Child Abuse & Neglect 65 (2017) 77–87

Contents lists available at ScienceDirect

Child Abuse & Neglect

A study of Attachment Disorders in young offenders attending specialist services

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ARTICLE INFO

Article history:
Received 14 October 2015
Received in revised form
29 December 2016
Accepted 11 January 2017
Available online 23 January 2017

Keywords:
Attachment Disorder
Reactive Attachment Disorder
Disinhibited Social Engagement Disorder
Young offender
Maltreated children

ABSTRACT

Attachment disorders, specifically Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) are disorders associated with neglect and abuse in which people have significant difficulties relating to others. This study aims to explore Attachment Disorder symptoms and diagnoses in young offenders and factors that may be associated with them such as mental health problems. A cross-sectional design was used with 29 young people who were known to Intensive Services, aged 12–17 (M = 16.2, SD = 1.3), 29 carers and 20 teachers. They completed measures investigating symptoms of Attachment Disorders and psychopathology. Eighty-six percent of the young people had experienced some form of maltreatment and the rates of an actual or borderline Attachment Disorder was 52%. A positive correlation between Attachment Disorder symptoms and other mental health problems (as rated by carer-report Strengths and Difficulties Questionnaire Total Difficulties Score), accounting for 36% of the variance was found, with a large effect size ($r_s = 0.60$). Attachment Disorder symptoms were associated with hyperactivity and peer relationship problems.

1. Introduction

1.1. Attachment Disorders (Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED))

RAD and DSED are characterized by 'markedly disturbed and developmentally inappropriate social relatedness in most contexts; beginning before age five' (Diagnostic and statistical manual of mental disorders fifth edition, DSM 5, APA, 2013). The behaviors are thought to arise from persistent caregiver neglect, physical or emotional abuse or a lack of continuity in caregivers that prevents the formation of stable attachments, for example frequent changes in foster care. Throughout the paper the term "attachment disorder" will be used to refer to both RAD and DSED collectively, unless otherwise specified.

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http://dx.doi.org/10.1016/j.chiabu.2017.01.009
0145-2134/

Table 1
DSED/RAD: core symptoms.

1. Disinhibited Social Engagement Disorder	2. Reactive Attachment Disorder
Overfriendliness with strangers	Failure to seek comfort
Comfort seeking from strangers	Avoidance of eye contact
Attention seeking	Hypervigilance
Invading social boundaries	Frozen Watchfulness
Personal questions	Unpredictable Reunion response
Minimal checking	
Cuddliness with strangers	

1.2. Historical context

The origins of attachment theory stemmed from Bowlby's (1944) work with young offenders. Fourteen out of 44 teenage 'thieves' were identified as showing a lack of affection and little guilt towards their victims. More than 80% of these "affectionless" children ($n = 12$), had experienced maternal separation of over six months in their first two years. Of the 44 non offending controls only two (five percent) had experienced maternal separation. Bowlby concluded that maternal separation could have an adverse effect on development in terms of emotions, behaviour, social relationships and intellect.

Follan and Minnis (2010) re-interpreted Bowlby's findings by suggesting that the "affectionless" group could be classified as displaying symptoms of an Attachment Disorder: they struggled to establish relationships and showed behaviors that were socially inappropriate. They noticed that many of the "affectionless" children were neglected during separation and suggested that these problems may have arisen from neglect by the parent rather than the stress of the separation. However, both nature and nurture may impact on the development of such problems (Minnis et al., 2007).

Attachment disorder is a relatively new diagnosis; RAD was first included in the DSM in 1980 (Potter et al., 2009). In the DSM- IV two subsets of RAD are identified; an inhibited (IRAD) and a disinhibited (DRAD) type. The inhibited child does not initiate suitable social interactions and if approached responds inappropriately. In the disinhibited type the child exhibits an active involvement in close social interactions with numerous people, failing to discriminate between suitable attachment figures. Although two distinct subtypes are outlined, research shows that they can occur together (Smyke, Dumitrescu, & Zeanah, 2002). Recently the DSM 5 (APA, 2013) divided the two types into distinct disorders; the inhibited form continues to be known as RAD whereas the disinhibited form was redefined as Disinhibited Social Engagement Disorder (DSED). Research by Lehmann, Breivik, Heiervang, Havik and Havik (2016) found support for the DSM-5 conceptualisation of the disorders as distinct dimensions of child psychopathology. They noted that assessment of both yields information beyond other mental health problems. The criteria within the two disorders remains largely the same as in the DSM-IV and they are discussed in greater detail in the following section. They are also available to view in Appendix A. As mentioned above, for ease of reference the term Attachment Disorders will be used to refer to both RAD and DSED within this paper. In any of the classification systems, the diagnosis can only be made if there has been a history of maltreatment (abuse or neglect).

1.3. Prevalence and symptoms

Skovgaard (2010) estimated the rates of Attachment disorders in 211 Danish one and a half year olds to be 0.9%. Minnis et al. (2013) found the prevalence of Attachment disorders in 1646 six to eight-year-old children in a deprived area of the UK to be 1.4%. More specifically, Kay, Green and Sharma (2016) found the prevalence of Disinhibited Attachment Disorder which is now known as Disinhibited Social Engagement Disorder (DSED) in 60 adopted children (aged 6–11) from UK out of home care to be 49%. Seven-two percent of this sample had suffered maltreatment. They noted the prevalence to be 4% in 26 clinic-referred children with externalizing disorder but no history of maltreatment or disrupted care; and 6% in 55 matched low-risk comparison controls.

Symptoms of RAD include failure to seek comfort, avoiding eye contact, frozen watchfulness, hypervigilance and unpredictable reunion responses. Symptoms of DSED include seeking comfort from strangers, indiscriminate friendliness, demanding and attention seeking behaviour, minimal checking in unfamiliar settings, cuddliness with strangers, asking personal questions of strangers, invading social boundaries (Minnis et al., 2013). They are also shown in Table 1 below.

Previous research has indicated Attachment Disorders may be more likely in specific environments. Many studies of Attachment Disorders have been conducted with ex-institutionalized children. Tizard and Rees (1975) investigated institutionalized rearing, behavioural problems and disrupted relationships for 26 children aged four to 16 compared with an adopted and a non-institutionalized group. They found that the institutionalized children had slightly higher levels of behaviour problems, clinginess and struggled to form an attachment relationship. In a study of 165 Romanian and 52 UK adoptees (age six), symptoms of severe attachment disorder were noted for six percent of those that had experienced less than six months' parental deprivation and 31% of those that had experienced over two years' parental deprivation (O'Connor & Rutter, 2000). Failure to discriminate appropriately between adults, showing a lack of wariness with strangers and a lack of physical boundaries was found amongst institutionalized Romanian children (Zeanah, Smyke, & Dumitrescu, 2002).

Two studies explored Attachment Disorders in children in care (Millward, Kennedy, Towlson, & Minnis, 2006; Minnis, Everett, Polosi Dunn, & Knapp, 2006). Higher scores on measures of Attachment Disorders were found compared to children