

Attachment Problems in the Etiology and Treatment of Sexual Offenders

The sexual abuse of women and children in Western societies has been well-documented over the past 20 years. It is now clear that as many as 40% of all women will be coerced into sexual activity at some point in their lives (Kilpatrick & Best, 1990; Koss, Gidycz, & Wisniewski, 1987; Russell, 1984), and we (Marshall & Barrett, 1990) estimated that every seven minutes in Canada an adult female is raped. The Canadian government appointed Committee on Sexual Offences against Children and Youth (1984) conducted representative national surveys. This committee concluded that 50% of females and 33% of males had been sexually victimized in some way and that over 80% of these victims were abused before age 18 years.

Sexual assaults involve various sexual and nonsexual acts. Both the rape of adult women and the sexual abuse of children typically involve vaginal, anal, and oral penetration, as well as various other sexual or quasi-sexual acts, including penetration by various objects, urination, and occasionally, mutilation of genitals or breasts. In addition, unnecessary force and violence occur at alarming rates. For example, in our early studies of both incarcerated and community-based sexual offenders, we (Christie, Marshall, & Lanthier, 1979; Marshall & Christie, 1981) found that 70% of rapists engaged in gratuitous violence toward their victims and 60% attempted to deliberately humiliate their victims. We also found that almost 25% of child molesters were similarly forceful toward their victims. These, then, are quite traumatic experiences for adult and child victims, and produce a variety of disruptive effects on their immediate and long-term functioning (Conte, 1988; Koss & Harvey, 1991).

Sexual offending is, therefore, a serious social problem that society must address if we are to be seen as the type of caring society we typically view ourselves as being. As a society, we should attempt to develop preventative strategies, assist victims to adjust to the trauma of their assault, minimize any further trauma occasioned by the investigative and prosecutorial process, and treat the offenders so that we may reduce their future risk to assault more victims. It is to this latter task that the present chapter addresses itself.

In order to outline how we might achieve the goal of reducing the future risk posed by identified sexual offenders, it is necessary to first understand the problems these men¹

¹ I will describe the offenders as though they are all adult males. In recent years, female (Elliot, 1993) and juvenile (Barbaree, Marshall, & Hudson, 1993) sexual offenders have been identified, but adult males still constitute the primary group.

have that drive them to commit these offences. Any account of these problems, however, is restricted by a lack of comprehensive evidence and by the fact that any theory of the etiology of such a complex behavior will almost certainly remain to some degree speculative. Nevertheless, without a guiding framework, research would be aimless and results could not be integrated into any sensible statement that could direct treatment.

A General Theory

Over the years we have attempted to provide such a theoretical framework. Our overall theory (Marshall, 1992a; Marshall & Barbaree, 1984, 1990) has integrated a variety of processes, including: biological substrates (Marshall, 1984a), sociocultural influences (Marshall, 1984b), pornography (Marshall, 1989a), conditioning (Laws & Marshall, 1990; Marshall & Eccles, 1993), sexual preferences (Barbaree & Marshall, 1991), lack of empathy (Marshall, Hudson, Jones, & Fernandez, 1995), low self-esteem (Marshall, Anderson, & Champagne, 1996), distorted perceptions (Ward, Hudson, & Marshall, 1995; Langton & Marshall, 1998), feelings of shame and guilt (Bumby, Langton, & Marshall, *in press*), and issues to do with intimacy, loneliness, and attachment style (Marshall, 1989b, 1993; Marshall, Hudson, & Hodgkinson, 1993; Ward, Hudson, Marshall, & Siegert, 1995). It is the latter processes that will be the primary focus of this chapter, but the reader needs to keep in mind that disturbances in these relationship processes alone are not expected to produce sexual offenders. Indeed, many people have problems establishing intimacy (Perlman & Duck, 1987), have dysfunctional styles of relating to others (Bartholomew & Perlman, 1994) and feel lonely (Weiss, 1973), but few of them abuse others and, of those that do, many limit their attacks to verbal, emotional, or physical abuse.

The underlying theme in our general theory concerns the development of vulnerability that is channelled by subsequent experiences into sexual offending. This vulnerability is, in our view, generated primarily by the growing child's problematic relationship with his parents which establishes, in Bowlby's (1969) words, an inappropriate template for all future relationships. It is this dysfunctional template and the associated vulnerability that guides the way in which the individual responds to subsequent experiences, many of which are fortuitous. For example, McGuire, Carlisle, and Young (1965), in outlining their strictly conditioning account of sexual offending, offer as illustration the case of a young man who, upon stopping to urinate in what he thought was a deserted wood, finds himself in full view of an apparently curious and attractive woman. According to McGuire et al., this excited the young man and he subsequently masturbated to fantasies of the woman looking at his penis and eventually began to persistently exhibit himself. While this account has a certain plausibility to it, it does not explain why this young man responded with excitement to being unexpectedly seen by the women while so many other males may have felt embarrassed and been distressed by a similar incident. It is the previously developed vulnerability that we propose led to this man to find the experience so exciting that he subsequently masturbated to fantasies of it. What, then, is it that constitutes this vulnerability and how does it arise?

The Role of Parent/Child Attachments

Bowlby (1969, 1973, 1980) has elaborated an account of the influence of the bond formed between parents and their children. This bond (or attachment), when secure, provides the growing child with the confidence necessary to function effectively in his world, particularly in relation to other people. When parents are loving and treat their child with respect, the secure child concludes that he is loveable and that other people (like his parents) will be nice to him. He also acquires, by his interactions with his parents, the skills necessary to form effective relationships and to meet his interpersonal, affectionate, and later sexual, needs in prosocial ways.

Parents who do not display love toward their child, or who are physically, sexually or emotionally abusive or neglectful, by their behavior convince the child that he is unlovable and that others are not to be trusted in interpersonal relationships. Such a child will not only lack self-confidence, he will also be deficient in the skills necessary to meet his needs in prosocial ways. These insecure children will, therefore, seek ways to meet their needs that make no demands on their confidence or skills. Since these templates of relationships that are formed early in life tend to persist into adolescence and adulthood (Kirkpatrick & Hazan, 1994), when full sexual awakening occurs during early adolescence, the insecure child may attempt to meet his sexual needs in inappropriate or dysfunctional ways. He may resort to excessive fantasy which allows him complete control over the fictionalized behavior of his sexual partner, he may turn to pornography which similarly depicts men in control and women or children as subservient to men's desires, or he may create or seize an opportunity to molest a younger child or force a peer-aged female to submit to his wishes. Again, we remind readers that for the presumed vulnerability to result in sexual offending, or other sexually aberrant activities, it requires the coincidence of various other influences or opportunities (e.g., access to pornography, a vivid imagination, or chances to be alone with a potential victim).

Insecure parent/child attachments, then, should characterize the childhoods of men who become sexual offenders. The available evidence appears to support this contention. Smallbone and Dadds (1998) found that poor attachments to fathers predicted sexually coercive behavior in adulthood, and Awad, Saunders, and Levine (1984) found serious disruptions in parent-child bonds among sexual offenders. Prentky et al. (1989) noted that sexual offenders typically experienced inconsistent parental care as children, and O'Reilly et al. (1998) found a high incidence of parental separation and abuse among sexual offenders. A variety of studies have confirmed the relationship between parental physical, sexual, and emotional abuse and later sexually abusive behaviors by these children (Burgess, Hartman, & McCormick, 1987; Finkelhor, 1984; Langevin et al., 1984). In addition, Lisak (1994) reported that subjects who had been sexually abused as children had serious intimacy problems as adults, and childhood sexual abuse has been found to be very high among sexual offenders (Hansen & Slater, 1988). This, along with the other evidence, suggests that sexual offenders will have problems in establishing intimacy as adults.

Intimacy Problems in Adult Sexual Offenders

Several authors have suggested over the years that sexual offenders have problems in developing intimate relations with others (Bancroft, 1978; Fagan & Wexler, 1988). When people are chronically unable to form intimate relations, they experience emotional loneliness. Emotional loneliness, it has been shown, generates a self-interested and aggressive disposition (Check, Perlman, & Malamuth, 1985; Zillborg, 1938). This, combined with their inability to meet relationship needs in appropriate ways, increases the likelihood that such individuals will sexually aggress. Sexual offenders should, therefore, display low levels of intimacy and experience emotional loneliness. In a thorough examination of this hypothesis, Seidman, Marshall, Hudson, and Robertson (1994) evaluated the intimacy and loneliness of both incarcerated and non-incarcerated sexual offenders from Canada and New Zealand. They compared these sexual offenders with other offenders (both violent and nonviolent nonsex offenders) and with demographically matched nonoffenders. Child molesters, rapists, and exhibitionists all showed markedly less intimacy in their lives and far higher levels of loneliness than did any of the other comparison groups. Subsequently, Garlick, Marshall, and Thornton (1996) reported similar results with English sexual offenders, and so did Bumby and Hansen (1997) with American sexual offenders. Bumby and Hansen (1997) also found that sexual offenders not only lacked intimacy with their sexual partners, they were also deficient in intimate relations with their parents and siblings, and they had superficial relationships with their friends. Apparently, these intimacy problems are all-encompassing.

Another way to look at these problems in forming intimate relationships is to consider the person's characteristic attachment style (Bartholomew & Horowitz, 1991). Adult attachment styles have been categorized as either secure or insecure, where a secure style maximizes the likelihood of achieving intimacy with another person, while an insecure style almost guarantees a failure to develop intimacy. Insecure attachment styles are further subcategorized as either preoccupied, fearful, or dismissive. A preoccupied style describes people who so strongly desire intimacy that they are almost obsessed with it, but they have such a negative view of themselves that as soon as someone else gets close to them they withdraw for fear of rejection. A person with a fearful style not only considers himself to be unacceptable, he thinks other people will be nasty to him. Consequently the fearful person avoids intimacy and attempts to establish superficial but enduring relationships. The dismissive person sees no value in relationships since he considers other people to be worthless. Men with this style typically have short-term relationships wherein they seek to meet their own needs (sex, money, shelter) at the expense of others.

Ward, Hudson, Marshall, and Siegert (1995) attempted to relate adult attachment style to specific forms of sexual offending. For instance, because preoccupied individuals desire intimacy but are afraid of rejection by others, they try to establish relationships where they are in control. The easiest way to do this would be to seek a compliant, unassertive or inferior partner. Ward et al. predicted that sexual offenders characterized by a preoccupied style would, therefore, seek out children as victims, and they would develop a quasi-romantic relationship with their victims. These

offenders would tend to have few victims with whom they would be involved repeatedly over time. Fearful sexual offenders, on the other hand, would avoid such intimacy and look for relatively impersonal contacts with victims they could control. They would, therefore, tend to have short-term contacts with numerous victims and their sexually offensive behaviors might include children or involve exhibitionism. Finally, according to Ward et al., the dismissive sexual offender would be concerned only with his own needs and, since he has no respect for others, would be willing to be forceful in his attacks. Indeed, among these men it was expected that their extreme self-interest might lead them to engage in gratuitous or even sadistic violence during their offences.

While research findings have not perfectly matched Ward, Hudson, Marshall, and Siegert's (1995) predictions, it has been consistently found that sexual offenders are characterized by insecure attachment styles. Unfortunately, most of the studies examining the attachment styles of sexual offenders have simply identified the incidence of the different styles rather than connecting them to the typical *modus operandi* of the offenders. A series of studies have now shown that sexual offenders, in contrast to other males, are more likely to display one or another of the insecure attachment styles (Bumby & Hansen, 1997; Cortoni, 1998; Hudson & Ward, 1997; Jamieson & Marshall, 1998; Smallbone & Dadds, *in press*; Ward, Hudson, & Marshall, 1996). Child molesters tend to be overrepresented in the preoccupied and fearful attachment styles, whereas rapists are more commonly found to be dismissive. These results, while consistent with Ward et al.'s theory, did not derive from a careful attempt to match attachment style and offense history. We have such a study in progress.

In summary, then, presently available data are consistent with the idea that sexual offenders have trouble establishing good quality intimate relationships, they suffer from loneliness, and they have poor attachment styles. If this is true, and our theory is correct in connecting these problems with a propensity to sexually offend, then our treatment programs with these men should include a component aimed at overcoming these problems. The next section gives a brief account of our treatment program and its effectiveness.

Treatment of Sexual Offenders

Our treatment program is much the same as other cognitive-behavioral programs in North America and is matched by all programs for sexual offenders operated by Correctional Services of Canada, whether in prisons or in community follow-up settings. Since Canadian penitentiaries also provide an extensive range of programs for many of the ancillary problems of sexual offenders (e.g., substance abuse, anger management, cognitive skills), we only address those issues that are directly relevant to all sexual offenders. We deal with their denial and minimizations about their offences; their misperceptions about women, children, and their victims in particular; their inappropriate attitudes and beliefs concerning women, children, sex, and violence; their lack of empathy; their poor self-esteem; and their intimacy and attachment problems. All of these efforts are made within a relapse prevention framework which

was originally developed to deal with addictive problems (Marlatt & Gordon, 1985). Relapse prevention approaches recognize that offenders must be equipped not only with new skills and coping strategies, they must recognize the early steps in their offending and develop plans for avoiding future risks and dealing with unavoidable problems so that they do not slip back into behaviors and attitudes that precede offending. All treatment is done in groups of ten offenders and one therapist (sometimes two, when the resources are available) over a four to six month period.

In the specific intimacy/attachment component of our program, we examine with the offenders the possible origins of their intimacy problems and the ways in which intimacy can be achieved. We also examine their prior attachment styles and discuss the costs and benefits of both their prior style and a more appropriate, equitable style. Sexuality issues are considered as well as jealousy, dealing with being alone, and the behaviors that facilitate intimacy and bond people to each other. Fortunately, in our institutions all offenders have considerable opportunities for open, face-to-face visits with their families. Most also have reasonably regular conjugal visits where they spend two to three days living with their partner in the privacy of a specially built accommodation on the grounds of the institution. These visits provide ample opportunity for them to practice the skills they have learned in our program so that they can begin to build a better, more intimate relationship before they are released from prison.

Our evaluation of our intimacy/attachment component (Marshall, Bryce, Hudson, Ward, & Moth, 1996) demonstrated that even while the sexual offenders remained in prison, we were able to enhance their sense of intimacy and reduce loneliness. In addition, our long-term evaluations of both our prison (Marshall & Fernandez, *in press*) and our community program (Marshall & Barbaree, 1988) reveal that we are very effective in reducing recidivism. Other researchers have also examined the long-term effectiveness of similar cognitive-behavioral programs and found significantly lower rates of recidivism among treated compared to untreated sexual offenders (see Marshall & Anderson, 1996, and Marshall, Jones, Ward, Johnston, & Barbaree, 1991, for a review of treatment outcome studies).

These appraisals not only indicate that sexual offenders can be effectively treated, they also reveal that such treatment programs substantially reduce the number of innocent women and children who suffer at the hands of these offenders and they save the taxpayers a considerable amount of money. Marshall (1992b) gathered information on the cost of investigating an alleged sexual offense, prosecuting the case, and incarcerating the offender. He found that on average it costs taxpayers \$200,000 per offender. These cost estimates were replicated in the United States by Prentky and Burgess (1991), so they appear to be reliable estimates. Averaging across our treatment programs, Marshall (1992b) estimated that the differences in recidivism rates between treated (less than 10% recidivated) and untreated offenders (some 25% to 30% recidivated) revealed an approximate 20% reduction in recidivism. This means that for every 100 treated sexual offenders, 20 who would have reoffended if left untreated will not reoffend. Since, when sexual offenders reoffend, they do so against two or more victims, this represents a savings of 40 or more victims as a result of treatment. Since it costs \$200,000 for each reoffender, these data

reveal that whenever we treat 100 sexual offenders and prevent 20 from reoffending, we save the taxpayers some \$4 million. The costs to treat 100 sexual offenders, including their treatment in prison and their post-release treatment and supervision, is approximately \$700,000, resulting in a net saving of \$3.3 million. Clearly, treating sexual offenders effectively can be achieved at not only no cost to society, but to the profit of society both in terms of saving human suffering and taxpayer's dollars.

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