

Sex Offenders

Elderly Child Abusers

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In spite of abundant public, media and therapeutic attention focused on sex offenders, there still is a category within this group which, surely undeserved, has had little attention. Sexual abuse by the elderly occurs regularly, often with grandchildren and neighbourhood children as the victims. This lecture will focus on the specific characteristics of older offenders, and their consequences for treatment.

Sexual Offenses and Asperger's Syndrome: Diagnosis and Treatment Implications

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It is well known that sex offenders frequently suffer from a psychiatric diagnosis. Among these are patients with child psychiatric diagnoses that still prevail in adulthood.

We describe adult patients who exhibit obsessive sexual behaviour and sexual delinquency as exhibiting manifestations of Asperger's syndrome. This syndrome is a pervasive developmental disorder characterized by an impairment of social interaction, the development of restricted, repetitive patterns of behaviour or interests, and a lack of empathy for others. To diagnose this disorder in adulthood, a detailed hetero-anamnesis of the childhood period is necessary. There are only few studies of antisocial acts and sexual offences within the context of Asperger's syndrome, but this nonetheless may be more common than until now reported.

The importance of recognizing this disorder in adulthood is emphasized because of its implications for treatment planning and prognosis.

Deviant Sexual Fantasies of Sex Offenders: Theories and Treatment

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Many people have sexual fantasies. The sexual offender, however, may have a different kind of fantasy prior to sexual violence: deviant and repetitive. Behaviourists suggest that sexual deviance is learned and conditioned through masturbation fantasy. It is suggested that the early use of deviant sexual fantasies reinforces and strengthens their ideation.

'Offense scripts constitute a vulnerability factor for relapse because they are automatically activated in high-risk situations.... Deviant sexual fantasizing can increase the risk of relapse' (Ward and Hudson, 2000).

In this presentation several theories on having sexual fantasies and their implications for sexual offenders will be presented. In a case study the goals of treatment and some interventions will be explained.

Facts and Findings Deduced from a Comparative Recidivism Study in Sex Offenders in a Dutch Out-Patient Setting

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In this study, a comparison was made between 56 first-time sex offenders in an out-patient treatment programs and 56 matched offenders who did not receive any treatment in an attempt to determine the difference in recidivism between the two groups. No significant difference was found between the two groups. The roots of this outcome will be discussed. The importance of involving first-time offenders in treatment during their first contact with the judicial system is discussed. The authors suggest the necessity for differing approaches to the offenders according to their specific problem (exhibitionists, extra-familial child molesters, incest offenders), and for long-term research to determine the efficacy of the different types of treatment in this offender population.

Yalom Card Sort With Sex Offenders Who Complete Treatment

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In the Phoenix Program at Alberta Hospital, Edmonton, the Yalom Card Sort has been given to all patients who completed treatment (n = 138). The patients thereby give their input into which aspects of the therapeutic process in group therapy they found to be most beneficial. Alone, this information might be of some interest to treatment providers. When linked to subsequent recidivism data, it may provide a mechanism for tapping into the cognitive processes of those sexual offenders who do and do not re-offend. Any insight into those distinguishing features could have important therapeutic implications. A summary of the data reveals that none of the twelve 'large' factors show differences between recidivists and non-recidivists. However, the single items show a preponderance of responses which indicate an "external locus of control" type of cognitive set in the sexual re-offenders. The possible theoretical and practical implications of the findings will be discussed.

Do Personality Disorders Have an Impact on The Relapse of Sex-Offenders?

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Introduction: It is often speculated that a chronic psychiatric disturbance such as a personality disorder may play a crucial role in chronic sexual offending. Previous studies of personality disorders as predictors of relapse with a sex-offence had been focussed only on a limited number of personality traits such as psychopathy or antisocial traits, or did not use a structured method for the full range of contemporary diagnoses.

Methods: Seventy male sex-offenders incarcerated in a treatment facility were assessed for personality disorders according to DSM-III-R and ICD-10 with a structured interview, the IPDE. Further assessment included diagnoses on Axis I, in particular the type of a paraphilia, social and criminological variables. Sixty of these subjects (30 rapists, 23 child molesters and seven with sex-related murder) were released from prison. Their relapse with a new sex offense was determined by reviewing police reports after a mean follow-up time of seven years.

Results: Of the 60 sex-offenders who could be followed-up, 53 (88%) had a personality disorder in DSM-III-R and 34 (57%) in ICD-10. Most prevalent personality disorder diagnoses were: antisocial (27%), sadistic (27%), paranoid (23%), and borderline (18%). Thirty-eight subjects (63%) had a paraphilia of any type. In particular, of those with child-molestation as index offence 61% had paedophilia, and 53% of the rapists had sexual sadism. Twenty subjects (33%) had committed a new sex-offense in their time of follow-up. In a Cox-proportional hazards regression of all 60 subjects with stepwise inclusion of all personality disorder diagnoses, only DSM-III-R borderline personality disorder remained as significant variable and predicted a reduced risk for re-offending. In the analysis of child-molesters DSM-III-R dependent and obsessive-compulsive disorder and in ICD-10 avoidant personality disorder predicted an increased risk for re-offending. DSM-III-R antisocial disorder or ICD-10 dissocial disorder did not increase the risk for relapse.

Conclusion: The results show that the so-called severe personality disorders (antisocial and borderline) are not a negative predictor for re-offending with a sex-offense. This should be noticed in the actuarial risk assessment of sex-offenders. The importance of personality disorders of the anxious cluster in child molesters supports the use of serotonergic drugs as an option for treatment of these subjects.