

## Psychologically Meaningful Risk Factors



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## Risk Assessment

- Determine what contributes to sexual recidivism
- Actuarial Risk Assessment
  - Static 99R and other actuarial measures
- Tends to focus on mostly historical factors that are not amenable to change or intervention (exception is age which changes over time)
- Note many static factors are actually reflection of dynamic factors

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## Psychologically Meaningful Risk Factors

- Frequently known as Dynamic Risk Factors
- Note static factors, in essence, reflect dynamic risk factors - an issue of semantics
- Risk factors are more idiosyncratic and mostly amenable to change
- Also consider protective factors
- Risk factors are empirically derived
- Dynamic Risk Factors are the primary focus of sex offender treatment
- Ref: Mann, R.E., Hanson, R.K., & Thornton, D. (2010). Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors. *Sexual Abuse: A Journal of Research and Treatment*, 22, 2, 191-217.

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## Categories of Risk Factors

- Empirically supported risk factors
  - at least 3 studies show significant predictive value
- Promising risk factors
  - at least 1 study showed significant predictive value
- Unsupported risk factors
  - small effect size but at least one study found significant effect
  - may be more significant within subgroups of sex offenders
- Factors worth exploring
- No relationship with sexual recidivism
  - at least 5 studies found  $d < 0.15$

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## Empirically Supported Risk Factors

- Based on classic meta-analytical studies and the current study, two major themes in risk factors emerged - antisociality and deviant sexual interest
- The whole is greater than the sum of its parts
  - be cautious before theorizing about relative importance of the various risk factors

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## Sexual Preoccupation

- Sexual Preoccupation refers to an abnormally intense interest in sex that dominates psychological functioning. Sex is engaged in for itself, as a way of defining the self, or as self-medication (Mann et al., 2010)
  - $d = .39$
  - significantly predicted sexual, violent, and general recidivism
- Långström & Hanson (2006) - examined the nature of hypersexuality or excessive sexual preoccupation
  - High sexual preoccupation within the context of a personal relationship is not problematic ☺☺☺
  - Different story when it comes to high frequency impersonal sex

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## Sexual Preoccupation (continued)

- Associated with adverse family backgrounds, a variety of negative health indicators, STDs, and dissatisfaction with life in general
- High frequency impersonal sex more strongly associated with paraphilic interests
- Also consider sexual rumination, difficulty managing sexual impulses, a high sex drive, and interference with social or occupational functioning
- Not much association with OCD
- Ref: Långström, N. & Hanson, R.K. (2006). High rates of sexual behavior in the general population: Correlates and predictors. *Archives of Sexual Behavior*, 35, 37-52.

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## Deviant Sexual Interest

- Sexual Preference for Prepubescent or pubescent children
  - $d = 0.32$
  - girls (0-12 years); boys (0-13 years)
  - Children are marked by the relative absence of physical cues typically indicative of the biological ability to mate and reproduce
    - Immaturity in skin texture, degree of body and pubic hair, smell, body shape, musculature, breast and genital development
  - Elicit through self-report, offense history, and PPG

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## Deviant Sexual Interest (Continued)

- Sexualized Violence
  - Sexualized violence describes an interest in sadism or a preference for coercive sex over consenting sex (Lalumière &Quinsey, 1994)
  - Note phalometric interest in rape does not always translate to indicate recidivism but more robust in the Bridgewater study which included civilly committed patients

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## Deviant Sexual Interest (Continued)

- Multiple Paraphilic interests
- Presence of two or more paraphilic interests
- More predictive of sexual recidivism among child molesters (based on the Bridgewater study)
- Unclear how recidivism is related to noncriminal paraphilic interests such as transvestism and shoe fetishism

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## Offense-Supportive Attitudes

- Beliefs that justify or excuse sexual offending in general - condoning sex offending rather than individual thinking errors
- Attitudes and thinking errors get confounded and the latter works on circular reasoning
- *Post-hoc* excuse making is widespread and is questioned only in criminal contexts
- This results in excessive focus on "responsibility taking"
- Instead of a big focus on taking "responsibility for the past", it would be helpful to focus on taking responsibility for the future

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## Offense-Supportive Attitudes (continued)

- This shifts the focus from excuse making to underlying offense supportive attitudes
- "If they [offenders] make excuses for what they did, they are deemed to be criminal types who engage in criminal thinking. If, however, they were to take full responsibility for their offences - claiming they committed some awful offence purely 'because they wanted to' and because that is the 'type of person' they are - then they are, by definition, criminal types as well (Maruna & Mann, 2006)
- Ref: Maruna, S. & Mann, R.E. (2006). A fundamental attribution error? Rethinking cognitive distortions. Legal and Criminological Psychology, 11, 155-177.

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## Offense-Supportive Attitudes (continued)

- Excuse making - "universally condemned while being universally used"!! (Maruna & Mann, 2009, p.161)
- "The plan to exit from crime is in large part founded on the sense of the self as noncriminal" (p.164)
- Thus, externalizing blame and excuse making might serve a protective function!
- Another caveat - taking responsibility does not necessarily translate into being remorseful or regretting one's actions
- Fundamental attribution error

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## Offense-Supportive Attitudes (continued)

- Passive versus active responsibility taking
- Passive responsibility relates for the past
- Active responsibility is about the future - more prevalent among those who have desisted from crime in the community
- Compensatory responsibility - don't blame self for problems but self is responsible for solutions (p.167)
- Consider other dimensions of thinking errors - stability, globality, intentionality, and controllability
- Moral disengagement and avoiding self-sanction - displacement of responsibility (blaming, justifying), diffusion of responsibility, distorting the consequences of an action (minimizing, blaming, justifying), dehumanizing the victim (hostility toward women, children as sex objects and as sexualized individuals), and assuming the role of victim for one's self (victim stance, grievance thinking)

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## Cognitive Processes

- Statements or attitude or belief that justify sexual offending in general (offense-supportive attitudes)
- Reports of specific thoughts during commission of the offense
- *Post-hoc* statements that give reasons as to why the offense occurred (typically excuses viewed as thinking errors)
- Thus, thinking errors are after-the-fact and indicative of situational factors than dispositional factors
- Ref: Dean, C., Mann, R.E, Milner, R., & Maruna, S. (2008). Changing child sexual abusers' cognition. In T.A. Gannon & A.R.Beech, T. Ward, & D. Fisher (Eds.), *Aggressive offenders' cognitions: Theory, research, and practice* (pp.117-134). John Wiley.

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## Offense-Supportive Attitudes (continued)

### • Alternate approaches

- Listen to patient's version in depth before challenging prematurely so it helps to identify these risk factors - such as emotional congruence with children, impulsivity, grievance thinking, lack of emotional intimacy with adults etc
- Focus also on underlying self-understandings, motivations, and implicit beliefs - core beliefs about self, others, and the world
- Focus on schemas/ core beliefs helps patient to link thinking patterns with antisocial behaviors as opposed to solely relying on thinking errors
- Distinguish between schemas and thinking errors

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## Emotional Congruence with Children

- Refers to the feeling that relationships with children are more emotionally satisfying than relationships with adults
- d value = 0.42
- children easier to relate to than adults
- experience self as childlike
- children understand better than adults
- believes he is "in love" with his victims (implies reciprocity)

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## Emotional Congruence with Children (continued)

- more robust among extrafamilial child molesters with male victims
- incest offenders tended to elevate their victims to adult status
- pedophiles with female victims sought sexual gratification more than emotional intimacy
- recidivism more robust among child molesters than rapists
- Ref: Wilson, R.J. (1999). Emotional Congruence in Sexual Offenders Against Children. Sexual Abuse: A Journal of Research and Treatment, 11, 1, 33-47.

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### Lack of Emotionally Intimate Relationships with Adults

- $d$  values = 0.32 (never married); 0.36 (conflictual relationships)
- Includes those who have no intimate relationships or those who had repeated conflict-ridden, adulterous relationships
- Desire for intimacy - moot
- But, lack of any history of intimate relationships could be due to atypical sexual interests while conflicts in relationships might reflect attachment issues or dysregulation

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### Lifestyle Impulsivity

- Refers to low self-control, chronic instability in employment and housing, lack of meaningful daily routines, irresponsible decisions, and limited or unrealistic long-term goals
- Major determinant of antisocial behavior
- Employment instability and substance use history

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### Poor Problem Solving

- Involves cognitive difficulties in generating and identifying effective solutions to the problems of daily living
  - Excessive rumination about negative aspects
  - Choose a solution that is bound to fail
  - Deficits - 1. in problem recognition; 2. lack of consequential thinking; 3. difficulties generating a wide range of appropriate options

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### Resistance to rules and supervision

- Rule breaking and opposition to external control
- Rule violations, noncompliance with supervision ( $d = 0.62$ ), violation of conditional release ( $d = 0.50$ ) (these are serious societal violations)
- Two facets - defiant attitude toward authority (underlying propensity) and a history of oppositional behavior (expression of this propensity)

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### Grievance Thinking/ Hostility

- Perception of having been done wrong by the world, feelings that others are responsible for their problems, and wanting to punish others as a consequence
- Frequently ruminate on vengeance themes
- Demand "respect"
- Difficulty with perspective taking
- Anticipate further wrongs will be perpetuated against them

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### Negative Social Influences

- Refer to having a social network dominated by individuals who are involved in crime, promote criminal behavior, or weaken behavioral controls of the offender
- Predictor of general criminal recidivism
- Could function along with resistance to rules and supervision
- In the community, this could be an acute risk factor - patient moving toward negative peers increases chances of recidivating

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## Promising Risk Factors

- Support of one or two studies plus other supporting evidence
- Might be not as robust at a sample level but might be important at the individual level

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## Hostile beliefs about women

- Seeing women as malicious, deceiving, and conniving with men
- Women viewed as not worthy of trust and respect
- More common among recidivists than first-time offenders
- Predictive of sexual aggression

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## Machiavellianism

- View of others as weak, cowardly, selfish, and easily manipulated
- Interpersonal strategy in which it is viewed as acceptable and appropriate to take advantage of others

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### Lack of Concern for Others/ Callousness

- Characterized by egocentricity, tendency to engage in instrumental rather than affectively warm relationships, poor empathy, and a lack of sympathy for others
- Corresponds to Facet 2 in PCL-R
- Significantly predicted sexual recidivism in the Bridgewater study

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### Dysfunctional Coping

- Defined as the ways one manages negative emotions such as anger, anxiety, rejection, and humiliation
- Overall response to stress
- Presents predominantly as sexualized coping and externalizing coping

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### Sexualized Coping

- $d$  value = .43
- Defined as the use of sex to manage negative emotions and stressful life events
- Sexual behavior could be normal or deviant but it typically impersonal sexual behavior
- Therefore, increased sexual activity during times of stress
- Increased deviant sexual fantasies and masturbation during times of stress
- Relapse prevention model conceptualize relapse in this manner but does not consider the possibility that the problem is not acute but habitual use of inappropriate coping when faced with a high-risk situation

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## Externalized Coping

- Involves the tendency to respond in a reckless, impulsive manner when faced with stress or problems
- Significantly predicted sexual recidivism in the Bridgewater study
- Poor problem solving in response to stress (different than poor problem solving per se which is present even in times of less stress)

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## Unsupported Risk Factors with some Exceptions

- Denial
- Low self-esteem
- Major mental illness
- Loneliness

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### Unsupported Risk Factors with some Exceptions (continued)

- Denial
  - Refers to the tendency of sexual offenders to claim that they did not do the sexual criminal acts attributed to them by the courts
  - Risk varies across subgroups but definitional and implementation problems in studies
  - Denial increased recidivism risk among incest offenders but not for those with unrelated victims - possible interaction effect of relationship of victims
  - Denial was a protective factor for high-risk offenders but not low risk offenders!

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## Denial (continued)

- Denial protective factor for child molesters (with extrafamilial victims) but increased recidivism for rapists
- Denial operates as a protective factor by possibly advancing "redemption scripts" but could operate in a criminogenic fashion when it is motivated by the crass desire to avoid punishment or by a failure to recognize their sexual transgressions
- The former might be in denial but making positive changes in their life while the latter would continue with their criminogenic lifestyles

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## Denial (continued)

- Overall contradictory evidence in understanding the role of denial and minimization
- Thus, the overall goal might be in understanding for each sex offender what was the function or purpose of the denial or minimization
- Early stages of treatment might not be optimal to explore denial and minimization
- Instead focusing denial and minimization through the treatment process based on readiness might be more effective

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## Low Self Esteem

- d value = 0.06
- Unrelated to sexual recidivism
- Inconsistent evidence
- Could this influence interpersonal relationships that play a significant role in recidivism?

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### Major Mental Illness

- Defined as severe disorders involving hallucinations, delusions, and other signs of gross impairment with psychological functioning
- Tends to increase risk of violence in the general population but unrelated to sexual recidivism
- Inconsistent research evidence
- Perception of hidden threat could increase risk of violence
- Distinguish between paraphilic processes and mental illness
- Ref: Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between Violence and Mental Disorder. *Archives of General Psychiatry*, *66*, 2, 152-161.
- Långström, N., Sjöstedt, G., & Grann, M. (2004). Psychiatric disorders and recidivism among sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *16*, 139-150.

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### Loneliness

- Refers to having no friends, having weak connections to others, and feeling rejected by others
- Subjective sense that others do not care
- Was found to be a significant risk factor in the DSP study but not others

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### Factors worth Exploring

- Adversarial sexual orientation
- Fragile narcissism
- Sexual entitlement

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## Not Risk Factors

- Five or more prediction studies failed to find a significant relationship
- d value less than 0.15
- Found negative d values!

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## Not Risk Factors

(continued)

- Depression
  - d value = -0.13
  - Depressed offenders are least likely to reoffend
- Social Skill Deficits
  - d value = -0.07
  - More related to intimacy deficits and hostile attitudes toward women

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## Not Risk Factors

(continued)

- Poor Victim Empathy
  - d value = -0.08
  - Problems of definition, implementation in treatment programs but patients indicate that empathy work is helpful (social desirability?)
  - Confound with punishment and therapist variables rather than patient variables
  - Definitional problems could be because victim empathy is conflated with thinking errors
  - Implementation of victim empathy work in treatment programs are vague and vary across programs
  - Ref: Mann, R. E., & Barnett, G. D. (2012). Victim Empathy Intervention with Sexual Offenders: Rehabilitation, Punishment, or Correctional Quackery? *Sexual Abuse: A Journal of Research and Treatment*, 25, 3, 281-302.
  - Barnett, G. D., & Mann, R. E. (2013). Cognition, Empathy, and Sexual Offending. *Trauma, Violence, and Abuse*, 14, 1, 22-33.

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## Poor Victim Empathy (continued)

- Definition - "Victim empathy is, they argued, contingent on the ability of an individual who has committed an offense to accurately identify and understand, free from their own biases, what the victim of his or her offense is likely to have experienced (Barnett & Mann, 2013, p.23)
- Two components - Cognitive empathy and Emotional Empathy
- Cognitive Empathy - requires being able to state what another person might feel
- Emotional Empathy - involves automatically feeling what the other person feels
- Barnett & Mann (2013) propose that these two components are oversimplified and propose a five factor model

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## Poor Victim Empathy (continued)

- Five Factors of Empathy
  - Perspective Taking
  - Ability to experience emotion
  - A belief that others are worthy of compassion and respect
  - An absence of situational factors which could impair cognitive functioning or introduce competing demands
  - An ability to manage the feelings of personal distress arising from understanding others' distress

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## Poor Victim Empathy (continued)

- Ability to Perspective Take
  - Ability to understand another's view, even if it is different from one's own viewpoint, by cognitively "putting oneself in the place of" another person - cognitive component
  - Synesthetic role taking/ mentalizing - constructing an internal imagined representation of another's attitudes and thoughts, we can use to anticipate their behavior
  - Sex offenders seem to have general perspective taking abilities but have deficits at the group, person, and situational levels

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## Poor Victim Empathy (continued)

- Ability to Experience Emotion

- Ability to *experience* other people's emotions, not just recognize them
- Emotional component
- Neurobiologically, we process others' experiences in the same way that we process our own, although processing other's experiences produces less intense brain activity than processing our own
- Mirror neurons - individuals with reduced cortisol and amygdala activity experience less stress and have this deficits - seen in psychopathic individuals

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## Poor Victim Empathy (continued)

- Belief that Others are Worthy of Compassion and Respect

- Compassion - caring about other's experience
- Even compassionate individuals are still capable of lacking compassion for particular groups or individuals
- Relationship style - caring, indifferent, or adversarial
- "Dangerous world" implicit theory, grievance against others, entitlement compromise compassion
- Hostility toward women compromises compassion

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## Poor Victim Empathy (continued)

- Situational Influences

- Extreme emotions such as anger and fear can lead to increased self-focus and an attendant decrease in the "other" focus
- Consumption of alcohol and drugs can lead to situational impairment
- Empathy failure could also be situational in that when there is strong sexual desire (with access to victims) resulting in lack of motivation to see things differently
- Cognitive deconstruction - "a cognitive process that enables to escape from self-scrutiny and self-regulation" (Barnett & Mann, 2013, p.26)

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### Poor Victim Empathy (continued)

- Ability to Manage Emotions in Face of Other's Distress
  - Cognitive component
  - Those who manage other's suffering by making defensive attributions or by avoiding acknowledgement of their pain
    - less empathy
  - Shame - self-focused reduces empathy for other
  - Guilt - positively correlates with empathy
  - Defensive stance could include minimizing victim harm or victim blame

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### Poor Victim Empathy (continued)

- Victim Empathy and Dynamic Risk Factors
  - Grievance thinking and Hostility toward others
  - Offense Supportive Attitudes
  - Poor coping with Emotions - Sexualized and Externalized Coping
  - Sexual Preoccupation

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### Poor Victim Empathy (continued)

- Empathy deficit should not be conceptualized as the cause of offending but is better understood as a symptom of one or more of the stable dispositions that have been established as risk factors for offending (p.27)
- Rather than absence of victim empathy post-offense, it is the absence of victim empathy *during* the offense that led to the offense
- No evidence that developing empathy for past victims generalizes to future situations

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### Lack of Motivation to Treatment (as assessed pretreatment)

- d value = -0.08
- Motivation to attend treatment is not synonymous with motivation to stop offending
- Failure to complete treatment increases risk
- Motivational interviewing and judicious timing of interventions that are not premature could reduce dropout rates

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### Protective Factors

- Resilience
- Makes positive use of support network
- Good negotiation/ Problem solving skills
- Positive relationships with professionals
- Uses emotional confidant
- Ref: Beech, A. R., & Ward, T., (2004). The integration of etiology and risk in sexual offenders: A theoretical framework. *Aggression & Violent Behavior*, 10, 31-63.

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### Miscellaneous Factors

- Cognitive Deficits
  - What appears to be resistance might be pure lack of comprehension or retention
  - Sex education is critically important
  - Identify and address "counterfeit deviance"
- Ref: Phenix, A., & Sreenivasan, S. (2009). A Practical Guide for the Evaluation of Sexual Recidivism Risk in Mentally Retarded Sex Offenders. *Journal of American Academy of Psychiatry and Law*, 37, 4, 509-524.

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### Miscellaneous Factors (continued)

- Characterological Traits (Personality Structure)
  - These traits are mostly immutable so a realistic notion of what is possible is important to prevent "walk on water" criteria
- Psychopathy
  - Cannot be judged off hand. It is a damning label so please be careful in using it to describe someone

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### Conclusion

- Thorough review of records
- Identify individual risk factors for each patient
- Document specific details of offense timeline/cycles/ pathways/offense logs
- Non-problematic participation in group does not necessarily translate to treatment progress (it is always easier to give great feedback to others than reflect on unflattering aspects of self)
- Understand rule-breaking/ violations in the context of dynamic risk factors rather than assume it is stemming from antisociality
- Pay attention to your countertransference and use it therapeutically (We all have it! There is no escaping it but only using it effectively.)
- Explore the reasons for the patient's defensive stance, thinking errors, belief systems before challenging them
- Timing! Timing! Timing!

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