CHALLENGING THE STATUS QUO

An Incentive Theory of Sexual Motivation as a Framework for the Description of Sexual Offending Behavior

W.J. Smid
J.W. van den Berg
Forensic Care Specialists, Utrecht, The Netherlands

There are no generally accepted theories on the nature or etiology of sexual offending behavior. For the past twenty years, research regarding sexual offending has largely been dominated by risk assessment, focusing on the empirical identification of reliable predictors of sexual recidivism. The results are certainly impressive and helpful in combating sex offender recidivism, especially with regards to the Risk principle of the RNR model.

Gradually, the focus has shifted from static risk prediction to the assessment of more dynamic risk factors to determine treatment focus and to provide means for treatment evaluation. However, besides the assessment of correlating risk factors before and after treatment, clinical practice is in need of theory driven risk assessment or “psychologically meaningful risk factors” (Mann en Hanson en Thornton, 2010), implying the determination of risk factors connected to (re)offending behavior through theoretically explained mechanisms. This would provide clinical practice not only with information on what risk factors to target in treatment but also give better indications on how to target them.

One possible way to develop theories is to reason backward from empirical risk factors to underlying propensities to biopsychosocial mechanisms and a theoretical framework, such as Ward and Beech (2006) attempted in their integrated theory. However, with risk factors for reoffending as the point of departure, this is likely to result in a theory on reoffending for which the underlying mechanisms might well be different from the etiological mechanisms. Another problem is that these theories (much like the existing theories) will likely be offender-centered, describing specific developmental routes to offending behavior without including a normal or non-offending route. These theories generally don’t do justice to the heterogeneity among sex offenders and the enormous prevalence of (one time) sexual offending behavior.

An alternative approach is to adopt a suitable theoretical framework from a related area of research and apply this to sexual offending behavior. In this presentation we will do this with an Incentive Theory of Sexual Motivation (Bindra, 1974; Singer &Toates, 1987; Both, Everaerd & Laan, 2007; Toates, 2009), which is based in regular sexology and considers normal sexual motivation. The model describes sexual excitement and desire as an emotional reaction to a stimulus and considers the mechanism through which sexual emotional states and feelings of sexual excitement and desire appear, similar as in other emotions that are coupled with relatively strong bodily reactions (Both, Everaerd & Laan, 2007).
This presentation will describe the incentive theory of sexual motivation and its essential factors: stimulus competence, liking, wanting and inhibition, including their neurobiological covariates. The applicability of this model for the description of sexual offending behavior will be explored regarding the individual factors of the model as well as the interactions between factors (Smid & Van Beek, 2012). Based on the model, a number of known correlating risk factors (deviant sexual interests, sexual preoccupation, sexual coping, emotion regulation problems and disinhibition) will be related to offending behavior. (As an example, based on the theory it is suggested that deviant sexual interest in non-consent may be better explained as a disinterest in consent.) Available empirical support for the model in the existing literature is discussed.

Literature:


Conscience: A New Frontier in the Treatment of Sexual Offenders

Tani Burton, MSW, Licensed Social Worker (Israel), Diplomate Clinician in Logotherapy

The treatment of paraphilias in general, and of sexual offenders in particular, has been evolving for over a century, culminating in the treatment protocol that is offered to sexual offenders today. Elements of treatment include accountability, identifying cognitive distortions and triggers, empathy training, understanding the cycle of abuse, and relapse prevention. These items are essential and impart to the client necessary tools to prevent him or herself from repeating the cycle, i.e. how to not re-offend. Indeed, according to one meta-analysis, sexual offenders who underwent treatment had a 37 per cent lower rate of recidivism than those who did not (Lösel and Schmucker, 2005). Though this statistic may justify the use of public funding for Sexual Offender Treatment Programs (SOTPs), it is also indicative of the fact that contemporary SOTPs are not as effective as we would want them to be.

The presentation will outline the basic approach used in the treatment of sexual offenders, and will demonstrate how, with the addition of a Logotherapeutic dimension, the entire process of treatment can be not only enhanced but transformed to being a more values-oriented protocol, empowering the
client to make conscience-based life changes, instead of merely acquiring skills to avoid re-offending.

What is lacking in treatment is a dimension that enables the client to internalize the reasons why he or she should not re-offend. This is not a dimension of techniques, but a serious exploration of the client’s connection to conscience and meaning at every stage of the therapeutic process. Though meaning is primarily a phenomenological experience, its presence in therapy can be built into the existing structure of treatment.

Therapists who work with sexual abusers suffer amongst the highest rates of burnout. Generally, this is thought to be due to the horrendous nature of the crime and the often difficult personalities of the clients, but it is also attributable to the nature of the therapy, for several reasons. First, the parameters of the therapy are set by outside authorities. Often, this places the therapist into the awkward position of having to adhere to treatment manual protocols, even when they veer away from the therapeutic hints that are unscripted in the work with clients. Though such adherence may ensure internal validity for research purposes, it also compromises the effectiveness of the therapy (Gottfried and Wolfe, 1996; Marshall and Marshall, 2007). Second, standardized treatment halts at the psychological level of the clients, and does not reach into the dimension of conscience, which in Logotherapeutic terms is a “meaning organ” that enables a person to make right choices.

Bringing a values-oriented dimension into the process will enable clients and therapists to uncover the humanity in the client, as well as the client’s potential for conscious responsibility and decency. This presentation will culminate in an invitation to ongoing work amongst colleagues to arrive at an effective working model.