



by Kathryn Seifert, Ph.D.

ATTACHMENT, FAMILY VIOLENCE AND DISORDERS OF CHILDHOOD AND ADOLESCENCE

Family violence, childhood maltreatment, school shootings, rampant substance abuse, increasing prison populations and insufficient support for human services are significant social issues in the U.S. There are several studies documenting relationships among social, psychiatric and behavioral problems. For example, Kleinman (1997) reported that epidemiological studies have found that various social problems such as substance abuse, violence and family breakdown are strongly linked to mental health issues among youth. Additionally, in a previous study by this author (Seifert, 2000), it was stated that violent youth and adults have problems in multiple domains such as school, family, community, work and peers. Rulo-Pierson (2001) found that a large percentage of youth with histories of abuse and neglect are found among youth or adults with both ADHD and behavioral disorders, while DeFrancesco (2001) documented the high level of co-morbidity between ADHD and disorders of conduct.

In the present study, it was hypothesized that some percentage of children with this co-morbidity (ADHD and conduct disorders) may be attachment disordered, as well. While there may be other causes, many Attachment Disordered individuals have been severely neglected, abused or exposed to domestic violence. This results in behaviors that are often violent, oppositional and antisocial.

There are relationships between high levels of arousal and trauma. Severe abuse, neglect or exposure to violence in childhood often results in a "fight, flight or freeze" (Levine, 1997) reaction that is both emotional and physiological. Post Traumatic Stress Disorder can be an outcome of this, characterized by continued heightened arousal and difficulties with mood and concentration long after the trauma has passed. Those who have been traumatized can, therefore, develop symptoms of anxiety, attention or mood disorders. If maltreatment, neglect or exposure to violence occurs before the age of 4, the ability to bond with others can also be affected.

The fight, flight or freeze response results from the felt need to engage in extensive movement. This is seen in various settings. In an effort to self-soothe and discharge stress chemicals in the body, many traumatized people often feel the need to pace, run, walk or rock. Stress management trainers often recommend physical exercise as a positive method to discharge stress. Practitioners who are treating Attachment Disordered children have observed the frequent co-occurring attention and hyperactivity problems (Levy and Orlans, 1998), as well. This may be the child's way of trying to cope with a traumatizing experience.

Until we study and understand the factors that support or decrease the likelihood for these problems, we cannot effectively prevent or treat them. It is hypothesized that these are not independent issues, but that there are relationships among them. The present study looks at the correlations among individual violence, psychiatric disorders, substance abuse, attachment disorders, sexual offending, childhood trauma and a history of family violence.

Method

The Sample

The sample included 479 youth and adults from inpatient, outpatient and prison settings. Ages ranged from 2 to 74 years old. Twenty-three percent of the sample were diagnosed with attachment disorder, 36 percent were substance abusers, 23 percent had committed sexual offenses, 79 percent had a psychiatric disorder, 57 percent had been assaultive and 76 percent had experienced childhood trauma. Gender distribution of the sample was 69 percent male and 31 percent female. Sixty percent of the sample were Caucasian, 31 percent African American and 9 percent were Hispanic, Asian, Native American or other ethnicity.

Procedures

Data was collected in a variety of settings as part of an intake process or an evaluation. Data was subjected to statistical analysis. Descriptive statistics for the six subpopulations: psychiatric, substance abuse, attachment disordered, sex offenders, assaultive and those with childhood trauma were examined.

The Measure

The CARE (Child & Adolescent Risk Evaluation) is a screening tool that assesses behavioral problems in children and teens (Seifert, Phillips, and Parker, 2001). It measures both risk and protective factors for behavioral disorders. The risk categories include individual characteristics and history (such as history of violence, enuresis, poor anger management and psychosis); peer interactions (for example, bullying behaviors and deviant peer group); educational, school, and work problems (like learning problems, lack of work success and school failure); and family characteristics and dynamics (such as a history of harsh disciplinary practices and family violence). Static and dynamic factors are used, as well. Dynamic factors are those that can be changed with treatment, such as social skills and problem solving ability. The adult version of the CARE uses the same items and scoring, but is reworded to be age appropriate.

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Variables

The risk and resiliency items of the CARE (Child and Adolescent Risk for Violence, Seifert, 2000) or (for adults) the ARE (Adult Risk Evaluation) were used. Variables included a history of behavior problems, impulsivity, attachment disorder, family violence, psychosis, enuresis and aggression. Individual characteristics included social skill problems, difficulty with problem solving, substance abuse, anger management problems, deviant peers, assaultive behavior and delinquency. School behavior and learning problems were also recorded.

Results

Populations can be statistically assessed in a variety of ways. Some are of more practical utility and others may lead to a theoretical model of the disorder or behavior. Several statistical descriptions are used for sex offenders, assaultive offenders, delinquent offenders, attachment-disordered persons, substance abusers and the psychiatric population for comparison purposes.

Regression Analysis

A regression analysis was applied to each subgroup using the items on the CARE/ARE to determine the strongest statistical predictors. Psychosis ($r = .24, p = .00$) and parental discipline that was harsh, lax or inconsistent ($r = .23, p = .01$) were statistical predictors of Psychiatric Problems. Severity of behavior problems ($r = .31, p = .03$) and delinquency or crime ($r = .40, p = .00$) were significantly associated with substance abuse. Childhood

trauma was associated with attachment disorder ($r = .34, p = .00$) and family violence ($r = .77, p = .00$). Assaultiveness was significantly correlated with Attachment Disorder ($r = .38, p = .01$), severity of behavior problems ($r = .69, p = .00$) and enuresis ($r = .23, p = .01$). Many sexual offenders were male ($r = -.29, p = .00$), had also been physically assaultive ($r = .29, p = .03$), had a deviant peer group ($r = .23, p = .04$) and had lower IQ ($r = -.25, p = .01$).

Comorbidity of Populations

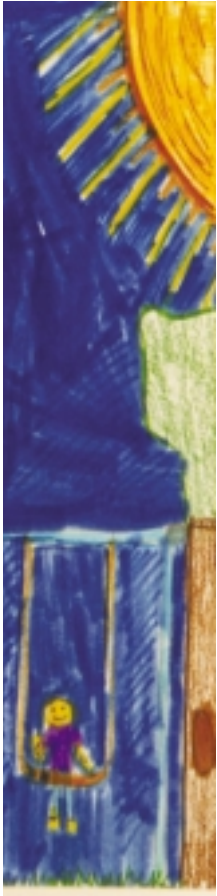
All subgroups had a high percentage (greater than 72%) of persons with psychiatric problems with the Attachment Disordered group having the highest percentage (92%). More than 75 percent of all groups had histories of childhood trauma with the Attachment Disordered group having the highest percentage (98%). Greater than 70 percent of those in all groups reported histories of family violence. The psychiatric group had the lowest percentage (74%) of family violence. Greater than 70 percent of all sub-groups, except the psychiatric group (57%), had histories of assaultiveness. Sexual offenders were the most likely to have other delinquencies or criminality (76%), and those in the psychiatric group were the least likely to have a criminal history (43%). Comorbidity among these populations demonstrates the need to assess clients and their families for multiple issues, regardless of the presenting problem.

Descriptive Statistics

All groups had a significant percentage of those with skill deficits. Greater than 70 percent of all groups had anger

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management problems, impulsivity and poor social skills. At least 80 percent of all groups had poor problem solving skills. More than 65 percent of all groups had moderate to severe behavior problems before the age of 12. The psychiatric group had the lowest percentage of those with learning problems (56%), school behavior problems (54%) and bullying behaviors (26%). Seventeen to twenty percent of all groups had neurological problems. There was a large percentage of family problems in each group.

Correlations

An assaultive history is significantly correlated (correlations greater than .3 are reported here) with severity of behavior problems ($r = .75$), sexual assault ($r = .34$), impulsivity ($r = .38$), delinquent/criminal behavior ($r = .41$), anger problems ($r = .39$), attachment disorder ($r = .40$), poor social skills ($r = .30$) and school behavior problems ($r = .46$). Delinquent and criminal behavior is correlated with severity of behavior problems ($r = .53$), sexual assault ($r = .34$), assaultiveness ($r = .41$), impulsivity ($r = .31$), substance abuse ($r = .44$) and school behavior problems ($r = .43$). Attachment Disorder is associated with severity of behavior problems ($r = .40$), assaultiveness ($r = .40$) and childhood trauma ($r = .35$). Sexual Assaultiveness is correlated with severity of behavior problems ($r = .35$), physical assaults ($r = .34$) and delinquency/criminality ($r = .34$). Psychiatric disorders show no associations above .3. The correlation between Attachment Disorder and other psychiatric disorders is .16, and it is significant. Substance abuse is correlated with severity of behavior problems ($r = .33$) and delinquency/criminality ($r = .44$). In summary, there appears to be a significant relationship between childhood trauma and severity of behavior problems ($r = .37$). The value of describing these populations and the commonalities and distinctions between them, is in fashioning treatment modalities that can be tailored to their needs, as well as those of their families.

Discussion

Implications for Practice

The implications for intervention are that regardless of the reason that a person comes to the attention of a criminal justice, social service or mental health agency, there is a high likelihood that other problems exist within the individual and the family. All problem areas should be assessed and either treated or referred for treatment. This study also makes a case for providing early mental health services for the children who have been abused, neglected or exposed to domestic violence. To end youth and adult violence, we must look at the violent family roots and intervene as early as possible.

Limitations of the Study

There were several problems with this study. A larger and more diverse sample is needed. More research is needed on the issues of violence and attachment problems. Abuse and neglect before the age of 4 is often not in the record, and youth or adults either do not remember, are in denial or do not want to say that they were abused or neglected at an early age. The definition and study of attachment disorders is still quite new, so those rating children may not have the knowledge base to recognize it.

Conclusions

There was considerable comorbidity among the five groups studied. All groups had a high percentage of youth or adults who had experienced childhood trauma or were from families with histories of violence. All groups had a high level of those with psychiatric problems. The majority of substance abusers, sexual offenders and those with attachment disorders were also physically assaultive. A large percentage of substance abusers and sexual offenders also had histories of other criminal or delinquent activities. Specifically, 83 percent of the violent youth or adults had an Attachment Disorder and 92 percent of that group had psychiatric problems.

Violent offenders had attachment disorders, severe behavior problems, enuresis, impulsivity, anger problems, poor social skills and school behavior problems. Those with attachment disorders had experienced childhood trauma and had demonstrated emotional displays that were flat or out of control, severe behavior problems and physical assaultiveness. Substance abusers had severe behavior problems and were delinquent or criminal. The psychiatric group had psychosis, parental discipline that was lax, inconsistent or harsh, childhood trauma and family violence. The sexual offenders were primarily male and had low IQ, physical assaults, deviant peers, severe behavior problems and other delinquencies.

The treatment of comorbid conditions needs further study. Effective assessments and interventions for attachment disorders need to be developed. Agencies should be using multimodal assessments and interventions that address the needs of the entire family group. ▼

Dr. Kathryn Seifert received her Ph.D. from the University of Maryland, Baltimore Campus in 1995. She is a Diplomate (DABPS) in forensic psychology and a Fellow in the American College of Advanced Practice Psychologists and the Maryland Psychological Association. Dr. Seifert has had over 30 years experience in mental health, addictions, and criminal justice work. In addition to creating the CARE/ARE, Dr. Seifert has authored articles and lectured nationally and internationally on youth or adults violence. She founded Eastern Shore Psychological Services, a multidisciplinary private practice that specializes in working with high-risk youth or adults and their families. The CARE is available through Research Press. The ARE is available in research form from the author (email drkathy2@cswebmail.com).

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