

Attachment Theory and Child Abuse: An Overview of the Literature for Practitioners

This review shares the 'literature path' we followed in developing our ideas about how attachment theory can inform clinical work with abused children and adults. A short outline of the early work in the field is followed by a description of research that is relevant to clinical work with children and families in the field of child abuse and child protection. We then focus on those concepts and findings from research we have found most relevant to our own work with victims of child sexual abuse, their parents and carers, and with adult survivors. In our experience, a parallel theme is the effect of working in this field on professionals' own attachment systems, and the necessity to be aware of the interplay between the individual professional's response, the role of the organization and the ability to make useful clinical interventions. This review therefore includes some material about professional attachment systems and caregiving. Copyright © 2001 John Wiley & Sons, Ltd.

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Definition and Origins of Attachment Theory

Bowlby's work, along with that of behavioural scientists such as Hinde (1979), led to a paradigm shift in the understanding of human behaviour as a biologically based instinctive behavioural system. He defined attachment as: 'Any form of behaviour that results in a person attaining or maintaining proximity to some other differentiated and preferred individual, usually conceived as stronger and /or wiser' (Bowlby, 1973). Bowlby hypothesized attachment as an organized behavioural system that is activated, not only by physical or environmental threats, but also by threats to relationships such as separation from the attachment figure,

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Literature Review

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'How attachment theory can inform clinical work with abused children and adults'

'A paradigm shift in the understanding of human behaviour'

***'A 'secure base'
from which to
explore the social
and physical world'***

or rejection. The human attachment system functions to regulate behaviours designed to maintain or obtain proximity to a caregiver(s) who can serve as a 'secure base' (Ainsworth, 1963, 1973; Bowlby, 1973) from which to explore the social and physical world. From the psychological vantage point of the attached person, the goal is 'felt security' (Bretherton and Waters, 1985).

Bowlby (1973) described how children build mental representations or 'internal working models' of their own worthiness from experiences and perceptions of caregiver's availability, ability and willingness to provide care and protection. Eventually, the child can use the symbolic representations of attachment figures to feel secure even without the physical presence of the caregiver. The inner models of self, others and the relationship between self and others are the basis of personal-social development. The most central 'other' is the primary caregiver(s).

Key Developments in Attachment Theory and Research

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There is enough evidence of predictive validity from longitudinal studies to suggest that attachment patterns of infants are a robust construct (Solomon and George, 1999) and applicable across cultures (Van Ijzendoorn and Sagi, 1999). By observing children's responses on being reunited with their primary caregiver following a brief separation (the Strange Situation Test), Ainsworth *et al.* (1978) identified and categorized different types of attachment behaviour as secure, insecure-avoidant and insecure-ambivalent/preoccupied. A fourth classification of disorganized-disoriented attachment was added (Main and Solomon, 1986, 1990) to describe those children whose careseeking behaviour lacked a coherent strategy and could not easily be categorized.

***'Selective
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Stern (1995) added the important concept of selective attunement, an intuitive process by which the caregiver's responses regulate the intensity of the child's affective state and shape the child's experience of self and other. This was complemented by Trevarthen's parallel observations of mutual interplay between young infants and caregivers from which he developed the concept of 'primary (innate) intersubjectivity'—'that the infant is born with awareness specifically receptive to subjective states in other persons' (Trevarthen, 1979). Further observations of how older infants show curiosity about the intentions of their mothers led to the concept of 'secondary intersubjectivity', in which

joint attention and interest between mother and infant is focused on the surroundings, allowing for games and other shared external meanings (Trevvarthen and Hubley, 1978). For an updated review which includes clinical applications, see Trevvarthen and Aitken (2001). An additional concept of 'maternal mind-mindedness' (Meins *et al.*, 2001) strengthens Ainsworth's ideas about maternal sensitivity. Attachments to both parents have been explored, although the early research focuses almost entirely on mothers. Attachment relationships are seen as occupying a hierarchy of preferred figures (discussed in Colin, 1996). Children have been observed to form different types of attachment relationships with fathers than with mothers depending on the quality of paternal caregiving (Cox *et al.*, 1992).

Early ideas based on observations of babies separated from their caregivers have been developed into a powerful theory of socioemotional development across the lifespan (Parkes *et al.*, 1991; Howe *et al.*, 1999). This widening of the field has prompted clinicians to develop tools for exploring and evaluating attachment styles in adults. The Adult Attachment Interview (AAI) was developed to study the relationship between caregiving (by a parent), the inferred internal working model of the parent and the individual's ability to provide a coherent account of his or her attachment history (C. George, N. Kaplan and M. Main, 1985, The Berkeley Adult Attachment Interview, unpublished protocol, University of California, Berkeley). Four types of adult attachment are seen as corresponding to those of infants in the Strange Situation Test: secure/autonomous (secure infants), preoccupied (resistant/ambivalent infants), dismissing (avoidant infants) and unresolved/disorganized (disorganized infants). Research on adult attachment continues to be extended (e.g. Bartholomew, 1990; Bartholomew and Horowitz, 1991; Hazan and Shaver, 1990; Kuncie and Shaver, 1994). A promising current development is the Adult Attachment Projective (George *et al.*, 1999; George and West, 2001), which validates the AAI but which is designed to be more 'user-friendly' for the practitioner. A way of measuring internal representations of attachment security in children, the Separation Anxiety Test (SAT), first developed by Klagsbrun and Bowlby (1976), has been extended to 8–12-year-olds by Wright *et al.* (1995).

The concept of the attachment dynamic (Heard, 1978; Heard and Lake, 1986) postulates a dynamic interaction between caregiving, care-seeking and exploration. This concept, along with those of supportive companionable relating and interest-sharing (Heard and Lake, 1997), is

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useful not only for clinical practice but also for understanding difficulties in professional systems (Richardson, 1999, 2001; Richardson and Bacon, 2001a). Heard and Lake's (1997) work on supportive companionable relating (as opposed to dominant-submissive forms) is of particular relevance to work with abused children and adults, as is their introduction of the term 'internal models of experiences in relationships' (IMERs, Heard and Lake, 1997). In our view, the latter increases the scope for clinical intervention, since the term includes all the internalized memories that have contributed to the internal working model, not just those with primary caregivers.

The neurobiology of attachment is a growing area of study. Schore (2000, 2001a) suggests that 'attachment is, in essence, the right brain regulation of biological synchronicity between organisms.' Perry and Pollard (1998) and Schore (2001b) explore the neurological impact of stress and trauma in childhood, while Glaser (2000) provides a comprehensive literature review of the study of the effects of child abuse and neglect on the brain.

Sources for the Practitioner

Much of the burgeoning attachment literature is extremely detailed and research-orientated rather than of immediate practical value to busy practitioners. The full scope of the literature can be appreciated by reference to Cassidy and Shaver (1999), a collection of key research papers providing an overview of attachment theory, clinical applications and emerging topics and perspectives. While this collection promises to be a standard work of reference for researchers and clinicians, it is not necessarily easily digestible or accessible for the average practitioner. Bowlby's trilogy (1969, 1973, 1980) on attachment, separation and loss remains a core source. His work on information-processing and defence (Bowlby, 1980) is of particular relevance to an understanding of the adaptive processes of the abused child and is a foundation for understanding the effect of trauma on memory. Bowlby's (1988) description of the way in which the thoughts and feelings of the abused child are disconfirmed is also a key paper.

The readers by Goldberg *et al.* (1995) and Cicchetti and Carlson (1989) provide an overview of the theories, causes and consequences of child abuse and include several key papers on the relationship between child maltreatment, attachment organization and psychopathology. Holmes (1993), Howe (1995) and Parkes *et al.* (1991)

are good general primers. Holmes (1993) responds to the feminist critique of Bowlby's focus on women as primary caregivers and relocates Bowlby in the context of contemporary family structures and the work of Rutter (1981).

Rutter focused on children reared in institutions and relates the associated lack of good parenting and secure attachment to difficulties across the lifespan and to attachment disorder and inattention/overactivity (Rutter *et al.*, 1990, 2001). Rutter's work on Romanian adoptees shows support for attachment as a positive mediating factor against early adversity: profound institutional privation from infancy to age 3 is still compatible with normal psychological functioning provided that the child experiences several years of good parenting after adoption (Rutter *et al.*, 2001).

De Zulueta (1993) provides a comprehensive discussion of the origins of violence and aggression and the psychobiology of attachment. Daniel *et al.* (1999) is useful for practitioners and trainers wanting to incorporate an attachment framework within a broad developmental perspective. An excellent summary of clinical applications of attachment theory to child maltreatment is provided by Howe *et al.* (1999), while a short developmental perspective on attachment and child abuse can be found in Holmes (1999a). Feeney and Noller (1996) provide an overview of the attachment research on adults. Heard and Lake (1997) is a more complex summary and extension of attachment concepts and provides a model for the development of the capacity for caregiving, including its clinical application, which we have found especially helpful.

Evidence of the rate of development of attachment research, updates and regular articles relevant to child protection can be found in the journal *Attachment and Human Development* (Steele and Cassidy, April 1999 onwards).

Child Abuse and Child Protection

Attachment theory conceptualizes child abuse as producing insecure anxious attachment (Crittenden and Ainsworth, 1989; Cicchetti and Toth, 1995; Styron and Janoff-Bulman, 1997). The consensus of research is that anxious attachment can be conceived of as a marker for later social and emotional problems, and is likely to occur in maltreating situations (Lewis *et al.*, 1984). Distorted patterns of relating form the child's model of the world, organize the child's way of responding and may effectively deprive the child of a positive internal model of self (Schneider-Rosen and Cicchetti, 1984; Egeland and Erickson, 1987; Bowlby, 1988; Crittenden, 1988).

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‘An important contribution to resolving some of the ideological conflicts about theories of ‘cycles of violence’

‘Evidence of abusive behavioural patterns in abused toddlers’

For the purpose of this review, we define child abuse as it is currently defined by the English child protection system, using the concept of significant harm (Children Act 1989). Significant harm or impairment of the child’s physical, psychological or emotional development can be seen as caused by both acts of commission and acts of omission, and failure to protect is also an important concept. Using an attachment framework, Bentovim (1988) gives a useful summary of how significant harm impacts on children’s view of themselves and on their future lives, and categorizes optimal, adequate and dysfunctional relationships between parents and children.

Clinicians also need to consider protective or resilience factors (Rutter, 1983; Fonagy *et al.*, 1994), children’s adaptive coping strategies (Crittenden, 1985, 1992a) and differing outcome patterns (Alexander *et al.*, 1998). In our experience, attachment has until recently been seen by the courts simplistically, as a protective factor. As a result of evidence presented by expert witnesses on behalf of children, the courts are now coming to recognize that abuse by attachment figures can be particularly damaging. The rationale and methodology for assessing attachment has therefore assumed increasing significance.

A Theoretical Look at Intergenerational Transmission

We have struggled to develop a framework for integrating ideas from attachment theory with ideas about family violence and child sexual abuse. Feminist thinking as developed by Itzin (2000) is an important contribution to resolving some of the ideological conflicts about theories of ‘cycles of violence’. Such theories can be perceived as stigmatizing and unhelpful to survivors of abuse, illustrated by one survivor’s experience of alienation from fellow professionals described in Ambridge *et al.* (2001). In respect of child sexual abuse, Itzin (2000) argues that without the ‘confounding effects of ungendered or gender neutral language’ the concept of ‘cycle of violence’ can help to address ways of ‘stopping abusers abusing’. Langeland and Dijkstra (1995) highlight the fact that research into the transmission of physical abuse focuses almost entirely on mothers despite the approximately equal representation of fathers as abusers and the importance of parental gender to our understanding of transmission processes.

George and Main (1979) found evidence of abusive behavioural patterns in abused toddlers. These studies are reviewed by Main and Goldwyn (1984), who examined the

link between women's relationships with their own mothers and their interactions with their children as observed in the Strange Situation Test. Evidence for continuity was found. Women who remembered their mothers as rejecting were more likely to reject their own children. If coherent accounts of rejecting experiences were formed however, this was less likely. Similar findings are reported by Hemenway *et al.* (1994), Gara *et al.* (1996) and Haapasalo and Aaltonen (1999).

There is a body of evidence to suggest that antisocial or offending behaviour is linked with adverse early family experiences, and particularly with insecure attachment patterns (Garbarino and Plantz, 1986; Cicchetti and Lynch, 1993; Allen *et al.*, 1996; Smallbone and Dadds, 2000). De Zulueta (1993) constructs violence as 'attachment gone wrong'. The overall conclusion of the available research is that any intergenerational 'cycle' reproduces patterns of insecure attachment. The way in which the intergenerational transmission of insecure attachment and unresolved trauma in one generation can result in disorganized attachment behaviour in the next is highlighted by Fraiberg *et al.* (1980), Main and Hesse (1990) and Fonagy (1999a).

'Constructs violence as 'attachment gone wrong''

Physical Abuse and Neglect

The research into links between abuse and attachment patterns has focused largely on childhood neglect and physical abuse. Several early studies demonstrate that insecure attachment has been found to predominate in populations of children who have been physically abused or neglected (Egeland and Sroufe, 1981; Main and Goldwyn, 1984; Schneider-Rosen *et al.*, 1985; Carlson *et al.*, 1989; Lyons-Ruth *et al.*, 1989). Crittenden (1988) attempts to differentiate neglecting from abusing parents. Morton and Browne (1998) provide a review of the literature on attachment and its relation to child maltreatment. They confirm that the process by which maltreatment continues from one generation to the next may be explained by attachment theory. Their discussion of implications for prediction and prevention concludes that, although success in identification of children at risk is still limited, clinical tools should be developed for assessing attachments together with risk factors to provide the best predictor of childhood maltreatment. The implication is that intervention is more likely to be successful if aimed at enhancing attachment security.

'Research into links between abuse and attachment patterns'

'Focusing on the child's responses rather than the parent's behaviour'

Crittenden and Ainsworth's (1989) consideration of child maltreatment in the light of attachment theory is a major contribution, particularly in pointing clinicians to the importance, when assessing attachment, of focusing on the child's responses rather than the parent's behaviour, which can be more easily edited for an observer. Crittenden (1992b, 1995) has evolved a system for categorizing the complex narratives of abused children as a basis for intervention.

Child Sexual Abuse and Attachment

The literature on child sexual abuse can be viewed from three perspectives: what is known about child victims, adult survivors, and adult perpetrators. We have found that the evidence to link perpetrator characteristics with attachment patterns is sparse compared with the literature speculating about the part mother-child attachment problems may play in placing children at risk. This imbalance in the field presents a difficulty and concepts are needed to bridge the gap. An exploration of attachment and child sexual abuse can be found in Bacon (2001a).

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There is little evidence so far that sexual abuse can be specifically linked to any one pattern of insecure attachment. Liem and Boudewyn (1999) explore the links between multiple childhood maltreatment, insecure attachment and vulnerability to sexual abuse. Alexander (1992) speculates about whether different maternal insecure attachment patterns might contribute to failure to recognize abuse or to prevent disclosure. Parental distance and unavailability may also be associated with sibling incest (Smith and Israel, 1987).

Alexander (1992) hypothesizes that the abusive father who denies his history of rejection and abuse might commit episodes of abuse while in a dissociative state. Saradjian (1996) finds some evidence of the latter in respect of sexual abuse committed by women and of severely problematic attachment histories among this group. However, attachment theory does not necessarily explain the majority of sex offenders whose behaviour is conscious and deliberate. What is known about sexual abuse suggests that not only is it a multifactorial phenomenon, but also that much remains to be discovered, largely because of the secrecy and denial involved.

Dissociation and the Significance of Disorganized Attachment

A helpful conclusion by Egeland and Susmann-Stillman (1996) is that Bowlby's notion of internal working models needs the addition of the process of dissociation. The relationship between dissociation and attachment is a growing focus of the clinical literature on dissociation. Dissociation is seen as a way of resolving the dilemma of attachment to an abusive or non-protective caregiver (Liotti, 1992; Blizard, 1997a, b; Blizard and Bluhm, 1994; Ross, 1997). The difficulty of maintaining proximity to a 'frightened or frightening caregiver' (Liotti, 1992) can result in disorganized patterns of attachment in children that may have dissociation as its counterpart in adulthood (Anderson and Alexander, 1996).

McElroy (1992) describes how dissociation distorts the normal developmental process whereby cohesive sense of self is achieved. In traumatized children, parts can split off and coexist without being integrated, eventually becoming separate personalities. This corresponds to Heard and Lake's (1997) description of 'painful disassuaging information that has been more or less segregated from conscious recall and closed off in one or more IMERs.'

The prevailing view of dissociation as primarily or exclusively a defence against trauma is being reconsidered in the context of early insecure attachment that leads to the construction of multiple and incompatible models of the self. Liotti (1999) moves towards an attachment-based definition of dissociation as concerning: 'early, multiple, incoherent, reciprocally incompatible and dramatic representations of the self, mediated by interpersonal relationships with a frightened or frightening caregiver, and based on the inborn human need for protective proximity to another human being when one is in danger or suffering'. There is evidence of a gender difference, with females more likely to dissociate than males (Perry and Pollard, 1998).

Dissociation was previously seen as taking place on a continuum of severity (Putman, 1993). More recent evidence (Putman, 1997) points to a fundamentally different developmental trajectory resulting in pathological rather than normative dissociative states, and proposes childhood abuse of all kinds, but especially child sexual abuse, as the most likely source. Putman (1997) sees Bowlby's (1973) observations of 'profound detachment' in children who lose their primary caregiver as capturing the essence of the pathological dissociative condition.

'The relationship between dissociation and attachment is a growing focus'

'The construction of multiple and incompatible models of the self'

'The development of dissociative identity disorder'

Putman (1997) argues that it is the disorganized categories of attachment that tend to generate the incompatible internal representations of self and other. He provides a useful model for study of dissociation throughout the lifespan, including the development of dissociative identity disorder. Liotti (1999) considers that type of insecure attachment is not especially significant, although he acknowledges that disorganized attachment is the more significant feature and is related to high-risk samples where children are at risk of maltreatment or the parent is suffering from unresolved loss or trauma. The overall attachment style of the family may also be a factor in determining whether the child integrates or dissociates the traumatic experience. The discrepancy of the abuse and the perpetrator's public persona, which may be that of a loving parent, may model denial and be the basis for dissociation and silencing (Bowlby, 1988; Brooks, 2001; Bacon and Richardson, 2000). Scott (2001) provides a stark reminder of the kind of hostile and deliberately confusing states of mind concerning attachment which can be induced by the abuser's manipulation of the child's attachment needs. While Scott's is primarily a sociological analysis, it provides a useful study of the impact of frightening caregiving and aspects of resilience.

'Support from the non-abusive parent or carer is a good mediator of the effects of abuse'

Attachment as a Mediator in the Long-Term Effects of Abuse

Numerous studies (Ambridge, 2000; Hooper, 1992; Hemenway *et al.*, 1994) demonstrate that support from the non-abusive parent or carer is a good mediator of the effects of abuse.

A range of mediating factors is discussed in a comprehensive review by Kaufman and Zigler (1987), an important early paper about the intergenerational transmission of abuse and mediating factors. Other research (Hunter and Kilstrom, 1979; Egeland and Jacobitz, 1984; Quinton *et al.*, 1984; Chaffin *et al.*, 1997; Runtz and Schallow, 1997) has introduced additional differentiating factors such as the marital relationship, stressful life events, social support and individual coping strategies.

The important concept that individuals could change their behaviour patterns as adults/parents by reflection on their childhood abusive experience has proved fruitful for clinicians. Main's (1991) work on meta-cognition has been developed by Fonagy *et al.* (1991, 1995; Fonagy and Target, 1997). Fonagy and his colleagues argue that traumatized children lack the capacity for reflexivity, which prevents

them from developing a 'theory of mind' concerning their own and other's mental states. It is becoming increasingly clear from the research that the development of the capacity for reflexivity is an important aspect of the healing process (Fonagy, 1998). It is less clear how some adult survivors (e.g. Ambridge *et al.*, 2001) and some traumatized mothers of abused children (e.g. Brooks, 2001) demonstrate this capacity spontaneously and without recourse to professional help. Hill *et al.* (2001) provide evidence that positive adult intimate attachment relationships can be a mediating factor in depression associated with lack of parental care and insecure attachment in childhood, but the risk of depression linked to childhood sexual abuse was unaffected by the quality of adult attachments. They suggest different linking mechanisms, where, for example, the traumatic nature of child sexual abuse is more relevant to subsequent mental health problems.

In a descriptive clinical study, Bacon (2001a) found that much of child protection outcome depends on the presence or absence of a protective parent, and this may well turn out to be related to security of attachment. This is highlighted vividly by a child's therapeutic construction of a story of a baby crocodile being saved by its mother (Bacon, 2001b).

Clinical Application of Attachment Theory to Intervention and Treatment

Despite the large body of research generated since the seminal work of Bowlby, the clinical application of attachment theory is at a relatively early stage, partly because of historical factions within the psychoanalytic field (Holmes, 2000; Schwartz, 1999). The fields of attachment and child protection are beginning to interlink, but we have found it interesting to note that child sexual abuse rarely figures in the index of books on attachment, and vice versa. Some exceptions from the clinical field connect attachment with sexual abuse and dissociation (James, 1994; Freyd, 1996; Ross, 1997; Silberg, 1998; Wieland, 1997). Holmes (2000) outlines the way in which attachment theory might effect a rapprochement between different schools of thought in order to inform clinical listening and work with different narrative styles. Cassidy and Shaver (1999) include a section on clinical applications of attachment theory and research with relevant contributions on the impact of risk and adversity (Greenberg, 1999), adult attachment disorders (Dozier *et al.*, 1999), attachment disorganization (Lyons-Ruth and Jacobitz, 1999), infant-parent psychotherapy (Lieberman

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***'Concept of the
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and Zeanah, 1999) and adult psychotherapy (Slade, 1999; Fonagy, 1999b).

Our own work (Richardson and Bacon, 2001b) focuses on whether, or how successfully, positive child protection intervention can be achieved; on the need to match the intervention to the child's attachment style (Crittenden, 1992b, 1999); and on how the prevention of intergenerational transmission of abuse might be conceptualized using an attachment framework. An attachment-based model of intervention includes a focus on the role of the therapist as a secure base from which children and carers can explore new ways of relating (Fraiberg *et al.*, 1980; Bacon, 2001a; Pearce and Pezzot-Pearce, 1994). This involves modelling sensitive, empathic attuned caregiving, often by providing caregivers, usually mothers, with the experience of supportive companionable caregiving for themselves. This is illustrated by Ambridge (2001), who explores some of the needs of mothers whose children have suffered sexual abuse, and by Richardson (in press) in relation to work with dissociated adults.

Attachment-based approaches to male violence are discussed by Fonagy (1999c) and George *et al.* (1999). While acknowledging the social context of male violence towards women, Fonagy (1999c) finds individual patterns to be characterized by a 'predominantly dismissive pattern, overtly denigrating or disavowing attachment relationships, and a high prevalence of early, unremitting trauma' and lack of mentalizing capacity in the perpetrators. West and George (1999) explore the role of disorganized attachment, anger and 'pathological mourning' (Bowlby, 1973, 1980). Both sources stress the significance of the capacity to move from an unresolved to a more coherent state of mind in respect of attachment.

Holmes (1999b) also discusses 'states of mind' in respect of attachment and past trauma and the significance of a coherent or incoherent 'narrative self' as protective and preventative factors. Reconnecting and creating a coherent narrative is integral to our own clinical approach to work for processing trauma. The concept of the trauma bond (Herman, 1992; James, 1994) and attachment to the perpetrator (Ross, 1997) are also central to our practice. Implicit in the therapeutic process is Bowlby's concept of the need for loss to be properly mourned before reorganization can take place. For a discussion of Bowlby's views on mourning, see Fraley and Shaver (1999). For abused children and adults mourning can entail grieving the loss of the idealized caregiver, the loss of childhood and the loss of aspects of the self that

may have been internally segregated for many years. Other key concepts concern dissociation and its link in turn with disorganized attachment, memory processes, denial and internalizing rather than externalizing response to trauma (Bacon, 1991; Liotti, 1992, 1999; James, 1994; Wieland, 1997).

James (1994) makes a very helpful distinction between attachment trauma (loss of the primary attachment figure) and trauma-related attachment problems, where for the child abused by a primary attachment figure the source of danger and the source of protection reside in the one person. James links trauma to stress as the organizing principle for the child's responses, which has important implications for therapeutic work, particularly the regulation of affect. She also points out that serious attachment disturbances and traumatizing experiences often coexist, and can be interrelated, so that treatment needs are very complex. Creative therapeutic approaches with children and parents are described by Wieland (1997), Binney *et al.* (1994), Ambridge (2000, 2001) and Bacon (2001b,c) and with adult survivors of abuse by Anderson and Alexander (1994), Ambridge *et al.* (2001) and Richardson (in press).

Professional Attachment Systems and Caregiving

The practitioner's need for a secure base and the impact on practice of defensive reactions in the public and professional domains are key issues, which we have explored (Richardson, 2001; Richardson and Bacon, 2001a). In our experience, the painful task of 'piecing the fragments together' (Richardson and Bacon, 2001a) for individuals and for teams affected by the dynamics of trauma, difficult organizational issues and the need for positive alliances with the community can be addressed by attention to supportive and companionable relating and other aspects of attachment within the professional and wider systems.

Conclusion

Attachment theory offers a framework for understanding and treating the developmental effects of abuse and neglect. Future models of good practice need to incorporate not only research on different forms of insecure attachment but also the growing knowledge of the neurobiology of attachment and trauma. Practice informed by supportive

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'Attachment theory offers a framework for understanding and treating the developmental effects of abuse and neglect'

'A supportive and companionable context as a secure base for professional and other caregivers'

and companionable forms of relating is a way of promoting a more secure sense of self in children and adults. We also argue for the provision of a supportive and companionable context as a secure base for professional and other caregivers. This would assist the integration of the paradigm shifts that have taken place in our understanding of attachment and child protection.

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