tom. He used to have, he used to be a rugby player, very big build, hum. So my mum about or just under a year before she met Steve

I: Hum

H: hum, I remember when I was about 9 or 10 seeing him again after they split up. Hum but I flung arms around him I was like oh I haven't seen you in such a long time. Hum must have had hum a great impact on me.

I: Right

H: Hum apart from that I can't really remember much about him

I: Is he the one that used to beat you?

H: yeah

I: Tell me more. What happened?

H: I don't know. I was, well I just I must have had a firm counter move or whatever and hum he beat me across, across the backside but apart from that well I well I can't really remember, such a long time really

I: And was it once or has it happened more than once?

H: I think I think it happened more than once. My mum was fed up with it. That's one of the reasons why she split up with him I think

AAI example:

AAI interview with Louise:

I: Ok. Now I'd like you to describe me your relationship with your dad when you were a child

L: Hum, not very good (laugh). Hum, he was, he was, I think he was not perhaps, well, I don't know, hum he was very overbearing, hum he believes that boys should be brought up different to girls, he punished us a lot, punished us a lot by smacking us and giving us the belt and stuff like that. Hum if, you never knew how to take him, you couldn't, sometimes you think oh it's alright you know, and you could tell him something and he wouldn't penalize it, he would be perfectly fine. Whereas if you told him the same thing the next day, he would be up with his arms and take it out on my mum, my brother and, my sister not so much, being the youngest, I think by the time she was old enough for him to have a go at her, he grew out of it, honestly speaking he spoilt us, like he was really, but I mean now, well now he is the best dad you could wish for really, but I always say it's too late now you know, it's gone past now, he ruined it (laugh)

I: Can you give me five words or phrases to describe that relationship between you and your dad when you were a child

L: ooow, violent,hum, hum,.....uhm.....scared, always scared hehe.....at times funny but it's more like adventure it was like adventure sometimes.....

I: hum

L: hum.....uhm..... I don't really know, I can't think of one anymore hehehe

I: Just one more

L: hum hehehe, hum.....uhm.....

I: How would you describe this, that one day what you did was fine, and the next day it's sort of difficult

L: hum,..... I can remember he had a motorbike, and hum, I used to mess about it with it, and be more into motorbike and everything when I was young and I cause it was very big I knocked it over, and I broke the indicator on the bike, it took me, cause he didn't, he was working that

week; so he was not riding it for about a week, he took me over a week to tell him, thinking oh my God I'm gonna get an hiding for it. And oh right it doesn't matter he said, don't worry. I amende it. But then there was another time where he had a trailer, and hum me being me decided, hum my cousin sat in the trailer and I was pushing it about, it was at my gran's when me stayed out there, and banged into the hedge a bit and broke the tail board. And I told him then and I got straight back in, well I wish I hadn't, I couldn't sit down for the next week, And he was very nasty to me that time, we, well it must have been a week before he spoke to me afterwards like I don't know

I: What about, so what words would you use to describe this type of relationship ? I have the example, I'm trying to think about the word

L: Yeah. I try to think about a word (laugh) hum, annoying I suppose isn't it ? Sort of, hum, temperamental (laugh)

I: Ok, so temperamental. Can you think about one more ?

L: Hum, (laugh) I don't know I can't think

I: Ok, so let's go back to the first one, you said violent. Can you think of a specific memory to to illustrate this

L: I can (unclear) I can remember.. remember, we were, us kids, well cause here is another one, it's jealous, that I can think, when we were hum young, my mum had come home from work, at the pub, and he thought that someone a bloke had talking to him, hum, talking to her, and she came home about an hour late, she had to tidy or clean up or something over there, he was doing something to his motorbike. And he was in the kitchen in the corner and he had her oops against the wall by the throat hehe. And hum and he had a car battery, oh not car, the motorbike battery, it was that I think, and he threw it at her, he just missed her head. That was quite one of the bad memories hehe

I: Where were you when it happened ?

L at the other end of the kitchen, cause it's quite a long kitchen, at the other end is the bathroom, the bathroom doors, in the bathroom, I was looking between the doors

I: How did you feel then ?

L: Scared he was gonna come and get me. And worried for my mum. Actually after that my mum gathered this all up and said that's it we're not carrying on anymore; and the friend I mentioned who lived there down the road she took us all down there, we went upstairs in the bedroom and her friends went up and got my dad, hum, we went actually we went back because I screamed and cried because I thought he was gonna hurt the dog hehehe

I: right

L: so we took the dog and the cat with us (laugh), and hum went down there and then they went and got my dad and they were sort of tried to kind of sort things out downstairs and shouting and arguing, and then hum he went off and I think he went up the pub and got drunk, I know that he did that very often, and hum we went home and then went to bed we're put to bed, and the next day things were back to normal sort of things, or normal that we'd like have been yeah

I: The next word you used was scared

L: I was always scared, I was scared all the time (laugh)

I: yeah. Can you think of a particular example

L: When my dad was there I was scared, hum, remember Christmas day knocking over Christmas day was one of the worst days because opening our presents I'm getting upset (laugh). When we were opening our presents, hum we just said to help and pray that they all worked because we said if it didn't work he couldn't get them to work, it would be everybody else's fault.

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