

Psychological and Psychophysiological Examination of the Sex offence Process

Utilising a Guided Imagery Methodology

by

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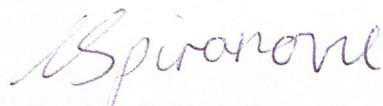
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ABSTRACT

The majority of child sex offender (CSO) typologies lack a theoretical basis which limits their applications in treatment and risk assessment. In contrast, it has been argued that the Self-Regulation model of the sex offence process (Ward & Hudson, 1998a, 2000a) offers a typology that may have considerable practical benefits. The Self-Regulation model classifies CSOs based on offence goal (Approach/Avoidant) and strategy employed to achieve that goal (Active/Passive). Utilising an Australian sample of CSOs (N=12) and non-offending controls (N=12), the present studies assessed the accuracy of the Self-Regulation model with regard to descriptions of offence pathways and examined differences between pathway offenders in treatment needs and recidivism risk. However, given the small sample size, interpretations of findings were limited to describing the characteristics of the current sample.

In the first series of studies, the assumptions underlying, and accuracy of, the Self-Regulation model were examined utilising a guided imagery methodology. The psychological and psychophysiological responses of CSOs and Controls to scripts depicting an emotionally neutral event (Neutral), adult consensual sex (Consensual), and child sexual assault (CSA) were compared. Although CSOs demonstrated a typical response to the personalised Consensual script, their response to the personalised CSA script was unique. Further investigation revealed some unexpected differences in responses between CSOs, classified as Approach- or Avoidant-goal and Active- or Passive-strategy, to the personalised Consensual and CSA scripts. It was proposed that these observed differences would likely have implications for the treatment and risk assessment of these offenders.

In a second series of studies, the present sample of Avoidant-goal and Active-strategy offenders unexpectedly emerged as groups with higher treatment needs, as these groups demonstrated relatively higher psychological symptomatology on the Symptom Checklist-90-R (Derogatis, 1983) and higher scores on the Screening Scale for Paedophilic Interest (Seto & Lalumière, 2001). Although not statistically significant, these same offenders, when assessed using the Static-99, were also estimated to pose a higher risk for sexual recidivism than their counterparts.

The final series of studies implemented the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) as a guiding framework for exploring these unexpected results. A guided imagery examination demonstrated that offenders categorised as high or low in recidivism risk did not differ in peri-offence responses. Furthermore, offenders classified as relatively high or low in dispositions predictive of recidivism risk (i.e., paedophilic sexual interest/psychopathy) demonstrated relatively homogeneous peri-offence processes. However, given these null findings may have been an artifact of methodological issues (i.e., small sample size and low statistical power), the basis for the higher treatment need and recidivism risk of the present sample of Avoidant-goal and Active-strategy CSOs could not be determined.

In the final chapter, the significance of these findings with regard to existing theory and practice was discussed. Although the present series of studies demonstrated some meaningful differences between the CSOs that were not predicted by the Self-Regulation model, interpretations of these results were limited due to methodological issues. Hence, it was proposed that further research, employing larger and more representative samples of CSOs, is needed to determine the efficacy of incorporating theory-driven offence process variables in treatment and risk assessment.

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