

Addressing the Trauma Bond Through Group Therapy with Juvenile Sex Offenders

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Objectives

1. To provide a conceptual framework for treatment providers to use to assess trauma history upon intake with a youth.

2. To provide a conceptual framework within which providers begin to intervene to treat the trauma events and sequelae.

3. To teach providers to identify characteristics within the juvenile that keep him "bound" to the traumatic events and values learned therein.

Outline

- Address the existing literature on juvenile sexual offending etiology, role of trauma, and exploration of risk/protective factors
- Explore the role of attachment in juvenile sexual offending behaviors
- Vignette of D.H.
- Application of group therapy treatment modalities to the case of D.H.

Trauma Bond

- Trauma bond is a term that was first used by Jan Hindman.
- The bond is represented in behaviors, attitudes and habituated or fixated patterns of relating to others that the offender manifests.

Trauma Bond (cont'd)

- The conflict that the youth's behavior manifests must be revealed, explored and grieved to interrupt the acting out behaviors.
- For D. H., the discovery of his pattern of abuse and his reactions to it helped him reduce his need to reenact his trauma.

What the Experts Said About...

The Role of Family Influences

- Juveniles who have aggressive behavior have been found to be “four times more likely to have witnessed violence in their homes.” (National Organization for Women, 2006)
- Children who were abused or neglected are also more likely to get caught up in patterns of later delinquent and criminal behavior, violence, alcohol, and drug abuse (ISTSS, 1996).

Family Influences (continued)

- Hunter and Becker (1994) suggest that familial dysfunction and childhood exposure to trauma are more common and severe among youth with sexual behavior problems than is the case with adults who begin sexual offending later in life.

Family Influences (continued)

- According to Baker et al (2001) many parents of juvenile sex offenders were physically and sexually abused as children. Moreover, many of these victims/survivors of sexual abuse did not report the incident(s) and endured emotional isolation through their secrecy. This act predisposes their children to a family culture of secrecy, denial, and deception that may yield future victimization. Furthermore, this family pathology may also foster sexual offending behaviors and/or abusive paradigms for the next generation.

What the Experts Said About...

The Role of Sexual Abuse

- According to Oxnam & Vess (2008) two of the cornerstones of sexually offending behaviors are deception and secrecy. Deception is a tool utilized by sexual offenders to coerce their victims to remain silent as well as a tool for the offender to minimize or deny their antisocial behaviors. Deception is only as effective as the secret it protects.

Sexual Abuse (continued)

- “When children are raised in an environment of secrecy and deception, they feel cutoff and distant from the people most important to them as well as confused about how to develop close relationships with individuals based on honesty and trust. Family secrets create boundaries and alliances based on who does and does not know the secret” (Baker et al., 2003, p. 107).
- This perception of isolation leads to reduced inhibitions, rejection of social norms and diminished empathy contributing to sexual offending behaviors (Oxnam & Vess, 2008).

Sexual Abuse (continued)

- Cooper, Murphy, and Haynes (1996) found that those adolescent offenders who had been sexually abused began their own offending much earlier, had more victims, were more likely to abuse both males and females, and showed more psychopathology and interpersonal problems than did non-abused offenders.
- Johnson (1998) stated the younger the child is when he commits his first sexual offense, the more likely it is that he has been sexually victimized.

Sexual Abuse (continued)

- Hunter, Figueredo, Malamuth, and Becker (2003) suggest that being sexually victimized by a male, particularly when the male initiated non-coercive sexual involvement, is a strong predictor of future sexual offending behavior and may indicate pedophilic sexual interests.
- Research has shown that adolescents who sexually offend against male children are more often victims of sexual abuse than are offenders whose victims are female children, peers, or adults (Becker & Stein, 1991; Benoit & Kennedy, 1992; Hunter et al., 2003; Worling 1995, 2001).

Sexual Abuse (continued)

- Veneziano et al. (2000) found that individuals who had been sexually abused were more likely to select victims and sexual behaviors that reflected their own sexual victimization.
- Research has shown that they were more likely to assault victims who were male and victims who were younger than themselves (Burton et al., 2002; Kaufman et al., 1996).

What the Experts Said About...

Risk Factors & Mitigation

- According to Kelly et al (2004), adolescent sex offenders exhibit the following risk factors presenting potential problems for recidivism reduction and treatment success. They include but are not limited to physical and sexual abuse; drug abuse; alcohol abuse; dysfunctional family relationships; parental history of substance abuse and alcohol abuse; incarceration and psychiatric illness; criminal record; low social competence; impulse control difficulty; problems at school; and previous placements.

Risk Factors & Recidivism

- With both adult and juveniles that have been convicted of a sex offense, the research is clear that as a group they are significantly more likely to be re-arrested again for a crime other than sex offending (Prescott, 2006; Langstrom & Grann, 2000; Hanson & Bussiere, 1998; Hiscock et al., 2007).

Risk & Recidivism (continued)

- With juveniles, Langstrom & Grann (2000) report that previous criminality, early onset conduct disorder, psychopathy and use of threats or weapons in the index crime predict non-sexual recidivism, whereas prior sexually abusive behavior, more than one victim, male victim, and poor social skills were associated with sexual recidivism.
- Worling & Curwen (2000) found that sexual interest in children predicted sexual re-offense, whereas general criminal factors (e.g., antisocial interpersonal orientation) predicted non-sexual recidivism.

Risk & Recidivism (continued)

- Prescott (2006) found that early onset of sexually abusive behavior, persistent sexually abusive behavior (continuing to engage in sexually abusive behavior after being detected or punished), and an established deviant sexual preference are significant juvenile sex offense risk factors.
- Langstrom & Grann (2000) noted victim penetration has generally not been associated with sexual recidivism, but it has been found to be predictive of future violence.

Risk & Recidivism (continued)

- According to Hunter (1999) when examining the population of juvenile sex offenders a minority of them show deviant sexual arousal and interest, and it is possible that this group may be early onset pedophiles.
- The highest levels of deviant sexual arousal have been found in juveniles who engage in sexually abusive behavior with boys (Hunter, Goodwin & Becker, 1994).
- Prescott (2006) noted that victim penetration has been correlated with deviant sexual arousal patterns in offenders who target boys.

Mitigating Factors

- Lewis et al (2004) illustrates how these factors may be mitigated by addressing deviant sexual arousal, cognitive distortions of sexual aggression impulses, and social skills deficits. Another tool to mitigate these risk factors is teaching the offender relapse prevention strategies. These include identifying and avoiding high risk situations, stopping fantasies about sexual offending, self-control and monitoring, as well as identifying support systems.

Cautionary Nugget

- Only a small number of sexually victimized youths become juvenile sex offenders, and not all juvenile sex offenders have been sexually victimized (Burton et al., 2002).

Attachment Disorder & Juvenile Sex Offending Behaviors

Attachment Disorder

- What type of attachment issues are involved?
- What is Attachment Injury?
- How does attachment disorder correlate with juvenile sexual offending behaviors?
- Introduction of Case Vignette

Attachment Disorder

- Underlying all attachment disorders is a craving for intimacy that is in conflict with an intense fear of closeness (Zilberstein, 2006; Westen et al., 2006).
- Secure attachment creates the ability to see and read others' feelings through the development of the ability to mentalize (*see oneself as separate and to see one's own experiences as separate from the experiences of another*).

Attachment Disorder (continued)

- Mentalization is a skill that develops during childhood and the extent to which a child is able to mentalize determines the extent to which one feels safe and experiences emotional support in relationships.
- Those with mentalization deficits are believed to experience greater distress following traumatic events than those with more sophisticated development (Seligman, 2007).

Attachment Disorder (continued)

- Gormley (2004) conceptualizes a child's early traumatic interactions with caregivers as attachment interruptions. The child develops attachment disorganization, attachment avoidance or attachment anxiety patterns that often carry into adolescence or adulthood.
- The risk of developing psychiatric impairment is closely associated with insecure attachment styles (Cloitre et al., 2008).

Anxious Attachment Style

- Abusive or neglectful caregivers are the main cause of anxious attachment
- Characterized by difficulties with emotional regulation; decreased expectations of emotional support within intimate relationships; difficulty distinguishing a separate sense of self and experiences events and others in his environment as extensions of his internal world (Gormley, 2004).

Avoidant Attachment Style

- Loss and rejection from caregivers results in distancing to preserve a sense of self.
- The child uses isolation, self-blame, and repression to manage emotions and defend against future rejection or abandonment.
- Difficulty tolerating intimacy with caregivers, creates distance in relationships manifested by aggression and anger
- Pattern of isolating/mistrustful behavior is consistent throughout lifetime
- Often treatment resistant (Hall, 2003)

Disorganized Attachment Style

- Exhibit behavior characterized by cruelty, lack of remorse and empathy, indiscriminate affection for strangers, self-monitoring and superficial attempts to manage positive impressions (Hall & Geher, 2003).
- May present with mistrust and remain aloof and distant in some relationships (Mills, 2004; Westen et al., 2006), and entangle (enmesh) themselves with others as a result of permeable relational boundaries.

Attachment Injury

- An attachment injured child's history of exposure to repeated traumatic events reinforces his anxious worldview and his belief system that relationships are inherently dangerous.

Correlations to Offending

- Juvenile sex offenders are estimated to have a 20-50% greater likelihood of having been physically abused and a 40-80% greater likelihood of having been sexually abused (Petriccione, 2005).
- "Trauma exposure, especially when it is chronic will compromise identity formation, cognitive processing, experience of body integrity, the ability to manage behavior, affect tolerance, spiritual and moral development, and the ability to trust oneself and others." (Kent, 2004)

Correlations to Offending

- “When children are raised in an environment of secrecy and deception, they feel cutoff and distant from the people most important to them as well as confused about how to develop close relationships with individuals based on honesty and trust. Family secrets create boundaries and alliances based on who does and does not know the secret” (Baker et al., 2003, p. 107).
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Correlations to Offending

- Adolescent sexual offenders often come from families in which parents or siblings have been involved in the criminal justice system and condoned the use of violent antisocial behavior (Awad & Saunders, 1991).
- Van Ness (1984) found that 41% of adolescent sexual offenders reported histories of physical abuse, compared with only 15% of an age-matched sample of non-sexual offending delinquents.

Correlations to Offending

- Almond et al (2006) discusses the “Cycle of Abuse Theory” and the differences between youth who sexually harm (YSH) and those who commit other non-sexual offenses.
- Survivors of sexual abuse have their views about sex strongly affected by their abuse experience but in various ways. Some young people retreat, isolate, and are potential future victims. Others act out feelings either violently or criminally and a few turn to abusing others.

Correlations to Offending

- According to Hackett (2002), mechanisms that are thought to contribute to this “cycle of abuse” include the reenactment of the abuse (McCormack et al., 1992); an attempt to achieve mastery over resulting conflicts (Watkins & Bentovim, 1992); and the subsequent conditioning of sexual arousal to sexually aggressive fantasies (Becker & Stein, 1991).
- Using social learning theory, Ryan (1989) suggests the traumatized child may become fixated on the trauma, their abusive behaviors being learned through experience and observation (Almond et al., 2006).

Case Vignette for D.H.

Case Vignette

- 14 y. o. African American male from metropolitan area
- Adjudicated only once and this for Injury to a Child
- Prior delinquency included one assault at the age of 9 that resulted in the victim being hospitalized, substance abuse (marijuana and alcohol), and numerous suspensions and expulsions from school for disruptive behavior.

Vignette

- D. H. was the only child born to his unmarried parents who lived together less than a year.
- D. H. had one half-brother three years younger than him at his mother's house.
- D. H. had three half-siblings four, five, and seven years older than him at his father's house.
- D. H. began to visit his father's home at age 5.
- His eldest sister sexually abused him and the other two siblings between his ages of 5 and

Vignette (cont'd)

- D. H. told his mother and grandmother of the abuse at his father's house when he was 5. She said she believed him and yet nothing changed.
- D. H. was violently raped on one occasion by a paternal cousin (age 14) when he was 9. He did not tell anyone.

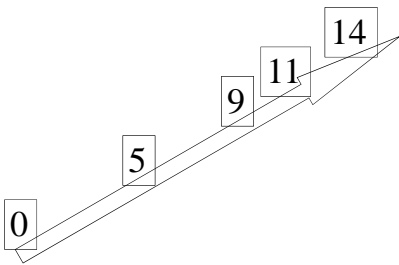
Vignette (cont'd)

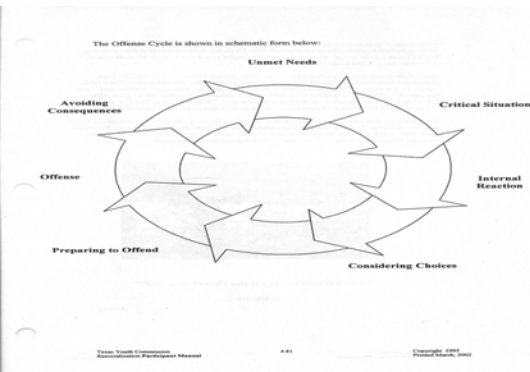
- D. H. molested his younger brother by fondling when the brother was age 9.
- D. H. molested his female, 9 year old paternal cousin on one occasion.
- D. H.'s cousin reported the abuse and he was adjudicated.

Vignette (cont'd)

- D. H. came into treatment voluntarily, as he was adjudicated for a non-sexual offense, he was not required to do so.
- When writing his sexual history, early in individual therapy, he disclosed that he had been involved in some sexual act with as many as 22 people, but did not believe he had a sexual abuse history of his own.

Timeline





Acting Out in Treatment

- As is common for many adolescents in residential treatment, D. H. was responsible for numerous aggressive acting out episodes with peers.
- However, following the revelation and subsequent processing of the trauma bond event, he demonstrated no further aggression in the months before his release.

Group Process – Life Story

- Reviewed sexual history in individual therapy to sort issues of culpability and victimization.
- Among the sexual encounters he revealed were numerous acts of frottage, fondling and sexual intercourse at school with female peers.

Group Process – Life Story

- D. H. was difficult to engage in group. He did not openly disclose any information for months in group therapy and continued to hold that his sexual behaviors were all consensual. He denied physical abuse history, and denied witnessing family violence.

Group Process – Life Story

- D. H. met with significant frustration in his attempts to complete the Life Story task in group. He historically used few words to describe his experience and had significant difficulty with literacy.
- As a result, he found he had to repeatedly rewrite and review his Life Story tasks in group.

Group Process – Life Story

- Leaders of the group encouraged D. H. to use a time line approach to organize the events of his life chronologically for the group to understand.
- D. H. was able to identify through extensive evaluation of the ages and actions of those with whom he had sexual contact where he experienced attachment injuries.

Group Process – Life Story

- With a diagram of the time line on a marker board, the group asked questions about each event and relationship he discussed.
- The visual aid that this provided helped him to verbalize feelings and attitudes that he connected to those events.

Group Process – Life Story

- D. H. disclosed considerable physical abuse during the time line process as well, reporting that his mother and grandmother physically abused him when he disclosed the sexual abuse by his half-siblings when he was five. He disclosed that his grandmother physically abused him throughout his childhood.

Group Process - Discovery

- In viewing the Life Story time line, members of the group began to help D. H. to talk about his feelings about the events in his life.
- Members of the group urged D. H. to explore the events around age 9 to see the connection between his own experience of having been sexually assaulted by a cousin and his having sexually assaulted his cousin (victim for which he was adjudicated), and between having assaulted the classmate at age nine and his conflict with having been violently assaulted at that age.

Discussion Time