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Diana Barnes

Jerrod Brown

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# Attachment and Trauma-Related Problems: Implications for Criminal Justice and Forensic Mental Health Professionals

By Diana Barnes and Jerrod Brown

## Abstract

Secure attachment with a caregiver creates a foundation for psychological stability and fosters resilience in the face of future experiences of undue stress. In the face of unavailable, abusive or emotionally disconnected attachment figures, developing children are increasingly vulnerable in ways that deleteriously impact their quality of life and mental health across the life span. Further, the lack of secure attachment in combination with traumatic experiences increases the risk of antisocial and criminal behavior. In light of this pathway to offending behavior, criminal justice and forensic mental health professionals have an opportunity to better recognize the critical significance of disrupted attachment and individual trauma history in order to reduce the likelihood of future criminal behavior.

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## Introduction and Overview

Early experiences lay the groundwork for later psychological development and emotional well-being (Anda et al., 2006; Chapman et al., 2004; DeHart et al., 2014). Over time, the consistent reliability and sensitivity of the caregiver's responsiveness creates emotional meaning for a child, creates a foundation for psychological stability, and in turn, fosters resilience in the face of future experiences that are unduly stressful. An accumulation of these experiences becomes an emotional template that casts expectations and response patterns for other events and relationships across the life span. Whether or not a sense of trust and safety is well-established during the first years of a child's life is highly predictive of the kind of attachments this child will form as he/she matures (Ainsworth, 1989; Bowlby, 1969; Main & Hesse, 1990).

Secure attachment leads to positive feelings about self and others as well as the capacity to regulate one's own mood fluctuations. Those children who have difficulty regulating their own affect are much more vulnerable to the impact of trauma including the loss of an ability to cope with intense feelings and control impulses. These emotional deficits can lead to later adverse behaviors such as aggression and violence, self-destructive behaviors, and substance abuse.

The biological imperative to form attachments ensures that only in extremely adverse circumstances will a child remain unattached (Chaffin et al., 2006). Attachment relationships emerge as the product of interactions with abusive caregivers as readily as they do with sensitively attuned ones. However, the abusive caregiver creates ruptures in the attachment relationship that the developing infant may experience as traumatic (Frederick & Goddard, 2008; Schore, 2010). A frightening or frightened attachment figure creates an unresolvable paradox in the mind of a child. The attachment figure who should be a haven of safety is simultaneously an object of terror and a source of danger (Main & Hesse, 1990).

When a young child experiences abuse, there are ongoing neurochemical changes that occur (Read et al., 2014). The undue stress and consistent state of hypervigilance that results from chronic maltreatment ultimately creates impairments in the growth and development of the brain and central nervous system (Perry, 2002; Schore, 2010; Schore, 2001). Chronic exposure to the elevated levels of cortisol associated with abusive caregiving may result in alterations in brain structure and function that potentially lead to deficits in reflective function and emotional regulation. Consequently, the child's future capacities for insight, judgment, and impulse control are seriously compromised, which leaves him/her much more vulnerable to behavioral disturbances and antisocial behavior that may ultimately have criminal implications.

The histories of incarcerated offenders consistently reveal a background of extensive trauma and mental illness including major depression, post-traumatic stress disorder, anxiety disorders and even psychosis (Ballard, Van Eck, & Musci, 2015; Huang et al., 2006; Motuik & Porporino, 1991). One study by Driessen and colleagues determined that 86.3% of a prison sample of 601 sentenced offenders had an Axis I Diagnosis with corresponding histories of physical, emotional, and sexual abuse as well as emotional and physical neglect (Driessen et al., 2006). Another study that examined the relationship between the type of trauma and psychiatric morbidity found higher rates of antisocial personality disorder and drug abuse among those offenders who were exposed to violence during childhood (Ballard et al., 2015). Victims of childhood sexual abuse were more vulnerable to major depressive disorder and PTSD (Ballard et al., 2015).

A history of psychological trauma may be reflected in a number of ways and can be assessed effectively during an evaluation by taking note of certain behaviors and mental status. In fact, individuals with a history of criminal justice system involvement often have difficulty with emotional regulation, particularly with aggression and anger when attachment-related problems and histories of trauma are under-identified and under-addressed. There may also be noticeable dissociative symptoms or trouble sustaining attention. Moreover, the individual may be at an increased risk to experience anxiety and depression along with suspiciousness or fearfulness regarding the intentions and actions of others. In

addition, there may be problems regulating one's conduct as evidenced by self-destructive and/or impulsive behaviors. Long-term attachment disruptions and exposure to trauma remain a prominent influence on the dismantling of psychological stability and vulnerability to criminal behavior and have relevance as a mitigating factor in considering offending behavior (Wayland, 2008). To foster a broader understanding of the pathways that lead to offending behavior, it is critical to look first in the direction of childhood trauma and the longstanding impact of chronic adversity on mental health.

# Biographies

**Diana Lynn Barnes, Psy.D**, is a past president of Postpartum Support International and currently sits on its President's Advisory Council. She is a member of the training faculty of Maternal Mental Health Now in Los Angeles as well as the California statewide Maternal Mental Health Collaborative and was appointed in 2015 as the mental health consultant for the California Commission on the Status of Maternal Mental Health. She is widely published in the academic literature on all facets of perinatal mental health and wrote the guidelines on Assessment and Treatment of Perinatal Mood and Anxiety Disorders for the Perinatal Advisory Council of Los Angeles. In addition to private practice specializing in women's reproductive mental health, Dr. Barnes presents nationally and internationally and is often retained by legal counsel on cases of infanticide, pregnancy denial, and neonaticide where perinatal illness has been at issue. In 2009, Dr. Barnes received a Lifetime Achievement Award for her contributions to the field of child-bearing related mood disorders. She is a member of the Marce´ Society, North American Society of Psychosocial Obstetrics and Gynecology, as well as a clinical fellow of the American Psychotherapy Association, the California Association, and the American Association of Marriage and Family Therapists. Dr. Barnes is the co-author of *The Journey to Parenthood: Myths, Reality and What Really Matters* (Radcliffe Publishing, 2007) and the editor and a contributing author of a reference text on Women's Reproductive Mental Health Across the Lifespan (Springer, 2014).

**Jerrod Brown, M.A., M.S., M.S., M.S**., is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the Editor-in-Chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and a Problem Gambling Treatment Provider. Jerrod is currently in the dissertation phase of his doctorate degree program in psychology.

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