

A neurobiological perspective on attachment problems in sexual offenders and the role of selective serotonin re-uptake inhibitors in the treatment of such problems

Anthony R. Beech*, Ian J. Mitchell*

School of Psychology, University of Birmingham, Edgbaston, Birmingham, B15 2TT, UK

Received 26 May 2004; received in revised form 11 August 2004; accepted 9 October 2004

Abstract

This paper describes what is currently known about attachment from the development, social–cognitive and biological literatures and outlines the impact on organisms given adverse development experiences that can have an effect upon attachment formation in childhood across these three literatures. We then describe the effects that ‘insecure’ attachment styles arising in childhood can affect brain chemistry and brain function and subsequently adult social/romantic relationships. In the paper, we note that a number of sexual offenders report adverse childhood experiences and that they possess attachment styles that, taken together, make it likely that they will either seek out intimate attachments in ways where they will have sex with children, perhaps confusing sex with intimacy or in aggressive ways as particularly happens with men who sexually assault adult women. The last section of the paper describes chemical treatment for sexual offenders, focusing on the use of selective serotonin re-uptake inhibitors (SSRIs). We note evidence for the role of SSRIs in promoting more social/affiliative behaviors and speculate on the effects that SSRIs have in the treatment of sexual offenders by targeting areas of the social brain. Here, we would argue that it would be useful to carry out treatment where there is a combination of SSRI treatment (to promote more prosocial feelings and behaviors) in conjunction with therapy that typically addresses thoughts and behaviors, i.e., cognitive–behavioral therapy/schema-focused therapy.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Attachment problems; Sexual offending; Neurobiology; Brain function; Neuropeptides; Oxytocin; Vasopressin; Selective serotonin re-uptake inhibitors; SSRIs

* Corresponding authors. Tel.: +44 1214147215; fax: +44 1214144897.

E-mail addresses: a.r.beech@bham.ac.uk (A.R. Beech), i.j.mitchell@bham.ac.uk (I.J. Mitchell).

1. Introduction

Recent thinking in the area of sexual abuse is that sexual offenders, in general, have deficits in four areas of functioning: (1) (deviant) sexual interest/deviant arousal; (2) attitudes supportive of sexual assault; (3) socioemotional functioning problems and (4) self-management/general self-regulation problems (Thornton, 2002). Cognitive-behavioral treatment has been shown to be quite good at addressing these four areas of functioning except it has been found that, for most pedophilic/fixated offenders, many hundreds of hours of therapy are needed to produce any shifts at all in socioemotional problems, such as levels of inadequacy, distorted intimacy balance (feeling that emotional intimacy is easier with children than adults), aggressive thinking, callous/unemotional traits and emotional loneliness (Beech, Fisher, & Beckett, 1999). Such problems are clearly important risk factors in the future commission of sexual offenses (Thornton, 2002). According to Ward and Siegert (2002), the primary cause of such interpersonal functioning problems is insecure attachment in childhood and subsequent adult attachment problems (Ward, Hudson, & Marshall, 1996). Adult attachment style is a relatively enduring set of characteristics for making sense of one's life experiences (Young, Klosko, & Weisharr, 2003). Hence, the attachment problems underlying these socioemotional problems are a set of enduring interpersonal difficulties for a number of sexual offenders.

A history of poor attachment has been widely noted in sexual offenders' histories (Becker, 1998; Browne & Herbert, 1997; Marshall, Serran, & Cortoni, 2000). Awad, Saunders, and Levene (1984), for example, reported that some parents of adolescent sex offenders were rejecting, abusive or emotionally detached. Craissati, McClurg, and Browne (2002) in a review of the literature found that family backgrounds of sexual offenders are typified by neglect, violence and disruption. Rejection has also been described as a developmental marker for the likelihood of somebody becoming a sexual abuser in that Marshall (1989) noted that 'erratic and rejecting parenting behaviors, which alienate the children from the possibility of forming secure attachment bonds, distinguish the family context in which sexual offenders grow up' (p. 497). While Smallbone and Dadds (1998) found that poor paternal attachments predicted sexual coercion in adulthood and that a poor relationship with one's mother was predictive of general antisocial behavior. It is noteworthy that Hanson and Bussière (1998), in their metaanalytic review of variables related to sex offender recidivism, found that a negative relationship with mother was the only developmental variable related to subsequent recidivism.

Attachments are thought to lead to positive emotional states such as joy, when attachments are renewed and security, when the attachment bond is maintained (Ward et al., 1996). Ward et al. note that negative emotional states can occur when attachments are threatened or lost. As for a link between vulnerability factors and sexual offending, attachment problems may lead offenders having difficulties in forming relationships with age appropriate adults (Marshall, 1989). Marshall et al. (2000) note that individuals with insecure attachment are more likely to evidence poor coping strategies. Burk and Burkhart (2003) outline a clear etiological relationship between disorganized attachment—where the individual has had to cope with a frightened or frightening caregiver such that they have not developed or adequately internalized self-regulatory skills—and sexual offending.

The genesis of adult attachment problems, according to Bowlby (1969, 1973, 1980), is that adverse experiences with primary caregivers have an influence upon the development of the internal working models of self and others (Bowlby, 1969, p. 80). The essential components of such an internal model include memories of attachment-related experiences, beliefs, expectations and attitudes about relationships, as well as plans and strategies for achieving attachment-related goals (Collins & Read, 1994).

Download English Version:

<https://daneshyari.com/en/article/10446010>

Download Persian Version:

<https://daneshyari.com/article/10446010>

[Daneshyari.com](https://daneshyari.com)