

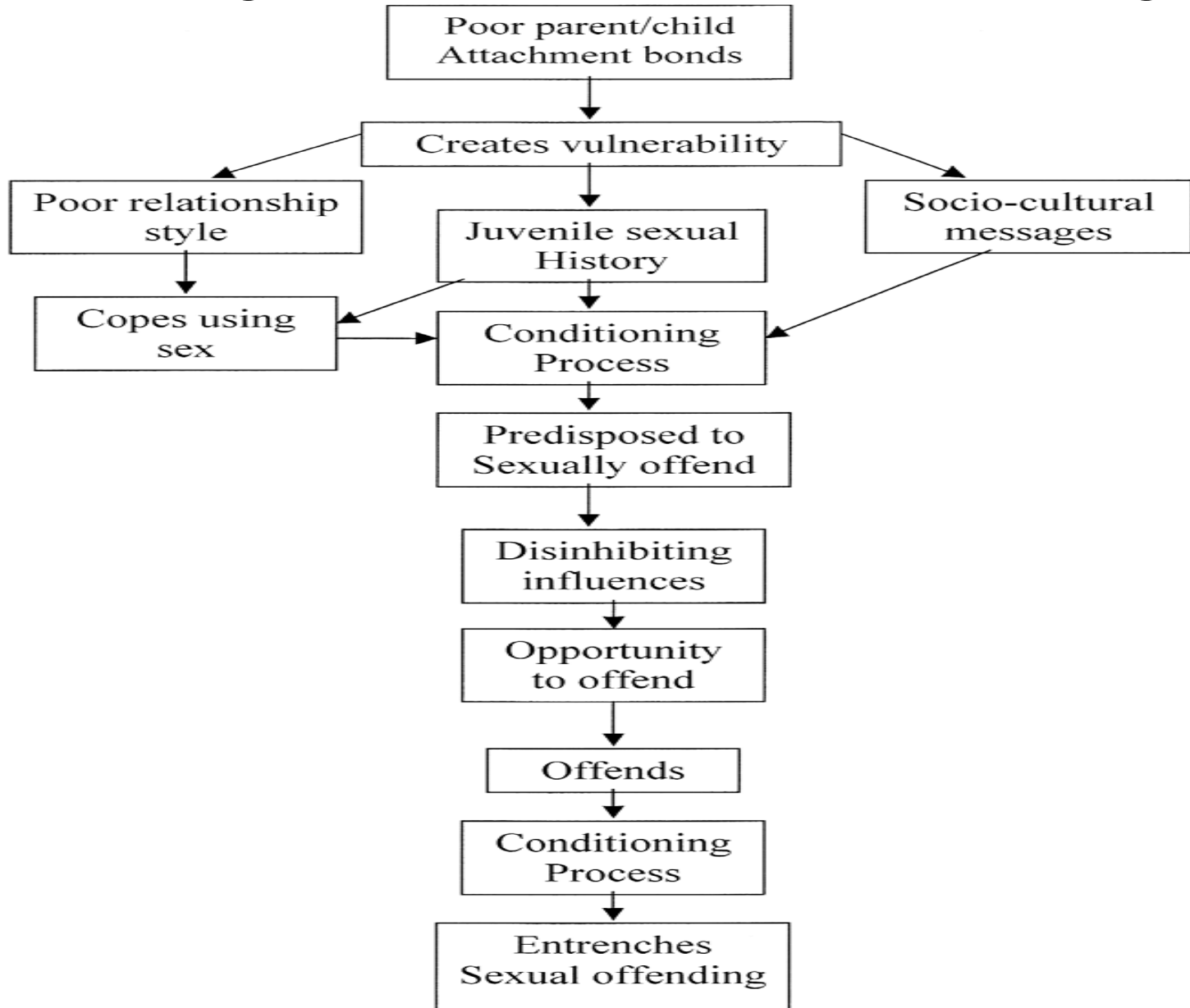
Rockwood Psychological Services

Assessment & Treatment of Sexual Offenders

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Etiological steps to sexual offending



OFFENSE-SPECIFIC TREATMENT TARGETS

1. Life-line
 2. Self-esteem
 3. Acceptance of responsibility
 - Denial / Minimization
 - Cognitive distortions
 - Victim harm
 - Empathy
 4. Coping skills / Style
 5. Intimacy / Attachments
 6. Fantasies / Preferences
 7. Offense pathways
 8. Self-management / Good life
 9. Warning signs
 - Self
 - Others
 10. Support group
 - Professionals
 - Others
-

OFFENSE-RELATED TREATED TARGETS

1. Substance use / abuse
 2. Anger management
 3. Family violence
 4. Parenting
 5. Other psychological disorders
 6. Cognitive skills
 7. Spiritual issues
-

ASSESSING DEGREE OF DEVIANCE

1. DETAILED CASE HISTORY

(a) HISTORY OF OFFENDING

- how many victims
- how many instances
- violence
- sadistic features
- grooming/courting

(b) HISTORY OF NORMAL RELATIONS

- how many partners/how enduring
- use of pornography/strip clubs/prostitutes/internet sex
- how satisfied with normal sex
- range of sexual activities

(c) ATTITUDES TOWARD WOMEN AND CHILDREN

- justifications of sex with children
- entitlement
- views/hostility toward women

(d) INSTITUTIONAL BEHAVIOR

ASSESSING DEGREE OF DEVIANCE

2. SELF-REPORT MEASURES

(a) CARD-SORT

(b) RATINGS

(c) MULTIPHASIC SEX INVENTORY

(d) DIARIES OF DEVIANT URGES/FANTASIES
– FACTORS RELATED

3. VIEWING TIME – Abel; Laws & Beech

4. POLYGRAPH – not used for this purpose to date

5. PHALLOMETRY

STABLE DYNAMIC FACTORS

1. SOCIAL INFLUENCES

2. INTIMACY DEFICITS

- Intimate partners
- Emotional identification with children
- Hostility toward women
- General social rejection / loneliness
- Lack of concern for others

3. SEXUAL SELF-REGULATION

- Sexual pre-occupation / Sex drive
- Sex as coping
- Deviant sexual interests

4. ATTITUDES SUPPORTIVE OF SEXUAL ASSAULT

- Entitlement attitudes
- Attitudes supporting sexual assault of adults
- Child molester attitudes

5. COOPERATION WITH SUPERVISION

6. GENERAL SELF-REGULATION

- Impulsivity
- Poor problem-solving
- Negative emotionality / hostility

Low risk = 0-4

Moderate risk = 5-8

High risk = 9-12

Acute Dynamic Factors

- Symptoms Worsen Immediately Prior to Recidivism
- Increased Social Isolation
- Decrease in Psychological Functioning
- Decreased Cooperation with Supervision
- Increased Sexual Preoccupation
- Increased Anger
- Access to Victims

Therapist Rating Scale

INSTRUCTIONS FOR THERAPIST RATINGS

17 topics

- Rated on each of the two categories
 - intellectual understanding
 - emotional acceptance/demonstration
 - Ratings are based on your considered opinion of how well he is functioning on each topic
-

Rating Levels

- Level 4 = optimal functioning
 - Level 3 = satisfactory
 - Level 2 = marginal
 - Level 1 = unsatisfactory
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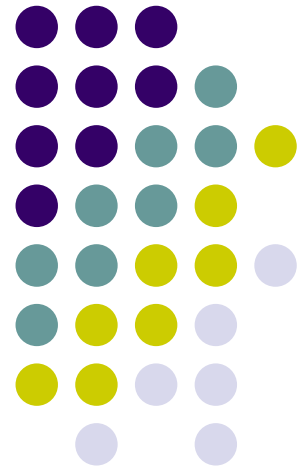
Information for Rating

- Levels should vary across topics
 - Levels should vary between categories
 - Avoid “halo” effect
-

Targets	Level for Intellectual Understanding	Level for Emotional Acceptance/Demonstration
1. Acceptance of responsibility		
2. General empathy		
3. Empathy for victim		
4. Prosocial attitudes		
5. Adequate coping skills/styles		
6. Adequate social skills		
7. Positive self-esteem		
8. Control over impulses		
9. Good emotional regulation		
10. Control over anger/aggression		

11. Control over substance use		
12. Normative sexual views/interests		
13. Understanding of risk factors		
14. Quality of RP plans		
15. Quality of supports		
16. Quality of release plans		
17. Commitment to maintenance		

Self-esteem



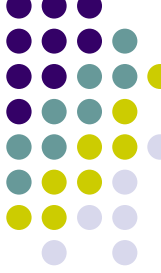
Low self-esteem individuals



- Engage in self-handicapping behaviours such as practicing tasks less often.
- are less inclined to make commitments to change.
- perceive greater costs to involving themselves in situations which might threaten their self-image.
- do not expect change will lead to benefits.
- more readily give up efforts.
- more likely drop preventive strategies.

(Baumeister, 1993)

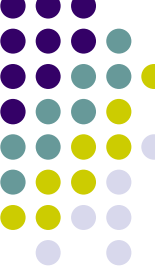
Low self-esteem individuals cont.



- Engage in more frequent cognitive distortions.
- have poorly defined self-concepts.
- are reactive to self-relevant feedback and feel more threatened by negative feedback.
- experience more mood fluctuations (greater frequency and intensity of emotional distress).

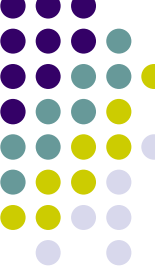
Brustad, 1988; Campbell, Chew & Scratchley, 1991; Harter, 1993; Janis & Mann, 1977; Silberstein, Stiegel-Moore & Rodin, 1988; Spencer et al., 1993; Wills, 1981.

Negative Emotions linked to low self-esteem



- Depression
- Trait anxiety
- Hopelessness
- Suicidal ideation

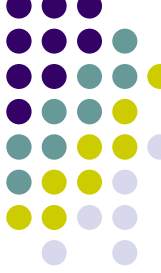
Baumeister, 1990; Beck, 1976; Harter, 1993; Tarlow & Haaga, 1996.



Increased Self-esteem

- Increases belief in ability to perform novel tasks.
- Increases efforts at change.
- Increases belief that change will be a benefit to the individual.
 - Spencer et al., 1993.

Relationship Between Social Self-esteem and Other Variables



Variable	Correlation
Deviant Index	$r = -.33$ (Marshall, 1996)
Empathy	$r = .48$
Loneliness	$r = -.60$ (Marshall et al, 1996)
Intimacy	$r = .66$ (Marshall et al., 1996)

Relationship Between Social Self-esteem and Other Variables



Sexual offenders low in SSE tend to be

- More anxious
- More susceptible to negative moods

SOCIAL SELF-ESTEEM SCORES



Child Molesters	Rapists	Normative Average
102.5 (Marshall, 1996)		132.0
110.3 (Marshall et al., 1996)		
109.5 (Marshall et al., 1995)	118.3	

- Marshall & Mazzucco (1995) found Maternal Rejection a strong predictor of self-esteem. No relationship with Paternal Rejection, Family Violence, or Childhood Sexual Abuse.
- *Relationship with other variables:*

Deviant Index	$r = -.33$ (Marshall, 1996)
Loneliness	$r = -.60$ (Marshall et al., 1996)
Intimacy	$r = .66$ Marshall et al., 1996)



Empathy

STAGE MODEL OF EMPATHY

STAGES

1. RECOGNIZE EMOTIONAL STATE OF OTHER
2. PERSPECTIVE TAKING
3. EVOCATION OF EMOTIONAL RESPONSE
4. ATTEMPT TO AMELIORATE OTHER'S DISTRESS

POTENTIAL EMPATHY DEFICITS IN SEXUAL OFFENDERS

1. May be unempathic toward all other people
2. May be unempathic toward only the class of potential victims
3. May be unempathic toward only those who have been victimized
4. May be unempathic toward only their own victims

EMOTIONAL RECOGNITION

Study 1

Subjects: Sex offenders vs. violent offenders vs. non violent non sex offenders

Emotions: Depicted in still facial photos:

- happiness
- sadness
- surprise
- disgust
- fear
- anger

Results: Violent offenders were the most accurate
Sex offenders were the least accurate
Sex offenders were poorest at identifying disgust, fear, anger

PRE-TREATMENT EMPATHY SCORES

	Accident Victim	Nonspecific Sex Abuse Victim	Own Sex Abuse Victim
Child Molesters	279.68 (57.96)	278.28 (96.11)	178.97 (120.89)
Nonoffenders	289.25 (45.82)	345.38 (45.89)	
	NS	$p < .01$	

Intimacy & Attachment



Intimate Attachments provide...

- sense of security and emotional comfort
- companionship and a sense of shared experience
- a chance to be nurturing and to be nurtured
- reassurance and self-worth
- support during adversity
- a sense of meaning in one's life
- provides a sense of kinship, belongingness
 - Marshall, 1989; 1993; Marshall et al., 1993.

High Intimacy Individuals are characterized by...

Greater:

- ability to withstand stress
- resistance to depression and anxiety
- physical health
- Psychological well-being

High Intimacy Individuals are perceived by others to be...

- warm and sincere
- egalitarian
- cooperative
- confident
- interpersonally skilled
- nonaggressive
- empathic, caring

Low Intimacy Individuals are characterized by...

- aggression or hostility
- distrust of others
- low self-esteem
- poor interpersonal skills
- lack of depth in relationships
- low empathy
- feelings of emptiness/emotional loneliness

Attachment

- Early experiences with parents provide developing individuals with a template for all future relationships (Bowlby, 1969, 1973, 1980)
- Poor quality parent-child relationships set the stage for inadequate attachment styles as adults

Attachment

- An inadequate attachment style often leads to intimacy deficits and subsequent loneliness, which is predictive of aggression toward others (Check et al., 1985)
- Evidence suggests sexual offenders typically have childhoods marked by either estrangement from, or abuse by, their parents (Marshall & Barbaree, 1990; Marshall, 1989, 1993)

Adult attachment types

(Bartholomew, 1990)

- Based on internal working models of self and others
- 4 types
 - secure
 - preoccupied
 - fearful avoidant
 - dismissive avoidant

Attachment Style	View of self /others	Interpersonal Style	Intimacy level
<i>Secure</i>	<ul style="list-style-type: none"> -Positive self -Positive others 	<ul style="list-style-type: none"> -comfortable with intimacy -Seeks mutual support, reciprocity 	-High
<i>Preoccupied</i>	<ul style="list-style-type: none"> -Negative self -Positive others 	<ul style="list-style-type: none"> -Seeks constant approval of others -meet affection and security needs through sex -overly dependent in relationships 	-Fluctuating, unfulfilling
<i>Fearful</i>	<ul style="list-style-type: none"> -Negative self -Negative others 	<ul style="list-style-type: none"> -desires intimacy -mistrustful of others, fears closeness, rejection -keeps partner at a distance to avoid rejection/hurt 	-Superficial, unfulfilling
<i>Dismissive</i>	<ul style="list-style-type: none"> -Positive self -Negative others 	<ul style="list-style-type: none"> -Sees no value in closeness -autonomous -minimal disclosure -blaming, hostile 	-Low, often non-existent

Attachment & Sexual Offenders

Marshall & Marshall (2002)

- Preoccupied attachment style related to:
 - Grooming behaviour
 - low levels of violence
 - Child molesters not rapists

Coping

The image features a solid green background. A white rounded rectangle is positioned on the left side, containing the word "Coping" in a dark blue, bold, sans-serif font. Below the white rectangle, a dark blue horizontal bar with rounded ends extends across the width of the page.

Coping strategies

- Emotional
- Avoidance
- Task-focused

Coping style mediates effect of stress on:

Anxiety, depression, psychological distress, and physical problems (Billings & Moos, 1981, 1984; Endler & Parker, 1989)

Outcome of Coping Style

Emotion-focussed

- depression, neuroticism, and may be a predictor of emotional distress

Task focussed coping

- **Positive Adaptation** (Billings & Moos, 1981; Compas et al., 1988; Endler & Parker, 1999, 1990; Mitchell, Cronkite & Moos, 1983)

Relationship of Coping to Sexual Offending

Neidigh & Tomiko (1991)

- Daily stressors - Self-denigrating strategies
- Urges to offend - Self-denigrating strategies & Avoidance

Looman, 1999; Proulx et al, 1998

- When in a negative mood sexual offenders use deviant fantasizing as a coping strategy

Relationship of Coping to Sexual Offending

Marshall et al

- Child molesters use more **emotion-focused** strategies (e.g., blaming oneself, self-preoccupation, and fantasizing) compared to rapists, non-sex offenders, and non-offenders
- Sex as a coping strategy related to both emotion-focused and avoidance coping strategies
- Negative mood induction related to:
 - Lower self-esteem
 - Greater anxiety



Deviant Sexuality

WHAT CONSTITUTES PROBLEMATIC SEXUAL INTERESTS

1. WHAT IS NORMATIVE SEXUAL BEHAVIOR?

- NORMAL
- PREOCCUPATION – SEX AS A COPING STRATEGY
- VARIATIONS
- DEVIATIONS

2. WHAT ARE THE RULES FOR DECIDING?

- CONSENT – WHAT IS CONSENT
- USE OF FORCE

WHERE DOES DEVIANCE COME FROM?

1. Unmet needs:
 - Relatedness – intimacy, kinship, friendship
 - Mastery – control, work, finance, lack of self-worth
2. Attracted to antisocial attitudes and sees sex as a solution to problems
3. Seeks or fantasizes sexual partner he can control – i.e., a vulnerable person such as child or force with adult

BUT DEVIANT ACTS FAIL TO MEET NEEDS

PROBLEMS WITH PHALLOMETRY

1. Differences between studies

- Device
- Samples
- Instructions
- Stimuli
 - Mode
 - Content
 - Male vs. female voice
- Response representation
- Technician
 - Style
 - Male vs. female
- Warm-up procedure

PROBLEMS WITH PHALLOMETRY

2. Threats

- Faking
- Low arousal
- Group purity
- Transitory states
 - Mood
 - Intoxication
 - Prior sexual release
 - Circadian
 - Ethical

PROBLEMS WITH PHALLOMETRY

3. Psychometric properties
 - Reliability
 - Discriminant validity
 - Prediction of reoffense

4. Are sexual preferences epiphenomonal?

Self Management

SELF MANAGEMENT PLANS

- Avoidance Plans
 - Positive Life Plans
 - Good lives
 - Release Plans
 - Support Groups
-

Good lives model

Primary goods:

1. Life – healthy/optimal functioning, sex satisfaction
2. Knowledge
3. Excellence in work and play – mastery
4. Excellence in agency – autonomy and self-directiveness
5. Inner peace – freedom from turmoil and stress
6. Relatedness – intimate, romantic, kinship, community
7. Spirituality – meaning and purpose in life
8. Happiness
9. Creativity

Depends: possession of internal conditions (skills and capacities) and external conditions (opportunities and supports)

Treatment:

1. Determine with each client his personal goals and priorities in order to generate a specific good lives model suitable to him
2. Assist him (if necessary) in acquiring the skills and attitudes necessary to work toward his goals
3. Help him identify ways in which he can create opportunities to realize his goals
4. Work with the client to identify support people who will assist him in realizing his goals

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