

ADULTS WHO SEXUALLY ABUSE: WHAT YOU NEED TO KNOW

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Welcome!

FOCUS

- Overview
- Victims
- Assessment
- Treatment
- Supervision
- Special Issues



INTRODUCTORY REMARKS



TAKE-HOME MESSAGE

- Abuse is abuse
 - No one “asks” to be abused
- Not all sex offenders are the same
- Punishment-only responses don’t reduce risk
- The right treatment can work
- The right treatment with the right community supervision can work better.



**PERSONS WHO ARE
VICTIMIZED**



PERSONS WHO ARE VICTIMIZED

- As many as 90% of persons reporting sexual victimization know the offender
- 2/3 or more of known offenses occur in the person's own home
- As many as 90% of persons who are victimized fail to report their abuse to authorities or others in a position to help

PERSONS WHO ARE VICTIMIZED

- No victim “profile”
 - Although dependence on the offender is common
- Most do not report for a variety of reasons
- Sexual violence can have psychological, emotional, social and physical effects on a survivor.
- Looking sexy is not the same thing as wanting sex
- Alcohol “expectancies”
- The paradox of silence

CAUTION

- Reactions to being abused can vary widely.
- Sexual abuse poses an unacceptable risk of harm.
 - The nature of harm is unpredictable
- Legal proceedings can themselves sometimes cause harm.



OVERVIEW



IN THE BEGINNING...





THE PROBLEM

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders, including juveniles

- No form of punishment reduces risk to abuse



A REAL PROBLEM

- *Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior.*
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals
 - While incarceration serves a purpose, we must be clear about what it does and doesn't do

MEDIA (SAMPLE & KADLECK, 2006)

- Sex offenders commonly portrayed as persistent in their behavior despite punishment and rehabilitation.
- The media can “affect public perception regarding the prevalence of sex crimes by over-reporting single incidents of behavior”.

MEDIA (SAMPLE & KADLECK, 2006)

- Interviewed 25 politicians in Illinois, who agreed that sex offenders were a “growing” problem.
- Most politicians described sex offenders as “sick” and not amenable to rehabilitation.
- When asked how they customarily obtained knowledge regarding sex offenders, the politicians cited the media as – by far – their primary source.
- As a result, public policies are proposed which are designed ostensibly to protect the public but which are more likely to promote only an illusion of safety.

MANY MOTIVATIONS

- Sexual



- Non-sexual



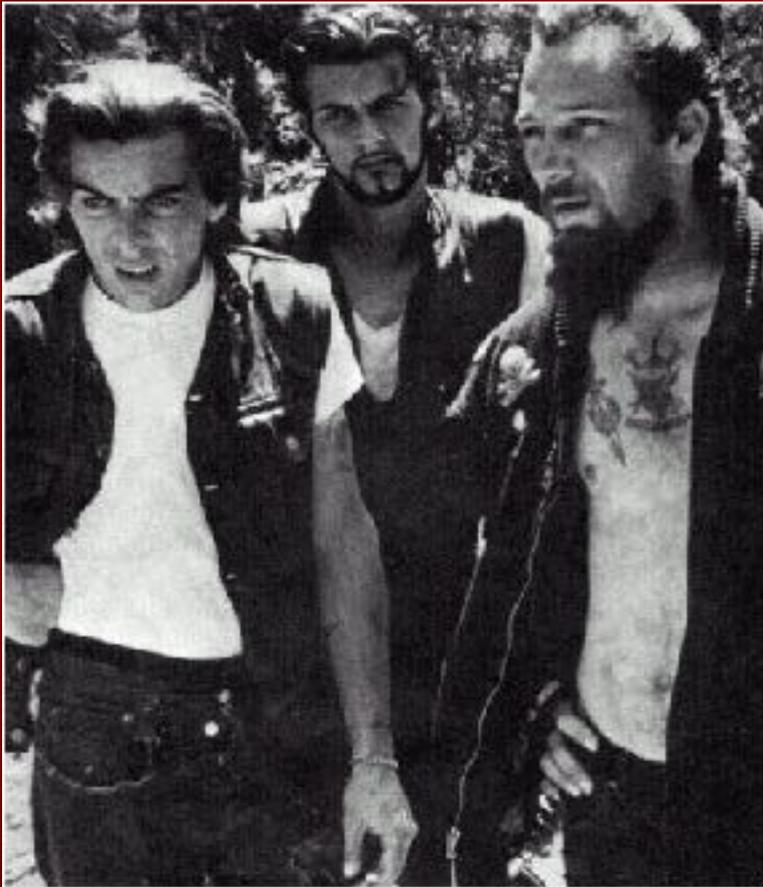
MARTINSON, 1974

probable duration of this
not know.

Does nothing work?

Do all of these studies lead us irrevocably to the conclusion that we haven't the faintest clue about what works and reduce recidivism? And if

1980'S: WHAT MANY THOUGHT



- Sex offenders are destined to a lifetime of destruction and havoc
- Problem: prospective versus retrospective studies

WHAT WE KNOW

- A range of contact and no-contact offenses
 - including sexual assault, online solicitation, making a distributing sexual abuse images (child porn)
- Greatly under reported
- Like sex offenses, offenders are not all alike; they have unique risks and strengths
- Only about half of child molesters meet criteria for Pedophilic Disorder.
 - Behavior not always the same as a sustained interest

WHAT WE KNOW

- Many offenses are pleaded down
 - important to get a more accurate view of what occurred from available reports
- Not all sex offenders need intensive supervision
- May not have the typical criminal profile as other offenders but this does not mean they are not risky.

HANSON AND BUSSIÈRE

- Meta-analysis, 1996
 - Asked: “*Compared to other sex offenders, which individual characteristics increase or decrease their chances of recidivism over the long term?*”
 - 61 data sets
 - examined 28,972 sex offenders

HANSON AND BUSSIÈRE



- Measured outcomes:

- sexual
- non-sexual
- general

used re-arrests, reconviction, self-report, etc.

- No single factor found that could be used in isolation

HANSON AND BUSSIÈRE

- Results:
 - 13.4% Sexual recidivism in 4-5 years (n = 23,393)
 - 18.9% for 1,839 rapists
 - 12.7% for 9,603 child molesters
 - 12.2% Violent recidivism in 4-5 years (n = 7,155)
 - 22.1% for 782 rapists
 - 9.9% for 1,774 child molesters
 - 36.3% any recidivism in 4-5 years (n = 19,374)
 - 46.2% for 4,017 rapists
 - 36.9% for 3,363 child molesters

HANSON AND BUSSIÈRE

- Predictors of sexual recidivism:
 - PPG sexual interest in children $r = .32$
 - Any deviant sexual preference $r = .22$
 - Prior sexual offenses $r = .19$
 - Stranger victims $r = .15$
 - Early onset $r = .12$
 - Unrelated victims $r = .11$
 - Boy victims $r = .11$

HANSON AND BUSSIÈRE

- Predictors of sexual recidivism (*continued*)
 - Diverse sexual crimes $r = .10$
 - Antisocial Personality Disorder $r = .14$
 - Any prior offenses (general) $r = .13$
 - Age (young) $r = .13$
 - Single (never married) $r = .11$
 - Treatment drop-out $r = .17$

HANSON AND BUSSIÈRE

What DIDN'T correlate to recidivism?

- History of sexual abuse
- General psychological problems
- Education
- Victim empathy
- Denial (without outlier)



ASSESSMENT



ASSESSMENT

- Comprehensive assessment versus risk assessment.
 - Traditional assessment tools do not focus on specific risk factors
 - Risk assessments should use empirically supported tools (e.g., Static-99r, Stable 2007, Acute 2007)
- Best when done prior to sentencing
 - to inform the court about supervision and treatment planning and orders

ASSESSMENT

- Some assessments are clinical
 - (e.g., psychophysiological measures)
- Some are designed to be done by trained probation/
parole officers

DYNAMIC RISK FACTORS

- Deviant sexual interest/preference
- Antisocial orientation
- Significant social influences
- Intimacy deficits
- Sexual self-regulation
- Offense-supportive attitudes
- Cooperation with supervision
- General self-regulation



TREATMENT



TREATMENT

- People who complete treatment programs re-offend at lower rates
 - 26.3% reduction in the most recent/rigorous study
- Are they cured? (not necessarily)
 - “Cure” is misleading
 - Rehabilitated/treated may be better words to use

TREATMENT

- What courts / parole offices can do to support treatment
 - “Your behavior is going to determine how this goes.”
- Differs from client-centered therapy
- Regular, on-going information sharing between the treatment providers and the supervision agents is critical

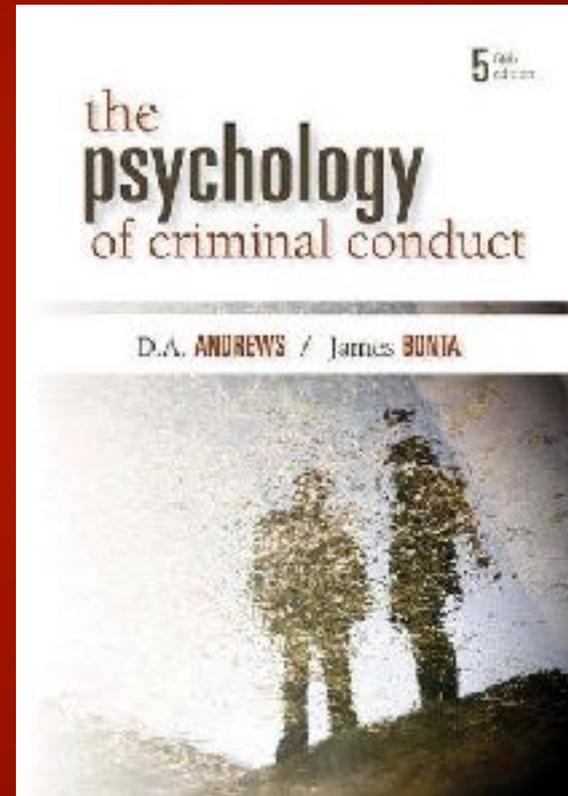
TREATMENT OF SEXUAL OFFENDERS

- Cognitive-behavioral:
 - Change thought patterns and behavior
 - Development of pro-social/non-offending attitudes and beliefs
- Builds skills for managing risks
- Best over-arching goal: A balanced, self-determined lifestyle

ANDREWS & BONTA (2010)

Three Principles:

- Risk
- Need
- Responsivity



From *The Psychology of Criminal Conduct, 5th ed.*

ANDREWS & BONTA – “BIG 4”

- Antisocial values and attitudes
- Antisocial behavior
- Antisocial personality structure
- Antisocial peer affiliation

EFFECTIVE PROGRAMS

RISK Principle

- effective programs match the level of treatment intensity to the level of risk posed by the offender
- high risk = high intensity
- mismatching can result in increased risk

RISK

Environmental/Situational Elements

+

Personal Elements

Risk

EFFECTIVE PROGRAMS

NEED Principle

- effective programs target identified criminogenic needs
- sexual offenders require treatment programming individualized and specific to their needs
- other programs may result in some ancillary gain, but risk for sexual recidivism likely will not be reduced

STABLE-2007

1. Significant Social Influences

2. Intimacy Deficits

- Lovers and intimate partners
- Emotional identification with children
- Hostility towards women
- General social rejection/loneliness
- Lack of concern for others

3. Sexual Self-Regulation

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

4. General Self-Regulation

- Impulsive acts
- Poor cognitive problem solving
- Negative emotionality/hostility

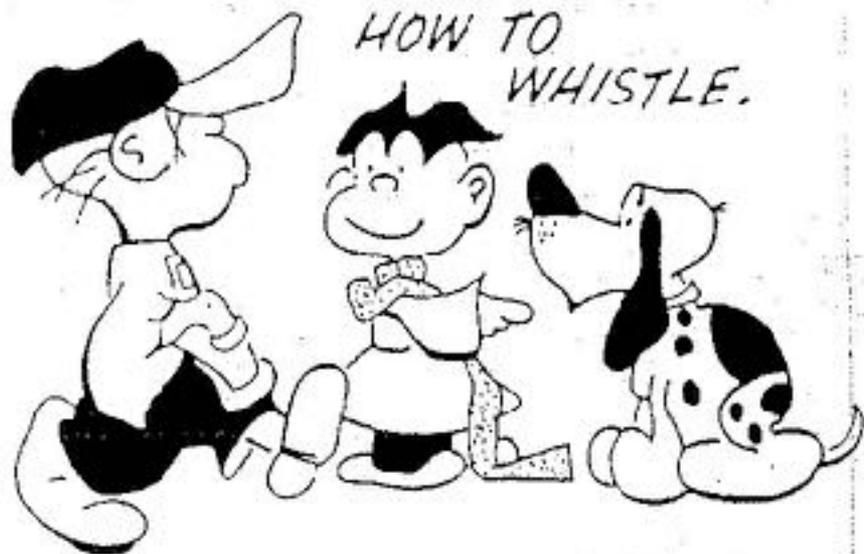
5. Cooperation with Supervision

EFFECTIVE PROGRAMS

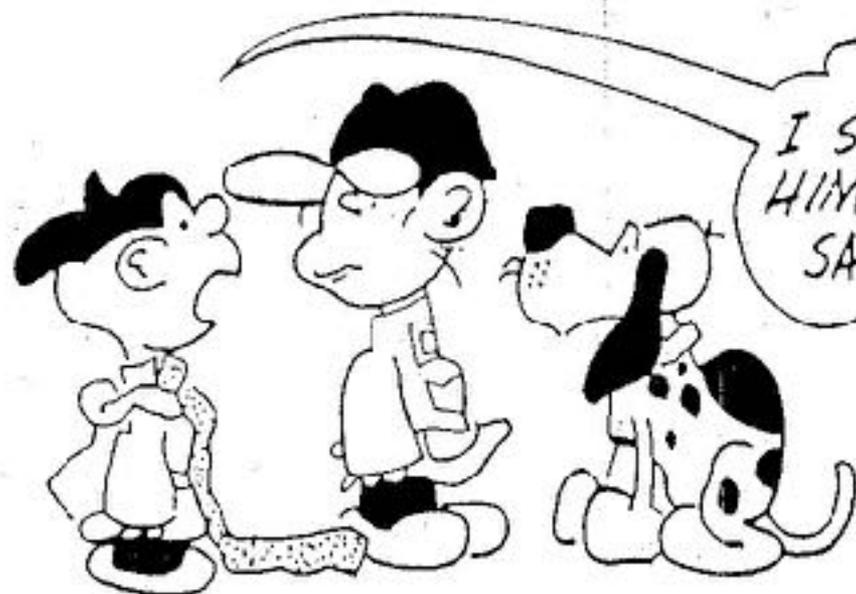
RESPONSIVITY principle

- effective programs are those which are responsive to offender characteristics
 - cognitive abilities
 - maturity
 - motivation
 - mode of intervention
 - scheduling concerns

I TAUGHT STRIPE
HOW TO
WHISTLE.



I DON'T HEAR
HIM WHISTLING!



I SAID I TAUGHT
HIM. I DIDN'T
SAY HE LEARNED IT.

PROMISING TARGETS

- changing antisocial attitudes and feelings
- reducing antisocial peer associations
- promoting prosocial associations
- increasing self-control, self-management, problem-solving skills
- reducing chemical dependencies
- shifting rewards for behavior from criminal to non-criminal orientation
- develop a plan to deal with risky situations
- confront personal barriers to change

LESS PROMISING TARGETS

- Increasing self-esteem for its own sake
- Focusing on vague personal complaints not related to criminal conduct
- Improving living conditions without touching on higher risk individuals and families
- Working on personal goals without providing concrete assistance
- Making the client a better person, when being a better person is unrelated to propensity for crime

INDICATORS OF QUALITY PARTICIPATION

- Attendance
- Engagement in program
- Completion (as opposed to premature program termination)
- Quality relationship with service provider
- Respect, positive attitude
- Showing change on the intermediate targets



COMMUNITY SUPERVISION

MISSION CRITICAL

- Close coordination between supervising agent and treatment provider(s)
- Supervising agent is the eyes and ears of the team in the community.

SUPERVISION

- Community safety is the highest priority.
- Monitor victim access
- Observe offenders in the community, including their home and work.
- Look for positive or negative changes in problem solving and related behaviors.
- Identify and deal with non-compliance problems early.

SUPERVISION

- Address problem attitudes
- Provide support and acknowledge successes, even very small ones.
- Maintain frequent communication with other team members, such as the treatment provider, employer, spouse, et cetera.
- Support treatment compliance and extend probation if necessary to allow completion of treatment.
- Monitor compliance with registration and notification requirements.

SUPERVISION

- Monitor and help to strengthen the factors that stabilize the offender like housing and employment.
- Officers should remember that all people can change.
 - It is a process and takes time and support.
- Officers should remember they are not alone.
 - Most communities use a team approach to management

SUPERVISION

- Supervision and treatment are often tightly linked. More risk = more supervision.
 - The goal is to have the offender not need us to be watching them all the time.
- Specialized rules
 - Can include searching computers and devices
- Maintaining appropriate boundaries
 - supportive, respectful, professional
- Safety planning and community support teams

SPECIAL ISSUES

- Females
 - Re-offense rates of 1-5%
- Child Sexual Abuse Images
 - Not all have had contact offenses
- Juvenile-only
 - Young men who are prosecuted years after their offenses have often changed dramatically in a short time.

THE SAFEST SEX OFFENDER

- Stable
- Occupied
- Accountable to others
- Plans for the future
- Everything to lose by repeating past behavior

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- *Healthy lives,*
- *Safe communities*



A green rectangular sign with rounded corners and a white border is mounted on two wooden posts. The sign features the words "Thank You" in a large, white, sans-serif font. The background is a bright blue sky filled with scattered white clouds.

Thank You