[Archived] Attachment Security and Disorganization in Maltreating Families and Orphanages

Marinus H. van IJzendoorn, PhD, Marian J. Bakermans-Kranenburg, PhD

Centre for Child and Family Studies, Leiden University, Netherlands

November 2009

Introduction

Extremely insensitive and maltreating caregiving behaviors may be among the most important precursors involved in the development of attachment insecurity and disorganization. Egeland and Sroufe[1] pointed out the dramatically negative impact of neglecting or abusive maternal behavior for attachment and personality development, for which they accumulated unique prospective evidence in later phases of the Minnesota study.[2] What do we know about the association between child maltreatment and attachment, what are the mechanisms linking maltreatment with attachment insecurity and disorganization, and what type of attachment-based interventions might be most effective?

Subject

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Following Cicchetti and Valentino,[3] we include in our definition of child maltreatment *sexual abuse,physical abuse,neglect* and *emotional maltreatment*. Besides these "family-context" types of maltreatment, we also draw attention to *structural neglect* from which world-wide millions of orphans and abandoned children suffer. Structural neglect points to the inherent features of institutional care that preclude continuous, stable and sensitive caregiving for individual children: caregiver shifts, high staff-turnover rates, large groups, strict regimes, and sometimes physical and social chaos.[4]

Attachment disorganization has been suggested to be caused by frightening and extremely insensitive or neglectful caregiving.[5] Studies on non-maltreated samples have demonstrated that anomalous parenting, involving (often only brief episodes of) parental dissociative behavior, rough handling, or withdrawn behavior, is related to the development of attachment disorganization (see Madigan, Bakermans-Kranenburg et al.,[6] for a meta-analytic review). Parental maltreatment is probably one of the most frightening behaviors a child may be exposed to. Abusive mothers show aversive, intrusive and controlling behavior toward their child, in contrast to neglecting mothers who may display inconsistent care. Maltreating insensitive parents do not regulate or buffer their child's experience of distress, but they also activate their child's fear and attachment systems at the same time. The resulting experience of fright without solution is characteristic of maltreated children. According to Hesse and Main,[5] disorganized children are caught in an unsolvable paradox: their attachment figure is a potential source of comfort and at the same time a source of unpredictable fright.

Problems

We speculate that multiple pathways to attachment disorganization exist involving either child maltreatment by abusive parents or neglect in chaotic multiple-risk families or institutions.

The pathway of abuse is based on the idea of (physically or sexually) maltreating parents creating fright without solution for the child who cannot handle the paradox of a potentially protective and, at the same time, abusive attachment figure, and thus becomes disorganized.

A second pathway is associated with the chaotic environment of multiple-risk families or institutional care leading to neglect of the attachment needs of the children. Caregivers' withdrawal from interacting with the children because of urgent problems and hassles in other domains of functioning (securing an income, housing problems, too many children to care for)

creates a chronic hyper-aroused attachment system in a child who does not know to whom to turn for consolation in times of stress. This may in the end lead to a breakdown of organized attachment strategies or impede children's capacity to even develop an organized insecure attachment strategy.

Third, marital discord and domestic violence may lead to elevated levels of disorganization as the child is witnessing an attachment figure unable to protect herself in her struggle with a partner. Zeanah et al.[7] documented a dose-response relation between mothers' exposure to partner violence and infant disorganization. Witnessing parental violence may elicit fear in a young child about the mother's well-being and her ability to protect herself and the child against violence.

Research Context

Collecting data on maltreatment samples is difficult. Maltreated children are often victims of multiple forms of abuse, making it difficult to compare the different types of maltreatment. Conjoint work with the child welfare system may raise legal and ethical issues involving sharing information with clinical workers or being asked to provide a statement in court.

Remarkable and rigorous but scarce work has been conducted by research groups pioneering this challenging area. Seven studies on attachment security/disorganization and child maltreatment in families have been reported, and six studies on attachment in institution-reared children using the (modified) Strange Situation procedure to assess attachment.[8] In order to examine the impact of child maltreatment on attachment we compare the studies' combined distribution of attachment patterns to the normative low-risk distribution of attachment (*N* =2104, derived from the meta-analysis of Van IJzendoorn, Schuengel, & Bakermans-Kranenburg[8]): insecure-avoidant (A): 15%, secure (B): 62%, insecure-resistant (C): 9%, and disorganized (D): 15%.

Key Research Questions

Three issues are central: first, does child maltreatment lead to more insecure-organized (avoidant and resistant) attachments? Second, is maltreatment related to attachment disorganization? Third, what are effective (preventive) interventions for child maltreatment?

Recent Research Results

Studies of children maltreated in families show very few securely-attached children (14%), a majority of disorganized children (51%), and some insecure-avoidant (23%) and insecure-resistant (12%) attachments. This distribution differs strongly from the normative distribution, in particular in terms of disorganization[10,11,1,12,13,14] (for a meta-analysis see Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn[15]).

Six recent studies addressed the effects of institutional care on attachment.[16,17,18,19,20,21] Overall, the distribution of institution-reared children was strongly deviating from the norm distribution, with 17% secure, 5% avoidant, 5% resistant, and 73% disorganized attachments to the favorite caregiver.

The percentage of secure attachments is similar in maltreated children and institution-reared children, but the percentage of disorganized attachments in institution-reared children is considerably larger (Figure 1).

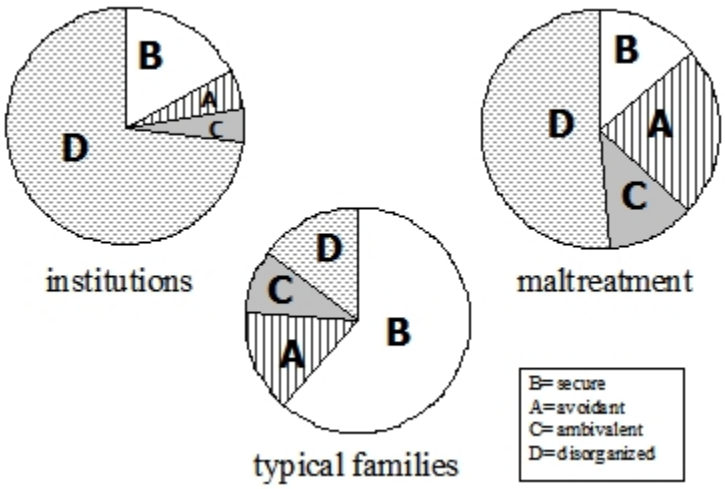


Figure 1: Attachment Distributions (Proportions) in Maltreatment Samples, Institutions and Typical Families

Research Gaps

How do some institution-reared and maltreated children develop secure attachment, and what characterizes these children? Does attachment security constitute a protective factor in high-risk contexts? Does it interact with other protective factors such as the child's biological constitution or the caregivers' psychosocial resources? Little is know about the differential effects of the various types of abuse and neglect – co-morbidity may hamper a clear distinction of differential effects. Lastly, long-term effects of child maltreatment should be studied more closely.

Implications for Parents, Services and Policy

Several randomized control trials have started to provide data on the effectiveness of attachment-based interventions with high-risk populations (see Bakermans-Kranenburg, Van IJzendoorn, & Juffer[22], Juffer, Bakermans-Kranenburg, Van Ijzendoorn[4], and Berlin, Ziv, Amaya-Jackson, & Greenberg[23] for reviews). However, very few of these intervention studies were conducted with maltreated children and their parents, or with children in orphanages.

The lack of evidence-based interventions for maltreatment may have led some clinicians to rely on so-called *holding therapies*, in which children are forced to make physical contact with their caregiver although they strongly resist these attempts. Holding therapy has not been proven to be effective,[24,25] and in some cases has been harmful for children to the level of casualties.[26] Holding therapy is not implied at all by attachment theory. In fact, therapists force the caregiver to be extremely insensitive and to ignore clear child signals.

A major randomized control study by Cicchetti, Rogosch, and Toth[27] has demonstrated the effectiveness of an attachment-based intervention for maltreating families with child-parent psychotherapy, enhancing maternal sensitivity through reinterpretation of past attachment experiences. The intervention resulted in a substantial reduction in infant disorganized attachment, and an increase in attachment security.

Maltreatment prevalence data show a large impact of risk factors associated with a very low education and unemployment of parents (e.g., Euser et al.[28]). A practical implication of this observation is the recommendation to pursue a socio-economic policy with a strong emphasis on education and employment. Since unemployed and school dropped-out parents are the most frequent perpetrators of child maltreatment, policies enhancing education and employment rates are expected to effectively decrease child maltreatment rates.

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