

Treatment for Sexual Offenders with Problematic Hypersexuality

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Terms often used in literature

- ▶ Sexual addiction
- ▶ Love addiction
- ▶ Sexual compulsivity
- ▶ Sexual impulsivity
- ▶ Fixation
- ▶ Sexual preoccupation
- ▶ Hypersexuality
- ▶ Hypersexual disorder
- ▶ Excessive sexual desire disorder
- ▶ Sexual sensation seeking

Sexual Preoccupation

- ▶ Fontes (1942)
- ▶ Knight & Prentky et al (1997, 1989)
 - ▶ the extent to which children are a major focus of the offender's thoughts and fantasies
 - ▶ *although this term (i.e. sexual preoccupation) clearly is suboptimal, it is used in this report because of its widespread recognition and its convenient short-hand conveyance of the meaning of this variable”* (pp. 143)
 - ▶ kappa = .67

Sexual Preoccupation

- ▶ Hanson & Harris (1998, 2000, 2007)
 - ▶ 44.8% of SOs have some degree of Sexual Preoccupation
 - ▶ Mean $d = .39$, Median $d = .51$
 - ▶ Predicts recidivism even after controlling for best 3 static predictors (beta = $-.12$, $p < .05$) (overall $R = .45$; $df = 5, 213$; $p < .001$)
 - ▶ Sexual preoccupation also related to other forms of recidivism such as violent, and non-sexual non-violent reoffending
- ▶ Hanson & Morton-Bourgon (2004)
 - ▶ Sexual preoccupation a major predictor of recidivism

Some approaches to treating hypersexual-like problems

Sexual Addiction

- ▶ Katehakis, 2009: Attachment-based – no outcome data reported
- ▶ Cox & Howard, 2007: Trauma-based EMDR – no outcome data reported
- ▶ Line & Cooper, 2002: Brief (16 session) group treatment – no outcome data reported
- ▶ Hook, Hook, & Hines, 2008: Long-term (min 6 months) group treatment – no outcome data reported

Sexual compulsivity

- ▶ Guidice & Kutinsky, 2007: Motivational Interviewing-based group treatment – no outcome data reported
- ▶ Wright, 2010: 12-step. Reductions in self-reported sexual compulsivity at follow-up (labelling to post-frustration stage)

Some approaches to treating hypersexual-like problems

Medical

- ▶ Samenow & Finlayson (2010) recommend:
 - ▶ HIV/STD testing
 - ▶ Tailored Pharmacology (off label)
 - ▶ SSRI
 - ▶ Naltrexone
 - ▶ Anti-Androgen Treatment for severe cases

Features of Sexual Addiction from Carnes (1981, 1989)	Examples from research on sexual offenders
Comorbidity: Substance abuse	<ul style="list-style-type: none"> ●Hanson & Harris, 2000, ●Abracen, Looman & Anderson, 2000
Comorbidity: Eating Disorders	<ul style="list-style-type: none"> ●McElroy et al (1999)
Childhood or adolescent sexual abuse	<ul style="list-style-type: none"> ●Dhawan & Marshall, 1996
Preoccupation with sex	<ul style="list-style-type: none"> ●Hanson & Morton-Bourgon, 2004 ●Hanson & Harris, 1998, 2000, 2007 ●Knight, Carter & Prentky, 1989
Coping using sex	<ul style="list-style-type: none"> ●Cortoni & Marshall, 2001 ●Marshall, Serran, & Cortoni, 2000
Shame and Guilt	<ul style="list-style-type: none"> ●Sparks, Bailey, Marshall, & Marshall, 2003
Intimacy deficits	<ul style="list-style-type: none"> ●Seidman, et al, 1998
Cognitive distortions	<ul style="list-style-type: none"> ●Barbaree, 1991
Experience acute mood changes	<ul style="list-style-type: none"> ●Hanson & Morton-Bourgon, 2004
Low self-esteem	<ul style="list-style-type: none"> ●Marshall, Champagne, Brown, & Miller 1997
Continue behavior despite severe consequences	<ul style="list-style-type: none"> ●Hanson, Gordon et al (2002)
High religiosity	<ul style="list-style-type: none"> ●Eshuys & Smallbone, 2006
Family history of emotional abuse	<ul style="list-style-type: none"> ●Bass & Levant, 1992

Our Research - Respondents

- ▶ Sexual offenders with adult and/or child victims
- ▶ Socio-economically matched non-offender community groups

Relationship between Measures of Sexual Preoccupation

	SSS	SCS	CSBI	STABLE	STABLE Sex Pre
SCS	.57**				
CSBI	.37**	.69**			
STABLE	.04	.00	.03		
STABLE – Sex Pre	.28	.55**	.54**	.20	
SAST	.41**	.57**	.78**	.11	.50**

Measures of Sexual Preoccupation

Measure		Mean	SD	<i>t</i>	Sig.
SAST	Community	4.77	4.7	† = 2.68	< .01
	Sex Offenders	8.22	6.2		
CSBI-28	Community	44.84	13.9	† = 1.82	= .10
	Sex Offenders	50.91	15.1		
SSS	Community	31.38	5.5	† = 2.20	< .05
	Sex Offenders	27.50	7.7		
SCS	Community	17.54	6.4	† = 0.25	=.81
	Sex Offenders	17.20	6.5		

Prevalence – our findings

	Study					
	1	2	3	4		
Measure	SAST	SAST	SAST	SAST	SR	Overall
Sexual Offenders	35%	43%	38%	30%*	16%*	36%
Child Molesters	43%	33%		35%	15%	37%
Rapists	10%	53%		15%	16%	26%
Community	13%	12%	16%	8%*	26%*	12%

Notes: *No relationship between scores and BIDR
 Overall percentage does not include SR (Self-Report)

Sexual Addiction and treatment targets

Correlates of sexual addiction from our research:

- ▶ Co-morbid drugs and alcohol – not supported
- ▶ Sexual Behaviour
 - ▶ No differences: frequency, age of onset, or diversity of sexual behaviours
 - ▶ Sexual addicts more likely to report unconventional thoughts, fantasies, and urges, but no more likely to report engaging in these behaviours.
 - ▶ Sexual addicts less likely to engage in conventional sex with a partner, but more likely to masturbate to fantasies of unconventional sex
- ▶ Coping using sex
 - ▶ SAs less likely to use consenting sex but more likely to use non-consensual sex to cope

Sexual Addiction and treatment targets

Correlates of sexual addiction from our research:

- ▶ SAs greater desire for unconventional or illegal sex (sadistic, group sex, child molestation, exhibitionism, frotteurism, voyeurism, urophilia)
- ▶ Beliefs about social acceptability of sexual behaviours – SAs report sadistic sexual behaviour to be more acceptable than do non-SAs
- ▶ Psychopathy – unrelated to SA
- ▶ SA strongly related to state feelings of shame and guilt

Sexual Addiction and treatment targets

Correlates of sexual addiction from our research:

- ▶ Attachment – SA strongly related to negative view of self

		Attachment View of		
		Self	Others	Attachment Style
Community	Non-addicts	+	+	Secure
	Sexual Addicts	-	-	Fearful
Sexual Offenders	Non-addicts	+	-	Dismissive
	Sexual Addicts	-	+	Preoccupied

Summary of findings

- ▶ More than 1/3 of sexual offenders display problems with whatever the SAST is measuring
- ▶ Based on our and others research, treatment targets appear to be:
 - ▶ Inappropriate sexual desire problems
 - ▶ Sexual prudishness
 - ▶ Shame
 - ▶ Self-esteem
 - ▶ Attachment insecurity
 - ▶ Self-regulation

Treatment Approaches

Traditional Approaches

- ▶ Psychoanalytic
- ▶ Behavioral
- ▶ Cognitive
- ▶ Relapse Prevention
- ▶ Cognitive-Behavioral

New Directions

- ▶ Risk/Needs/Responsivity (Andrews & Bonta)
- ▶ Good Lives Model (Ward et al)
- ▶ Motivational Interviewing (Miller & Rolnik)
- ▶ Positive Psychology (Seligman et al)

A STRENGTH-BASED APPROACH

- ▶ Maintains good aspects of previous approaches
- ▶ Addresses cognitions, behaviours, and emotions
- ▶ Criminogenic issues are targeted
- ▶ Incorporates Approach Goal, Good Lives, & Positive Psychology theories
- ▶ Acknowledges importance of client motivation for change
- ▶ Places emphasis on the Responsivity principal (accounts for highest amount of variance in RNR model)

Marshall, W.L., Marshall, L.E., Serran, G.A., & O'Brien, M. D. (2011). *Rehabilitating Sexual Offenders: A Strength-Based Approach*. Washington, DC: American Psychological Association

Rockwood Program

3 Phases:

1. Engagement/Motivation
 2. Primary Treatment
 3. Future Plans
- ▶ Group treatment – 10 participants
 - ▶ Open-ended
 - ▶ 2 x 2½ hour sessions per week

Phase 1 - ENGAGEMENT/MOTIVATION

1. INITIAL DISCLOSURE

2. LIFE-LINE/AUTOBIOGRAPHY

Goals and Optional Exercises

- ▶ Start to enhance motivation for change and build therapeutic relationship
- ▶ Enhancing self-esteem
- ▶ Reducing shame
- ▶ Improving coping and mood management

Phase 2 - PRIMARY TREATMENT

3. EMPATHY

4. OFFENCE/PROBLEM ANALYSIS

Background Factors & Immediate Factors

RELATIONSHIP SKILLS

- Nature and advantages of intimacy
- Problems of loneliness
- Attachment styles
- Communication
- Jealousy

SEXUALITY

- Healthy sexual functioning
- Maximizing sexual satisfaction
- Reducing deviant interests
 - behavioural strategies
 - pharmacological interventions

Phase 3 – FUTURE PLANS

5. MODIFIED GOOD LIFE PLANS

- ▶ Goal setting on 2 or 3 GLM domains

6. LIMITED AVOIDANCE STRATEGIES

- Warning signs for self and others
- Avoidance of most important risk factor

7. SUPPORT GROUPS

- Professionals
- Family and friends
- Colleagues

8. FUTURE PLANS

- Accommodation
- Employment
- Leisure

Rockwood's Program

Refusers	3.8%
Drop-outs	4.2%
Completions	95.8%

Outcome for Rockwood Sexual Offender Program - 2005

Reoffence	Treated* (<u>N</u> = 535)	Expected**
Sexual	3.2%	16.8%
General	13.6%	40.0%

*Mean follow-up = 5.4 years
**Based on Static-99 and S.I.R.

Outcome for Rockwood Sexual Offender Program - 2009

Reoffence	Treated* (<u>N</u> = 535)	Expected**
Sexual	5.6%	23.8%
Violent	8.4%	34.8%

*Mean follow-up = 8.4 years
**Based on Static-99

Summary of our approach to treating problems with hypersexuality

Prior to addressing primary criminogenic targets

- ▶ Engage and motivate
- ▶ Enhance sense of self
- ▶ Reduce shame
- ▶ Allay attachment insecurity

Prime treatment targets

- ▶ Healthy sexuality
- ▶ Relationship issues
- ▶ Self-regulation
- ▶ Medication where appropriate

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