Sex offenders, especially child abusers, seem to have difficulty in developing and maintaining intimate adult relationships. They find it difficult to express affection, give support or resolve arguments, and are often overly sensitive to rejection. They seem to want intimacy with another adult, but are fearful of it and, perhaps because of this dilemma, they often enter into adult relationships impulsively. This impulsivity also tends to be seen in other aspects of the offenders’ lives, so an inability to stay organized or have control over impulses are seen as being predictors of risk of offending. Linked to this seems to be offenders’ inability to cope with stressors in their lives. They have poor coping mechanisms which means that they do not deal well with the little problems that life throws at them, and research has shown that subjective distress, namely anger, anxiety, depression or boredom, is often a precursor to offending. When trying to cope with everyday life, sexual offenders seem to have distorted or dysfunctional thinking styles towards certain things. For example, if the female partner of a rapist had not managed to cook a meal on time, the offender might put this down to his partner stopping him from going out with his friends which would be humiliating for him and would suggest that she was trying to control him. This form of thinking, termed as ‘hostile masculinity’, tends to over value traditional male behaviour (dominance and power) and under-values female traits, such as gentleness. Distorted thinking patterns for child molesters include beliefs that children are interested in sex or are knowledgeable about sex.

It was noted above that work has also been conducted on describing patterns of behaviour in sexual offenders. Below are patterns of behaviour for male child abusers, (although this model would probably fit for female offenders too). This is a four-step model in which each step has to be carried out before the offender moves on to the next one.

THE FOUR-STEP MODEL OF SEXUAL OFFENDING.

Step One – motivation to abuse.

According to the model, there are three reasons why offenders might want to abuse children: being sexually aroused by a child; feeling emotional intimacy with a child; or wanting to have sex with an adult, but being unable to.

Step Two – overcoming internal inhibitors.

We all have inhibitions about certain things in our lives. Think about whether you would be able to get up and sing in public, com- plain about poor service in a restaurant or ask someone you had only just met out on a date. What would it take to get over these inhibitions? A gin and tonic or a pint of lager or a bit of self-talk to give your confidence a boost, perhaps. The same thing is true of child abusers: they need to overcome their internal inhibitions, but these inhibitions are about abusing children. They often use alcohol, drugs or manage to generate excuses or justifications (cognitive distortions) to help them believe that the abuse is acceptable.

Step Three – overcoming external inhibitors.

At this stage the offender needs to look for opportunities to offend. These might be offering to babysit, changing sleeping arrangements in a home or arranging to meet a child via the Internet. This stage is all about trying to be alone with the potential victim.

Step Four – overcoming the victim’s resistance.

Clearly the abuser has to ensure that the child complies with the abuse. There are at least two ways in which this is achieved. The first is through threats (‘If you tell, your mum won’t believe you and you’ll be put in care’) or violence, and the second is through what is termed ‘grooming’. This is where an offender offers bribes to a child. These bribes might be material – sweets, presents or treats – or emotional – offering a ‘shoulder to cry on’.

This model has been very influential and is often used in treatment programmes as a tool to help the offenders talk through their offending behaviour and to change this behaviour.

offender treatment.

In this section the treatment, supervision and management of sex offenders will be discussed. It will cover how offenders are selected for treatment and what that treatment consists of, and will also talk about how effective the treatments are at reducing reoffending. The supervision of offenders once they have been released from prison will also be covered.

In several countries, offenders are no longer left in prison with- out considering the nature of their offence. The thinking behind sex offender rehabilitation has changed along with the development of general offender rehabilitation programmes (as discussed in chapter 10). Since the early 1990s, when offenders are sentenced to a prison stay or a community penalty in the UK they are also assessed for whether they are suitable to take part in a Sex Offender Treatment Programme (SOTP). There are a number of methods for discovering whether offenders are suitable and if they are, what risk level of committing another sexual offence they present. In English prisons Thornton’s Structured Risk Assessment (SRA) is often used to see what level of risk an offender presents before treatment. This procedure looks at what are termed ‘dynamic risk factors’. These are psychological factors, which affect beliefs and behaviour, and are possibly changeable. The SRA looks at four factors:

Sexual interests – this is concerned with the preoccupation the offenders have with sex (for example, whether they have a ‘preference’ for rape or sex with children) and offence-related fetishes.

Distorted attitudes – this examines the distorted thinking of the offenders. Do they see women as untrustworthy or manipulative? Children as sexual beings?

Socio-affective functioning – this looks at how offenders fill emotional needs. Do they prefer intimacy with children rather than adults? Are they aggressive and unemotional in their relationships?

Self-management – this considers how offenders manage their lives. Are they impulsive? Can they solve problems effectively?

One can clearly see here how this risk assessment tool is using the research reviewed earlier in this chapter about offenders’ behaviour. Once an offender has completed a questionnaire it is scored by a psychologist who will then, after consideration of this and other documentation, decide what risk the offender presents and which set of programmes are most appropriate to deal with the offender’s behaviour. Once an offender has completed a programme, the questionnaire is repeated to see whether the treatment programme has been effective in changing attitudes and behaviour.

The programmes being run in English and Welsh prisons and probation areas are only suitable for offenders whose level of intelligence is within the normal range. For offenders with a learning disability there is a specially adapted programme which employs exercises where cartoons and drawings are used.

The majority of treatment programmes used in the criminal justice system in the UK and many in the US, Canada, Australia and New Zealand are based on cognitive behavioural principles. This means that the programmes try to change the thinking patterns of offenders, their attitudes and perceptions. Once thought processes are changed, offenders are encouraged to change their patterns of behaviour from unacceptable and illegal to socially acceptable. Early treatments for sex offenders tended to be based on approaches found in Hans Eysenck’s work in the 1950s, with much of this work being based on ‘aversion therapy’. This meant that offenders were encouraged to think about an unacceptable fantasy until arousal, at which point an electric shock or nausea-inducing drug was administered. It was believed that the offender, after time, would associate the (deviant) sexual arousal with the unpleasant effect, which would then stop the offender from thinking these thoughts, and indeed evaluations of this work showed that reoffending rates were reduced. It was not until the 1970s that research on cognitive processes was included in the treatment of sexual offenders, and combinations of behavioural and cognitive research are often a very subtle and sophisticated mix of activities and approaches.

Researchers in North America have developed a list of what they term ‘offence-specific’ targets that an effective cognitive behavioural treatment (CBT) programme will cover. Offence-specific targets are patterns of thought which have been shown in research to be connected with sexually abusive behaviour and sexual offending.

offence specific targets.

low self-esteem.

Psychological research has shown that people low in self-esteem have characteristics which are similar to sexual offenders. They lack empathy, divert blame for their problems away from themselves, frequently experience negative emotions, handle stress poorly, engage in cognitive distortions and have poor relationship skills. People with poor self-esteem do not do well in treatment programmes, because they do not believe that they themselves are capable of changing. They tend to give up easily and ‘fail’ at the sight of small obstacles. If you are trying to treat sex offenders who display many of these attributes, then it makes sense to try and improve their sense of self-worth first so that you can maximize their potential to change.

cognitive distortions.

Offenders distort incoming information or hold twisted views and beliefs. For example, child abusers may believe that children welcome their attention or rapists may believe that women are excited by forced sexual contact. These views help the offenders to justify their behaviour or minimize their guilt. Cognitive distortions also include denial, something which many sex offenders display – sixty-six per cent of child abusers and over half of rapists. They simply do not believe that they have committed a crime. It is very difficult to treat sex offenders effectively if they do not believe that they have done anything wrong, so many of the programmes include work to try and get the offenders to realize/accept this.

empathy deficits.

Empathy is about being able to recognize distress and discomfort in others, to be able to understand the distress from the other person’s perspective and then to experience compassion for the other person. Sex offenders tend to lack the ability to be empathic. One researcher suggests that sex offenders only lack empathy towards their own victims, with rapists being able to show empathy towards women in general, and child abusers being able to show empathy towards children in general (Hanson, 1997). This is why the majority of CBT programmes contain some work in victim empathy.

problems in social functioning.

Many sex offenders have trouble in maintaining relationships with people. As offenders are not easily able to form relationships, this leads to loneliness which, in turn, leads to aggression and abusive behaviour. Offenders are taught, through role-play, how to overcome anxiety about making friendships, and engaging in conversation, and how to be assertive (rather than aggressive). They are shown how to respond in social situations and to gauge the behaviour of other people appropriately.

poor coping skills.

Many offenders, not just sexual offenders, are unable to cope with stress and difficult life situations. With sex offenders, as mentioned above, the coping skills that they employ often mean that they use sexually inappropriate behaviour as a method of making themselves feel better and more in control of situations. Offenders are given examples of situations that they might come across and are encouraged to think about how they would deal with them. This element of the programme is important, especially when related to elements of programmes which deal with preventing reoffending, a concept known as relapse prevention.