

Wobbly Walls and Wobbly Lives: A Systemic- Attachment Based Intervention for Young People who have Engaged in Harmful Sexual Behaviours

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Abstract: This paper describes an orientation to working with young people who present with sexually harmful behaviours which focusses on formulation integrating the relational and attachment context of the young people's lives. Different models are explored in relation to young people who engage in sexually harmful behaviour and an approach to formulation and intervention using the metaphor of 'wobbly walls', developed in the Gweres Kernow service is described. An overview of the relevance of an attachment – systemic perspective is described with reference to the concept of safe – uncertainty. An illustration of the approach is offered utilising a metaphor of 'wobbly walls' to capture the process of assessment and intervention. Discussions of managing the anxieties of families and professionals involved with them is discussed alongside a consideration of how the approach can offer a non-blaming perspective to assisting families ensure safety and also to facilitate change.

Keywords: Sexual harmful behaviour, children, attachment, trauma, therapeutic service , research.

INTRODUCTION

Sexual offending in young people is regarded as a significant and highly evocative problem for society. Approximately 10% of all offenders found guilty of sexually harmful activities and just under a third of all those cautioned for sexual offences are aged under 18 (Ministry of Justice, 2013). Attempts to develop services for this group of young people constitutes an extremely challenging area of work not least because of fears that if not managed and effectively treated such youngsters may go on to become highly dangerous adult offenders. These young people are widely regarded as posing considerable risks to others and to themselves. Frequently, the problems are first reported in a school or college setting, followed by involvement of family members and then triggering the involvement of social services. Given the high levels of anxiety typically generated, the initial response may become predominantly organised around containment and management of risk (Rich, 2011; Leversee, 2011). A risk aversive position regarding treatment can hold back understanding of the causes and in turn may inhibit

development of more effective forms of treatment and management. The situation may be compounded by confusion regarding conceptualisations of different types of sexual behaviour in young people which requires a clear distinction to be made between sexual experimentation, child sexual exploitation, sexually inappropriate behaviour and harmful sexual behaviour. Mason (1993) has described that a typical response to uncertainty about the nature of a problem, its causes and effective treatments is to move to a position of 'unsafe certainty'. This can involve excessive focus on minimisation of risk, containment and a lack of creativity and reflection regarding effective interventions and development of the service.

Various models have been developed to understand and treat harmful sexual behaviour in young people; which are predominantly based in behavioural and psycho-educational approaches (Rich, 2011). Such approaches propose that the young people have not learnt appropriate models of sexual activity typically due to exposure to inappropriate models of sexual activity in their families. They are also often believed to hold confused ideas about gender differences. Behavioural models also include the idea that sexual activity can be highly stimulating, exciting and potentially rewarding. Hence when 'inappropriate' forms of sexual expression become established they are seen to be resistant to change because of

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their reward value. However, it is clear in many cases that the young people also appear to pay quite a heavy price for such behaviours in terms of social censure, marginalisation, criminal charges and even rejection and violence from peers and from their own family members. It seems apparent that behavioural explanations in terms of rewards therefore are not sufficient to explain the huge costs that many of these young people pay for their actions. We suggest that the question needs to be reversed: why do they engage in self – punitive behaviour which eventually causes them so much distress, unhappiness and even harm?

It has been suggested that these young people have experienced damaging backgrounds including physical, emotional and sexual abuse and neglect. Frequently they have also experienced separations from their birth family, have been adopted or accommodated in foster care or residential homes. The cumulative effects of these experiences contribute to them suffering from a variety of psychosocial problems, including low self - esteem, social withdrawal, lack of intimacy skills, impoverished sexual knowledge and experience of high levels of social anxiety (Vizard et al 2006; McCartan, 2010). These factors can be regarded as predisposing factors which increase risk. They do not in themselves explain sexual offending since many children with these backgrounds do not engage in sexual offending behaviour. Some models of intervention have been inspired by psycho-dynamic theories which emphasise that sexuality is a fundamental drive which emerges early in childhood and needs to be shaped and contained by the family the social environment, including school, friendships and the community. When family and other influences serve to distort the expression of sexuality, for example by the child being shamed, humiliated or used by others for their own needs at the expense of the child, there is the potential to develop perversions or distorted expressions of sexual behaviour. Significantly, the child has difficulty in understanding or taking account of the feelings and needs of others who may not wish to engage in sexual behaviours with them.

Attachment theory offers an important development of psycho-dynamic ideas in understanding of sexual offending (Marshall, Hudson and Hodgkinson, 1993; Santry and McCarthy, 1999; Bartosz et al, 2016; Bartosz, 2016; Smallbone et al, 2005). Applications of attachment theory to research and practice relating to sexual offending has predominantly employed Bowlby's (1979) initial findings that negative early attachment experiences can lead to various forms of problems, including offending behaviours, anxiety, social withdrawal and lack of empathy for the feelings of others.

Bowlby's subsequent work with Ainsworth (1973) noted that significant forms of insecure attachment could also develop where the child had not been separated from their family. Likewise, not all young people displaying problems of sexual offending appear to demonstrate clear evidence of separation, rejection, abandonment or abuse. The work of Ainsworth (1973) and the large body of subsequent attachment research indicates that the quality of attachment relationships in families shapes whether they become secure or insecure and insecure attachments can arise without signifi-

cant traumas or losses having occurred. Bowlby (1979) saw the sexual behavioural system as linked but not identical to the attachment one. Attachment was regarded as a primary instinct which had evolved to enable the young to seek protection from an attachment figure when faced with danger. This seeking of protection subsequently is seen to give rise to a development of an emotional bond between the child and the parents. This involves emotional and physical intimacy, for example in how the parent provides comfort and meets the child's attachment needs.

One source of potential risk regarding these intimate contacts may be the experience of unresolved trauma and loss in the parents' own childhood backgrounds (Liotti, 2004; Salomon and George, 1999). Parents who themselves have been emotionally neglected, or where the boundaries between sexuality and intimacy have been confused, can transfer these confusions to own children. More dangerously where the parents' own attachment seeking has resulted in sexual exploitation by their parents or experience of fear and rejection, this may also inculcate angry and aggressive feelings in conjunction with sexual feelings in the children. Contemporary attachment theory (Crittenden, 1997; Dallos, 2006; Powell et al, 2014; Solomon and Segal, 2003) suggests that parents acting with deliberate negative intentions towards their children is in fact rare. Instead, most parents have an intention to 'correct' their own negative experiences and offer a 'better' experience of parenting for their own children (Byng-Hall, 1995). However, their implicit, sensory and embodied memories of their own traumatic childhood experiences may be re-activated when in emotional contact with their own children leading to confusion, fear and anger in the children (Liotti, 2004). Their child's subsequent engagement in harmful sexual activities may both arouse the parents' concerns but also their frustration and anger at feeling 'let down' by their child since the parents feel they have tried hard to provide better parenting for them (Dallos, 2006; Crittenden, et al 2014)

A SYSTEMIC – ATTACHMENT ORIENTATION

We have developed an orientation which draws on attachment theory and systemic family therapy to guide the service offered to young people and their families. The service, Gweres Kernow (GK) is for young people who have engaged in harmful sexual behaviours (HSB) and is located in the Southwest of the UK. The service consists of a multi-disciplinary team of professionals which includes two clinical psychologists and three senior social workers. Referrals are initiated by social services and the involvement of the team involves continuous communication and joint planning with a number of agencies. The service employs integrative formulation to guide intervention strategies with young people and their families. This includes the provision of consultation, training and supervision to other services involved, such as schools, children's social care and the judicial systems. There has been a general increase in referrals and proportion of children referred with developmental and learning difficulties has substantially increased and there has been an expansion in children with a diagnosis of autism. The chil-

dren and young people referred display a wide range of sexual behaviours that harm others. The range of behaviours includes rape, sexual assaults, child offences, internet / social media offences and inappropriate social behaviours. Predominately the referrals do not involve force or violence. It is a relatively small proportion of referrals that include sexual activities with younger children. More typically the HSB involves peer age interactions. All the children referred reach a threshold for social care intervention based on their holistic need as well as their sexual risk.

ATTACHMENT DYNAMICS

The attachment profile of the young people attending this service is predominantly insecure attachment patterns with frequent evidence of unresolved traumas and losses in the children’s background and a similar pattern for their parents (Bartosz et al, 2019). Many of the young people have a family background in which the parents have had a childhood featuring insecurity and fear, which might include violence, abuse or more typically emotional neglect. How these experiences impact on the current situation is explored systemically and, in a manner that avoids blame and promotes responsibility. There is often a situation where the current family relationships have been in conflict, violent or more typically emotionally harmful. One outcome of these family dynamics is that, the parents struggle to provide consistent emotional support and guidance for their child. This lack of availability of parents as secure attachment figures leads to characteristic attachment strategies indicated by social withdrawal, excessive attempts to please others or frequently a camouflage of bravado in the form of a display of a quasi - tough self – reliant persona, attempts to be ‘cool’ via sexual behaviour; using sexual behaviour as a means of clowning around or using sex as a currency to bribe / buy social links with others.

The ethos of the service is to ‘balance management of risk to others with promoting the young person’s own welfare and personal development’ (Gweres Kernow, 2016). Key to this is a willingness to hold a position of ‘safe uncertainty’ (Mason, 1993) by offering containment of the anxieties generated by these young people and creative and effective treatment plans (see Table.1):

Table 1. Safety, Certainty and Risk.

SAFE CERTAINTY	UNSAFE CERTAINTY
Focus on risk management, clarity of measures focus on monitoring and safety, little tolerance for uncertainty	Lack of awareness of potential risks, assumptions that we understand the system, lack of awareness that our formulations might be wrong or counter-productive
SAFE UNCERTAINTY	UNSAFE UNCERTAINTY
Focus on management of risk but also taking calculated risks to promote changes and progress, tolerance of uncertainty	Lack of awareness of risks or measures put in place to ensure safety, uncertainty about what information is relevant, few measures in place to manage risk

Work with young offenders revolves around managing anxieties not only for the child but other organisations associated with them, for example school, social services, extended family, criminal justice system and so on. In our view Mason’s model fits well with an attachment perspective in that ‘safe uncertainty’ can be seen to coincide with the concept of a secure attachment where there is an encouragement for exploration and risk taking along strategies in place for protection, guidance and managing emotions.

This revolves around individual case formulation employed to develop interventions to be tailored to the needs of each of the children and their families and other systems. The formulations utilise perspectives which consider the nature of attachment needs and subsequent safety strategies, relationships and trans-generational processes.

FORMULATION

We feel that the model of progressive and multi-systems formulation is the most helpful for work with the young people and their families. This includes a focus on the dynamics of the family and their relationships to other systems and includes an exploration of the attachment needs not only of the child and family but also the professionals involved with them. Our formulation regarding the family includes the possibility that a significant proportion of the children referred to the service have complicating problems of developmental disorders. Organic problems can be compounded by attachment insecurities, for example for children who have experienced rejection and ridicule due to their disabilities with their peers in school and socially in terms of friendships. Many of the difficult sexual behaviours are related to difficulties managing relationships and development of relational skills. Hence, the assessment process includes an exploration of the parent’s and the child’s understandings of how the child functions socially. Core to the case formulation approach is an attempt to differentiate between different varieties of sexual offending to consider the specific links between offending behaviours and attachment processes in the young people and their families. There is an emphasis on a recognition of the systemic concept of ‘equifinality’ - the need to recognise that what on the surface may appear to be ‘similar’ sexual offences may stem from different patterns of attachment needs and strategies (Dallos and Draper, 2015). Likewise, different varieties of sexual offences may also derive from different attachment dynamics and strategies (see Fig. 1).

INTERVENTION: AN INTEGRATIVE PERSPECTIVE

The approach developed in GK draws on a family systemic and the Dynamic Maturational Model (DMM - Crittenden et al, 2015) which offers a differentiation between sexual behaviours which are related to (avoidant) vulnerable attachment processes, including self - soothing and comforting, masturbation and engaging in sexual activities to gain acceptance from others. In contrast, she suggests that more coercive sexual behaviours are linked with angry and hostile (anxious-ambivalent) attachment patterns. In the former patterns the young person may feature as both victim and perpe-

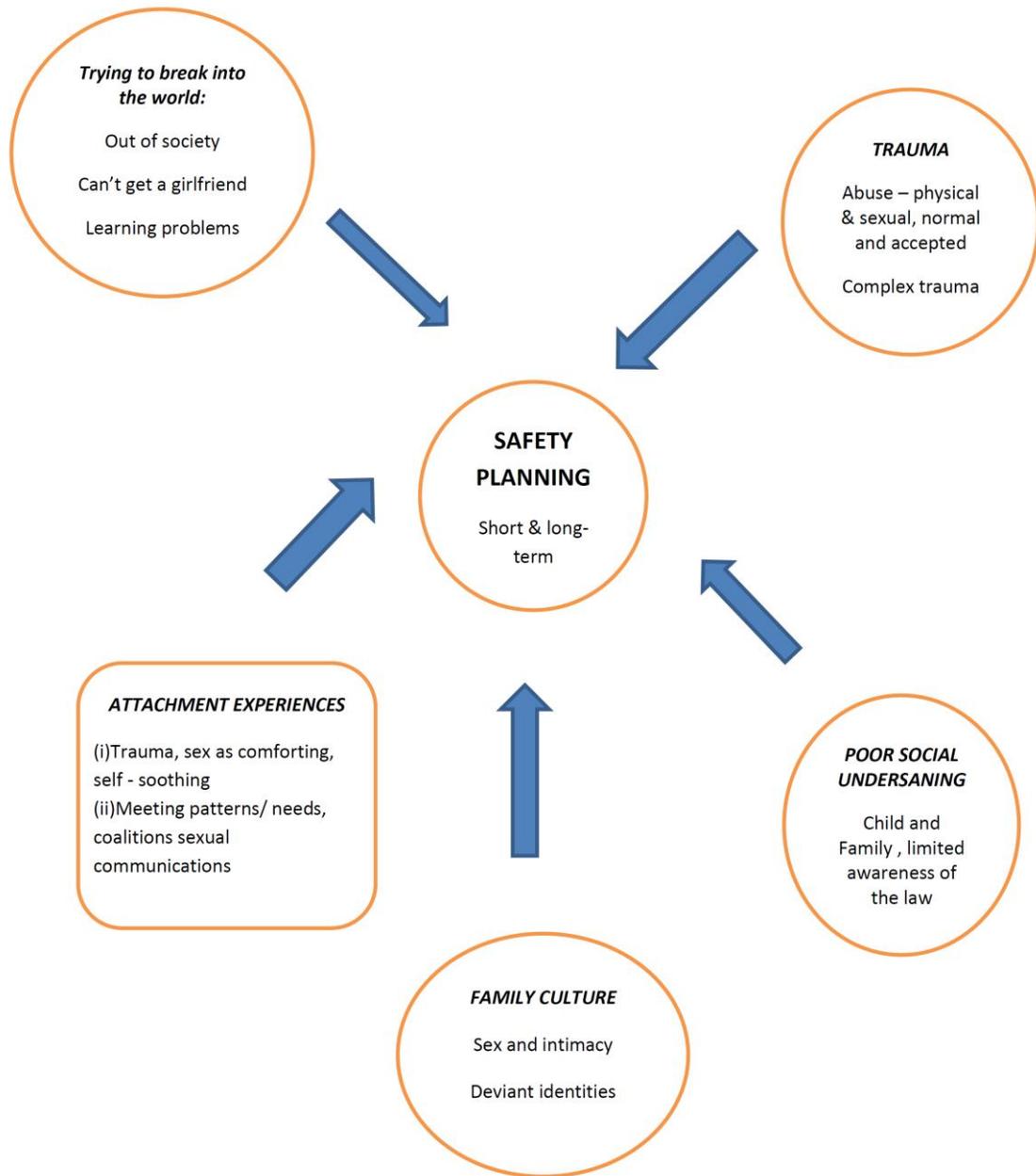


Fig. (1). Gweres Kernow - Integrative Treatment Model.

trator but often their underlying attachment process is to be self-reliant and/or to please others. In the anxious ambivalent patterns behaviour and emotions are more driven by anger and resentment.

Crittenden’s model alongside broader developments in attachment theory emphasises that these two core attachment patterns are not sufficient in themselves to account for the complex nature of sexually offending activities. Many of these young people have experienced severe and enduring traumatic events, which can both disrupt and aggravate their attachment strategies. For example, young people who typically attempt to be self – reliant and placating to others may experience powerful intrusions of negative feelings, triggered by events which bring forth memories of their own

abuses leading to anger and violent actions which may not appear consistent with their general orientation.

We attempt to work collaboratively with families and view the creation of a ‘secure base’ – a sense of safety and trust between us as central to our work. An attachment perspective recognises that parents’ own childhood histories will invariably influence their own parenting (Fonagy, 1991; Crittenden et al, 2016). Though we do not regard this formulation as ‘blaming’ many parents do even if they had experienced traumatic events in their childhood they may still feel that they are being held responsible – as if the traumas they experienced were somehow their own fault. We recognise that most parents are doing their best for their children and typically hold ‘corrective intentions’ Byng – Hall, 1995;

Dallos, 2019) to do things better than had been their experience. Hence a sense that despite their best efforts they had 'failed' because their child is acting in problematic ways. This can feel like a double injustice: the negative events they had experienced as children and now their 'failure' to overcome these. This potentially destructive pattern means that to discuss attachment patterns can be a risky venture with families and if it misfires they are likely to retreat into 'blaming' their child or the professionals involved for over-reacting or making things worse. Attachment theory assists us in making predictions about a child's future psychological wellbeing, based on an assessment of their emotional security, interacting with any trauma they may have experienced. However, the language used to describe the theory can sound jargonistic and impenetrable for many families and more concerning, which if not explained in an accessible way, leads to parents feeling blamed for their children's insecurity. This sense of feeling blamed can then act as a barrier to partnership working and as a self-defeating demotivating experience for the parent that we wish to function more successfully.

WOBBLY WALLS AND WOBBLY LIVES

A helpful approach to mitigate these problems has been to use an accessible analogy with families – insecure attachment as a 'wobbly wall' (Price, 2016). Dr Price developed the analogy 20 years ago in the family Courts where a parent remarked, "I am losing my children and I don't understand why. I did not abuse them; so why are they being removed?" The children of this parent had reached a threshold for removal due to emotional harm and neglect. The mother had gone through two phases of a child protection process and a family court process and she had not understood the professional's concerns in these meetings. The 'wobbly wall' analogy was created as a means to assist this mother to understand how her own emotional insecurity and history of abuse had impacted on the children's emotional wellbeing. The analogy makes a clear distinction between blame and responsibility in the parents' role in their children's experiences.

The analogy is used at the end of the assessment process, after a genogram and a life line is developed for each parent and each child. The information from the genogram and life-line is employed to help the analogy to be personal and relevant to the family rather than appear as general and impersonal. The power of the analogy is in allowing the parent to benefit from the predictive qualities of attachment theory, in a manner that does not feel blaming and using words that make everyday sense. In our experience this often has a profound positive effect for those families with whom we engage. The wall is drawn in front of the parent and child during a clinical meeting. This visual depiction is seen as key to foster understanding and integration of feelings about their life together. It incorporates the idea that the attachment working model is represented in multiple layers, sensory, visual, verbal, narrative and reflective awareness. Helping to access and form integrations between these layers is extremely important since for many parents' trauma in their own childhood and adult life have led to disconnections or

dissociations between the conscious and non-conscious representations. The visual depiction assists in such integration and offers a therapeutic as well as an assessment experience. The resultant drawing is often given to the parent so that they can continue to think about the ideas and some families even laminate the drawings and put them on the fridge for repeated consideration. The visual depiction helps to make our work with families 'memorable' and lessens the risk that sessions based exclusively on talk and words which may easily and rapidly be forgotten.

The process involves both parents, and if applicable foster carers, to develop new understandings and more positive feelings towards the child who has acted in a sexually harmful way. The wall metaphor helps them to understand their child's actions not as 'abhorrent' but as linked to insecurity, emotional needs and trauma. While the genogram is being drawn, questions (drawing on the AAI) are asked about various members of the family, for example regarding the parents' own experiences of how they were parented as children, whether and how they were offered comfort and protection when as a child they were ill or upset, whether they felt frightened or safe with their parents and so on. Their answers are illustrated visually, for example by drawing that person on the genogram as a wobbly shape. How the parent and their own parent interacted with each other is used to clarify what kinds of safety seeking strategy is now used by the parent, (their solution to their insecurity). This is also drawn on the genogram and there can be a discussion of how we will aim to achieve better understanding of these drawings by the time we finish. In this way the parent becomes familiar with the form of the drawings and they most often become curious and thoughtful about what they might mean. This curiosity acts as a catalyst for the parent in their reframing of their narrative and offers a stepping stone for the parent to be able to reframe their child's narrative in a more understandable and accepting light.

The analogy is difficult to depict using words alone. At the start, the baby is drawn with their parents, and the parent's role is described as having the aim to produce a foundation for the baby to grow, develop and reach full potential. This foundation is illustrated by the drawing of a 'solid wall'. The 'solid wall' is used to illustrate the conditions that lead to the formation in the child of a secure attachment. The 'solid wall' is further illustrated by labelling the bricks that constitute the wall with the adjectives that describe how you create an environment in which secure attachment can develop. This phase allows the parent to understand what it is we are aiming for. The effects on brain development, personality development and social development are discussed and illustrated. One key part of this secure phase is to show that a solid wall assists a child withstand the knocks that life throws at everybody. The wall is now drawn, and the bricks illustrated with the first brick as love since all children need to love their parent. Further bricks include, being shown what is right and wrong (rules); the rules being stable, predictable, and consistent. This stability and predictability forms patterns and routines. Other bricks include; having fun, learning and play which is discussed as both a sense of

affectionate contact and for experimenting with feelings and problem solving. The most important brick is labelled as the 'wave-length' brick - mutual empathy and understanding. These concepts are discussed in terms of how the parents need to be 'tuned in' to their child and that this involves a difficult balance between reflecting back an emotional awareness of how the child feels and conveying at the same time a reassuring message that the parent will support the child to overcome the problems. It is discussed that this balance is very difficult: too much emotional reflection can leave the child feeling that the parent is also too upset and cannot help them. Too much reassurance and minimisation of the problem can lead the child to feeling the parent does not really understand or care. Parents are also reassured that all parents sometimes get this balance wrong; we cannot simply mind - read what our children want or need. But we can look out for how they respond to our attempts to help and this is a bit like regularly checking that our bricks fit, are bedded in, line up and are level.

Once the parent shows that they understand the metaphor of the solid-wall, the parent is invited to describe in one word, what the child living on this wall is likely to feel. Most parents soon use the word safe to describe the child's experience. Safety is described as the bottom line motivator for all children's behaviour when they are feeling wobbly. When safety is provided, there is no need to seek it and a child can reach full potential. When safety is missing, all that motivates the child is to seek safety.

Difficult, dangerous, or 'bad' events occurring, such as a relative dying, a parent losing a job, their house being burgled or losing a pet is depicted as a demolition ball hitting the wall so that the wall wobbles. A solid wall wobbles for a while, but the parents have enough resources to solve this stress and that they can return the wall to a solid state and so the wobble phase is transitory. This assists the child in knowing that when the going gets tough in his life solutions are found. Some parents may lack the emotional strength to address the stresses facing them, most often due to their own childhood insecurities. These parents may struggle to return the wall to a solid state and before the stress is solved, the next demolition ball hits the wall and then the parents have two stressors to address, they become more stretched and then a third bad event hits the wall. Even before the parents may have solved the first issue, the blows of the second and third events may make them 'punch drunk' and the parents are always in a catching up phase. An insecure attachment is characterised by a 'wobbly wall' and the bricks of this wall are labelled with the factors that typify the formation for the child of an insecure attachment. The idea of a series of multiple negative impacts also helps to connect with the complex, 'disorganised' attachment patterns that many of our families display. Here the wall is not just wobbly but may have significant holes in it, so it is unable to bear any more pressure or offer support. However, the wobbly wall shows a decline in stability, predictability, routines and boundaries. Fun and play can be part of the re-building process and relationship between the emotional health of the parent creating

the wall and the characteristics of the wall are further illustrated.

The analogy is then continued by illustrating people as emotionally 'solid' (Type B secure attachment) or 'wobbly' (Types - dismissing, C - pre-occupied and D - disorganised) depending on the wall on which they were raised and the presence or absence of trauma / fear. It is explained that generally about half of children live on solid walls and half of children live on wobbly walls. A discussion can then take place about fear / trauma and how it can come to be experienced by a child in the form of a single highly dangerous or upsetting event (acts of commission) such as physical, sexual and domestic abuse. It is emphasised that it can also take hold through a more gradual and less obvious route (acts of omission) via many repetitions of the absence of care, neglect or emotional withdrawal.

A metaphor is developed to explore ideas about relationships, friendships and intimacy. The different attachment orientations are represented in terms of people showing various levels of wobbliness and how they form relationships. So how people who are 'wobbly' form trusting relationships with 'solid' or 'wobbly' people is explored developmentally. It is explained that 'solid' children have positive stories about themselves as worthy of friendship and affection and of other people as trustworthy. The typical story for 'wobbly' children is that they are not worth friendship and affection and do not expect to be able to rely on and trust others. The discussions can continue to consider how, being unsure that they will be liked or accepted, 'wobbly' children find ways to try and be in a group and have some form of friendship but without risking rejection.

This often involves taking on a variety of social roles or acting which is likely to be shaped by their underlying attachment strategy - i.e. an attempt to manage their anxieties but in relation to peers as opposed to their parents. The most common social roles we have observed with children at Gweres Kernow are: to be hard; to be cool; to act as a clown; to use bribes. Cool and hard can be seen to match avoidant strategies in denying the need for affection and intimacy whereas to use bribes is a more depending and anxious strategy of trying to please others and buy friendships. The clown can be seen as a mixture of attempting to please others but at the same time in silly behaviour denying attachment needs. In our experience the sexual risks posed by the children usually matches one of these social roles that the child has adopted. The form of safety planning for a child who thought the sexual behaviour was funny (clown) are different for a child who thought they needed to be intimidating (hard) and different again to the vulnerable child who uses bribes, etc. Healthy and unhealthy sexual behaviour are social and relationship acts. Understanding the social and relationship forming strategies is therefore a vital part of helping the children.

The transition of any child from a wobbly emotional state to a solid emotional state requires the child to live on as solid a wall as possible. Sometimes this means removing the child from the wobbly wall and placing the child in foster care,

where the parents have been assessed and received training to assist them in forming solid walls. Many children remain with their parents, however, and the intervention includes the parents and a social worker to assist in the wall becoming more solid. The second most powerful influence on a child transitioning from a wobbly child to a more solid child requires the peer friendships to be managed so that the child is not solely restricted to relationships with other children who are also 'wobbly' and needy but that they are encouraged to have a wider range of peer-group experiences. This often requires working in close partnership with education. Counselling or therapy is seen as the third most powerful means of transition from wobbly to solid walls particularly with some of the older teenagers. This work can include assisting the children to build more constructive friendships which will provide them with a future supportive network. They can also be invited to choose which areas of change on which they wish to embark.

CASE STUDIES

Jenny

Jenny was a thirteen-year-old girl who was a victim of sexual exploitation by men online. She used adult chat rooms and became groomed by some of the men in the chat room into sexual acts. Jenny was referred as she had approached peer age children and encouraged them to send her sexual images using social media. We initially met with her and mother and formulated an attachment hypothesis based on insecurity, loss and body image (she had health issues that impacted on body image). Jenny had lost her father when aged six and her mother had emotional health issues. We shared a formulation with Jenny and her mother that these emotional events were influential and had shaped their family to become a wobbly wall' and this metaphor made sense to them.

The action plan involved co-working between Gwers Kernow and a family support worker (FSW) from the child in need team. The FSW was spending time with Jenny assisting with her victimisation and GK consultation shaped this input to assist in strengthening the mother and daughter relationship. A safety plan was also developed, agreed and implemented by Jenny's mother and her school regarding Jenny's use of social media.

Our input appeared to be beneficial in that no further incidents of vulnerability or harm were reported and Jenny went on to do well in school. Jenny and her mother said that they found the interventions helpful, including the encouragement to spend together on more enjoyable and nurturing activities (strengthening the foundation of their relationship). The maternal grandparents joined in helping their daughter and this assisted in forming a corrective script for the mother. The FSW fed back that she has benefitted from the direction to the work. In school the pastoral system assisted Jenny with peer friendship challenges, such as fallings out with friends and helped her to gain confidence in managing her relationships.

Chris

Chris (16) was referred by a Youth Offending Service worker stating that he was: preoccupied with talking about sexual experiences that had occurred at his previous residential school. He had been accessing pornography and was not engaging in any alternative education provision. Chris had been placed in an Open Door (temporary residential care) provision on an emergency basis following permanent exclusion from the residential school and had a twelve-month Referral Order for Common Assault against a student at the residential school. He was found a place at a residential unit where he joined one other resident. Support was given to the managers of the unit to consider a safety plan that safeguarded the new dynamic of the two-young people in residence.

The initial input was on a 1:1 basis with the Chris to help him to process the experiences at the school that were both as a victim of sexual assault and as a perpetrator of sexual assault / rape. He was particularly distressed at the thoughts of the sexual acts that he had initiated with younger boys and expressed remorse regarding harm he had caused. However, we also assisted him to articulate that he had been let down by poor safeguarding actions from the staff team and management of the school. Subsequently this school was placed under investigation and closed. Chris acted as a witness and we helped provide support for him to be able to make a positive contribution to the investigation. However, re-experiencing the events through the investigation and his disclosures, along with a change of social worker and leaving his residential group provoked an escalation in his aggressive and sexual behaviours. There were also concerns that he was grooming one specific female member of the staff team and was behaving provocatively with at least two others. This escalation was discussed with the staff team both in terms of the threats that these changes had upon his ability to develop healthy attachments and the impact of being required to recount his past. We supported the staff team and formulated a robust safety plan to assist Chris. In addition, support was provided to the new social worker. Individual sessions with Chris were also provided by GK so that Chris had a safe place in which to process his thoughts and feelings about his experiences and to address concerns about risk.

This individual work contributed to a formulation with educational providers leading to a safety plan so that Chris could return to education. Engagement with Chris continued to support him in independent living through a transition plan. He was also given therapeutic support to work on repairing relationships with his mother and father.

DISCUSSION

The approach to intervention with young people and their families has evolved over a period of fifteen years and continues to evolve and change. We have outlined an approach that utilises ideas from attachment theory, systemic family therapy and the evidence base regarding work with this population of young people. In particular, we have emphasised the relevance of ideas from attachment theory. We have at-

tempted to describe how this helps us to work with families and employed the analogy of ‘wobbly walls’ helps to make accessible to families some of the technical language of attachment theory. However, our use of attachment theory is broader, and we have sought to illustrate how it is an important framework in considering not only the families but also the professional systems involved with them. Sexual offending generates considerable anxiety and uncertainty in professional systems frequently leading to a risk averse emphasis on containment and minimisation of risk rather than attempts to produce positive changes. Our work in GK involves acting as consultants to professionals who have frequently become unsure and anxious about how they should proceed. As our case studies have illustrated, this is not surprising since many of the families we work with display multiple problems and trans-generational patterns of trauma and loss. We use the metaphor of ‘wobbly walls’ also to explore the professional systems’ insecurities - extending the metaphor when they reach for quick setting cement to fix the wobbles, which can result, not in a straight and secure wall, but wobbles set in cement!

Throughout this paper, we have attempted to show how both the work with families and our processes of consultation revolve around case formulation. Our service attempts to avoid labelling and jargon in favour of looking at the unique dynamics of each child and their family/ relational system. These young people need to be understood in terms of the unique combinations of family, peer, community and trans – generation forces that shape their actions and feelings. Our use of attachment theory to consider how these factors weave together, employs the idea of the need for attachment and emotional connection as the key driving force for young people rather than sexual arousal. The two inter-link but we have found that a focus on sexual education, for example, though of some relevance is ineffective without a much deeper analysis of attachment needs and how these become confused with sexual offending. We have been less concerned about classification of the attachment ‘styles’ of young people we work than the specific attachment defensive, self – protective strategies that they employ. However, most of the young people we see are not only insecure in their attachment but display complex or disorganised attachment processes. This is not to say that they have all experienced clear evidence of abuse, neglect or trauma. But many of their parents have experienced significant problems in their own childhoods. This has led us to adopt a trans – generational lens. In this we do not ‘blame’ parents and in fact we frequently see that they are trying to do their best. But we recognise that this can be very difficult from their own wobbly foundations. Our analogy helps them to consider their own needs and challenges without them feeling blamed for their child’s actions.

Our work fits with the growing application of attachment theory. We think that our use of attachment theory is in the spirit of Bowlby’s initial work which championed children’s rights and helped explain ‘anti-social’ behaviour as related to their vulnerabilities. We also hope that the addition of our systemic lens and the metaphor of wobbly walls allows par-

ents to understand their part in the development and resolution of the problems without feeling blamed.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

REFERENCES

- Ainsworth (1973) The development of infant-mother attachment.
- In. B.M. Caldwell and H. Ricciuti (Eds.) Review of Child Development research (Vol.3) Chicago: Chicago University Press
- (2019 in press) Stedmon, J. and Welbourne, P. (2016) An Exploration of Attachment and Trauma in Young people who have committed sexual offences (Submitted to Journal of Sexual Aggression)
- Bartosz, Z. (2016) An exploration of attachment strategies among young people who engage in harmful sexual behaviour. (Ph.D. University of Plymouth)
- Bowlby J (1979) *The Making and Breaking of Affectional Bonds*. London: Tavistock
- Byng - Hall, J. (1995) *Rewriting Family Scripts*. London: Guilford Press
- Crittenden, P. (1997) Truth, error, omission, distortion, and deception: an application of attachment theory to the assessment and treatment of psychological disorder. In: S.M. Clancy Dollinger and L.F. DiLalla (eds.) *Assessment and Intervention Issues Across the Life Span*, Lawrence Erlbaum Assocs.
- Crittenden, P., Dallos, R., Landinin, A and Koslowska, (2014) *Attachment and Family Therapy*. Maidenhead: McGraw Hill
- Dallos, R. (2006) *Attachment Narrative Therapy: Integrating Attachment, Systemic and Narrative Therapies*. Maidenhead: Open Univ. Press/McGraw Hill
- Dallos, R. and Draper, R. (2015 4th Edn.) *An Introduction to Family Therapy*. Maidenhead: Open University Press/McGrawHill
- Fonagy, P., Steele, M. and Steele, H. (1991) Maternal representations of attachment during pregnancy predicts the organisation of infant – mother attachment at one year of age. *Child Development*, 62: 880-893
- Leversee, T. (2011), *Understanding and Applying Typologies in the Context of a Holistic Model for the treatment of sexually Offending Juveniles*, in Calder, M (eds.), *Contemporary Practice With Young People Who Sexually Abuse*, Russell House Publishing.
- Liotti, G. (2004) *Trauma, dissociation and Disorganised Attachments: Three strands of a single braid*. *Psychotherapy: Theory, Research Practice and Training*, 41: 472-486.
- Marshall, W.L, Hundson, S.M and Hodkinson, S (1993). *The importance of Attachment Bond in The Development of Juvenile Sex Offending*. In Barbaree, H.E, Marshall W.L and Hudson S.M (Eds). *The Juvenile Sex Offenders*, New York, Guilford Press, 164-81
- Mason, B. (1993) *Towards positions of safe uncertainty*. *Human Systems*, 4: 189-200
- McCartan, Law, Murphy and Bailey (2010) *Children and Adolescents female who present sexually abusive behaviour: A 10 year prevalence UK study*. *Journal of Sexual Aggression: An International, interdisciplinary forum for research, theory and practice*, vol. 17 issue 1
- Ministry of Justice, Criminal Justice Joint Inspection (2013), *Examining Multi-Agency Responses to Children and Young People who sexually offend*.
- Powell, B., Cooper, G., Hoffman, K. and Marvin, B. (2014) *The Circle of Security Intervention: Enhancing Attachment in Early – Child Relationships*. London: Guilford Press
- Price, E. (2016) personal Communication. Gweres Kernow
- Rich, P. (2011) *Understanding, Assessing, and Rehabilitating Juvenile Sexual Offenders*, John Wiley and Sons, INC
- Salomon, J. and George, C. (1999) *The measurement of attachment security in infancy and childhood*. In. J. Cassidy and P.R. Shaver (Eds.) *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Salomon, M.F. and Siegel, D. (2003) *Healing Trauma: Attachment, Mind, Body and Brain*. New York: Norton
- Santry, S. and McCarthy, G. (1999) *Attachment and Intimacy in Young People Who Sexually Abuse*. In Calder, M. (Ed.) *Working with*

Young People Who Sexually Abuse. Lyme Regis: Russell House Publishing
Smallbone.W.S, (2005) Attachment Insecurity as a Predisposing and Precipitating Factor for Sexually Abusive Behaviour by Young People. In Cadler, M. (Eds) Children and young people who sexually abuse; New theory, research and practice developments, Russell House Publishing

Vizard, E. (2002) The Assessment of Young Sexual Abusers, in Calder M. (ed.) Young People Who Sexually Abuse. Building the evidence base for your practice. Lyme Regis: Russell House Publishing

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