

Attachment disruption as a responsivity factor affecting recidivism, order compliance and therapeutic alliance in offending youth

Sarah-Louise B. Tkaczyk¹, Bruce D. Watt¹, and Douglas J. Angus¹

¹Faculty of Society and Design, Bond University

Supported by the Department of Youth Justice and Victim Support QLD

Concurrent youth justice and child protection orders.

Elevated rates of offending compared to juvenile justice without child protection (Moriarty et al., 2024).

Higher rates transition to adult correctional facilities (Mendes et al., 2011).

Exposed to multiple adverse childhood experiences (Jackson et al., 2023).

Attachment Disruption

Disruption to caregiver bonds attenuating the capacity for healthy relationships and abilities to regulate emotions and behaviour (Bowlby, 1969).

The risks for attachment disruption magnified for dual order youth with a history of residential care placements (Stenason & Romano, 2023).

Disrupted attachment increases the potential for offending behaviours via lack of empathy, aggression toward caregivers, impulsivity, and poor problem-solving skills.

Meaningful involvement with youth justice services contingent on formation of a bond with caseworker.

Attachment disruption associated with distrust and superficial bonds may undermine therapeutic alliance and response to youth justice interventions.

This in turn may increase the risk for non-compliance with orders and for reoffending.

Current study

QLD Youth Justice Service sample of 445 youth subject to community and detention-based supervision.

Hypothesised:

- (i) Attachment disruption will be prevalent among youth offending populations
- (ii) Higher attachment disruption levels will result in higher volume recidivism and shorter time to first episode of recidivism.
- (iii) Higher attachment disruption levels will result in more instances of noncompliance and shorter time to first episode of noncompliance.
- (iv) Higher levels of attachment disruption will be associated with weaker therapeutic alliance between a young person and their youth justice caseworker.

Child protection involvement

General Group.

Child Safety Contact Group.

Dual Order Group.

Dual Order Residential Group.

Measures

Five indicators for attachment disruption.

Recidivism volume - total number of offences after first YJ order.

Time to recidivism - number of days between first order and first recidivism event.

Noncompliance volume, severity, and time to noncompliance.

Modified Adolescent Therapeutic Alliance Scale (ATAS)
(Faw et al., 2005)

Attachment Disruption, Child Safety, and Recidivism



Multiple Linear Regression Predicting Recidivism

Predictor	B	β	SE	p-value
Constant	22.50	-	41.55	0.58
Attachment Disruption	8.25	0.17	3.86	0.03*
Age	3.62	0.07	2.41	0.13
Sex	-16.74	-0.13	6.52	0.01*
Indigenous Status	15.58	0.11	6.70	0.02*
Group: Child Safety Contact	4.59	0.03	9.60	0.63
Group: Dual Order	-0.63	0.00	12.15	0.96
Group: Dual Order Residential	-3.49	-0.02	14.75	0.81
Therapeutic Alliance	-3.27	-0.19	0.82	<.001*

Note: B= Unstandardised B Coefficient; β = Standardised Coefficient Beta; SE= standard error; p = significance level.

Attachment Disruption, Child Safety, and Noncompliance



Multiple Linear Regression Predicting Noncompliance

Predictor	B	<i>b</i>	SE	p-value
Constant	-46.10	-	15.80	0.00
Attachment Disruption	4.42	0.24	1.47	<.001*
Age	3.37	0.17	0.92	<.001*
Sex	4.35	0.08	2.48	0.08
Indigenous Status	4.63	0.09	2.55	0.70
Group: Child Safety Contact	3.78	0.08	3.65	0.30
Group: Dual Order	-1.66	-0.03	4.61	0.72
Group: Dual Order Residential	-7.37	-0.14	5.62	0.19
Therapeutic Alliance	-1.00	-0.16	0.31	<.001*

Note: B= Unstandardised B Coefficient; β = Standardised Coefficient Beta; SE= standard error; p= values are reported to two decimal points. Values >.05 are considered non-significant.

Attachment Disruption, Child Safety, and Alliance

Multiple Linear Regression Predicting Therapeutic Alliance

Predictor	B	β	SE	p-value
Constant	-0.18	-	2.43	0.99
Attachment Disruption	0.18	0.06	0.22	0.42
Age	0.25	0.08	0.14	0.07
Sex	2.13	0.27	0.36	<.001*
Indigenous Status	-0.66	-0.08	0.39	0.08
Group: Child Safety Contact	-1.69	-0.21	0.55	<.001*
Group: Dual Order	-2.03	-0.19	0.70	<.001*
Group: Dual Order Residential	-2.77	0.32	0.85	<.001*

Note: B= Unstandardised B Coefficient; β = Standardised Coefficient Beta; SE= standard error; p = significance level, set as <0.05. Group comparisons were made relative to the general group, which served as the reference category in the model.

Key points

- High levels of attachment disruption found for the overall sample, particularly for more complex child protection involvement.
- Attachment disruption was found to have a significant positive effect on recidivism volume.
- Therapeutic alliance was also found to have a strong negative effect on recidivism volume and was a marginally stronger predictor than attachment disruption.
- Attachment disruption was identified as a significant predictor of noncompliance volume and noncompliance severity.
- Therapeutic alliance was further identified as a protective factor in lowering both noncompliance volume and severity

Key points

Older participants and males recidivating sooner than younger participants.

Female gender and less or non-involvement in child protection associated with greater therapeutic alliance.

Heightened rate of recidivism for Indigenous youth aligns with overrepresentation of Aboriginal and Torres Strait Islander persons in youth justice systems and requirement for Indigenous led programs (Australian Institute of Health and Welfare, 2025).

Limitations

The Adolescent Therapeutic Alliance Scale modified from a clinician rating tool and not been previously tested for reliability and validity.

Data extraction from Departmental records as opposed to direct observation of therapeutic alliance and interviews with young people.

Additional predictive factors not captured within the data that may explain the results.

Thank you

bwatt@bond.edu.au