CHILDHOOD MALTREATMENT EXPERIENCES AND ADULT ATTACHMENT STYLE IN MALE OFFENDERS

by

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ABSTRACT

John Bowlby began to study childhood maltreatment, attachment and offending behavior many years before he conceived of attachment theory; through work with maladjusted children he came to believe that actual family experiences were key factors in the etiology of emotional disturbances. The present study examined the childhood maltreatment experiences and adult attachment representations, as defined by Bartholomew (1990) of 40 adult male offenders incarcerated at a medium security federal institution in the Fraser Valley. A control group, of 23 University of British Columbia male undergraduates, was also examined. Childhood maltreatment and other familial experiences were gathered using a modified version of the Family Attachment Interview (Bartholomew & Horowitz, 1991); adult attachment representations were assessed using the Peer Attachment Interview (Bartholomew & Horowitz, 1991), and coded using the four-category attachment framework developed by Bartholomew (1990). Participants also completed a questionnaire package that will not be analyzed for purposes of this thesis. It was found that the offender sample did experience significantly more childhood maltreatment on 5 of the 6 maltreatment variables than did the undergraduate sample; however no significant difference was found on the emotional neglect variable. In terms of attachment representations, results indicate that the inmate population is significantly more insecure in their attachment representations than are the university undergraduates; however, when compared to similar samples in the literature, both groups were significantly different in their attachment representations. Significant differences in childhood maltreatment, and attachment representation were not found.
Discussion focuses on the limitations of the present samples, the need for future research on this issue with larger samples, and the usefulness of the attachment paradigm in understanding the impact of childhood maltreatment and family of origin variables on offenders; from both treatment and risk management perspectives.
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DEDICATION

To the memory of my father,
Leo Kurt Bauer,

who died before he could see me accomplish my dream.

You see Dad, you didn’t have anything to worry about!!

So often, when I was listening to these men tell their stories

I thought of you - for I have always known how much you love me.

Thank you for your love, it shaped who I am.
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"No enjoyment is transitory; the impression which it leaves is lasting,
and what is done with diligence and toil imparts to the spectator
a sweet force, of which one cannot say how far the effect
may reach." Goethe

No important journey in life is undertaken alone, for without the support, wisdom,
and encouragement of those who make up our circles of love, friendship and inspiration
the task may seem unmanageable.

First, I must thank my husband Eric for his unwavering support and belief in me; I
know it has been difficult, and I appreciate the sacrifice you have been willing to make in
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INTRODUCTION

"We are moulded and remoulded by those who have loved us; and though the love may pass, we are nevertheless their work, for good or evil." Francois Mauriac

Attachment, as defined by Bowlby, is the instinct to form relational bonds with others, and to develop strategies to seek and maintain proximity to attachment figures when alarmed. He suggested that these strategies are internalized as working models of self and other that provide a framework by which interpretation of, and reactions to, social situations are guided over the life-span. Although Bowlby began his work with young juveniles (Bowlby, 1944), and conceived of attachment as a useful paradigm to understand psychopathology (Bowlby, 1973,'1980, 1988), attachment research quickly became the purview of developmental psychologists. Only recently have researchers begun to examine the relationship between clinical psychopathology and attachment style in populations of children, adolescents, and adults (Goldberg, 1997; Greenberg, DeKlyen, Speltz, & Endriga, 1997; Fonagy, Target, Steele, Steele, Leigh, Levinson & Kennedy, 1997; van Ijzendoorn, Feldbrugge, Derks, de Ruiter, Verhagen, Philipse, van der Staak & Riksen-Walraven, 1997; Adam, Sheldon-Keller & West, 1996; Rosenstein & Horowitz, 1996). Although offenders have been a growing target for attachment research over the past five years, for the most part attention has been focused on sex offenders and a possible link between attachment style and offender type (Smallbone & Dadds, 1998; Hudson & Ward, 1997; Ward, Hudson & Marshall, 1996; Ward, Hudson, Marshall & Sieget, 1995). Attachment, as a framework for understanding psychopathology and offending, has had a circuitous journey back to the clinical and forensic realms from
which it was conceived. The present study addresses a fundamental question in attachment research - are the effects of childhood maltreatment and family of origin adversity still evident in adulthood and can the etiology of insecure attachment be linked to specific maltreatment experiences in childhood.
Childhood Attachment - An Overview

John Bowlby and the Genesis of Attachment Theory

The study of childhood maltreatment, attachment and offending behavior commenced with John Bowlby many years before he conceived of attachment theory, thus rendering the present research a grassroots endeavor. Bowlby, after graduating from the University of Cambridge in 1928, where he had received some training in developmental psychology, volunteered at a school for maladjusted children; this experience informed not only his decision to pursue a career as a child psychiatrist, but also prompted his interest in the effects on personality development of unstable family relations. Although he was trained in psychoanalysis as well as medicine and psychiatry, he was opposed to the idea that children’s emotional problems arose from internal conflict between aggressive and libidinal drives; rather, he had come to believe that actual family experiences were of paramount importance in the etiology of emotional disturbances (Bretherton, 1992).

Bowlby undertook his first empirical study at the London Child Guidance Clinic during the years 1936 to 1939 (Bowlby, 1944). The subjects were 44 children, ages 6 through 16, who had been referred to the clinic for stealing and were thus labeled delinquents. Over the course of testing, and interviews with the child, family, and teachers, a social and psychiatric history was garnered, and a diagnosis was made. The emotional and social lives of the children were investigated, with especial attention paid to affectional ties to caregivers, separations from caregivers, and emotional trauma in the first ten years of life. Bowlby’s conclusions were that the majority of these children had experienced either one, or a combination of, maternal unavailability, rejection, or
separation, emotional trauma, such as the death of a family member, and separation from caregivers in the form of protracted hospitalization of child or caregiver, or fostering out. The delinquents for whom the diagnosis of 'Affectionless Character' had been given were likely to have experienced more severe conditions than those in other diagnostic categories, and were also those whose delinquency was more severe in intensity and duration. Bowlby described the Affectionless Character as one who displayed a "remarkable lack of affection or warmth of feeling for anyone" (Bowlby, 1944, p. 38). Their relationships tended to be superficial, and they were frequent and chronic liars, some of whom were congenial and likable at first meeting. Bowlby opined that Affectionless Characters are "intimately associated with depression and may perhaps be fruitfully looked upon as chronic depression of very early origin" (Bowlby, 1944, p. 39).

For the most part, the children so diagnosed had experienced the complete emotional loss of their primary caregiver during infancy and early childhood, producing, in his speculative opinion, a Melancholia from which complete recovery was impossible. His experience with these children supported his perspective, as he had come to discover that behind "the mask of indifference is bottomless misery and behind the apparent callousness despair" (Bowlby, 1944, p. 39). He expressed the hope "that these Affectionless Characters be studied in great detail in the future, for I believe that they are essentially delinquent characters... [and will] always steal[s] and usually become[s] a recidivist." (Bowlby, 1944, p. 39). From these early beginnings, and his work with children that followed at the Tavistock Clinic in London, was eventually born attachment theory.
Bowlby first introduced attachment theory to the British Psychoanalytic Society
in London in three seminal papers: “The Nature of the Child’s Tie to His Mother”
(Bowlby, 1958), “Separation Anxiety” (Bowlby, 1959), and “Grief and Mourning in
Infancy and Early Childhood” (Bowlby, 1960), all of which created a fervor from many
members of the Society due to his departure from psychoanalytic tradition (Bretherton,
1992). Bowlby built his theory on concepts taken from developmental psychology and
ethology, such as the notion that infants’ attachment behavior is comprised of a number
of component instinctual responses (among them sucking, clinging, and following) that
perform the function of binding the infant to the mother and the mother to the infant,
rather than the psychoanalytic perspective that attachment is secondary, or derived, from
the infant’s libidinal tie to his mother, in which need satisfaction is seen as primary.
Ethological concepts, such as sign stimuli or social releasers that ‘cause’ specific
responses to be activated and shut off, were seen by Bowlby to be external or
intrapsychic - it was his contention that attachment behaviors were activated by the
unavailability of caregivers (Bretherton, 1992). Later, in the first volume of his
attachment trilogy, Attachment (1969), he defines attachment behavior as behavior
whose outcome is proximity to an attachment figure, and whose evolutionary purpose is
protection from danger. In Separation (1973), Bowlby notes that
two distinct set of stimuli elicit fear in children: the presence of unlearned, and later of culturally acquired clues to danger or the absence of an attachment figure or both. Although escape from danger and escape to an attachment figure commonly occur together, the two classes of behavior are governed by separate control systems. (Italics present in original.) (Bowlby (1973; as cited in Bretherton, 1992, p 66).

In Separation (1973), Bowlby built on the concept of 'Internal Working Models' that had been introduced in Attachment (1969); he suggested that an individual's working models of self and attachment figure are particularly important to the individual's internal working model of the world. He purposed that the models are acquired through interpersonal interaction patterns between child and caregiver, and are complementary. Thus, if the attachment figure is responsive to the child's needs for comfort and protection, while respecting the child's need for independence, the child will develop an internal working model of self as valued and competent, and other as trustworthy. If the attachment figure rejects the child's need for comfort or independent exploration, the child will likely develop an internal working model of self as unvalued and incompetent, and the other as unreliable. These working models allow the child to predict the attachment figure's likely behavior, and to formulate their own response, therefore the models they develop are of great importance to their view of themselves and others in the world, especially those closest to them.

In Loss (1980), Bowlby expands on his theory of attachment and explains the increasing stability of internal working models and the possibility of their defensive
distortion. He concludes that their stability is two-fold: 1) as patterns of interacting become habitual and automatic, they become less accessible to awareness, and 2) due to reciprocal expectancies, dyadic patterns of relating are more resistant to change than are individual patterns. He proposed that children are inclined to defensive distortion of internal working models in three situations: 1) when caregivers do not wish their children to know about a situation, even if the child has born witness to it, 2) when children find the caregiver's behavior so noxious as to be unthinkable, and 3) when children have conceived of, or have done, something of which they are very ashamed. It was proposed that although this defensive response protected the child from experiencing mental conflict, pain or confusion, it was likely to result in the disturbance of internal working models, perhaps even the splitting of internal working models - one based upon what the child has been told, that is available to awareness, and the other, based upon the child's experience, which is excluded from awareness.

From 1950 onward Bowlby was fortunate to enter into a working relationship with another researcher whose interests were similar to his own; their association would influence the course of both their careers, and would provide the means for his pioneering theory to be empirically tested.

*Mary Ainsworth and the Operationalization of Attachment Theory in Children*

Mary Ainsworth, who did her graduate work at the University of Toronto, was introduced to security theory, developed by William Blatz in 1940, one of the major tenets of which “is that infants and young children need to develop a secure dependence on parents before launching out into unfamiliar situations.” (Bretherton, 1992, p 48). Ainsworth went on to explore this in her dissertation, in which she coins the now familiar
term ‘secure base’. In 1950 she accompanied her husband to London, where she answered an advertisement for a position at the Tavistock Clinic. The position involved working with John Bowlby on research into the effect on personality development of separation from the mother in early childhood (Bretherton, 1992). After three years with Bowlby at the Tavistock Clinic, Ainsworth moved to Uganda with her husband. Although she was familiar with Bowlby’s thinking about ethology, she was unconvinced of its contribution to the understanding of infant-mother attachment. However, in Uganda, she undertook a study of the development of infant-mother attachment and was struck by the applicability of Bowlby’s ethological ideas. In 1955, she and her husband moved to Baltimore and her data lay unanalyzed for some years; in the interim she received a copy of Bowlby’s 1958 article “The Nature of the Child’s Tie to His Mother”, which renewed their collaboration. The subsequent analysis of her Uganda data influenced, and was influenced by, Bowlby’s (1969) reformulation of attachment theory, published in Attachment (Bretherton, 1992).

Ainsworth’s Uganda data revealed three infant attachment patterns, securely attached infants, who cried little and explored in presence of mother, insecurely attached infants, who cried frequently, even when held by their mothers, and didn’t explore, and not-yet attached infants, who showed no differential behavior towards the mother. This study also revealed the correlation between maternal sensitivity and attachment quality. These findings were a precursor of what was to come.

In 1963, back in Baltimore, Ainsworth and her colleagues undertook an observational project, from which the ‘Strange Situation Paradigm’ was born. The Strange Situation Paradigm is a sequence of events, based in the laboratory, that allow
the observation of: The child’s exploratory behavior when in the presence of mother, the
child’s behavior at separation from mother, the child’s behavior upon being reunited with
mother, the child’s response to a stranger in the room while in the presence of mother,
the child’s response to the departure of stranger and mother, the child’s response to the
arrival of the stranger alone, and the subsequent final reuniting with mother. On the
basis of her findings with the Strange Situation Paradigm, Ainsworth was able to expand
upon her Uganda findings, resulting in the now familiar attachment classification system
yielding 3 types: 1) Secure - infants who explore the environment using mother as a
secure base, and who, even if distressed at her departure, are easily soothed when
reunited; thought to develop in response to sensitive and consistent care-giving; 2)
Anxious-Ambivalent - infants who do not explore the environment, or are limited in their
exploration, when mother is present, and who are very distressed at her departure, and are
both wanting, and rejecting, her attention when reunited; thought to develop in response
to inconsistent care; and 3) Avoidant - infants who freely explore in the presence or
absence of mother, who may not be at all distressed at her absence, and who actively
avoid her when united; thought to develop in response to indifferent and/or intrusive
care. Investigators working with low risk groups have made it a practice to ‘force’ every
infant into the best-fitting attachment classification, despite the difficulties this presents
when an infant does not display behavior which fits the criteria for Ainsworth’s
classifications (Main & Solomon, 1986). This conundrum eventually was resolved by
the addition of a fourth category.
Filling a Void in Infant Attachment Classification

In 1986, Mary Main, a former graduate student of Mary Ainsworth, and her colleagues (Main & Solomon, 1986) described the Strange Situation behavior of 55 infants whose response to separation and reunion failed to correspond to any of the three original attachment styles. The infants, who could not be classified as secure, anxious-ambivalent or avoidant, exhibited behavior that was inconsistent, even within the group; what they did share were sequences of behaviors that seemed to lack an easily observable goal or intention (Main et al, 1986). The behavior of these infants was described as including one or more of the following:

- disordering of expected temporal sequences; simultaneous display of contradictory behavior patterns; incomplete or undirected movements and expressions; including stereotypies; direct indices of confusion and apprehension; and behavior stilling. (Main & Solomon, 1986, p 122).

This new category of infant Strange-Situation behavior is known as the disorganized and/or disoriented style; it is thought to come about due to an abusive environment and/or persistent threat, and it is the dominant attachment style found in high risk samples to date (Main & Hesse, 1989). It is theorized that when the caregiver serves as a source of fear, as well as of expected comfort, there is a concurrent activation of the attachment behavior system, and the fear behavioral system, thus placing the infant in an "irresolvable paradox" (Carlson, 1998) that results in disorganized/disoriented behavior. In low risk samples parents of disorganized/disoriented infants have been found to suffer from still unresolved attached related traumas of their own. (Main & Solomon, 1986).
Adult Attachment - An Overview

Approaches to Categorizing Adult Attachment Styles

Mary Main, in addition to describing the fourth infant attachment style, was a forerunner in early efforts to provide a classification system for adult attachment (George, Kaplan & Main, 1984; as cited in Main, 1990; Main & Goldwyn, 1988; as cited in Bartholomew, 1990). She and her colleagues developed the Adult Attachment Interview, which focuses on adults' representations of their own early childhood attachment experiences, and the quality of their relationships with their care-givers, from childhood, through to adulthood. It is designed to allow the assignment of classifications to adults that parallel Ainsworth's three original infant-mother attachment patterns. They are: secure (secure), dismissing (avoidant), and preoccupied (anxious-ambivalent); in addition, a fourth category was added for use with those adults still unresolved about childhood attachment issues, namely the unresolved category, often used in tandem with one of the other insecure classifications, or on its' own for those difficult to classify elsewhere. This adult category has some parallel to the disorganized/disoriented infant attachment style identified by Main (Main & Solomon, 1986).

Hazen and Shaver (1987) advanced adult attachment research into the realm of adults' attachments to romantic peers, using a self-report questionnaire. Their questionnaire also yields three categories corresponding to Ainsworth's infant-mother attachment patterns, yet they differ with Main in their conceptualization of the categories, particularly the dismissing category. Whereas Main's classification system describes the dismissing individual as one who denies experiencing distress, and
downplays the importance of attachment needs, Hazen and Shaver describe them as those who report subjective distress and discomfort when close to others.

Bartholomew (1990) observed that a single avoidant category may be obscuring conceptually different patterns of avoidance in adults; namely, there are those individuals who may avoid intimacy due to fear of being close, or those who may avoid intimacy due to indifference (Bartholomew, 1990). She sought to rectify this discrepant view of the dismissing individual by harkening back to Bowlby’s original notion of internal working models for self and other, and delineating each on a continuum from positive to negative, thus producing an attachment model with four prototypic forms of adult attachment. These internal working models of self and other are based on early childhood experiences of being cared for, or not, and responded to, or not, and are thought to influence an individual’s interpersonal behavior in predictable ways, much as was originally conceived by Bowlby (Griffin & Bartholomew, 1994). An individual who forms a positive view of self and a positive view of other will be primarily securely attached; an individual who forms a negative view of self and a negative view of other will be primarily fearfully attached; an individual who forms a positive view of self and a negative view of other will be primarily dismissing in their attachment; and an individual who forms a negative view of self and a positive view of other will be primarily preoccupied in their attachment. Bartholomew’s model is a dimensional approach in that individuals may receive four scores - one for each attachment style - reflecting their similarity to each of the four attachment prototypes; this differs from other approaches that are more categorical, thus Bartholomew’s approach enables a richer description of an individual and his or her attachment pattern.
Bartholomew’s model of adult attachment may be assessed via a number of instruments, including paper and pencil measures, such as the Relationship Questionnaire (RQ), which consists of four short paragraphs describing the attachment prototypes in relation to close peer relationships (Griffin & Bartholomew, 1994); the Relationship Scales Questionnaire (RSQ), which is an indirect measure of the prototypes composed of 30 attachment phrases, and two semi-structured interviews. The first semi-structured interview is the Family Attachment Interview (FAI); it asks participants about their adult representations of experiences in their family of origin. The second, the Peer Attachment Interview (PAI), asks participants to describe their adult friendships and romantic relationships. Both interviews are rated on the basis of how closely the participant corresponds to each of the four attachment prototypes: Inter-rater reliabilities are usually greater than .90 (Griffin & Bartholomew, 1994). These measures are designed to assess the Internal Working Models of self and other, as well as similarity to the four attachment prototypes. Griffin and Bartholomew (1994) found that Bartholomew’s (1990) four attachment prototypes added predictive and interpretive power to the dimensions of self and other models underlying her adult attachment model.

In 1991 Bartholomew published her dissertation research findings based upon a sample of 77 undergraduate men (n=37), and women (n=40). The PAI was administered, and on that basis it was determined that, of the sample, 36 (46.7%) were secure, 14 (18.2%) were dismissing, 11 (14.3%) were preoccupied, and 16 (20.8%) were fearful. (Bartholomew & Horowitz, 1991). It was also reported that female participants received significantly higher ratings on the preoccupied rating than did male participants,
and that male participants received significantly higher ratings on the dismissing rating than did female participants (Bartholomew & Horowitz, 1991).

Bartholomew's semi-structured interview approach to assessing adult attachment appears to have particular merit when considering male offenders. First, it is associated with a body of empirical work with the general population that allows comparison of attachment styles with male offenders, beyond what has been done with the present university undergraduate control population. Second, a semi-structured interview that asks for the participant's perspective, and evidence to back up that perspective, may have more utility with an inmate population than would a paper and pencil measure (Collins & Read, 1994; as cited in Ward, Hudson & Marshall, 1996). Finally, her approach of considering an individual's model of self and of others is suited to the consideration of offenders, in that individuals have been incarcerated as a result of crimes involving a varying degree of harm to others; a model that considers an individual's model of self and other may illuminate differences in offence patterns. For instance, a fearful individual may be more prone to inflict harm on significant others, whereas a dismissing person may be more inclined to inflict harm on distant others.
Stability of Adult Attachment

Bowlby (1973, 1980, 1983) purported that attachment patterns are relatively stable over the life span, and that this continuity may be attributed to the persistence of models of self and others (Feeney & Noller, 1996). The ways of thinking incorporated in the models become automatic over time and operate largely outside conscious awareness, thus rendering them resistant to change. Later theorists (Collins & Read, 1994; Main, Kaplan & Cassidy, 1985; as cited in Scharfe & Bartholomew, 1994) have suggested that individuals engage in an active processing of information that in turn tends to elicit feedback that confirms internal models of self and others. However this is not to suggest that attachment representations are fixed in infancy and unchanging over the life span; rather it is thought that attachment patterns may change in response to life experiences that disconfirm existing models.

Exactly how stable attachment representations are remains controversial. Quite extensive empirical evidence indicates that infant attachment classifications based on Ainsworth’s (1979) Strange Situation Paradigm are reasonably stable from 12 months to 18 months in low-risk families, ranging from 96% (Waters, 1978; in Scharfe & Bartholomew, 1994) to 53% (Thompson, Lamb & Estes, 1982; as cited in Scharfe & Bartholomew, 1994). Egeland and Sroufe (1981) reported high stability, in a similar age group of children, in an ‘excellent care’ group, and 48% stability for children in a maltreated group. Egeland and Sroufe (1981) also reported that changes in infants’ attachment categories may be related to changes in family environment; especially to changes in mothers’ stress level. Evidence for the continuity of attachment from infancy through early elementary school is also accumulating (Feeney & Noller, 1996). Egeland
and Sroufe’s (1981) work with socio-economically disadvantaged families indicates that
t change in attachment style is related to family circumstances; an increase in severe stress
is implicated in changes from secure to insecure status in children, and increased
availability of a caregiver is associated with changes from insecure to secure styles in
children.

Evidence of attachment stability in adulthood is also increasing based primarily
on research utilizing self-report measures. These investigations have largely taken place
over spans of time from 2 months to one year (Bartholomew, 1989; Collin & Read, 1990;
Hammond & Fletcher, 1991; Shaver & Brennan, 1992; all cited in Scharfe &
Bartholomew, 1994) and have found moderate levels of stability in attachment
representations. In order to assess the true stability of adult attachment over time, that is
stability that has not been attenuated by the unreliability of measures, Scharfe &
Bartholomew (1994) examined the stability and change in adult representations of
attachment over 8 months in a sample of young adult couples. Couples were selected on
the basis of having been in a stable romantic relationship for at least 2 years on the
premise that attachment should be most stable in the absence of significant life changes.
Attachment was assessed by three methods: Self-report ratings, ratings based upon semi-
structured interviews using Bartholomew & Horowitz’s (1991) Peer Attachment
Interview (PAI), and reports of romantic partners. Results indicate that, based on
interview ratings, 75% of females and 80% of males were assessed as having the same
predominant attachment pattern from time one to time two. On the basis of self-report
data 63% of females and 56% of males reported the same attachment pattern over the
testing period. Females were not significantly different across assessment methods,
however males showed significantly greater stability when attachment was assessed with the PAI (Scharfe & Bartholomew, 1994).

Therefore while attachment representations are moderately stable across the life span, according to research with infants, young children and adults, there are events, generally a "compelling emotional experience" (Epstein, 1989; as cited in Scharfe & Bartholomew, 1994) that may alter attachment patterns by challenging internal working models of self and other. This finding has implications regarding interventions with high-risk individuals or groups. In the context of the present research understanding offenders' attachment representations may be as important as knowing their offence category when it comes to treatment, as attachment patterns may affect their receptivity and response to interventions.
Childhood Maltreatment - What is Known about Sequelae

Adult attachment theory has been used in an attempt to understand the long term sequelae of disparate experiences such as severe adolescent psychopathology (Allen, Hauser, & Borman-Spurrell, 1996), and incest (Alexander, Anderson, Brand, Schaeffer, Grelling, & Kretz, 1998). It has generally been found that family of origin maltreatment experiences (abuse, trauma, separation) results in insecure attachment. The present study hopes to elucidate this topic by considering whether or not a participant experienced physical discipline, physical abuse, sexual abuse, psychological abuse, physical neglect, and/or emotional neglect; as well as considering whether or not they experienced separation or support from principal caregivers. Given that these topics are well researched in the child maltreatment literature, what is presently known about their long term sequelae from a perspective other than attachment merits consideration. Of course, a confounding factor that presents itself whenever these forms of maltreatment are researched is that they tend to co-occur, thereby muddying the findings.

Physical Discipline.

While physical discipline is a ubiquitous form of punishment, especially for those raised prior to the present atmosphere of heightened awareness regarding the potential negative outcomes of corporal punishment, and for those of other cultures where it remains an acceptable and commonplace form of punishment, it is generally found that the frequency of physical discipline and the age to which it continues have the most relevance to possible negative consequences.

Harsh punishment, whether it be physical or otherwise, imposed upon the child or adolescent without adequate rationale is associated with a style of parenting that Diana
Baumrind (1967) refers to as authoritarian. This form of parenting relies on strict compliance with rules and the authority of the parents, without an accompanying explanation as to why a particular act is wrong or forbidden. Research has indicated that children raised by authoritarian parents tend to inhibit their undesirable behaviors in the presence of their parents due to fear of negative reprisal; however when their parents are not present, and the threat of punishment is diminished, they do not curtail their behaviors.

Physical discipline has been implicated in increased antisocial and impulsive behavior (Straus & Mouradian, 1998), cruelty to animals by males (Flynn, 1999), and increased male dating violence (Simons, Lin, & Gordon, 1998).

Straus and Mouradian (1998) investigated whether corporal punishment, and impulsiveness of corporal punishment by the parent, is associated with antisocial behavior and impulsiveness by the child. Findings indicated that the more physical punishment experienced by the child, the greater the tendency for the child to act impulsively and engage in antisocial behavior; the findings held whether the mother was impulsive in the punishment or in control. Straus and Mouradian (1998) state that the study suggests that corporal punishment is an important risk factor for children developing antisocial and impulsive behavior and may contribute to violence and crime in society.

Flynn (1999) examined the relationship between physical punishment by parents and the abuse of animals in an undergraduate population of 267 males and females. Results indicated that 17.6% of males in the study admitted to acts of cruelty towards animals in childhood or adolescence. Further, it was found that these males were
physically punished more by their fathers, both as children and adolescents, than males that did not engage in animal abuse. Greater than 50% of male adolescents who were physically disciplined by their fathers had perpetrated animal abuse; these same findings did not hold true for males spanked by mothers. Additionally, the relationship between physical discipline by father and animal abuse persisted after controlling for child abuse, spousal violence, and father’s education (Flynn, 1999).

Physical Abuse.

The long term consequences of physical abuse are varied and dependent upon other intervening factors, such as treatment, and support. However, it has been found that physically abused children are more aggressive (Dodge, Bates & Pettit, 1990; Howes & Espinosa, 1985; Kaufman & Cicchetti, 1989; Reid, Kavanaugh & Baldwin, 1987; as cited in Feldman, Salzinger, Rosario, Alvarado, Caraballo & Hammer, 1995), have more internalizing behavior problems (Kaufman & Cicchetti, 1989; Salzinger, 1991; as cited in Feldman, Salzinger, Rosario, Alvarado, Caraballo & Hammer, 1995), and are lower in social competence (Wolfe & Mosk, 1983; as cited in Feldman, Salzinger, Rosario, Alvarado, Caraballo & Hammer, 1995).

Physical abuse has also been associated with: Increased substance abuse (both single and multiple substances), and earlier age of substance abuse, in public school students (Harrison, Fulkerson & Beebe, 1997); increased risk for conjugal psychological abuse in adulthood (Avakame, 1998); and negative masculine attributes (hyper masculine/macho traits) in both genders (Rosen & Martin, 1998), all outcomes that may have importance in the etiology of offending behavior.
Harrison, Fulkerson & Beebe (1997) administered the Minnesota Student Survey to 122,824 public school students in grades 6, 9 and 12 and found that 10% of grade 6 males, 8.7% of grade 9 males and 6.8% of grade 12 males responded ‘yes’ to the question “Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?” (Harrison et al., 1997, p. 531). They found that abuse (physical or sexual or both) amongst sixth graders was associated with increased frequency (10 times of more in previous year) of use of alcohol, marijuana, inhalants, and prescription drugs belonging to others. Among ninth and twelfth graders it was associated with increased use frequency of the later, and of amphetamines, hallucinogens, cocaine, barbiturates/tranquilizers, and opiates. Grade 6 and 9 victims of physical abuse were three to four times more likely to use multiple substances than were non-victims; grade 12 victims of physical abuse were twice as likely to use multiple substances than were non-victims. The survey also screened for sexual abuse, and found that when physical abuse and sexual abuse were experienced in tandem the risk for multiple substance abuse was highest for males in grade 6 by a factor of 50, followed by males in grade 9 at a factor of 17, and in males in grade 12 at a factor of 10. Other substance abuse factors that distinguished abuse (physical and sexual abuse victims not differentiated) victims from non-victims were: Age at which drug and alcohol use was initiated and reasons for substance use. In terms of age, victims were almost twice as likely to have started using alcohol by age 12 (48.4% male abuse victims), and three times as likely to have initiated other drug use by age 12 (23.7% male abuse victims), while reasons for substance abuse endorsed by victims versus non-victims included: Because my parents do (3 times greater for victims); because of painful emotions (2
times greater for victims); because it's illegal; to escape from problems; because parents aren't around; and because of peer pressure (each 1.5 times greater for victims).

**Sexual Abuse.**

Much controversy surrounds the possible long term effects of childhood sexual abuse (CSA). Some researchers maintain that CSA is the primary cause of adult psychopathology (Esman, 1994; Nash, Hulsey, Sexton, Harralson & Lambert, 1993; as cited in Rind, Tromovitch & Bauserman, 1998), whereas others find that within a given population of individuals having experienced CSA there are diverse consequences (Constantine, 1981; Browne & Finkelhor, 1986; Kilpatrick, 1987; Bauserman & Rind, 1997) ranging from no long-term negative outcomes in approximately 25% of victims (Lynskey & Ferguson, 1997) to a variety of difficulties such as depression, anxiety, conduct disorder, alcohol abuse, substance abuse, PTSD, and suicide (Lynskey & Ferguson, 1997). There is also argument over whether CSA has more deleterious effects on girls than boys, with many concluding that the experience is neutral or positive for boys versus girls (Bauserman & Rind, 1997), while others maintain that it is an equivalently negative experience for both (Briere & Runtz, 1993; as cited in Rind et al., 1998).

In 1986 Angela Browne and David Finkelhor published a review of the child sexual abuse literature. Their findings were differentiated into 3 categories: 1) Initial or Short-term effects; 2) Long-term effects; and 3) Effects by Type of Abuse (e.g., duration, frequency, relationship with offender, type of sexual act, force and aggression, age of onset, and presence or absence of support if abuse is divulged). With regard to initial effects, a term preferred over short-term effects as short-term carries with it an
implication that the reactions do not persist, they report that a segment of the victim population experiences “fear, anxiety, depression, anger and hostility, aggression and sexually inappropriate behavior” (Browne & Finkelhor, 1986, p. 1). They observed however that, at that time, the empirical literature was not sufficient to draw firmer conclusions about the extent to which these reactions typify the experiences of abuse victims. Observations from the empirical literature were firmer in regards to long-term effects, especially for women; they include:

- Depression, self-destructive behavior, anxiety, feelings of isolation and stigma,
- Poor self-esteem, difficulty in trusting others, a tendency towards revictimization,
- Substance abuse, and sexual maladjustment (Browne & Finkelhor, 1986, p. 1).

In terms of the effects of different types of abuse, they observed from the literature that experiences involving father figures, genital contact and force were most detrimental.

In 1991 Beitchman, Zucker, Hood, DaCosta and Akman conducted a review of the short-term effects of child sexual abuse and, in addition to confirming Browne & Finkelhor’s (1986) findings, observed that the victims of child sexual abuse are more likely to come from disturbed families (e.g., higher incidence of marital separation/divorce, parental substance abuse, etc.), and are more likely to develop inappropriate sexual behavior than are non-victims. In 1992 Beitchman, Zucker, Hood, DaCosta, Akman and Cassavia reviewed the literature on the long-term effects of child sexual abuse and confirmed and expanded Browne & Finkelhor’s (1986) findings.

Sexual abuse of males has been less well research than has sexual abuse of females. However research that has been done with males indicates that young male
victims tend to come from larger families, be abused by their stepfathers, and have
suffered more threats and use of force than their female counterparts (Pierce & Pierce,
23% of males are abused extrafamilially versus 14% of girls, and that the onset of the
abuse of males tends to occur later; while Finkelhor and Russell (1984) found that 24%
of male victims had been abused by females. A study by Briere, Evans, Runtz & Wall
(1988) compared adult males and females who had been sexually abused as children and
found that sexual abuse had a least an equivalent impact on males and females. They
also found that in males lower levels of abuse resulted in similar symptomatology.
Among the symptoms reported for male child and adolescent victims are: Increased
suicide attempts, inability to trust others, and decreased social functioning, (Mandell &
Damon, 1989; as cited in Black & DeBlassie, 1993); homophobic concerns, compulsive
masturbation and infantile behavior (Sebold, 1987; as cited in Black & DeBlassie, 1993).
Amongst adult males is seen sexual preoccupation (Singer, 1989; as cited in Black &
DeBlassie, 1993), gender identity confusion, difficulty establishing stable, trusting
relationships (Krug, 1989; as cited in Black & DeBlassie, 1993), and symptoms of
chronic post-traumatic stress disorder (Myers, 1989; as cited in Black & DeBlassie,
1993).

Intrafamilial sexual abuse has been found to increase the risk for extrafamilial
sexual abuse (Harrison et al., 1997) among public school students, and to increase the use
of substances (both single and multiple substances), and decrease the age of substance
use onset. Sexual abuse has also been associated with negative feminine attributes
(subordination of self to others) in males (Rosen & Martin, 1998),
Harrison et al., (1997), in their national student survey, also queried sexual abuse victimization. The following questions, if responded to 'yes' were taken, separately or together, as indication of sexual abuse: "Has any adult or older person outside the family ever touch you sexually against your wishes or forced you to touch them sexually?" And 'Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?" (Harrison et al., 1997, p. 531). Three and a half percent of males in grade 6 reported being abused, as did 3.9% in grade 9, and 3.8% in grade 12. Sixty four percent of males who reported intrafamilial abuse also reported extrafamilial sexual abuse. A history of sexual abuse was associated with increased risk ratios for multiple substance use in male sixth graders (15 times higher than non-victims), 9th graders (5 times), and 12th graders (3 times).

**Psychological Abuse.**

Verbal aggression, which in this study constitutes a type of psychological abuse, has been found to negatively affect self-esteem and school performance in school children (Solomom & Serres, 1999). Verbal abuse that is comprised of put-downs and derogatory comments influence children’s’ expectations for their futures, and their perceptions of what their parents’ expectations are of them - this often becomes a self-fulfilling prophesy (Ney, Fung & Wickett, 1992).

**Physical Neglect.**

Physical neglect encompasses deficiencies in the upkeep of children’s physical needs such as nutrition, clothing, housing, schooling and medical. Additionally, it includes exposure to potentially dangerous situations. Children whose needs are not adequately attended to may suffer increased medical difficulties, physical and cognitive
developmental impairments or delays (Egeland & Sroufe, 1981), dangers associated with unsafe neighborhoods, dangers associated with being left unattended or in the company of untrustworthy others, homelessness, and academic difficulties such as failures, suspensions, and drop-out (Kendall-Tackett & Eckenrode, 1996).

*Emotional Neglect.*

The emotional neglect of a child inhibits or prevents a healthy affectional bond from developing between the child and his or her caregiver and is likely to result in an insecure attachment style. Any number of factors may influence this neglect including: Illness of the caregiver, long separations, large family size, lack of parental social support in the face of difficulty, caregivers own unresolved parenting issues, protracted hospitalizations or institutionalization, etc. Children who experience ongoing emotional neglect show a significant decline in functioning, and eventually become apathetic, with blunted affect, and are easily frustrated or upset (Egeland & Sroufe, 1981). The plight of children for whom this is a chronic condition was brought to the forefront of the mental health community in 1945 with the work of Robert Spitz who filmed the state of children in orphanages; more recently the outcomes have been seen in the orphanages of Romania, and other former Eastern Block countries, who have experienced an influx of children, yet lack adequate human resources to nurture them. In its most extreme form emotional neglect may result in death.

In research investigating the intergenerational transmission of abuse, it has been observed that parents who were emotionally deprived as children are often consumed with their own needs, and thereby turn to their children to satisfy these needs, becoming
abusive when their excessive expectations are unmet (Steele, 1970; as cited in Herrenkohl, Herrenkohl & Toedter, 1983).

Abandonment.

The literature on abandonment is not extensive, however there is evidence that the impact of abandonment on sons effects feelings of self worth, and later intimate relationships (Balcom, 1998). When fathers leave without explanation the abandoned sons often have emotionally reactive feelings towards their departed fathers, or over-identify with them (Balcom, 1998).

Support or Lack Thereof.

Support may take many forms (emotional, instrumental, informational, and companionship) and may be provided by a variety of individuals (parents, teachers, siblings, friends, relatives) within a child’s social network. A study done by Graves (1998) indicates that some network members provide specific support; teachers provide informational support, friends provide companionship, whereas others rate high in all categories; namely parents and relatives. Mothers were ranked as the top support providers, regardless of type of support, age or gender of child; siblings were rated as low providers of support, and were in fact found to be rated high as a source of conflict (Graves, 1998). The data also support a relationship between social support and self-esteem. Others (Booth, Rubin & Rose-Krasnor, 1998) have studied the relationship between emotional support from mother and attachment. Results indicated that perceptions of support from mother were predicted by attachment classification at age 4, which in turn was a better predictor of perceptions of maternal support at age 8, than mothers’ actual behavior (Booth et al., 1998).
Male Offenders & Attachment

Attachment research with offenders has gained momentum over the last five to ten years, however the focus has been on sex offenders, rather than on a representative sampling of offenders. There follows a brief review of the nature and findings of the existing literature in this area.

Tony Ward & Stephen Hudson, researchers at the University of Canterbury, New Zealand, have collaborated with William Marshall, of Queens University, Canada, to develop a comprehensive attachment model of intimacy deficits in sexual offenders using Bartholomew’s (1990) model of adult attachment (Ward, Hudson, Marshall & Siegert, 1994; Ward, Hudson & Marshall, 1996). This model of attachment style and sex offending reformulates an earlier model of the relationship among intimacy deficits, loneliness, and sex offending developed by Marshall (1989, 1993). Using the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ), both self-report measures developed by Griffin and Bartholomew (1994), a population of inmates at a medium security prison in New Zealand was assessed for attachment style. The population of inmates was comprised of 55 child molesters, 30 rapists, 32 violent offenders, and 30 non-violent, non-sexual offenders. Results indicated that the majority of the sex offenders were insecurely attached, however this was also true for the non-sex offender groups, hence their conclusion was that insecure attachment is more likely to be a general vulnerability factor for all offenders, rather than one specific to sex offenders (Ward, Hudson & Marshall, 1996). They also found preliminary evidence that child molesters were more likely to be preoccupied or fearful in their attachment style, while rapists and violent offenders were indistinguishable in some respects, both tending to be
dismissing, and non-violent, non-sex offenders were the most securely attached. The
researchers point out the difficulty in using self-report measures due to self-report bias,
and indicate that interviews may be a more reliable method of assessing attachment given
that the “internal working models associated with attachment style may influence the
processing of interpersonal information automatically, and therefore be relatively
inaccessible to the individuals concerned” (Collins & Read, 1994; as cited in Ward et al,

In 1997 Hudson and Ward published further data garnered from the same
population of offenders in New Zealand. This time the authors examined offender-type,
attachment style, and interpersonal variables such as: Fear of intimacy, loneliness, anger,
hostility towards women, and acceptance of rape myths. Results for offender-type and
interpersonal variables were not supported, except in relation to trait anger, which found
rapists and violent offenders to be indistinguishable from each other and recording more
anger than child molesters and non-violent offenders; and anger control, which differed
across offender groups, with child molesters reporting more control than violent
offenders, and rapists and non-violent offenders in the middle (Hudson & Ward, 1997).
In contrast, when attachment style was used as an independent variable it was found that
secure and dismissing offenders were significantly lower on loneliness scores, anger
expression scores and anger suppression scores. Securely attached offenders were
significantly lower than fearfully attached offenders in terms of hostility towards women,
with preoccupied and dismissing offenders in the middle, and not significantly different.
With respect to rape myth scores, the offenders with a preoccupied attachment style were
significantly lower than dismissing offenders, and the secure and fearful offenders were
in the middle and not significantly different (Hudson & Ward, 1997). Hudson and Ward (1997) conclude that rather than using offender type as a categorizing variable in research and treatment, there may be more value in using attachment style. They suggest that the clinical importance of their data lie in the possible improvement to interventions designed to reduce re-offending, as well as altering the views offenders have of others, thus increasing social competence in general (Hudson & Ward, 1997).

In Holland van Ijzendoorn, Feldbrugge, Derks, de Ruiter, Verhagen, Philipse, van der Staak and Riksen-Walraven (1997) investigated the relationship between attachment representations and personality disorders using the Adult Attachment Interview (AAI) (George, Kaplan & Main, 1985; Main, Kaplan & Cassidy, 1985; as cited in van Ijzendoorn et. al., 1997). Their sample comprised 40 Dutch men detained at a forensic psychiatric hospital as a result of serious crimes; 50% had committed a violent crime such as murder, and 42% had committed a sexual crime such as child molestation or rape. Interestingly, 55% of the sample had been raised in institutional care. Results indicated that secure attachment representations were virtually non-existent, with only 2(5%) of the 40 rated as secure. AAI classification includes an unresolved/cannot classify category; when this category is included the distribution of attachment styles is as follows: Secure 2(5%); Dismissing 9(22%); Preoccupied 8(20%); and Unresolved/Cannot Classify 21(53%). If AAI classifications are forced the distribution becomes: Secure 2(5%); Dismissing 17(42%); and Preoccupied 21(53%). They also found that subjects with a history of discontinuous and institutionalized childhood experiences were more likely to be insecurely attached than those with more stable childhood experiences. In terms of personality disorders, the cluster B personality
disorders were most prevalent, with Antisocial Personality Disorder most common, followed by Borderline Personality Disorder (van Ijzendoorn et al, 1997).

In Australia Smallbone and Dadds (1998) compared 48 incarcerated sex offenders with 16 property offenders and 16 non-offenders on measures of childhood maternal and paternal attachment and adult attachment. The researchers used self report measures to assess childhood and adult attachment styles, using a childhood attachment questionnaire by Hazen and Shaver (1986) to retrospectively measure childhood attachment, and Griffin and Bartholomew’s (1994) Relationship Scales Questionnaire (RSQ) to assess adult attachment (Smallbone & Dadds, 1998). The participants were also asked to complete an attachment history checklist to retrospectively measure the quality of family relationships during childhood. The list contained 19 adjectives, such as ‘abusive’, ‘violent’, ‘rejecting’, and ‘responsive’, and participants were asked to tick any that described the pervading attitudes and behaviors of caregivers towards them. Results revealed that the sex offender group reported significantly less secure maternal, paternal, and adult attachment than did the non-offenders, and significantly less secure maternal attachment that did the property offenders. It was also found that intrafamilial child molesters had problematic relationships with their mothers, and rapists were found to have problematic relationships with their fathers (Smallbone & Dadds, 1998). Further hypotheses regarding specific sex offender groups were not supported, thereby leading Smallbone and Dadds (1998) to suggest that insecure childhood attachments may be related to offending behavior in general, and the tentative speculation that insecure maternal attachment may be related to sex offending generally.
Childhood Maltreatment and Adult Attachment Style: The Present Research

The research proposed here involves an attempt to link adult attachment style to childhood experiences, particularly childhood maltreatment experiences, in a population for whom these experiences are widespread, and for whom interpersonal dysfunction is commonplace. This research is largely exploratory in nature. The first question to be answered is whether male offenders differ from general population men in terms of their childhood experiences. It is predicted, based on previously reported high rates of childhood physical (Rivera & Widom, 1990) and sexual abuse [ranging from rates of 4.5% (McClellan, Farabee, & Crouch, 1997) to 40% (Condy, Templer, Brown & Veaco, 1987; Fondacaro, Holt, & Powell, 1999) and up to 60% for sex offender populations (Groth, 1979)] among offenders, that a higher level of all maltreatment variables will be found in the offender population than would expected from men in the general population. The second question to be addressed is whether male offenders differ on measures of adult attachment. It is expected that, consistent with previous findings (Ward et al., 1994, 1996; Hudson & Ward, 1997; Ijzendoorn et al., 1997; Smallbone & Dadds, 1998), a greater proportion of men in the offender population will display an insecure attachment pattern than has been reported for general population men. The more important question is what relationship, if any, exists between adult attachment style and childhood maltreatment variables. This question will be explored by looking at the relationship between Bartholomew’s (1990) four attachment styles, and the participants’ abuse and separation experiences and perceptions of these as garnered through interview. It is expected that the etiology of adult attachment style will be founded in differential family of origin maltreatment and separation experiences.
METHOD

Participants

The Research Participants

Participants for this study were recruited on a volunteer basis from the population of men incarcerated at Mountain Institution, a medium security federal prison in the Fraser Valley. In January, 2000, the author and Dr. Doug Boer, Senior Psychologist for Mountain and Kent Institutions, met with the Inmate Committee of Mountain Institution to brief them on the study, as their support of the study was thought to be important for recruitment purposes. It was agreed that the Institution Psychology Department secretary, Sharon Marchand, would commence contacting inmates selected from a list of those randomly drawn from the population at large, in order to book appointments. In order to inform an inmate that he had been chosen for the study, it was necessary for Ms Marchand to telephone the Security Console in the inmates' Unit; the officer on duty was provided with a short list of those randomly chosen inmates in that unit, and was asked to direct the chosen inmate to Psychology. One hundred and sixteen inmates names were drawn and requests were made to their units in this fashion. It was often the case that the outcome of the request was unknown - if the inmate did not arrive in Psychology an attempt was made to see if he had declined - however this was not always possible, therefore the true decline rate is not know. For those inmates who did proceed to Psychology Ms Marchand was provided with a briefing notice regarding the study (A copy of this Notice is attached in Appendix 1), such that the inmates could be informed of the nature of the study before making their decision to participate. If they agreed to participate, an appointment was booked for a date and time suitable to them; if they
declined, they were thanked for their time. In addition to those randomly selected, 11 inmates, in the Psychology Department for other purposes were approached by Ms Marchand, or the author. In total, 61 men were spoken to directly for recruitment purposes. Of these, 10 (16.3%) refused outright, and 51 (83.6%) agreed to participate. Of the 51 (83.6%) who agreed to participate 41 completed the interview and questionnaire package; 10 (19.6%) changed their minds, canceled their appointment, or did not show up at the scheduled time. Ultimately, 35 (30.2%) of those 116 randomly selected, and 6 (54.5%) of those approached while in Psychology for other purposes, participated in the study.

Representativeness of the Research Sample

During the data collection period, from February 14, 2000 to June 09, 2000, 322 inmates were incarcerated at Mountain Institution. The 41 men comprising the research sample for this study were selected from the inmate population at large: There were no exclusion criteria.

Age and ethnicity are the demographic variables available for the research sample, thus only those will be reported for comparison to the institution population. A Chi-square analysis of age indicated that the sample was not significantly different from the Mountain population, $\chi^2(6, N=363) = 5.722, p = .455$. Similarly, a chi-square comparison of race based on the trichotomous categories of Caucasian, Native (including Metis), and other, indicated that the sample was not significantly different from the Mountain population on this variable, $\chi^2(2, N=363) = 1.089, p = .580$. Results of these comparisons between the study sample and the Mountain population are summarized in Table 1.
Table 1

*A Comparison of the Research Sample and the Mountain Population on Race and Age*

<table>
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<th>Total Inmate Population at Mountain Institution at May 15, 2000</th>
<th>Research Sample Inmates</th>
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<td>Total Number of Inmates</td>
<td>322</td>
<td>41</td>
</tr>
<tr>
<td>Age</td>
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<td>&lt; 20 years</td>
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<td>0 (0.0%)</td>
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<td>21-30 years</td>
<td>66 (20.5%)</td>
<td>13 (31.7%)</td>
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<td>31-40 years</td>
<td>112 (34.8%)</td>
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<td>41-50 years</td>
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</tr>
<tr>
<td>Caucasian</td>
<td>230 (71.4%)</td>
<td>31 (75.6%)</td>
</tr>
<tr>
<td>Native or Metis</td>
<td>71 (22.1%)</td>
<td>9 (22.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>21 (6.5%)</td>
<td>1 (2.4%)</td>
</tr>
</tbody>
</table>
Major offence profiles, and aggregate sentence length (in years), for the study sample and for the Mountain population are presented in Table 2. For the sake of brevity, offence types have been collapsed into larger categories, such that 'Murder' includes: First Degree Murder, Second Degree Murder, Manslaughter, Capital Murder and Non Capital Murder; 'Sexual Assault' includes: Rape, Sexual Assault with a Weapon, Sexual Interference, Indecent Assault, Sexual Assault causing Bodily Harm, Incest, Buggery or Bestiality, Aggravated Sexual Assault, Acts of Gross Indecency, Dangerous Sexual Offender, Anal Intercourse, Sexual Exploitation and Invitation to Sexual Touching; Assault includes: Aggravated Assault, Assault - Use of Force, Assault with a Weapon, Unlawfully Cause Bodily Harm, Cause Bodily Harm to Wound, and Cause Bodily Harm by Criminal Negligence; Other includes: Robbery, Break and Enter, Robbery - Use Firearm, Forcible Confinement, Arson, Fail to Comply with Conditions of Undertaking/Recognizance, Kidnap - Unlawful Confinement, Control Movement Compel Prostitution, Possession Property Obtained by Crime, Traffic in Schedule I/II Substance, Fraud, Traffic in Narcotic, Theft Over, Public Mischief, and Possession of Firearm While Prohibited. The index offence carrying the greatest sentence was the offence recorded if a study participant was convicted of multiple index offences. The Chi-square analysis indicates that the sample population is significantly different from the Mountain population in general, in terms of Offence category, $\chi^2 (4, N=363) = 10.509, p = .033$.

Alternatively, a Chi-square analysis of sentence length indicates that the research sample is not significantly different from the Mountain population in general, $\chi^2 (6, N=363) = 2.860, p = .826$. 
### Table 2

*Offence Category and Sentence Length for Mountain Institution Inmates and for Research Sample Inmates*

<table>
<thead>
<tr>
<th>Major Offence</th>
<th>Total Inmate Population at Mountain Population at May 15, 2000</th>
<th>Research Sample Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Inmates</td>
<td>322</td>
<td>41</td>
</tr>
<tr>
<td>Major Offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murder</td>
<td>81 (25.2%)</td>
<td>15 (36.6%)</td>
</tr>
<tr>
<td>Attempt Murder</td>
<td>4 (1.2%)</td>
<td>3 (7.3%)</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>143 (44.4%)</td>
<td>13 (31.7%)</td>
</tr>
<tr>
<td>Assault</td>
<td>15 (4.7%)</td>
<td>2 (4.9%)</td>
</tr>
<tr>
<td>Other</td>
<td>79 (24.5%)</td>
<td>8 (19.5%)</td>
</tr>
<tr>
<td>Sentence Length</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indeterminate</td>
<td>102 (31.7%)</td>
<td>17 (41.5%)</td>
</tr>
<tr>
<td>2 - 5 years</td>
<td>125 (38.8%)</td>
<td>14 (34.1%)</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>61 (18.9%)</td>
<td>5 (12.2%)</td>
</tr>
<tr>
<td>11 - 15 years</td>
<td>21 (6.5%)</td>
<td>3 (7.3%)</td>
</tr>
<tr>
<td>16 - 20 years</td>
<td>7 (2.2%)</td>
<td>1 (2.4%)</td>
</tr>
<tr>
<td>21 - 25 years</td>
<td>4 (1.2%)</td>
<td>1 (2.4%)</td>
</tr>
<tr>
<td>&gt; 26 years</td>
<td>2 (0.6%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>
A number of demographic variables were collected on the research sample, but not for the Mountain population as a whole. These are presented in Table 3 for descriptive purposes only. As can be seen, the men comprising the research sample were, on average, Caucasian, heterosexual, single, with 1.6 children (although 17 had no children), and an average age of 38.9 years. Of note, file information revealed that, at some point, 65.9% had difficulties with alcohol abuse, and 63.4% with drug abuse. File information revealed an average number of offences of 12.7, and the average age of first offence as 17.6 years.
Table 3

*Summary of Demographic Information for the Inmate Sample*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>38.9 Years</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>13.1</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>31 (75.6%)</td>
<td></td>
</tr>
<tr>
<td>Native (Metis)</td>
<td>9 (22.0%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1 (17.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>34 (82.9%)</td>
<td></td>
</tr>
<tr>
<td>Gay or Bisexual</td>
<td>7 (17.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Current Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>21 (51.2%)</td>
<td></td>
</tr>
<tr>
<td>Separated or Divorced</td>
<td>2 (4.9%)</td>
<td></td>
</tr>
<tr>
<td>Widower</td>
<td>2 (4.9%)</td>
<td></td>
</tr>
<tr>
<td>Common-Law/Engaged/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girlfriend/Lover</td>
<td>16 (39.0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>No Children</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>27 (65.9%)</td>
<td></td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>26 (63.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Offences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>12.7</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td><strong>Age at First Offence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>17.6 Years</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>6.3</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>
The Control Participants

In addition to the inmate population, a control sample of university undergraduate males was collected from the University of British Columbia. Participants were recruited via a recruitment notice posted on the bulletin board in the atrium of the Psychology Building at the university. The poster provided information regarding the nature of the study (A copy of this poster is attached in Appendix 2), and interested participants were offered a selection of appointment dates and times. In total, 35 undergraduate men booked appointments. Of these, 23 completed the interview and questionnaire package; 4 (11.4%) canceled their appointment, or did not show up at the scheduled time; and 8 (22.9%) were canceled by the researchers due to unavailability of interviewers. Ultimately, 65.7% of those randomly recruited participated in the study. Table 4 provides demographic information for this population.
Table 4

*Summary of Demographic Information for the Undergraduate Sample*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>20.2 Years</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.59</td>
</tr>
<tr>
<td>Minimum</td>
<td>18</td>
</tr>
<tr>
<td>Maximum</td>
<td>23</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>11 (47.8%)</td>
</tr>
<tr>
<td>Asian</td>
<td>8 (34.8%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (17.4%)</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>23 (100%)</td>
</tr>
<tr>
<td><strong>Current Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>12 (52.2%)</td>
</tr>
<tr>
<td>Separated or Divorced</td>
<td>0</td>
</tr>
<tr>
<td>Widower</td>
<td>0</td>
</tr>
<tr>
<td>Married/Common-law</td>
<td>0</td>
</tr>
<tr>
<td>Girlfriend</td>
<td>11 (47.8%)</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
</tr>
<tr>
<td>No Children</td>
<td>23 (100%)</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>N/A*</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>N/A*</td>
</tr>
<tr>
<td><strong>Number of Offences</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A*</td>
</tr>
<tr>
<td><strong>Age at First Offence</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A*</td>
</tr>
</tbody>
</table>

* This information was not sought from the undergraduate population.
Control Population Vs the Research Population

As may be seen when comparing the Mountain population demographics in Table 3, to the UBC undergraduate control population demographics in Table 4, the two groups are not matched on variables such as age or ethnicity. As is evinced in Tables 5 and 6 in the results section, their family of origin experiences are also divergent. However the control population is comparable to other low-risk samples used in attachment research, while the Mountain population is comparable to other inmate populations used in such research, therefore both groups may serve as a point of comparison to confirm or query the breakdown of attachment representations found in similar populations elsewhere.
Measures

All research participants, including the Mountain Institution inmate sample and the University of British Columbia undergraduate control sample, participated in an interview, comprised of a modified version of Bartholomew and Horowitz’s (1991) Family Attachment Interview (FAI) (Copies of the inmate version and the undergraduate version of the interview are attached in Appendices 3a and 3b). The FAI was used not to score parental attachment, but to identify 26 family variables of interest: Only those directly linked to attachment formation will be analyzed for purposes of this thesis. At a later date these additional variables, that may be seen as factors contributing to a chaotic family environment, will be analyzed as they made have an indirect impact on attachment. Bartholomew and Horowitz’s (1991) Peer Attachment Interview (PAI) was used to score adult attachment style (Copies of the inmate version and the undergraduate version of the interview are attached in Appendices 4a and 4b). Participants also completed a package of questionnaires consisting of the Beck Depression Inventory (BDI), the Beck Hopelessness Scale (BHS), the Dissociative Experiences Scale (DES), the State Trait Anxiety Inventory (STAI), the Aggression Questionnaire (AQ), the Impact of Events Scale (IES), the State Trait Anger Inventory (STAXI), the Borderline Personality Organization Scale (BPO), and the Attachment Style Questionnaire (ASQ).

Additionally, for the Mountain research participants, information was collected from Psychology Department files and the Offender Management System (OMS) regarding 22 variables of interest, including: 1) Index Offence; 2) Sentence length; 3) Total Number of Offences; 4) Type(s) of Offence; 5) Instrumental or Reactive Violence; 6) Diagnosis of Adult Psychopathology; 7) Psychopathy Rating; 8) Admission of Responsibility for
Index Offence; 9) Admission of Guilt for Index Offence; 10) Institutional Adjustment; 11) Institutional Status; 12) Substance Abuse Problems; 13) Suicidal Ideation; 14) Suicide Attempts; 15) Homicidal Ideation Inside; 16) Sexual Deviation; 17) Treatment Type(s); 18) Treatment Response; 19) Family Information Corroborated; 20) Relationship Information Corroborated; 21) Age of First Criminal Offence; and 22) Parental Criminality (A copy of this form is attached in Appendix 5). For purposes of this thesis the data analysis will not encompass questionnaires or file variables collected, however they will be analyzed at a future date as they may be outcomes variables related to adult attachment. A more detailed description of the interviews, and variables of interest follows:

The Family Attachment Interview

The Family Attachment Interview (FAI) is a semi-structured interview, developed by Bartholomew and Horowitz (1991), in which participants are asked to describe their experiences growing up in their family of origin. The purpose of the interview is to permit the adult participant to be assigned an adult attachment style, according to Bartholomew's four attachment styles, on the basis of their adult representations of their family of origin experiences. However, for purposes of this study, the interview was utilized to gain information from participants about their experiences with primary caregivers, and significant others, during childhood and adolescence, without the subsequent scoring of adult attachment style. As the hypotheses involve specific family of origin abuse variables, the author obtained permission from Bartholomew (personal contact, July, 1999) to augment the interview in order to obtain sufficient detail on the variables of interest. The variables that were scored, as present or absent, as a result of
this interview, include: 1) Physical Discipline; 2) Physical Abuse; 3) Sexual Abuse; 4) Psychological Abuse; 5) Physical Neglect; 6) Emotional Neglect; 7) Abandonment; 8) Support; 9) Family Violence; 10) Parental Divorce or Separation; 11) Large Family; 12) Unstable Family; 13) Frequent Moves; 14) School Changes; 15) Alcohol Abuse; 16) Drug Abuse; 17) Parental Crime; 18) Sibling Crime; 19) Physical Illness of the Child; 20) Physical Illness of Parent/Caregiver; 21) Mental Health Difficulty of Child; 22) Mental Health Difficulty of Parent/Caregiver; 23) Death Family Member/Significant Other; 24) Suicide Attempt as Child/Adolescent; 25) Long Separations; and 26) Number of Alternative/Foster Homes. Each of these variables was coded for any biological parent, step-parent, family member (e.g., grandparents) and/or foster parent, having significant care-giving responsibilities during the participants' childhood or adolescence. In addition, the third abuse variable (sexual abuse) was coded for siblings (including step, half and foster), and others (e.g., any other who may have abused the participant during childhood, not included in the categories of care-giver or sibling). All determinations of the presence or absence of these 26 familial variables were done by the author, for both the Mountain Institution inmate research sample, and the university undergraduate control sample.

The family variables were defined by the author, based upon the research literature, and the law, if pertinent, and are as follows:

1) Physical Discipline - Includes: Hitting on the child's (child refers to child & adolescent throughout) body with an open hand below the neck (e.g., bum, leg, arm, hand, etc.), or hitting on the child's body with a wooden spoon,
ruler, thin ‘switch’, slipper, or non-buckle portion of a belt. The ‘spanking’
should not leave physical evidence e.g., bruises, cuts, abrasions, bleeding, etc.

2) Physical Abuse - Includes: Any physical contact with the child’s head; any of
category 1 that leaves physical evidence; any use of the buckle portion of the
belt; any use of objects larger than those described in category 1 (e.g., 2x4’s,
chairs, etc.); any throwing of objects at the child; any kicking, biting, burning,
pinching, twisting, choking of child; any threatened use of weapons, any use
of weapons; any forced consumption of noxious items. Any act that results in
injury (e.g., bruising, broken bones, etc.) or missed school or activities,
whether or not a doctor’s care is required.

3) Sexual Abuse - Includes: Any exposure of child (age 14 or less) to: sexual
materials (pornography); sexual acts between others; sexual invitation (to
touch, be touch, to watch); sexual interference (exposing genitals to child,
touching clothed body of child, or having child touch the clothed body of
another); sexual assault (touching unclothed body of child or parts, having
child touch unclothed body or parts of another, digital penetration, simulated
intercourse, attempted intercourse, intercourse), by a person 5 years or older
than the child, or by an adult. Also, photographing or videoing a child for
sexual purposes.

4) Psychological Abuse - Includes: Ridiculing child; belittling child; threatening
child or threatening something or someone the child care about. Also,
inconsistent behaviour (e.g., negative response when positive response
expected, etc.).
5) Physical Neglect - Includes: Non-existent or insufficient food; meals not provided such that child must shop and/or cook for him/her self; insufficient clothing or inadequate clothing (i.e., for the weather); inappropriate food or drink (e.g., junk food diet, alcohol in baby bottle, etc.); unsafe environment at home (e.g., child exposed to individuals or situations at home that could be damaging); no monitoring the child’s whereabouts or behaviour (e.g., child out all night without parent noticing, child missing school, etc.); child’s medical needs are unattended; child’s educational needs are unattended.

6) Emotional Neglect - Includes: Lack of affection, love, encouragement or care-giving; all either by word or action, such that child feels unloved, unwanted, unnoticed, unimportant. Child’s emotional needs are unattended to; child feels unable to go to care-giver with problem or upset due to lack of response.

7) Abandonment - Includes: Child is left by care-giver(s), and attempts to maintain contact are non-existent or minimal, (could be in context of marital separation, or could be extended absences due to work, vacation, etc.) resulting in child being uncertain as to when, or if, the care-giver will return.

8) Support - Includes: The presence or absence of emotional and/or instrumental support in the face of difficulties or challenges [e.g., help with school, belief in what the child says (e.g., reports of being abused, etc.)]. Also, protection from harm from others (e.g., protects child from abusive situations at home, or outside the home).
9) Family Violence - Includes: Child witnessing violence (verbal, physical, sexual) against other family members (e.g., spousal, parent sibling, sibling to sibling), or pet.

10) Parental Separation/Divorce - Includes: Spousal or common-law relationships, and includes short and/or long-term separations.

11) Large Family - Includes: Family situation with greater than four children in the home at a given time (children may be biological, step, half or foster).

12) Unstable Family - Includes: Family members, and/or significant others are coming and going (e.g., siblings constantly shifting from one custodial parent to another); parent has many short-term relationships that come and go; child is shifted from one care-giver to another (including moves to and from foster care).

13) Frequent Moves of Residence - Includes: Moves from home to home in the same community, as well as moves from town to town, that occur with a frequency of once a year or more.

14) School Changes - Includes: Any changes within a single school year; changes each school year that occur with a frequency of more than 3 times during the school years (K-12).

15) Alcohol Abuse - Includes: Drinking daily; drinking in a predictable way & excessive way (e.g., each Friday night, etc.); drinking to the point of drunkenness in front of child; drinking to the point of behavioural change (e.g., affection or nastiness or cruelty that consistently occurs only with drinking and is displayed to or in front of the child).
16) Drug Abuse - Includes: Use of illegal substances in front of child: inappropriate use of prescription medications that the child is aware of.

17) Parental Crime - Includes: Any care-giver being involved in any criminal activity (e.g., MJ grow operation at home, drinking and driving, fraud, etc.) even if the activity does not result in a criminal record.

18) Sibling Crime - Includes: Any criminal activity by siblings (biological, step, half or foster), even if the activity did not result in a criminal record or juvenile record. Also, underage drinking and illicit drug use, gang activity, etc.

19) Physical Illness of Child - Includes: Any chronic illness experienced by child, or acute illness or injury that resulted in hospitalization, or being ‘sick’ for more than 2 weeks, etc.

20) Physical Illness of Another Family Member - Includes: Any chronic illness experienced by a parent, sibling, or grandparent living with child, or close by, such that the child’s family was disrupted for longer than one month. Also, any acute illness or injury of a family member that resulted in hospitalization, or being ‘sick’ for more than 2 weeks, etc.

21) Mental Health Difficulty of Child - Includes: Any diagnosis, or strong evidence of depression (e.g., suicide attempt, etc.), ADHD, or learning related difficulty in childhood.

22) Mental Health Difficulty of Another Family Member - Includes: Any diagnosis of, or strong evidence of, mental health difficulty of a parent, sibling or grandparent living with child.
23) Death of a Primary Caregiver (or Significant Other) - Includes: The expected (due to illness) or unexpected death of any close family member or significant other.

24) Suicide Attempts - Includes: Any attempt or serious thought of suicide by child.

25) Long Separations - Includes: Those separations where the child knows the parent will return, or will be seen again, however the separation is greater than 2 weeks (e.g., could be the result of marital separation, hospitalization, vacation, work related travel, educational necessity, incarceration, etc.).

26) Number of Alternative Care situations - Includes: Foster or Group Home Placements, juvenile detention centre/school, stays of longer than 1 month with family (e.g., grandparents, aunt, etc.) or friends.

For purposes of this thesis, family of origin variables 1 through 6 (Physical Discipline, Physical Abuse, Sexual Abuse, Psychological Abuse, Physical Neglect and Emotional Neglect), 8 (Support), a combined version of 7 (Abandonment), 23 (Death Primary Caregiver) and 25 (Long Separations from Primary Caregiver) called 'Separation from Caregiver(s), and 26 (Foster or Alternative Care), have been statistically analyzed; the remainder are provided for the Mountain Institution Inmate Research Sample and the University of British Columbia Control Sample, for descriptive purposes only, in Table 6 in the results section.
The Peer Attachment Interview

The Peer Attachment Interview (PAI) is a semi-structured interview, developed by Bartholomew and Horowitz (1991), in which participants are asked to describe their friendships, romantic relationships, and their feelings about the importance of close relationships (Griffin & Bartholomew, 1994). Unlike the FAI, the PAI was used for its' original purpose; to determine the adult attachment patterns (according to Bartholomew) of the research participants, based upon their adult friendships and romantic relationships. The introductory section of the interview was added to for use with an inmate population, however the basis upon which the participants' attachment patterns were determined was not altered in any way. On the basis of audio-taped Peer Attachment Interviews, trained research assistants coded each interview, first using the 'Peer Attachment Coding Manual' (2nd Draft, April, 1995) to code, on a scale from 1 - 9, the 18 internal scales, then, taking the internal scales into consideration, using the 'Peer Attachment Prototypes' guide to code, on a scale from 1 (no correspondence with the prototype) to 9 (excellent fit with the prototype), the participants' ratings on each of Bartholomew's four attachment prototypes (A copy of the coding form is attached in Appendix 6). The secure pattern is characterized by the ability to engage in intimacy in relationships, while maintaining personal autonomy; the fearful pattern is characterized by the paradox of wanting, yet fearing, intimacy in close relationships due to anxiety concerning loss and rejection; the preoccupied pattern is characterized by anxiety in close relationships, but in the context of the active pursuit of closeness and reassurance from others; the dismissing pattern is characterized by the maintenance of independence and distance in close relationships, and high self-esteem (Scharfe & Bartholomew, 1994) (A
copy of the detailed coding criteria is attached in Appendix 7). As this is not a
categorical system, most participants received a score on more than one attachment
prototype, however for purposes of this analysis, the predominant attachment style is
used in the statistical analysis.

Reliability of the Peer Attachment Interview. Research has confirmed that
Bartholomew’s four attachment prototypes can be reliably measured with the PAI, and
that a two dimensional structure (positivity of self and other) underlies the four
attachment patterns (Griffin & Bartholomew, 1994). Inter-rater reliabilities of the PAI
are usually greater than .90. In this study, inter-rater reliabilities for the PAI were
assessed by trained coders, who listened to the peer and romantic interview portion of the
audio-tape only, thus rendering them blind to the possibly biasing effects of the
participants’ family of origin experiences. The coders then rated the participants’
attachment style. If there was disagreement, beyond the permissible 1 point plus or
minus, on the 9 point scale, both coders met and discussed the discrepancy, thus arriving
at a final conclusion. If agreement could not be attained, a third trained coder was asked
to code the interview and the process was repeated. Ten of the 40 (25%) Mountain
Institution inmate research sample tapes used in the data analysis were reliability coded.

The university undergraduate control sample of 23 participants were interviewed,
and subsequently coded, by 7 researchers, including the author, all of whom were
training in interviewing and coding the PAI. Given the number of coders involved, the
author reliability coded the 20 interviews not performed by herself. If there was
disagreement between coders, the same process described above was employed for this
sample. The standardized alpha for the 30 interviews reliability coded was .92.
Procedure

The Mountain Institution Inmate Research Sample

The inmates who agreed to participate in the study arrived in the Institution Psychology Department at the prearranged date and time to be interviewed by the author. Due to Institutional policies, regarding ‘counts’ and ‘lock-downs’, that restrict the movement of inmates, the available interview times were from 8:30am to 11am, and from 12:30pm to 4pm on days the author was at Mountain. Upon arrival, the author and the participant were sequestered in a private room, and the participant was provided with a written consent form describing the research project, and was also verbally informed of the nature of the project, the process, the time involved, and of the confidential nature of the study. Questions were encouraged at this point, and subsequently, if comfortable about participating, the consent form was signed in duplicate (A copy of this consent form is attached in Appendix 8). The participant was advised that his signature authorized his participation in the research study, including the audio-taped interview, and the questionnaires, and he was assured that the information gathered would not be shared with Correctional Services Canada staff in its’ raw form. The participant was informed that to maintain confidentiality, his name would not be stated while being recorded, and he was cautioned against mentioning names of persons, places, or identifying events, also in order to maintain confidentiality. For some participants this confidentiality was integral to their participation; for others, they felt they had nothing to hide, and did not attempt to conceal identifying information.
After providing consent, each participant was interviewed, by the author, for as little as 1 hour, and for up to four hours (in one case 6 hours), by means of first the FAI, then the PAI. Due to the personal, and often times traumatic, nature of the material covered in both interviews, but especially the FAI, it was at times necessary to stop the tape in order to allow the participant time to compose himself. If a participant was upset, the focus shifted to provide support to him while he composed himself. For one participant, the PAI was particularly painful as he was going through a difficult breakup with a common-law partner; at his request the interview was halted, and another appointment was arranged. At times the participants' expressed an interest in discussing their offence, although it had been made clear that their offence did not form part of the interview (this clarification was necessary for some, as the topic of their index offence was contentious due to reasons of appeal, denial, etc.). If it was the case that a participant wished to discuss his offence, the tape recorder was stopped, in order that they did not feel that the conditions of the informed consent had been violated. Although there were a small number of instances where the participants became upset, all eventually continued to complete the interview.

At the end of each interview, the participant was asked how they felt about the interview, and whether these were things they had spoken to others about. Participants variously reported that they had enjoyed the interview; found it informative; found it challenging at the outset, but rewarding as they had faced a fear; or another similar comment. No feedback was received to indicate that any participant was negatively emotionally impacted by the interview. Some participants were interested in feedback regarding their attachment style, especially in relation to issues they were struggling with.
(e.g., one prototypically fearful participant, who forced himself to participate due to his inhibited ability to disclose to others, even when he wanted very much to do so, found the interview, and my summary of his fearful qualities from an attachment perspective, very uplifting and he was hopeful that he could start working on his fear in a more concrete way).

Once the interviews were completed, the participant was asked to complete a questionnaire package not being analyzed for purposes of this thesis. The research population participants from Mountain Institution were offered the option of having the author read the items, rather than reading and working through the measures on their own. This option was provided due to limitations in reading ability communicated to the author during the interview process by some participants. Approximately $\frac{3}{4}$ of the original 41 participants completed their questionnaires in this fashion. If clarification was asked about an item, the author, as was necessary, repeated the question verbatim, explained a difficult word, or clarified the use of a scale. Of the 41 participants, one declined to complete any questionnaires. The remaining 10 were able to complete the questionnaires on their own, four of whom were allowed to remove the questionnaire package to their ‘house’ for completion, thus negating the necessity of booking an additional appointment. At time of writing one questionnaire package has not been returned. If insufficient time was available to complete the interview and/or questionnaires, a second appointment was booked and the process continued at that time. Correctional Services Canada does not allow financial remuneration to be offered to inmates participating in research, however the inmates were all offered donuts, or cookies, made available by the author as a gesture of appreciation for their participation.
After the interviews and questionnaires were completed, the participants were debriefed further about the study, and questions were answered (A copy of this debriefing form is attached in Appendix 9). Participants were advised that a copy of the research study findings would be made available to them in the early fall and they were encouraged to contact the author at the university if they were no longer incarcerated at that time, such that the findings could be forwarded to them. Following completion of a research session with a participant, the author reviewed CSC Psychology files, and, if necessary, OMS, to obtain information regarding the participants' offence history, and to seek corroborating evidence supporting the events that had been reported in the interviews. In one case file review revealed that a participant had fabricated his familial and relationship history, thus this participant was excluded from further analysis. All remaining 40 participants had reported familial and relationship histories that matched CSC records.

The University Undergraduate Control Sample

The University of British Columbia male undergraduates who participated in this study were recruited via an advertisement for the study posted in the atrium of the Psychology Department. The poster instructed them to choose a date and time on the schedule provided, and to meet the interviewer at a designated office in the department at the allotted time. Upon meeting with the interviewer, the participants were fully informed of the nature and intent of the study; if they chose to continue with the study a consent form was completed in duplicate (A copy of this consent form is attached in Appendix 10). Participants were compensated for their time with $\frac{1}{2}$ a course credit, for each $\frac{1}{2}$ hour of participation, to a maximum of 2 course credits, thus a maximum of 2 hours research time was available for the FAI, the PAI and the questionnaires. All
participants were able to complete the interviews and questionnaires in the allotted time; no undergraduate required assistance from the interviewer to complete the questionnaires, other than for clarification of a question, word, or scale. Participants were provided with individual feedback if they requested it; no instances of emotional upset were noted by the interviewers. Participants were provided with a debriefing, including reading references and campus counseling services (A copy of this debriefing is attached in Appendix 11), and were encouraged to request a copy of the study findings when they become available.
Results

A Comparison of Childhood Maltreatment Variables

As predicted the Mountain Institution male inmate population had, for the most part, very different childhood experiences than did the UBC male undergraduate population. A detailed comparison of the populations may be found in Table 5. As preliminary analysis did not reveal a significant difference between female primary caregiver and male primary caregiver, the chi-square analyses that follow are on the basis of whether or not the subject had the maltreatment experience from any primary caregiver. Additionally, as the inmate population experienced more sexual abuse by siblings and/or others during childhood and adolescence, these figures are included in the analyses. The chi-square analyses comparing the Mountain Inmate research population with the UBC undergraduate research population are as follows: For childhood maltreatment variable 1, Physical Discipline, the results were significant, $\chi^2 (1, N=63) = 9.47, p=.002$; for variable 2, Physical Abuse, the results were significant, $\chi^2 (1, N=63) = 18.749, p = .000$; for variable 3, Sexual Abuse, the results were significant, $\chi^2 (1, N=63) = 14.899, p = .000$; for variable 4, Psychological Abuse, the results were significant, $\chi^2 (1, N=63) = 13.277, p = .000$; for variable 5, Physical Neglect, the results were significant, $\chi^2 (1, N=63) = 9.419, p = .002$; for variable 6, Emotional Neglect, the results were not significant, $\chi^2 (1, N=63) = 2.655, p = .103$; and for variable 7 (the combination of 7, 23 and 25), Separation from Caregivers, the results were significant, $\chi^2 (1, N=63) = 16.221, p = .000$. The balance of the childhood variables were not seen to be as directly linked to attachment, however they may contribute to a chaotic family environment and may contribute to difficulties in positive attachment relationships being formed. While
they have not been statistically analyzed for purposes of this thesis, they will be in the future. However, as the populations differ on the variables collected for each, the data have been presented for descriptive purposes in Table 6.

To further elucidate our understanding of the childhood experiences of the inmate population a tally of how many experienced multiple forms of maltreatment or separation follows: 1) No maltreatment or separation - 0; 2) Physical Discipline only - 3 (7.5%); 3) Two maltreatment &/or separation variables - 3 (7.5%), one of whom experienced sexual abuse by 2 individuals; 4) Three maltreatment &/or separation variables - 7 (17.5%), one of whom experienced sexual abuse by 2 individuals; 5) Four maltreatment &/or separation variables - 7 (17.5%), two of whom experienced sexual abuse by 2 individuals; 6) Five maltreatment &/or separation variables - 9 (22.5%); 7) Six maltreatment &/or separation variables - 7 (17.5%), three of whom experienced sexual abuse by 2 individuals; and 8) Seven maltreatment &/or separation variables - 4 (10%), one of whom experienced sexual abuse by 2 individuals. Even if one reduces the number of variables by one, in order to account for the ubiquitous experience of physical discipline, the majority (67.5%) of the inmate population experienced multiple (three or more, not including physical discipline) variables that may have served to impinge upon the attachment process.
Table 5

Summary of Family of Origin Maltreatment Variables for the Mountain Research Sample and the University of British Columbia Undergraduate Control Sample

<table>
<thead>
<tr>
<th></th>
<th>Mountain Institution Inmate Research Sample</th>
<th>University of BC Undergraduate Research Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=40</td>
<td>n=23</td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>Male Caregiver</td>
<td>Sibling/Other</td>
</tr>
<tr>
<td>Physical Discipline</td>
<td>28 (70%)</td>
<td>31 (77.5%)</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>14 (35%)</td>
<td>20 (50%)</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1 (2.5%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Psych Abuse</td>
<td>14 (35%)</td>
<td>14 (35%)</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>11 (27.5%)</td>
<td>11 (27.5%)</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>25 (62.5%)</td>
<td>26 (65%)</td>
</tr>
<tr>
<td>Positive Support</td>
<td>1 (2.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Didn't Ask</td>
<td>16 (40%)</td>
<td>16 (40%)</td>
</tr>
<tr>
<td>Separation</td>
<td>6 (15%)</td>
<td>11 (27.5%)</td>
</tr>
<tr>
<td>Abandoned</td>
<td>23 (57.5%)</td>
<td>31 (77.5%)</td>
</tr>
<tr>
<td>Death</td>
<td>4 (10%)</td>
<td>6 (15%)</td>
</tr>
</tbody>
</table>
Table 6

Summary of Family of Origin Variables for the Mountain Research Sample and the University of British Columbia Undergraduate Control Sample

<table>
<thead>
<tr>
<th></th>
<th>Mountain Institution Inmate Research Sample</th>
<th>University of BC Undergraduate Research Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Research Sample</td>
<td>n=40</td>
<td>n=23</td>
</tr>
<tr>
<td><strong>Family Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spousal</td>
<td>20 (50%)</td>
<td>1 (4.3%)</td>
</tr>
<tr>
<td>Sibling</td>
<td>8 (20%)</td>
<td>1 (4.3%)</td>
</tr>
<tr>
<td><strong>Parental Separation/Divorce</strong></td>
<td>22 (55%)</td>
<td>1 (4.3%)</td>
</tr>
<tr>
<td>Large Family &gt; 4</td>
<td>12 (30%)</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td>Mean # children</td>
<td>10.2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Unstable Family</strong></td>
<td>15 (37.5%)</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td><strong>Frequent Moves</strong></td>
<td>21 (52.5%)</td>
<td>4 (17.4%)</td>
</tr>
<tr>
<td><strong>School Changes</strong></td>
<td>25 (62.5%)</td>
<td>3 (13%)</td>
</tr>
<tr>
<td><strong>Physical Illness Child</strong></td>
<td>12 (30%)</td>
<td>4 (17.4%)</td>
</tr>
<tr>
<td><strong>Mental Illness Child</strong></td>
<td>7 (17.5%)</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td><strong>Suicide Attempt</strong></td>
<td>7 (17.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Foster or Alternative Care</td>
<td>21 (52.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Mean # Alternate Caregivers</td>
<td>5.5</td>
<td>N/A</td>
</tr>
<tr>
<td>Immigrant Family</td>
<td>0</td>
<td>12 (52.2%)</td>
</tr>
<tr>
<td><strong>Alcohol Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>18 (45%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>25 (62.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Drug Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>8 (20%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>6 (15%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Parental Crime</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>3 (7.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>11 (27.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Sibling Crime</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Illness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>7 (17.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>2 (5%)</td>
<td>1 (4.3%)</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Mental Health Difficulty</td>
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<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>2 (5%)</td>
<td>0</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>1 (2.5%)</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td>Death Family Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Caregiver</td>
<td>4 (10%)</td>
<td>0</td>
</tr>
<tr>
<td>Male Caregiver</td>
<td>6 (15%)</td>
<td>0</td>
</tr>
</tbody>
</table>
A Comparison of Adult Attachment Styles

Predominant adult attachment styles was determined, for both the Mountain inmate population, and the UBC undergraduate population, on the basis of the Peer Attachment Interview (PAI) (Horowitz & Bartholomew, 1991). Of the 40 male inmates 1 (2.5%) was rated as Secure, 16 (40%) were rated as Fearful, 12 (30%) were rated as Preoccupied, and 11 (27.5%) were rated as Dismissing. In comparison, of the 23 UBC undergraduate males, 7 (30.4%) were rated as Secure, 9 (39.1%) were rated as Fearful, 4 (17.4%) were rated as Preoccupied, and 3 (13.0%) were rated as Dismissing. These results differ, for the offender population, from previous findings reported by Hudson & Ward (1997), who found a greater proportion of Securely attachment men in a sample of 148 incarcerated men. These researchers employed Griffen & Bartholomew’s (1991) Relationship Questionnaire (RQ), which determines attachment style by having the participant choose which of four paragraphs, describing prototypical attachment styles, best suites their style in close relationships. Using this measure they found that 21% of their sample were Secure, 32% were Fearful, 12% were Preoccupied, and 35% were Dismissing. A chi-square analysis comparing the present PAI results with Hudson and Ward’s (1997) inmate sample RQ results was significant, $\chi^2(3, N=188) = 13.760, p = .003$.

The attachment style results for the University male undergraduate population also differed from previous findings in undergraduate populations. Attachment ratings based upon the PAI with 77 undergraduate men (n=37), and women (n=40), found that 46.7% were secure, 20.8% were fearful, 14.3% were preoccupied, and 18.2% were dismissing (Bartholomew & Horowitz, 1991). It was also reported that female
participants received significantly higher ratings on the preoccupied rating than did male participants, who in turn received significantly higher ratings on the dismissing rating than did female participants (Bartholomew et al, 1991). However, a chi-square analysis comparing the present PAI results with Bartholomew’s (1991) university sample PAI results was not significant, $\chi^2 (3, N=100) = 3.871, p = .276$.

A chi-square analysis comparing the Mountain male inmate population and the UBC male undergraduate population on predominant attachment style was significant, $\chi^2 (3, N=63) = 11.264, p = .01$, further, the UBC populations had a significantly greater proportion of securely attached participants then did the Mountain population, thus upholding the second hypothesis.

The third hypothesis, that the etiology of adult attachment style will be founded in differential family of origin maltreatment experiences, was not supported by the data. A One-way Between/Within ANOVA was performed for the combined sample (n=63) on the basis of attachment style and the principal maltreatment dependent variables (physical discipline, physical abuse, sexual abuse, physical neglect and emotional neglect), and was found to be non-significant: Test of Within-Subjects Effects, corrected for non-sphericity, was non-significant, $F_{13.617} = 1.214, p > .05$.

Although results did not prove significant with regard to hypothesis three, descriptive comparisons of each Mountain Inmate attachment group, on the basis of childhood maltreatment and separation variables, further broken down by female &/or male caregiver and sibling/other, are contained in Tables 7 a), b), c) and d) as trends are suggested that may distinguish one attachment group from another. The same is done for the UBC population in Tables 8 a), b), c), and d).
Table 7

*A Comparison of Childhood Maltreatment and Separation Experiences by Attachment Style for the Mountain Institution Research Sample*

a) 

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Female Caregiver(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Caregiver(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)/Other(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Discipline</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>0/1</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>0</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>N/A</td>
<td>0</td>
<td>N/A</td>
</tr>
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</table>
7 b)  

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>13 (81.3%)</td>
<td>10 (62.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>6 (37.5%)</td>
<td>7 (43.8%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>1 (6.3%)</td>
<td>2 (12.5%)/9 (56.3%)</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>6 (37.5%)</td>
<td>6 (37.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>5 (31.3%)</td>
<td>4 (25%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>9 (56.3%)</td>
<td>9 (56.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>1 (6.3%)</td>
<td>2 (12.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>10 (62.5%)</td>
<td>12 (75%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>1 (6.3%)</td>
<td>4 (25%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
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<td>0</td>
<td>N/A</td>
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</table>
# Preoccupied

**n=12**

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>8 (66.7%)</td>
<td>11 (91.7%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>4 (33.3%)</td>
<td>6 (50%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1 (8.3%)</td>
<td>1 (8.3%)</td>
<td>4 (33.3%)/6 (50%)</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>3 (25%)</td>
<td>6 (50%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>3 (25%)</td>
<td>3 (25%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>10 (83.3%)</td>
<td>8 (66.7%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>1 (8.3%)</td>
<td>4 (33.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>4 (33.3%)</td>
<td>8 (66.6%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>1 (8.3%)</td>
<td>1 (8.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
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</table>
### 7 d)

#### Dismissing

**n=11**

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>7 (63.6%)</td>
<td>10 (90.9%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>4 (36.4%)</td>
<td>7 (63.6%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>1 (9.1%)/1 (9.1%)</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>5 (45.5%)</td>
<td>4 (36.4%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>3 (27.3%)</td>
<td>3 (27.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>6 (54.5%)</td>
<td>9 (81.8%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>4 (36.4%)</td>
<td>5 (45.5%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>8 (72.7%)</td>
<td>10 (90.9%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>1 (9.1%)</td>
<td>1 (9.1%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>1 (9.1%)</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Table 8

*A Comparison of Childhood Maltreatment and Separation Experiences by Attachment Style for the University of British Columbia Control Sample*

a)

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>4 (57.1%)</td>
<td>3 (42.9%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>0/0</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>0</td>
<td>2 (28.6%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation Abandoned</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>2 (28.6%)</td>
<td>2 (28.6%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>5 (71.4%)</td>
<td>4 (57.1%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Fearful
n=9

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>3 (33.3%)</td>
<td>4 (44.4%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0</td>
<td>2 (22.2%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>0/1 (11.1%)</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>1 (11.1%)</td>
<td>2 (22.2%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>6 (66.7%)</td>
<td>7 (77.8%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>1 (11.1%)</td>
<td>3 (33.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>2 (22.2%)</td>
<td>2 (22.2%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
8c)

**Preoccupied**

*n=4*

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>2 (50%)</td>
<td>4 (100%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>0/0</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>1 (25%)</td>
<td>1 (25%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>2 (50%)</td>
<td>2 (50%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>2 (50%)</td>
<td>3 (75%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>1 (25%)</td>
<td>1 (25%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### 8 d)

#### Dismissing

**n=3**

<table>
<thead>
<tr>
<th></th>
<th>Female Caregiver(s)</th>
<th>Male Caregiver(s)</th>
<th>Sibling(s)/Other(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Discipline</td>
<td>0</td>
<td>1 (33.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>0</td>
<td>0/0</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>0</td>
<td>1 (33.3%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Long Sep</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Support</td>
<td>1 (33.3%)</td>
<td>1 (33.3%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Summary

As expected, the Mountain inmate population males were found to have experienced a significantly higher proportion of the principal childhood maltreatment and separation variables. It was interesting to find that the populations did not differ significantly on the emotional neglect variable. While the balance of the childhood variables were not statistically analyzed, it is interesting to note the extent to which the inmate population experienced what could be more generally classified as stressors in childhood (e.g., witnessing family violence, experiencing marital separation or divorce, frequent moves, frequent changes of school, etc.); these factors, while not directly linked to attachment, may be integral in assessing the extent of familial disruption, which may indirectly affect attachment.

Fewer men in both the Mountain inmate population and the UBC undergraduate population were classified as Secure in attachment style than would be expected based upon previous findings in both inmate populations and university populations. Only 1 (2.5%) Mountain participant and 7 (30.4%) UBC participants were rated as Securely attached in adulthood based upon the PAI, well below the rates found in comparable populations, and further still below the rates found in the general population. In both populations the Fearful scale was the most elevated; while this was expected for the Mountain population, it was not expected for the university population, and may be reflective of the particularly small number of participants in the UBC sample, and their very young ages. Cultural variables may have also played a role in the elevated Fearful ratings of the university undergraduates; 52.2% of the university population had immigrated to Canada during their childhood years. Depending upon their age and the
easy of transition into a new country, for the whole family, this may have had a negative impact on attachment. Indeed, several participants mentioned how difficult it had been communicating with parents whose values and expectations were based upon cultures other than the one in which the participant was being raised. These difficulties led to feeling misunderstood, unvalued, and also led to increased rebellion during adolescence.

While the ANOVA analysis of attachment style by childhood maltreatment variables did not yield significant findings, the nature of the data, when considered purely descriptively, warrants consideration as trends reveal themselves.
Discussion

This discussion commences with the limitations of the research samples, and then moves on in turn to each hypotheses, the related findings, and the limitations particular to that section. The discussion then turns to future research in the area of attachment and childhood maltreatment, and subsequently proceeds to consideration of the usefulness of the attachment paradigm for offender populations.

The Mountain Institution Male Inmate Research Sample - Limitations

Although the Mountain inmate population is relatively representative of the Mountain population as a whole, self selection bias may be a confounding factor. Namely, although the inmates were selected randomly from the inmate population at large, and while there were no exclusion criteria, it may be that the men who chose to participate did so for reasons that may constitute a selection bias. For instance, a number of the men seemed to be at a pivotal point in their lives, due to disparate circumstances (e.g., an important romantic involvement, a profound reaction to a treatment program, an unanticipated dangerous offender outcome, work in the Institution Palliative Care unit, pending release to the community, etc.), and were reevaluating their lives - for these men the subject matter was appealing as it was the very material that they were endeavoring to sort through themselves. Several men described how opening up to someone was what they were striving to do, and doing so with me was less threatening than to a friend or member of the Corrections staff, and in essence was a first step for them. In order to preclude this potential bias, future research should attempt to access all possible candidates by using the FAI and the PAI as a form of intake assessment, thus ensuring a
truly random sample, and obtaining a very comprehensive personal history that
supersedes a mere chronological history of events.

Additionally, the inmates in the sample are of divergent ages, likely resulting in
differing life experiences, and most importantly perhaps, differing incarceration lengths,
and treatment histories. Because the etiology between childhood maltreatment variables
and adult attachment style is being investigated, it is likely that the age discrepancy may
play a significant role in differing adult attachment outcomes grounded in similar
childhood experiences. Bowlby himself believed that although attachment is relatively
stable over the life-span, significant emotional events may affect change during
adulthood. Therefore, when comparing a sample whose oldest member is 71 and whose
youngest member is 21, the effects of life experience on adult attachment can not be
accurately gauged based upon these interviews.

Similarly, differing amounts of time incarcerated would be expected to make an
impact on adult attachment, in that incarceration may have a differential effect on
individuals: For some it may be a positive effect, as the routine and structure of the
Institutional environment may be comforting and secure, and provide the opportunity for
improvement and the formation of deeper friendships; while for others it may be a
negative effect as the Institutional environment may be threatening and personally
dangerous, and may remove them from their support networks outside. Indeed, some
inmates I spoke to described productive, balanced lives inside, and were optimistic about
the future, while others isolated themselves, resulting in little opportunity to engage in
positive interactions with others, and were pessimistic about the future. Future analyzes,
to be conducted with additional data collected for this sample, is planned, and will look at the relationship between attachment style and hopelessness.

Whether or not an inmate has undergone treatment, and the extent of that treatment, may also have influenced attachment style in the intervening years between childhood and adulthood. In fact, Main determines adult attachment style on the basis of whether an individual is resolved or not concerning the parenting they received. As Corrections Canada recognizes that inmates tend to have experienced a greater degree and severity of childhood maltreatment than the general population, time is spent in some treatment programs, especially the intensive treatment programs, in dealing with individuals' family of origin experiences. This process could well constitute an emotional experience of the type thought necessary to change adult attachment style. In conducting these interviews I saw evidence for this in one case: A young man, designated a dangerous offender for several sex offences, had just completed the Intensive Sex Offender Treatment program offered in the region. The approximately 9 month treatment program had been a very intense experience for him and he was grappling with many issues - some related to his own childhood and his estranged relationship with his mother, others to do with his feelings of guilt regarding his victims that he had just been able to get in touch with during the program - such that throughout the interviews he repeatedly asked me if he should respond as he feels now, or how he would have responded prior to the treatment program. I indicated to him that my ratings would be based largely on how he responded now, but to tell me both perspectives if they were very divergent. This he was able to do on several occasions, and on this basis I concluded that if I had interviewed him prior to treatment his attachment classification
would have been dismissing, whereas now it was fearful. The treatment program had facilitated a newfound sentience that I believe would not have been present prior to the treatment. A similar change was observed in inmates who were presently involved in health romantic relationships with supportive partners. For some this experience was uniquely positive and supportive in comparison to past relationships, and in this environment the inmates in question had reworked their perspective of themselves and others, often with an outcome that meant a change from a dismissing style to a more fearful style, meaning they were able to acknowledge and accept their own vulnerabilities, and their conflicting desire for, and fear of, intimate relationships. Of course, whether or not these changes will endure is left to future research.

*The University of British Columbia Male Undergraduate Research Sample - Limitations*

As a control group for the inmate population this sample has many limitations: In fact, in terms of all demographic variables these two populations would be hard pressed to be more different. However, the inclusion of this population facilitated several important facets of this research: 1) Participants in both groups were interviewed with the FAI and the PAI in a similar fashion: This is important as the FAI had not been specifically used for the express purpose of determining childhood maltreatment variables in the past, therefore the findings with the Mountain sample would not have been directly comparable to other populations in this regard; and 2) It enabled a unified group of interviewers/coders to work together on the basis of a defined research paradigm that differed from what has been done in the past, again, had this data not been collected for the UBC sample as well, the inmate sample would not have been directly comparable to other research samples.
As with the inmate sample, there may be a degree of selection bias within the UBC sample. It would seem to me that with the broad array of easy university course credits to be had for 1st and 2nd year students, that a participant in this study may tend to be more psychologically minded than the general population - this comment is based upon the observation that choosing to discuss at length your personal life, with a stranger, versus completing anonymous questionnaires, may reveal something about your personality in itself, and therefore may form the basis for a selection bias.

Additionally, the comparison of the two samples is complicated by the fact that the samples are not of equal size. This proves to be particularly problematic for the university sample in that there are only 4 participants classified as preoccupied, and 3 classified as dismissing, thus constraining analyzes.

*Childhood Maltreatment Experiences of the Samples*

Despite these limitations, the results obtained when comparing the samples in terms of their childhood maltreatment experiences are illuminating, and not only for the fact that all factors proved significant with the exception of the emotional neglect variable. Logically one would expect the university sample to have far fewer maltreatment experiences than the inmate population, however the degree to which the inmates experienced these variables may be the most revealing finding. Not only did the inmates experience elevated rates on most of the maltreatment and separation variables that may have impacted their ability to securely attach to their primary caregivers, a large proportion (67.5%) of them had multiple (>4) maltreatment and/or separation experiences, thereby further diminishing their chances of forming a secure attachment with a primary caregiver.
Of note is the lack of significance on comparison of the samples on the emotional neglect variable. Not only were the samples statistically similar on this variable, it, along with the physical discipline variable, was the most ubiquitous of the six maltreatment variables. Emotional neglect may be seen as the most insidious of the maltreatment variables as its’ presence leaves no outward scars and does not sound alarms to the casual observer, however an absence of physical scars does not negate the presence of emotional scars, as may be indicated by the elevated rates of fearful attachment style in both populations. If children’s care-giving experiences in the first years shape their perceptions of themselves and others as is proposed by attachment theory, and their experience is one that leaves them feeling unloved, unwanted, unnoticed and/or unimportant, this may form the basis for a generalized vulnerability upon which all other experiences are gauged. In essence it could be thought of as the reverse of resiliency. Of course, the means by which the experience of emotional neglect may come about are numerous and may include some of the other familial variables assessed in this study. For instance, greater than 4 children in a family is known to be a risk factor (Belsky, 1993), as are physical or mental illness of the child or caregiver, marital discord or violence, marital separation, frequent moves, school changes, drug and/or alcohol abuse, and crime, among others (Belsky, 1993). Additionally, cultural factors may play a role in how love and nurturing are expressed; this may be a factor in our university sample.

Whether or not a child experiences continuity of care is another factor that may impact their perception of being loved and therefore, in order to explore this possibility, the samples were compared on the mean number of caregivers the participants had experienced. The Mountain inmates had a mean of 3.9 caregivers, with a standard
deviation of 8.41, versus the UBC undergraduates who had a mean of 1.04 caregivers, with a standard deviation of .21. A T-test revealed that the difference between the mean scores for the two samples was significant, $t(61) = 1.624, p < .05$.

The support variable was included to determine whether an individual had anyone they felt comfortable going to with a difficulty, and if so, what the outcome was. Specific examples were sought to elucidate this category beyond a generalized feeling that someone was there (e.g., did the caregiver protect the child from the abusive behavior of another; did the caregiver believe the child when told about abuse being perpetrated on the child by someone else; how did the caregiver respond when the participant violated a rule or the law). Although this category may seem to be similar to emotional neglect, it may be the case that an overtaxed caregiver is unable to display ongoing affection and interest in a child such that they feel loved, however is able to rally when the child is in need of assistance. As a friend, who is one of 10 children, once told me, his mother loved whoever needed it most on a particular day - however, for him this intermittent love/support did not translate itself to feeling loved on an ongoing basis. Alternatively, a caregiver may be able to show ongoing love towards a child, but be unable, due to their own limitations, to be of support in a time of need. As such this category was tricotomized such that responses could be yes, support was received, no, support was not received, and N/A, support was not asked for, thereby rendering a conclusion impossible. When the two samples were compared on this variable, the chi-squared analysis revealed a significant difference, $\chi^2 (2, N=63) = 26.250, p = .000$.

An additional factor that may influence whether or not an affectional tie is established between a child and his or her caregiver is the amount of time the pair spend
apart. Separation from caregivers was one of the original factors thought by Bowlby and his colleagues to affect attachment security. When this variable, which was coded to encompass abandonment, long separations, and death of caregiver, was compared for the two samples using a chi-square analysis the difference was significant, \( \chi^2(1, N=63) = 16.221, p = .000 \). Of note, the differential impact of these separation experiences has not been accounted for and may be an important distinction. As can be seen from a previous table that provides a breakdown of these variables by sample and further by caregiver, 10 of the inmate population experienced the death of a primary attachment figure during childhood or adolescence. I believe it may be safe to assume that the loss of a parent due to death has a greater impact than do long separations due to parents working overseas or traveling extensively for business. Compounding the impact of the death of a parent are circumstances that may serve to further heighten the negative impact of the loss (e.g., In one case an inmate witnessed his mother’s murder at the hand of his father; subsequently he lost his father as well to imprisonment. In another case an inmate’s mother’s death was hidden from him by his father for 5 years on the premise that he was too young to accept it; when he finally learned the truth he had to deal with her death and the deception of his father, whom he felt he could never trust again.).

Differences in Attachment Style

Not only were the present research samples found to be significantly different in terms of attachment style from each other, they were each found to be statistically different from other similar populations: In all cases far fewer participants were found to be Securely attached than had been found previously. In terms of the male inmate samples that have been reported on by Hudson and Ward (1997), these differences may
arise due to their use of the RQ, a self report measure. As has been discussed elsewhere, the very ability to have insight into experiences, and to provide an coherent account of these experiences, are integral to the determination of attachment style. As such, it stands to reason that some insecure attachment styles are less able to self-evaluate than are others, thereby rendering self-reports questionable in many contexts and perhaps especially so with an inmate population. At the end of each interview session I asked the participants how they had felt about the interview; many provided me with feedback to the effect that my evident personal interest and warmth had been the determining factors in whether or not they actively engaged themselves in the process. Many stated that it was this interpersonal dynamic that made them comfortable enough to respond as honestly as they could to often very difficult personal questions: Questions that even the most insightful person may prevaricate upon due to a vested interest in preserving a particular belief about oneself or ones family. Indeed, this observation also holds true for the university sample as on many occasions their responses were couched in a way that seemed to want to justify some behavior by a parent, friend or lover, that they found difficult to accept at face value.

Sample size also becomes an issue when comparing differences in attachment style; not only does the Mountain sample (n=40) differ from the UBC sample (n=23), they also differ from the comparable inmate population (n=148), as does the UBC sample from the comparable university sample (n=77). It may be the case that larger sample sizes for both the Mountain population and the UBC population would result in more similar outcomes to other representative samples. This limitation will be addressed in ongoing research of this nature, utilizing the attachment interviews with inmate
populations. Not only will it be beneficial to increase the sample size as a whole, but also to ensure that each attachment category within the samples is equal, thus enabling more complex analyses unfettered by the violation of statistical assumptions.
Childhood Maltreatment and Adult Attachment Style

Although the quest to determine a more direct link between specific childhood maltreatment experiences and adult attachment has been frustrated by the lack of significant results, there may be inherent design limitations that may be impeding significant findings:

1) The research samples are too small to support the number of variables being investigated;

2) The research samples are unequal;

3) The attachment categories for each sample are unequal, thereby making complex statistical analyses difficult, or inaccurate;

4) The childhood maltreatment variables are assessed on a yes/no basis; this does not account for divergent levels of severity and duration present within the variables for these populations; the same limitation exists for other child and familial variables presented for descriptive purposes only. This limitation may be exemplified by an example from the data collected. Several participants (both inmate and undergraduate) cited only one example of physical abuse, whereas others (of the inmate population) cited a protract childhood and adolescent history of frequent ‘beatings’, yet all were assigned a ‘yes’ for the physical abuse category. This limitation will be addressed in future research by delineating, in 3 categories, the frequency, intensity and duration of the abuse. Maltreatment research has shown these distinctions to be important for many of the abuse variables being considered herein. From an attachment perspective the individual’s perception of why the abuse took place may also be important; for instance did father only beat the person when
drunk, or did the beatings take place irrespective of the father’s state. A distinction such as this may influence how the experience is incorporated into the attachment framework.

5) Attachment is artificially forced into four predominant categories when in fact few participants are prototypical in their attachment patterns; it is likely that the fearful/dismissing individual is different from the fearful/preoccupied individual, yet they have both be classified as fearful. An alternative for future research is to assess attachment continuously - a process that has also been delineated by Bartholomew for use with her attachment representations.

6) The samples have statistically different average ages, thereby discounting significant life events that may have impacted their attachment style in the intervening years since childhood; similarly, the inmate population has a wide range of ages (from 21 - 71), thereby suffering from the same difficulty within that population. Future research should endeavor to restrict the age ranges incorporated into a single study; for instance, a future project could be limited to offenders under the age of 25 or 30, thereby restricting to a degree the span of time between adolescence and adulthood. Additionally, this would limit some of the cohort differences that are surely at work as confounding variables in the present study, as being raised during the Great Depression, as one inmate was, versus being raised in the 70’s and 80’s, as others were, are vastly different experiences.

7) The inmate sample was not controlled for treatment - some had extensive treatment experiences, others had none - again treatment could have a significant effect on adult attachment as was discussed earlier. Perhaps another criteria, for future
research in this vein, would be to restrict the sample to those inmates who are first
time federal offenders not yet involved in intensive treatment programs, thereby
reducing the likelihood of significant change to their adult attachment style due to the
emotional intensity some experience in these programs.

8) The inmate population was not controlled for time incarcerated - again this could
impact adult attachment style as was discussed earlier. Suggestions made earlier for
age and treatment would also address this confound.

9) The samples were not matched for ethnicity or race, nor were there sufficient
numbers within the samples to make significant comparisons, based on ethnicity or
race, possible. This demographic variable has considerable importance considering
the large population of Native offenders incarcerated in Federal Institutions in this
country. Native communities have unique cultural facets that may influence
attachment and the possibility of exploring this area only exists with an appropriate
sample. Perhaps future research should consider a comparison of non-native
offenders with native offenders, thereby facilitating this need.

The data, while not proving significant on the attachment by maltreatment hypothesis,
does indicate trends that warrant future research taking into account the limitations
outlined above.

*The Utility of the Attachment Paradigm to Offender Populations*

Each of us is a unique being, shaped by our interactions with those in our
relational circles. When these interactions are largely positive there results, according to
attachment theory, an individual who values themselves as a worthwhile person, and who
perceives others as trustworthy and dependable. When the interactions are less than
positive there results an individual who may or may not value themselves, and who may
or may not perceive others as trustworthy and dependable - as may be seen from the data
presented herein, the inmates who participated in this study generally have not had
positive interpersonal experiences, and by and large, have insecure attachment styles. An
individual's attachment style may be an impediment to treatment for some individuals,
and for different reasons. For instance, a Fearful inmate may want to open up; to discuss,
and work through, his interpersonal difficulties, that may or may not have influenced his
offence, but may lack the self-esteem, or fear the confrontation that may be inherent in
group treatment. The danger, in this case, is that an untreated, or unsuccessfully treated,
individual will likely be back in the community one day, now at greater risk than before
due to loss of social support. Conversely, a Dismissing inmate may choose to disavow
the need for treatment, or may participate as a parole requirement, without allowing
himself to participate gainfully in the process, again perhaps resulting in an
unsuccessfully treated individual being returned to the streets. A Preoccupied inmate, on
the other hand, may be disruptive in general in the Institution, and within treatment
programs, due to their ongoing need for attention and reinforcement - again, a group
treatment environment may exacerbate their desire to be the centre of attention, and may
impede their own, and others progress. By assessing an inmate's attachment style, by
way of interview, at time of intake, the Institution gains an understanding of their
interpersonal functioning, while at the same time gathering a rich personal history
encompassing events and the individual's interpretation of the events. This information
may then be used to determine the treatment program most appropriate to that individual,
rather than merely that most appropriate to their offence. It may be that some individuals
would benefit from one-on-one therapy prior to participating in group therapy, thereby facilitating greater potential for success on their part, and limiting disruption of others.

Attachment may also be useful in determining whether or not treatment was successful. If, as described earlier, an inmate, Dismissing prior to treatment and unable to empathize with his victim or take responsibility of his offence, is so impacted by treatment that his attachment style changes, there may be new interpersonal issues that must then be addressed in order for treatment to be complete. One case comes to mind in this regard: An inmate, who at a very young age raped and murdered a stranger, due largely to his deficient social skills, has benefited from many years of treatment and now functions very well in relationships. Despite the mammoth changes that have taken place with this man, it was my impression that he may now be a danger to an intimate partner if he was disillusioned or rejected by such a person, therefore in his case, his risk potential may have changed.

Conclusion

As has been exemplified by the inmate data, the maltreatment experiences had by these men in childhood and adolescence are varied and in many cases extreme. Perhaps we should not be querying why it is that they have arrived in prison, but rather marvel at those with similar experiences who have not. What attachment teaches us is that their behavior may be considered an adaptive response to the conditions they found themselves in; the child who learns to avoid their caregiver reduces their anxiety, as does the inmate with a Dismissing attachment style who does not consider the impact of his behavior on others. What is needed is an approach to treatment and risk management that acknowledges each individuals unique take on the world, not only when
incarcerated, but also upon release. As is seen by the large proportion of insecure attachment styles within the inmate population, these are vulnerable individuals whose vulnerability is a threat to society. As such, support must continue into the community in a meaningful way, such that these individuals have ongoing access to therapeutic persons who may be their only positive, trustworthy ‘other’ for some time. Additionally, the earlier this work is commenced in the criminal career of offenders the better, for as attachment theory teaches us, by and large life experiences tend to confirm, rather than disconfirm, attachment styles, and in this population, this is an undesirable outcome.
References


Appendix 1

Mountain Sample Information Notice

UNIVERSITY OF BRITISH COLUMBIA

STUDY OF RELATIONSHIPS

Information Notice

You have been randomly selected to take part in a study, conducted by a researcher from UBC, looking at family, peer, and romantic relationships.

The study will take about three hours of your time. It will involve an interview and a number of questionnaires, all regarding your relationships and personal interaction style. The information collected will be anonymous, and CSC will have no access to it. Your inmate committee has met with the researcher who will conduct the study, therefore if you have any questions, please speak to them.

If you are interested in taking part, please make an appointment with the Psychology secretary for an interview time. If, after meeting with the researcher and finding out more about the study, you are not interested in taking part, you can stop without penalty. Thank you for your interest.

Appointment Date: _______________ Time: ____________

Location of Interview: __________________________

Participant Number: MTN-2000- ___
Appendix 3a

MTN-2000-

Family Attachment Interview

Part 1: Personal Information

General:

What is your age?

How long have you been incarcerated?

Do you have a job at Mountain? What is it?

Are you married?

If no ask - Are you involved in a romantic relationship?

Do you have children?

If yes, get brief details – how many, what ages, gender.

Family Background:

As a child did you always live with your parents?

If not ask - Who did you live with and at what ages? (Do a time line, & include who the participant lived with, their age, & how long that situation lasted).

Parental Information:

(Obtain for each individual regarded as a primary caregiver at some point in childhood; if raised by only one caregiver, ask questions for male or female, plus ask questions about non-custodial caregiver later on):

Male Caregiver(s):

What did your male primary caregiver(s) do for a living?

How much time did he spend away from home? (Day-to-day at work, and any work related travel).

How much time did he spend with you when he was home? (Evenings? Weekends? Holidays?)

Did you have any ‘special’ things that you did with him? (Bedtime rituals, reading, etc.).

When you did spend time with him what did you do together? (Get several examples).

Were there any other times when you were away from him overnight?

Female Caregiver(s):

Did your female primary caregiver(s) work outside the home?

If yes:

What was her occupation?
How much time did she spend away from home (Day-to-day at work, and any work related travel).

How much time did she spend with you when she was home? (Evenings? Weekends? Holidays?)

Did you have any 'special' things that you did with her? (Bedtime rituals, reading together, etc.).

When you did spend time with her what did you do together? (Get several examples).

When did she return to work after you were born?

Who took care of you? (Probe to determine if there was change over time – the goal is to assess the consistency of the care giving provided by the substitute care giver(s).
Again, a time line with ages and substitute care giver(s) applicable at the time is ideal).

How many hours per day would she be absent from the home?

Were there any instances when you were separated from her overnight?

If yes - How old were you and how long were you away from her?

What was it like for you to be away from her, even just overnight?

If female caregiver(s) did not work outside the home:

How much time did you spend with her in a given day?

Before you entered Kindergarten, what would an average day at home with her be like for you?

After you entered Kindergarten, what would an average day before and after Kindergarten with her be like for you?

Family Activities:

Did you spend time with both your caregivers together?

How much time on average in a given week?

What did you do together? (Get examples: Family outings, weekend rituals, eat dinner each night, etc.).

How did your family celebrate special occasions (e.g., birthdays, etc.).

Do you have brothers and/or sisters? (Get first names and ages).

Can you describe what your relationship with each of your siblings was like?

Did your family move a lot when you were growing up? (Get frequency of moves, when, distance, why move, etc.)

If there were frequent moves ask - How was it moving so often?

If good experience, get example of why

If bad experience, get example of why.
Did you change schools a lot when you were growing up? (Get frequency of moves, when, why, etc.).

One Biological Parent & One Substitute Parent:
Same questions only add:

Depending on if participant was old enough to remember when substitute parent became involved with family:

What did you think when step mother/father joined your family? (Memory of emotional response, behavioral response).

Did you accept them as a substitute parent?
If yes, why? If no, why?
If they are still part of your family, do you accept them now?
If yes, why? If no, why?
Did they take part in disciplining you when you were young?
If yes, how did you feel about this?
Did you spend time just with them?
What sorts of things did you do together?

Single Caregiver Family:
If custodial caregiver is female ask:
How would your describe your relationship with your mother?
Did you see your father?
How often?
What was your relationship like with him?
If custodial caregiver is male ask:
Same questions as for mother.
For either also ask:
How old were you when your parents separated?
Do you remember the breakup?
What was it like for you?
Were you ever put in a position where you felt you had to chose between your parents?
How did that make you feel?
After the breakup did you see more of your parents or less?
How was the relationship between your parents after the breakup?

Adoptive Parents:
Same questions as for biological parents, only add:
When did you find out that you were adopted?
How did your parents tell you?
How did you feel when you found out?
Are you interested in finding your biological parents?
What do your adoptive parents think about your interest in finding your biological parents?

Family Members other than Biological Parents:
Who raised you? (Grandparents, aunt, uncle, etc.)
Then ask questions as per both Biological Parents if two substitute caregivers or as per one Biological Parent if only one substitute caregiver, plus:
How did/do you feel about being raised by (alternative)?
Did you ever see your biological mother/father?
How often?
What was your relationship like with them at that time?
Do you see your biological mother/father now?
If yes ask - What is your relationship like with them now?

Mixed Care Givers (e.g., changes from biological, to mixed bio/step, to single, to foster, etc.):
Ensure that time line is completed as to participant's age and time with caregiver(s), then ask, for each interval, the appropriate questions from above, with the following modification for foster care givers:

Foster Parents:
How long did you spend in the home(s)?
How many other foster children were living there (in each)?
How many biological children were in the home (in each)?
Did the foster parents treat their biological children and foster children the same way?
How much time did the foster mother spend with the children during an average day?

How much time did the foster mother spend with the children on the weekend?

What sorts of things did you all do together?

Did you ever have time alone with the foster mother?

What sorts of things did the two of you do together?

How much time did the foster father spend with the children during an average day?

How much time did the foster father spend with the children on the weekend?

What sorts of things did you all do together?

Did you ever have time alone with the foster father?

What sorts of things did the two of you do together?

Did the foster family include you in holiday celebrations?

Did you feel like part of the family?

What was your relationship like with your foster parents?

Do you still keep in touch with them? If yes, how often?

What was your relationship like with your foster siblings?
Do you still keep in touch with them? If yes, how often?

Did you see your biological parent(s) when you were in the foster home?
How often?

What was your relationship with she/he/both during that time?

Overall, how would you rate your experience as a foster child?

Foster Mother Alone:
As for biological mother alone, with added questions from above regarding the fostering situation.

Foster Father Alone:
As for biological father alone, with added questions from above regarding the fostering situation.
Primary Caregiver's Relationship with Each Other:

What was the relationship between your primary caregivers like when you were growing up?

Was there much conflict between them?

How was the conflict expressed? (e.g., verbal, physical, psychological?)

If there was physical conflict ask:

Were the police ever involved?

If yes, were charges ever pressed?

Did anyone ever have to leave the family home to keep safe? Who?

How long were you/they gone?

How was the matter resolved? Did it happen more than once? How often?

Were they physically affectionate with each other in front of you?

Primary Caregiver(s) Illegal Activities:

Was any primary caregiver ever involved in crime?

If yes, were they ever incarcerated?

For what and for how long?

Did any primary caregiver ever use alcohol excessively (e.g., did they get drunk all the time; did you know they were alcoholic?)?

Did any primary caregiver ever use drugs?

If yes, what did they use? Would you consider their habits excessive or abusive?

If your caregivers did drink or do drugs, did they do it around you as a child?

If yes, do you remember how old you were the first time you remember seeing them drink or do drugs?

Do you remember if their behaviour changed when they drank or did drugs? If yes, how did it change?
Part 2: Childhood (Obtain as much detail as possible for each question)

Can you describe what kind of a child you were? (e.g., happy, sad, depressed, introverted/extroverted, etc. - get changes over the years)

What was your relationship like with each of your parents when you were growing up?

Mother (or other female primary caregiver(s)) - get examples to illustrate for each if more than one.

Father (or other male primary caregiver(s)) - get examples to illustrate for each if more than one.

Which parent were you closest to, and did this change? (get examples to substantiate claims)

Were your parents affectionate with you? (Get examples).

If you were unhappy or upset as a child, what would you do?

Would you go to your mother/father, another adult?

Did you ever get lost as a child? (Describe- how old, how did it happen, how did you feel, what was the reunion with your caregiver(s) like?)

Did you ever run away from home? (How old, why, how long, what happened upon return?)

Did you ever feel rejected by your parents? (examples).

Did they ever hurt your feelings? (examples).

Did they ever hurt your feelings unintentionally? (examples).

Did you ever feel like you disappointed your parents? (examples).

Were they proud of you?

How did they show it?

Did you ever feel pushed by them? (e.g., in school, sports, etc.)

What did they do for discipline? (Get ages, frequency, reason discipline needed, get examples to illustrate: pay special attention if physical discipline was involved).

Were you ever afraid of either parent as a child? (When & why examples)

What are your feelings now about the discipline you received as a child?

Did you feel your parents took care of your physical needs as a child? (e.g., clothed properly, fed properly, kept safe, etc.).

Was there ever a time when you felt more like the parent than the child? (e.g., had to take care of a parent, had to take care of siblings, had to take care of self, etc.)

Did you feel loved by your parents? (get examples to illustrate response)

Did you ever feel your parents love was conditional (e.g., on achieving a certain grade, behaving in a certain way, etc.)
Did you feel safe and taken care of by your parents? (why or why not)

Did you feel they were there for you under any circumstances? (examples)

If no, under what conditions would they not be there?

Did you feel they understood you? (examples)

**Early Sexual Experiences:**

As a child or an adolescent did you have any sexual contact with a peer (+- 2 years)?

How old were you? How old was the other boy/girl?

Who initiated it?

What did you do (sexual activities)?

How often did you engage in these activities?

Did it happen at different ages, and with different people?

How did you feel about it?

**Abuse History:**

As a child or an adolescent did you have any sexual contact with an adult or an older person (>5 years)?

If yes, ask (gently):

With whom?

How did it happen (entered into it voluntary or involuntary)?

What happened (sexual activity)?

How often did it happen?

If you wanted to stop, could you?

If you did not want it to happen, and were manipulated or forced into it, how was that done?

Did you ever tell anyone about it? If yes, who did you tell?

What happened after you told?

If no, why did you tell?

**Other:**

Did you have any difficulties as a child (e.g., a chronic illness, learning disability, depression, ADHD, etc.)

As a child or adolescent did you ever attempt suicide?
If yes ask - At what age(s) did you make the attempts?
How did you do it?
What prompted the attempt(s).
How serious was your desire to kill yourself?
If no, did you ever think about suicide?
If yes, what prevented you from doing it?
Could you talk to your primary caregiver(s) about personal problems when you were a child or adolescent?
If yes, what was their response?
If no, was there someone you could turn to?
Was there ever a period when you experienced conflict with any primary caregiver?
If yes, describe the conflict and what was going on at the time.
What is your relationship with your primary caregiver(s) like now?
Do you talk to them now about personal concerns?
Are you living at home?
Do you see your primary caregivers each day?
Is it important for you to see them daily?
If not living at home:
How often do you talk to your mom (female primary caregiver)?
How often do you talk to your dad (male primary caregiver)?
How often do you see your mom?
How often do you see your dad?
Overall, do you think your experiences growing up in your family have influenced your relationship with people outside your family?
Overall, what would you say are your feelings now about the parenting that you received as a child?
Is there anything that you would change?
Appendix 3b

Family Attachment Interview

Part 1: Personal Information

General:

What is your age?

What is your occupation?

What is your living situation?

Are you married?
If no ask - Are you involved in a romantic relationship?

Do you have children?
If yes, get brief details — how many, what ages, gender.

Family Background:

As a child did you always live with your parents?
If not ask - Who did you live with and at what ages? (Do a time line, & include who the participant lived with, their age, & how long that situation lasted).

Parental Information:
(Obtain for each individual regarded as a primary caregiver at some point in childhood; if raised by only one caregiver, ask questions for male or female, plus ask questions about non-custodial caregiver later on):

Male Caregiver(s):

What did your male primary caregiver(s) do for a living?

How much time did he spend away from home? (Day-to-day at work, and any work related travel).

How much time did he spend with you when he was home? (Evenings? Weekends? Holidays?)

Did you have any ‘special’ things that you did with him? (Bedtime rituals, reading, etc.).

When you did spend time with him what did you do together? (Get several examples).

Were there any other times when you were away from him overnight?

Female Caregiver(s):

Did your female primary caregiver(s) work outside the home?

If yes:
What was her occupation?
How much time did she spend away from home (Day-to-day at work, and any work related travel).

How much time did she spend with you when she was home? (Evenings? Weekends? Holidays?)

Did you have any 'special' things that you did with her? (Bedtime rituals, reading together, etc.)

When you did spend time with her what did you do together? (Get several examples).

When did she return to work after you were born?

Who took care of you? (Probe to determine if there was change over time – the goal is to assess the consistency of the care giving provided by the substitute care giver(s). Again, a time line with ages and substitute care giver(s) applicable at the time is ideal).

How many hours per day would she be absent from the home?

Were there any instances when you were separated from her overnight?

If yes - How old were you and how long were you away from her?

What was it like for you to be away from her, even just overnight?

If female caregiver(s) did not work outside the home:

How much time did you spend with her in a given day?

Before you entered Kindergarten, what would an average day at home with her be like for you?

After you entered Kindergarten, what would an average day before and after Kindergarten with her be like for you?

Family Activities:

Did you spend time with both your caregivers together?

How much time on average in a given week?

What did you do together? (Get examples: Family outings, weekend rituals, eat dinner each night, etc.).

How did your family celebrate special occasions (e.g., birthdays, etc.).

Do you have brothers and/or sisters? (Get first names and ages).

Can you describe what your relationship with each of your siblings was like?

Did your family move a lot when you were growing up? (Get frequency of moves, when, distance, why move, etc.)

If there were frequent moves ask - How was it moving so often?

If good experience, get example of why.

If bad experience, get example of why.
Did you change schools a lot when you were growing up? (Get frequency of moves, when, why, etc.).

**One Biological Parent & One Substitute Parent:**
Same questions only add:

Depending on if participant was old enough to remember when substitute parent became involved with family:

What did you think when step mother/father joined your family? (Memory of emotional response, behavioral response).

Did you accept them as a substitute parent?
If yes, why? If no, why?

If they are still part of your family, do you accept them now?
If yes, why? If no, why?

Did they take part in disciplining you when you were young?
If yes, how did you feel about this?

Did you spend time just with them?

What sorts of things did you do together?

**Single Caregiver Family:**

If custodial caregiver is female ask:

How would your describe your relationship with your mother?

Did you see your father?

How often?

What was your relationship like with him?

If custodial caregiver is male ask:

Same questions as for mother.

For either also ask:

How old were you when your parents separated?

Do you remember the breakup?

What was it like for you?

Were you ever put in a position where you felt you had to chose between your parents?

How did that make you feel?
After the breakup did you see more of your parents of less?

How was the relationship between your parents after the breakup?

**Adoptive Parents:**

Same questions as for biological parents, only add:

When did you find out that you were adopted?

How did your parents tell you?

How did you feel when you found out?

Are you interested in finding your biological parents?

What do your adoptive parents think about your interest in finding your biological parents?

**Family Members other than Biological Parents:**

Who raised you? (Grandparents, aunt, uncle, etc.)

Then ask questions as per both Biological Parents if two substitute caregivers or as per one Biological Parent if only one substitute care giver, plus:

How did/do you feel about being raised by (alternative)?

Did you ever see your biological mother/father?

How often?

What was your relationship like with them at that time?

Do you see your biological mother/father now?

If yes ask - What is your relationship like with them now?

**Mixed Care Givers** (e.g., changes from biological, to mixed bio/step, to single, to foster, etc.):

Ensure that time line is completed as to participant's age and time with caregiver(s), then ask, for each interval, the appropriate questions from above, with the following modification for foster care givers:

**Foster Parents:**

How long did you spend in the home(s)?

How many other foster children were living there (in each)?

How many biological children were in the home (in each)?

Did the foster parents treat their biological children and foster children the same way?
How much time did the foster mother spend with the children during an average day?

How much time did the foster mother spend with the children on the weekend?

What sorts of things did you all do together?

Did you ever have time alone with the foster mother?

What sorts of things did the two of you do together?

How much time did the foster father spend with the children during an average day?

How much time did the foster father spend with the children on the weekend?

What sorts of things did you all do together?

Did you ever have time alone with the foster father?

What sorts of things did the two of you do together?

Did the foster family include you in holiday celebrations?

Did you feel like part of the family?

What was your relationship like with your foster parents?

Do you still keep in touch with them? If yes, how often?

What was your relationship like with your foster siblings?

Do you still keep in touch with them? If yes, how often?

Did you see your biological parent(s) when you were in the foster home?

How often?

What was your relationship with she/he/both during that time?

Overall, how would you rate your experience as a foster child?

Foster Mother Alone:
As for biological mother alone, with added questions from above regarding the fostering situation.

Foster Father Alone:
As for biological father alone, with added questions from above regarding the fostering situation.
Primary Caregiver's Relationship with Each Other:

What was the relationship between your primary caregivers like when you were growing up?

Was there much conflict between them?

How was the conflict expressed? (e.g., verbal, physical, psychological?)

If there was physical conflict ask:

Were the police ever involved?

If yes, were charges ever pressed?

Did anyone ever have to leave the family home to keep safe? Who?

How long were you/they gone?

How was the matter resolved? Did it happen more than once? How often?

Were they physically affectionate with each other in front of you?
Part 2: Childhood (Obtain as much detail as possible for each question)

Can you describe what kind of a child you were? (e.g., happy, sad, depressed, introverted/extroverted, etc. - get changes over the years)

What was your relationship like with each of your parents when you were growing up?

Mother (or other female primary caregiver(s)) - get examples to illustrate for each if more than one.

Father (or other male primary caregiver(s)) - get examples to illustrate for each if more than one.

Which parent were you closest to, and did this change? (get examples to substantiate claims)

Were your parents affectionate with you? (Get examples).

If you were unhappy or upset as a child, what would you do?

Would you go to your mother/father, another adult?

Did you ever get lost as a child? (Describe- how old, how did it happen, how did you feel, what was the reunion with your caregiver(s) like?)

Did you ever run away from home? (How old, why, how long, what happened upon return?)

Did you ever feel rejected by your parents? (examples).

Did they ever hurt your feelings? (examples).

Did they ever hurt your feelings unintentionally? (examples).

Did you ever feel like you disappointed your parents? (examples).

Were they proud of you?

How did they show it?

Did you ever feel pushed by them? (e.g., in school, sports, etc.)

What did they do for discipline? (Get ages, frequency, reason discipline needed, get examples to illustrate).

Were you ever afraid of either parent as a child? (Examples)

What are your feelings now about the discipline you received as a child?

Did you feel your parents took care of your physical needs as a child? (e.g., clothed properly, fed properly, kept safe, etc.).

Was there ever a time when you felt more like the parent than the child? (e.g., had to take care of a parent, had to take care of siblings, had to take care of self, etc.)

Did you feel loved by your parents? (get examples to illustrate response)

Did you ever feel your parents love was conditional (e.g., on achieving a certain grade, behaving in a certain way, etc.)
Did you feel safe and taken care of by your parents? (why or why not)

Did you feel they were there for you under any circumstances? (examples)

If no, under what conditions would they not be there?

Did you feel they understood you? (examples)

Abuse History:

As a child or an adolescent did you have any sexual contact with an adult or an older person (>5 years)?

If yes, ask (gently):

With whom?

How did it happen (entered into it voluntary or involuntary)?

What happened (sexual activity)?

How often did it happen?

If you wanted to stop, could you?

If you did not want it to happen, and were manipulated or forced into it, how was that done?

Did you ever tell anyone about it? If yes, who did you tell?

What happened after you told?

If no, why did you tell?

Early Sexual Experiences:

As a child or an adolescent did you have any sexual contact with a peer (+- 2 years)?

How old were you? How old was the other boy/girl?

Who initiated it?

What did you do (sexual activities)?

How often did you engage in these activities?

Did it happen at different ages, and with different people?

How did you feel about it?

Other:

Did you have any difficulties as a child (e.g., a chronic illness, learning disability, depression, ADHD, etc.)

As a child or adolescent did you ever attempt suicide?

If yes ask - At what age(s) did you make the attempts?
How did you do it?

What prompted the attempt(s).

How serious was your desire to kill yourself?

If no, did you ever think about suicide?

If yes, what prevented you from doing it?

Could you talk to your primary caregiver(s) about personal problems when you were a child or adolescent?

If yes, what was their response?

If no, was there someone you could turn to?

Was there ever a period when you experienced conflict with any primary caregiver?

If yes, describe the conflict and what was going on at the time.

What is your relationship with your primary caregiver(s) like now?

Do you talk to them now about personal concerns?

Are you living at home?

Do you see your primary caregivers each day?

Is it important for you to see them daily?

If not living at home:

How often do you talk to your mom (female primary caregiver)?

How often do you talk to your dad (male primary caregiver)?

How often do you see your mom?

How often do you see your dad?

Overall, do you think your experiences growing up in your family have influenced your relationship with people outside your family?

Overall, what would you say are your feelings now about the parenting that you received as a child?

Is there anything that you would change?
Appendix 4a

MTN-2000-__

Peer Attachment Interview

Part 1: Personal Information

General:

What is your age?

How long have you been incarcerated?

Do you work at a job at Mountain? What?

Are you married?

If no, are you involved in a romantic relationship?

Do you have children? If yes, how many? gender? age?

Compared to other people you know, how emotional are you?

Why do you say that?

How do you express your emotions?

If you feel unhappy or upset about something, what are you likely to do?

If necessary: Are you more likely to go to other people or do you tend to deal with it on your own?

What kinds of things do you tend to get most upset about these days? (If necessary give examples, e.g., school, relationships, work, etc.).

How often do you cry? (If necessary give examples – once a day, every few days, etc.)

What do you cry about?

Do you cry more often alone or with others?

If you cry with others, with whom do you cry?
Part 2: Friendships

General:

About how many friends do you have?

Of those, how many do you consider close friends?

What does it mean to you to say someone is a close friend?

Do your friends tend to be more male or female?

If so, do you have a sense of why that might be?

Has this changed over time?

If so, why the change?

Are there any differences between your male and female friendships?

People often report that in opposite sex friendships, one person or the other becomes romantically interested. Has that ever been a problem for you?

If so, how do you handle it?

Specific Friend:

Now I would like you to choose one of your close friends as a reference so I can ask you some questions about a particular friendship. (Get name).

How long have you known each other?

How much time do you spend together?

What kinds of things do you do?

Who organizes your get-togethers?

How do you feel about that?

Why do you think you’ve become good friends?

Could you give me an example of things you’ve done together or experiences you’ve had together that have brought you to be good friends?

What do you like about (name of friend)?

What don’t you like about (name of friend)?

Do you ever talk to them about it? (what they dislike).

Do you and ________ ever have conflicts? Explore - what are conflicts about; how are they resolved, if they are resolved?

Do you ever feel angry with ________?
What do you do when angry?

Have you ever had your feelings hurt by _______? (Example).

Have there been times when you and _______ haven't talked to each other?

Who is more involved in the relationship?

Do you discuss personal matters with _______?

Are there things that you wouldn't talk about or that would be difficult to talk about? (Get examples).

Why?

What changes would you like to see in your friendship over time?

**General Friends:**

How does your friendship with _______ compare to your other close friends?

(Probe especially for: closeness, time spent together, different groups of friends.)

How often are your feelings hurt by friends? Examples.

Have you ever had conflicts between friends and your romantic partners? (Explore - drop friends when involved, intimate others jealous of friends, etc.).

If applicable: If currently in a relationship, how often do you socialize with and without your partner?

How much time do you spend alone (estimate per day)?

What changes would you like to see in your friendships in general?

(Probes: number of friends, amount of time with friends, quality of friendships?)

When you meet new people, do you think they will like you?

How confident are you about making new friends?

Are you shy?

What impression do you think you make on other people?

What impression would you like to make?
Script for: Romantic Attachment Interview

Part 3: Relationship History

What is your sexual preference?

How long have you been involved with your current partner? (If applicable).

Have you had any (previous) serious relationships?

If yes:
I’d like you to give me a brief history of your serious romantic/sexual involvement’s (how old each party was at the start, length of relationship).

For all previous relationships, briefly describe major issues:
How serious the relationship was;

How long it took to get to that point;

Reason for breakup; who initiated it, how did it feel, how long did it take to breakup, how long did it take to get over it, and time alone before next relationship

During periods of non-involvement:
Why not?

Are/were you dating?

Are/were you looking for a relationship?

Was there any physical conflict in your past relationships? Explore.

Do you see any patterns across your relationships?

If no, to question regarding relationships (i.e., has never had a serious relationship) ask:
Were you dating before becoming incarcerated?

If yes, ask:
Were you looking for a relationship?

If no, why not?

Have there been times when a relationship looked like it might get serious?

If yes, what happened?

Is having a long term relationship at some time in the future important to you? Why or why not?

Do you worry about not finding the right person? Why or why not?
Part 4: Current Relationship

How long have you known each other?

When did you start dating?

How quickly did you become serious?

Have there been any major separations since you’ve been together?

How did it feel when you were apart?

Have there been any other involvements since you’ve been together?

How serious is your relationship?

Are you sexually involved?

Have you considered future plans?

How much time do you spend together?

What do you like about your relationship?

What don’t you like?

Describe your partner?

What do you like most about her/him?

What don’t you like about her/him?

Do you talk to your partner about it?

What do you think your partner likes most about you?

What do you think your partner likes least about you?

How does your current relationship compare with past ones?

Part 5: Communication and Support in Current Relationship

How comfortable are you discussing personal matters with your partner?

What are some of the topics of conversation you avoid with your partner because they’re awkward to talk about or they lead to disagreements? (e.g., money, sex, family, etc.)

How does your partner respond when you would like help or support? (what do they say/do?)

How does your partner respond when you’re hurt or sick? (what do they say/do?)

What about emotional upset?

What would your partner do? Examples.
Do you ever feel your partner is not responsive enough or too responsive?

Do you feel comfortable crying in front of your partner?
If not, why?

How does your partner respond?

How well does your partner understand you? (Get example)

Part 6: Love-worthiness and Trust in Current Relationship

Have you ever felt rejected by your partner? Describe.

Have you ever had your feelings hurt by your partner?

Have you ever doubted that your partner loves or cares about you?

How does your partner show they care about you?

Have you ever felt neglected by your partner?

Have there been situations when you felt your partner was not honest with you?

Are you always honest with your partner?

Do you say “I love you” to each other? How often?

Does one say it more than the other?

Part 7: Conflict Resolution in Current Relationship

How often do you have disagreements or arguments?

What are they about?

What happens when you disagree?

Does it get resolved?

How is it resolved?

As necessary (if they’re denying ever having conflicts):
Do you ever have differences of opinion? About movies, music, etc.?

Do you ever wonder if your partner disagrees with you, but doesn’t say anything?

How long do you stay angry?

Who initiates the arguments and the resolution?

If necessary:
Could you give me an example of a typical conflict and describe how it tends to go?
Have you ever felt afraid of your partner?

Have your conflicts ever become physical, such as breaking or throwing things, pushing, or slapping? How often?

Can you describe what happens?

How does this compare with past relationships?

How often are you and your partner mean to each other or critical?

Has your partner ever done anything that you consider abusive?

Have you done anything that they would consider abusive?

Have the two of you had any issues about the amount of time you spend together?

How do the two of you go about making decisions?

Is it mutual?

**Part 8: Physical Relationship with Current Partner**

How affectionate are the two of you within the relationship?

Is one of you more so than the other?

Is this ever an issue, in private or in public?

Do you ever feel that your partner is not warm or affectionate enough?

How do you feel about the sexual aspect of your relationship?

How do you think you partner feels about it?

Is sex more important to you or your partner? Explore.

Has that changed over time?

What do you do when your partner initiates sex and you don’t feel like it?

Vise Versa?

How often does this happen?

If necessary:
Is your partner aware that you sometimes don't feel like having sex?

What changes would you like to see in your sexual relationship?
Part 9: Separations from Current Partner

Have you and your partner ever been apart for any length of time? (e.g., for holidays, business trips, etc.)
Explore.

If not, how would you feel if it happened?

Part 10: Mutuality in Current Relationship

People in relationships commonly report that one partner seems more invested or committed to the relationship. Has this ever been the case in your relationship? If so, describe.

Some people feel concerned about being too dependent in a relationship. Is this a concern for you?

For your partner?

Have you or your partner ever felt jealous in the relationship? Describe.

If your partner is jealous, how does it make you feel?

If necessary:
Are you ever possessive of your partner?

Is your partner ever possessive of you?

If yes, how do you feel about it?

Part 11: Regrets and Breakups in the Current Relationship

Have you ever thought about separating?

When? Why?

How difficult would it be for you to end this relationship?

If necessary:
Have you ever had any regrets or doubts about becoming involved with your partner?

If appropriate:
How much faith do you have that your relationship with last in the long term?

If it doesn't, who would be most likely to initiate the breakup? Why?

If necessary:
If you and your partner ever did breakup, how difficult would it be for you?

How difficult would it be for your partner?
Part 12: General Evaluation of Current Relationship

How would you like to see your relationship change over time?

If necessary:
Any changes in the way you relate to your partner?

In the way your partner relates to you?

If you could have an ideal relationship, how would it differ from your present relationship?

How does this relationship compare with past relationships?

Part 13: General Social Relations

What kinds of changes would you like to see in the way you relate to others?

What kinds of changes would you like to see in the way others relate to you?

Is there anything else about your social relationships that we haven't hit upon that seems important?

How did you feel about this interview?

Are these things that you've talked about with other people?
Appendix 4b

UBC-2000_

Peer Attachment Interview

Part I: Personal Information

General:

What is your age?

What is your occupation?

What is your living situation (alone or with others? and who?)

Are you married?

If no, are you involved in a romantic relationship?

Do you have children? If yes, how many? gender? age?

Compared to other people you know, how emotional are you?

Why do you say that?

How do you express your emotions?

If you feel unhappy or upset about something, what are you likely to do?

If necessary: Are you more likely to go to other people or do you tend to deal with it on your own?

What kinds of things do you tend to get most upset about these days? (If necessary give examples, e.g., school, relationships, work, etc.).

How often do you cry? (If necessary give examples – once a day, every few days, etc.)

What do you cry about?

Do you cry more often alone of with others?

If you cry with others, with whom do you cry?
Part 2: Friendships

General:

About how many friends do you have?

Of those, how many do you consider close friends?

What does it mean to you to say someone is a close friend?

Do your friends tend to be more male or female?

If so, do you have a sense of why that might be?

Has this changed over time?

If so, why the change?

Are there any differences between your male and female friendships?

People often report that in opposite sex friendships, one person or the other becomes romantically interested. Has that ever been a problem for you?

If so, how do you handle it?

Specific Friend:

Now I would like you to choose one of your close friends as a reference so I can ask you some questions about a particular friendship. (Get name).

How long have you known each other?

How much time do you spend together?

What kinds of things do you do?

Who organizes your get-togethers?

How do you feel about that?

Why do you think you’ve become good friends?

Could you give me an example of things you’ve done together or experiences you’ve had together that have brought you to be good friends?

What do you like about (name of friend)?

What don’t you like about (name of friend)?

Do you ever talk to them about it? (what they dislike).

Do you and ________ ever have conflicts? Explore - what are conflicts about; how are they resolved, if they are resolved?

Do you ever feel angry with _________?
What do you do when angry?

Have you ever had your feelings hurt by ________? (Example).

Have there been times when you and ________ haven't talked to each other?

Who is more involved in the relationship?

Do you discuss personal matters with ________?

Are there things that you wouldn't talk about or that would be difficult to talk about? (Get examples).

Why?

What changes would you like to see in your friendship over time?

**General Friends:**

How does your friendship with ________ compare to your other close friends?

(Probe especially for: closeness, time spent together, different groups of friends.)

How often are your feelings hurt by friends? Examples.

Have you ever had conflicts between friends and your romantic partners? (Explore - drop friends when involved; intimate others jealous of friends, etc.).

If applicable: If currently in a relationship, how often do you socialize with and without your partner?

How much time do you spend alone (estimate per day)?

What changes would you like to see in your friendships in general?

(Probes: number of friends, amount of time with friends, quality of friendships?)

When you meet new people, do you think they will like you?

How confident are you about making new friends?

Are you shy?

What impression do you think you make on other people?

What impression would you like to make?
Script for: Romantic Attachment Interview

Part 3: Relationship History

What is your sexual preference?

How long have you been involved with your current partner? (If applicable).

Have you had any (previous) serious relationships?

If yes:
I'd like you to give me a brief history of your serious romantic/sexual involvement's (how old each party was at the start, length of relationship).

For all previous relationships, briefly describe major issues:
How serious the relationship was;
How long it took to get to that point;
Reason for breakup; who initiated it, how did it feel, how long did it take to breakup, how long did it take to get over it, and time alone before next relationship

During periods of non-involvement:
Why not?

Are/were you dating?

Are/were you looking for a relationship?

Was there any physical conflict in your past relationships? Explore.

Do you see any patterns across your relationships?

If no, to question regarding relationships (i.e., has never had a serious relationship) ask:

Are you dating?

If yes, ask:

Are you looking for a relationship?

If no, why not?

Have there been times when a relationship looked like it might get serious?

If yes, what happened?

Is having a long term relationship at some time in the future important to you? Why or why not?

Do you worry about not finding the right person? Why or why not?
Part 4: Current Relationship

How long have you known each other?

When did you start dating?

How quickly did you become serious?

Have there been any major separations since you’ve been together?

How did it feel when you were apart?

Have there been any other involvement’s since you’ve been together?

How serious is your relationship?

Are you sexually involved?

Have you considered future plans?

How much time do you spend together?

What do you like about your relationship?

What don’t you like?

Describe your partner?

What do you like most about her/him?

What don’t you like about her/him?

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What do you think your partner likes most about you?

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How does your current relationship compare with past ones?

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How comfortable are you discussing personal matters with your partner?

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What about emotional upset?

What would your partner do? Examples.
Do you ever feel your partner is not responsive enough or too responsive?

Do you feel comfortable crying in front of your partner? If not, why?

How does your partner respond?

How well does your partner understand you? (Get example)

Part 6: Love-worthiness and Trust in Current Relationship

Have you ever felt rejected by your partner? Describe.

Have you ever had your feelings hurt by your partner?

Have you ever doubted that your partner loves or cares about you?

How does your partner show they care about you?

Have you ever felt neglected by your partner?

Have there been situations when you felt your partner was not honest with you?

Are you always honest with your partner?

Do you say “I love you” to each other? How often?

Does one say it more than the other?

Part 7: Conflict Resolution in Current Relationship

How often do you have disagreements or arguments?

What are they about?

What happens when you disagree?

Does it get resolved?

How is it resolved?

As necessary (if they're denying ever having conflicts):
Do you ever have differences of opinion? About movies, music, etc.?

Do you ever wonder if your partner disagrees with you, but doesn’t say anything?

How long do you stay angry?

Who initiates the arguments and the resolution?

If necessary:
Could you give me an example of a typical conflict and describe how it tends to go?
Have you ever felt afraid of your partner?

Have your conflicts ever become physical, such as breaking or throwing things, pushing, or slapping? How often?

Can you describe what happens?

How does this compare with past relationships?

How often are you and your partner mean to each other or critical?

Has your partner ever done anything that you consider abusive?

Have you done anything that they would consider abusive?

Have the two of you had any issues about the amount of time you spend together?

How do the two of you go about making decisions?

Is it mutual?

**Part 8: Physical Relationship with Current Partner**

How affectionate are the two of you within the relationship?

Is one of you more so than the other?

Is this ever an issue, in private or in public?

Do you ever feel that your partner is not warm or affectionate enough?

How do you feel about the sexual aspect of your relationship?

How do you think your partner feels about it?

Is sex more important to you or your partner? Explore.

Has that changed over time?

What do you do when your partner initiates sex and you don’t feel like it?

Vise Versa?

How often does this happen?

If necessary:
Is your partner aware that you sometimes don’t feel like having sex?

What changes would you like to see in your sexual relationship?
Part 9: Separations from Current Partner

Have you and your partner ever been apart for any length of time? (e.g., for holidays, business trips, etc.) Explore.

If not, how would you feel if it happened?

Part 10: Mutuality in Current Relationship

People in relationships commonly report that one partner seems more invested or committed to the relationship. Has this ever been the case in your relationship? If so, describe.

Some people feel concerned about being too dependent in a relationship. Is this a concern for you?

For your partner?

Have you or your partner ever felt jealous in the relationship? Describe.

If your partner is jealous, how does it make you feel?

If necessary:
Are you ever possessive of your partner?

Is your partner ever possessive of you?

If yes, how do you feel about it?

Part 11: Regrets and Breakups in the Current Relationship

Have you ever thought about separating?

When? Why?

How difficult would it be for you to end this relationship?

If necessary:
Have you ever had any regrets or doubts about becoming involved with your partner?

If appropriate:
How much faith do you have that your relationship will last in the long term?

If it doesn’t, who would be most likely to initiate the breakup? Why?

If necessary:
If you and your partner ever did breakup, how difficult would it be for you?

How difficult would it be for your partner?
Part 12: General Evaluation of Current Relationship

How would you like to see your relationship change over time?

If necessary:
Any changes in the way you relate to your partner?

In the way your partner relates to you?

If you could have an ideal relationship, how would it differ from your present relationship?

How does this relationship compare with past relationships?

Part 13: General Social Relations

What kinds of changes would you like to see in the way you relate to others?

What kinds of changes would you like to see in the way others relate to you?

Is there anything else about your social relationships that we haven’t hit upon that seems important?

How did you feel about this interview?

Are these things that you’ve talked about with other people?
Appendix 5

Mountain Institution File Coding Sheet

Title: A Study of Adult Male Attachment Patterns

Ethical Approval Number: B99-0319

Participant Number: MTN-2000-

File Coder: __________________________

Date: _______________________

Coding Checklist

Item Source: CSC Files

Index Offence(s):
Sentence:
Total # of Offences:
Type(s) of Offences:
Instrumental or Reactive Violence:
Diagnosis of Adult Psychopathology:
Psychopathy rating:
Admission of Responsibility for Offence:
Admission of Guilt for Offence:
Institutional Adjustment:
Institutional Status:
(Protective Custody or General Population)
Substance Abuse Problems:

Suicidal Ideation:
Suicide Attempts:
Homicidal Ideation (inside):
Sexual Deviation:
Treatment Type(s):
Treatment Response:
Family Info Corroborated:
Relationship Info Corroborated:
Age of First Criminal Offence:
Parental Criminality:

Drugs?________
Alcohol?________
Appendix 6

PAI Coding Sheet

Subject #: ___________________  Date: ___________________
Sex: ___  Interviewer: ____________
Age: ___  Coder: ________________

Response when upset:

__________________________________________________________________________

Crying Pattern: Frequency  Situation
(1 almost never, 3 once a year, 5 1-2/mth, 7 1/week, 9 daily)  (1 alone - 9 only w/others)

**Friendships**

__________________________________________________________________________

Self-disclosure (1-9)  Overall Quality (1-9)
Relative Involvement (1-9)  Same Sex Quality (1-9)
Dominance (1-9)  Opposite Sex Quality (1-9)
Idealization (1-9)

**Romantic Relationships**

Length of longest relationship
Length of current relationship
Current level of involvement
(1 none, 3 some dating, 5 causal, 7 serious, 9 partner)
Highest level of involvement
(1 none, 3 some dating, 5 causal, 7 serious, 9 partner)
Number of serious relationships

__________________________________________________________________________

Self-disclosure (1-9)  Overall Quality (1-9)
Relative Involvement (1-9)  Same Sex Quality (1-9)
Dominance (1-9)  Opposite Sex Quality (1-9)
Idealization (1-9)

Any indication of abuse (emotional, physical or sexual?)
Specify

__________________________________________________________________________
Other Scales (all rated on a scale from 1-9)

Proximity Seeking _____
Emotional Expressiveness _____
Emotional Dependence _____
Care giving _____
Warmth _____
Jealousy _____
Separation Anxiety _____
Trust _____
Self-confidence _____

Counts

Insistence on not remembering _____
(1 none, 5 some, 9 constant)
Inappropriate laughter _____
(1 none, 5 some, 9 constant)
I don't knows _____
(1 none, 5 some, 9 constant)

Elaboration _____
Coherence _____

Overall idealization _____

Styles (1-9)

Secure _____

Fearful _____

Preoccupied _____

Dismissing _____
Appendix 7

Peer Attachment Prototypes

Secure: Positive self-model; positive other-model.

Key Features: High Coherence, high self-confidence, positive approach to others, intimacy in relationships.

Secure individuals are forthcoming and thoughtful in the interview. They have learned from their past relationship experiences, and are able to evaluate current and past relationships realistically. Their interviews flow easily with appropriate degrees of elaboration, a lack of defensiveness, and coherent and well-organized responses. They come across as warm and likable.

When confronted with problems or upsetting matters, secure individuals respond flexibly. They actively cope, tending to show a variety of effective coping strategies including going to others as a source of support. Secure individuals are moderately emotionally expressive, and are likely to cry at least sometimes.

Secure individuals have a positive self-model. They score moderate to high in self-confidence. These individuals also score in the moderate range (i.e., autonomous) on the emotional dependence scale. These individuals score low to moderate in jealousy and separation anxiety.

Secure individuals have a positive other-model. They demonstrate a strong liking for others, and are warm and affectionate toward others. They have moderate to high scores in proximity seeking, and are comfortable crying in front of others and disclosing to others. They engage in constructive conflict resolution. In general, a secure person will have close, mutual relationships with others. Correspondingly, others’ impressions of them are likely to be generally positive; they are likely to be seen as warm, friendly, and dependable. Note that secure individuals may be extroverted and outgoing or more introverted; it is their basic sociability or liking and appreciation of others that is of relevance.

For the secure individual, friendships are important. Their friendships are characterized as intimate, close, mutual, etc. They engage in high disclosure with their friends, and they can express their negative feelings to their friends.

Their romantic relationships are also characterized by intimacy, closeness, mutual respect and involvement, disclosure, etc. They do not necessarily have perfect relationships, but they can make realistic appraisals of their partners and the issues in their relationships. They are able to resolve conflicts constructively. If secure individuals are not currently involved in romantic relationships, they are likely to have been previously involved, or to have a reasonable explanation for their current lack of involvement.
Fearful: Negative self-model; negative other-model.

Key Features: Low self-confidence and avoidance of intimacy due to fear of rejection, conflicting motives of both wanting and fearing intimacy, high self-consciousness.

Fearful individuals come across as insecure, hesitant, vulnerable, and self-conscious. They are likely to engage in frequent nervous laughter. While fearful individuals are typically uncomfortable in the interview setting, many eventually warm up and become very disclosing (though the material may still generate anxiety) - as if they are relieved to finally have found a non-judgmental person to listen to them. In fact, it is most often fearful subjects who claim to reveal some personal secret for the first time.

When confronted with problems or upsetting matters, fearful individuals are emotionally reactive, but do not actively deal with their distress. They acknowledge feeling bad, but are hesitant to show that they are upset in front of others. They do not feel comfortable going to others for support. They are not emotionally expressive, and they avoid crying in front of others.

Fearful individuals have negative self-models. They score low in self-confidence. Their negative self-model is reflected in high emotional dependence, high jealousy, and high separation anxiety. They are likely to worry that others don’t like them, or that others view them as stupid, unattractive, or boring. Sometimes they claim that others see them as stuck-up or aloof, but insist that this is a misinterpretation of their shyness. Fearful individuals will typically say that they wish to open up more or to become more socially confident.

Fearful individuals have difficulty developing trust. They want contact with others, however they feel that they do not ‘fit in’ and are extremely sensitive to any signs of rejection. When they are in relationships, they are dependent, and often describe themselves as lonely. They are also likely to worry about never finding a relationship partner, or never being wanted by someone in the future.

Fearful individuals have a negative other-model. They have low scores on proximity seeking; they avoid approaching others for support unless they feel certain of a positive response. They avoid conflict, crying in front of others, and self-disclosure because they are afraid of rejection. They are uncomfortable with affection, especially in public. They are shy and self-conscious.

Fearful individuals may have a few close friendships but they are likely to have taken years to establish these friendships. They feel more invested in their relationships than their friends and are less in control of the course of the friendship. They are inhibited in their disclosure and avoid conflict in their friendships.

Fearful individuals find it difficult to become involved in romantic relationships. When involved in a romantic relationship, they assume a passive role, are very dependent, and tend to be more invested in the relationship than their partner. They are very insecure within the relationship and tend to blame themselves for problems. They have difficulty openly communicating and showing feelings to their partners. They avoid conflict in relationships, and have a hard time breaking off relationships due to a fear of ever finding another relationship.
**Preoccupied**: Negative self-model; positive other-model.

**Key Features**: Preoccupied with relationships, incoherent and idealizing in discussing relationships, highly dependent on others for self-esteem, approach oriented in relationships.

Preoccupied individuals are highly expressive. Their interviews are characterized by high elaboration, high emotional content (often crying during the interview), and low coherence. They have difficulty keeping track, shift between idealizing and devaluing significant others, frequently contradict themselves, and, in general, show a lack of clarity and objectivity in discussing their close relationships.

Preoccupied individuals are both emotionally reactive and emotionally expressive (at the extreme, histrionic). When confronted with problems or upsetting matters, preoccupied individuals react very strongly or overreact. They have difficulty in dealing with their problems without others’ help; their impulse is to immediately go to others when they feel bad. They are overly sensitive and cry frequently.

Preoccupied individuals have a negative self-model. They score low in self-confidence and high on the emotional dependence scale, being very dependent on others for self-esteem. They score high in jealousy and high in separation anxiety.

Preoccupied individuals have a positive other-model. They desperately seek the company and attention of others, and tend to be overly demanding of closeness in relationships. They are very affectionate, sometimes to the point of being problematic. These individuals have an insatiable need for attention and approval, so much so that they are likely to drive others away. They are high on proximity seeking, going to others as a source of support whenever possible. They often cry in front of others, to gain attention and support. They tend to be overly or indiscriminately self-disclosing. They are commonly in conflict with others. They give the impression that others can never give enough of themselves; thus, they are often concerned that they are not valued sufficiently by others.

For preoccupied individuals, close friendships are usually very important. They expect a great deal out of friends, sometimes stressing the need for a single best friend. Because of their high demands, they often view their friends as unreliable or insufficiently supportive or available. These individuals often feel as if they are being taken advantage of. Their friendships are characterized by extreme self-disclosure, enmeshment, and conflict. However, to preoccupied individuals, romantic relationships are usually the highest priority and this often causes conflict between romances and friendships. This conflict can take many forms; ignoring friends when in a romantic relationship, using friends to manipulate a romantic partner, or viewing friends as potential sexual partners or as competition for sexual partners.

To preoccupied individuals, romantic relationships are of critical importance. They may worry about never finding someone to share their life with, but are likely to have been constantly involved in romantic relationships. They are likely to become emotionally involved very quickly in new relationships, often ‘falling in love’ almost immediately. They do not see their present relationship or partner in a realistic light, tending to idealize them, and this idealization can reach extreme proportions in new relationships.

Their relationships are punctuated by emotional extremes, including anger, passion, jealousy, and possessiveness. They tend to initiate conflict, and they openly express their feelings and insecurities in relationships. They are more invested in the relationship than their partners and more dominant. They are clingy or dependent in their relationships, and very demanding of their partners. The dominance and intrusiveness of the preoccupied is often reflected in an extreme desire to be needed, to look after, or to ‘fix’ romantic partners. Finally, preoccupied individuals have a hard time breaking off relationships, sometimes accepting severe problems to maintain a relationship.
**Dismissing**: Positive self-model; negative other-model.

**Key Features**: Low elaboration and coherence, downplays importance of relationships, high self-confidence, avoidance of intimacy and compulsive self-reliance.

Dismissing individuals are not elaborative. They come across as cool (or cold and arrogant in the extreme), matter-of-fact, rational, unemotional, and aloof. Their interviews are characterized by poor elaboration, a striking absence of introspection and realistic evaluation of their relationship experiences (although they may present a highly intellectualized relationship account), and defensiveness. They sometimes engage in defensive laughter.

When confronted with problems or upsetting matters, dismissing individuals distract themselves from their emotions, downplay the importance of the problem, and actively avoid going to others for support. Dismissing individuals are not emotionally reactive or expressive and rarely cry.

Dismissing individuals have a positive self-model. They score moderate to high in self-confidence. When asked what others think of them, they may reply that others see them as obnoxious, aloof, arrogant, smart, argumentative, critical, as a smart ass, serious, or reserved. However, they are likely to express that they 'don’t care' about what others think of them, or in some instances, that they ‘don’t know’. These individuals score low on the emotional dependence scale (i.e., they are compulsively self-reliant). They also score low in jealousy, and low in separation anxiety.

Dismissing individuals have a negative other-model. They give the impression that they don’t like other people very much. They are commonly cynical and overly critical of others. They are cool and maintain an emotional distance from others. They are uncomfortable with affection. They have low scores in proximity seeking, actively avoiding going to others for support. They are particularly unlikely to cry in front of others. They prefer not to disclose personal concerns or feelings to others, and they avoid interpersonal conflict. Dismissing individuals downplay the importance of relationships, and stress the importance of independence, freedom, and achievement.

Dismissing individuals may describe their relationships as fine. However, their friendships tend to be superficial, being founded primarily on mutual interests or activities rather than emotional closeness. The most striking aspect of the friendships of dismissing individuals is the low level of disclosure. These individuals prefer not to go to their friends for help or support. As with the secure, the dismissing may be more or less outgoing and extroverted; it is the emotional connection or intimacy that is lacking.

The romantic relationships of dismissing individuals are characterized by a lack of intimacy or closeness and low self-disclosure and emotional expressiveness. These individuals are less involved in the relationship than their partners. They tend to show little affection in relationships, and prefer to avoid conflict or other emotional displays. In addition to not relying on their partners for support, they are uncomfortable with requests for support or indications of dependence in their partners. They often shy from commitment, and are quick to feel trapped or bored in relationships. Some common reasons that dismissing individuals offer for not being currently involved in a relationship include: no interested, too busy, focused on work or achievement, don’t need, get bored easily, don’t want commitment or dependence on me, too picky, and want to ‘play the field’. It should be noted that many dismissing individuals are in long-term romantic relationships; again it is the approach to and quality of these relationships, rather than their presence or absence, that is critical.
Rating of Attachment Prototypes

The following 9-point scale is used to rate each of the four attachment prototypes. Each prototype needs to be coded separately, with most people's ratings indicating a combination of more than one prototype. When coding, it is important to guard against the natural tendency to place individuals in a single category because it tends to lead the coder to overlook information inconsistent with the initial categorization.

There are no firm rules about the relative weighting of scores across each of the four prototypes. However, if a person is rated as a 7 on one of the attachment prototypes, they would be unlikely to score more than 3 or 4 on the other attachment patterns. It is possible for a person to be rated equally on two attachment prototypes. In such a case, the individual may receive a score of about 5 on both representations. Occasionally, there will be individuals who don't seem to fit any one attachment prototype well but seem to be a real mix. These people will likely be scored as around 3 or 4 on all attachment prototypes.

1. No evidence
   The individual displays none of the characteristics of the prototype.

3. Some evidence of this pattern
   The individual displays a few aspects (i.e., 3 or 4 characteristics) of the prototype, or just one aspect of the prototype is quite dominant.

5. Somewhat consistent or noticeable theme
   Many of the characteristics of the prototype are appropriate in describing the individual, but there are also many that do not adequately describe the individual.

7. Good fit with some exceptions
   Most of the characteristics of the prototype are appropriate in describing the individual. However, some aspects of the individual do not fit with the prototype.

9. Near perfect fit
   The prototype provides a near-perfect description of the individual.

See Bartholomew (1990, 1993) and Bartholomew & Horowitz (1991) for further discussion of the prototypes.