

Sexual Deviance in Sexual Offenders: Etiological and Validity Research

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Theoretical models of sexual offending emphasize the importance of sexual deviance as a psychologically meaningful risk factor (Mann et al., 2010; Seto, 2008). Individuals who exhibit sexual deviance are more motivated to engage in sexual behavior involving children or non-consenting sex against adults and offenders who are high on this risk factor present with a greater likelihood of re-offence (Hanson & Morton-Bourgon, 2005).

Currently, a number of issues in our understanding of sexual deviance need further examination. First, the convergent validity of different methods of sexual deviance is poorly understood and whether sexual deviance measures assess similar or different aspects of the construct remains an open question. Second, recent meta-analytic research indicates that sexual deviance is a strong predictor of sexual recidivism (Hanson & Morton-Bourgon, 2005). However, other meta-analytic research shows the need to examine sources of variability in predictive validity estimates provided by different research studies (Helmus et al., 2013). Of particular importance is examining the strength of a construct's predictive validity in sexual offender subgroups (McPhail, Hermann, & Nunes, 2013). Finally, the factors that play an etiological role in the development of sexual deviancy are also poorly understood. Since evidence suggests sexual deviance is important to the initiation and maintenance of sexual offending, improving our understanding of the factors involved in developing sexual deviance is an important next step.

In order to further our understanding of sexual deviance, the first presentation will examine the relationship between childhood sexual abuse and sexual deviance in sexual offenders. The second presentation will use meta-analysis to summarize the predictive validity of sexual deviance and attempt to explain variability in the findings using moderator and subgroup analysis. The third presentation will examine the convergent validity between self-report and physiological measures of sexual deviance. It is hoped that by examining these various issues regarding the etiology and validity of sexual deviance, we will provide guidance for improving best practice in risk assessment, treatment, and risk management as it relates to sexual deviance and our understanding of the etiology of this important risk factor.

Childhood Sexual Abuse and Deviant Sexual Interests

Jan Looman
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Research convincingly indicates that early childhood trauma has long-lasting negative effects in a variety of life areas. For example, Felletti and colleagues (1998) assessed the presence of ten risk factors—smoking, obesity, physical inactivity, depression, suicide attempts, alcoholism, drug abuse, parental drug abuse, sexual promiscuity (> 50 partners), and a history of contracting a sexually transmitted disease—and seven disease conditions—ischemic heart disease, cancer, stroke, chronic bronchitis or emphysema, diabetes, hepatitis or jaundice, and skeletal fracture—associated with mortality in the United States. They then compared scores on a questionnaire assessing self-reported Adverse Childhood Experiences (ACEs) to patients' reports of risk behaviors and disease. A graded relationship was found between the number of reported ACEs and all ten risk behaviors and five of seven disease conditions. In addition subjects who endorsed four or more categories of adverse experiences in childhood, compared to subjects who scored 0 on the ACE questionnaire, were two and half times more likely to have contracted an STD, and over three times more likely to have had 50 or more sexual partners. Subjects with four or more negative childhood events were also more likely to have had a depressive episode in the last year, smoke cigarettes, consider themselves an “alcoholic,” and have attempted suicide.

Duke et al. (2010) identified six different types of adverse events—physical abuse and sexual abuse; household dysfunction; family alcohol or drug abuse, and the experience of witnessing physical abuse inside the family—and history of involvement with five different types of violence—delinquency, bullying, physical fighting, dating violence, and weapon-carrying on school grounds—in a large sample of primary and secondary students. For each negative event identified, there was an increased risk of violence in male subjects. Boys, for example, were 45 times more likely to have engaged in dating violence (defined by threats, or physical or sexual abuse of a romantic partner) as adolescents when they had been molested by a family member in childhood, and 26 times more likely to do so when they had been sexually abused by a non-family member. Reavis, Looman et al. (in press) found that over 60% of sexual offenders reported 4 or more ACEs, compared to 23% of non-sexual child abusers and 30% of domestic violence offenders, compared to 12% of the normative sample. These results, which strongly link a history of sexual abuse to violence—inclusive of sexual violence—later in life, echo the results of meta-analytic research findings that adult male sexual offenders were more than three times more likely to have had histories of sexual abuse in their childhoods, in comparison to a nonsexual (but criminal) comparison group (Jespersen et al., 2009).

While research suggests that sexual offenders have more experience with adverse childhood experiences, there is yet little research information regarding how these experiences may contribute to sexual offending. One obvious explanation is that these early experiences of sexual abuse contribute to the development of deviant sexual preferences. The current research explores this hypothesis in a sample of over 300 sexual offenders by examining the relationship between sexual and physical abuse experiences, early childhood sexual experiences and deviant sexual arousal. The expectation is that those men who were sexual abused as children will exhibit more deviant arousal patterns than those who do not have these experiences.

Sexual Deviance and Sexual Recidivism in Sexual Offenders against Children: A Meta-Analysis

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Sexual deviance is considered a key risk factor for sexual offending against children in multiple theories of child sexual abuse (Finkelhor, 1984; Seto, 2008). Prior meta-analytic research has shown that sexual deviance, particularly phallometrically assessed sexual arousal to children, is one of the strongest predictors of sexual recidivism in sexual offenders against children (Hanson & Morton-Bourgon, 2005). Recent meta-analyses on specific psychologically meaningful risk factors highlight the importance of examining subgroup and procedural variables that may moderate the relationship between a risk factor and sexual recidivism (e.g., Helmus et al., 2013; McPhail, Hermann, & Nunes, 2013). To date, we have a limited understanding of how the relationship between sexual deviance and sexual recidivism operates in different subgroups of sexual offenders against children (e.g., extrafamilial offenders), as well as how different phallometric assessment procedures may impact the magnitude of this relationship.

The current study will report the results of a meta-analysis of 24 studies examining the relationship between phallometrically assessed sexual deviance and sexual recidivism in sexual offenders against children. This study will serve to update prior meta-analytic research. In addition, we will examine between-study variability for potential moderating variables, such as different phallometric procedures and sexual offender subgroups, using meta-analytic moderator statistics. Identifying the phallometric procedures that best predict sexual recidivism and the subgroups of offenders for whom phallometry is more or less predictive will be useful for informing risk assessment, treatment, and theory.

Convergent Validity in the Assessment of Sexual Deviance

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Two primary methods of assessing sexual deviance in sexual offenders that are employed in clinical and research settings are self-report and physiological measures. Examining the convergent validity between measurement methodologies improves the validity of measurements and adds depth and range to the understanding of a construct (Fielding & Fielding, 1986; Kazdin, 2003). Understanding the relationship between cognitive aspects, such as sexual fantasy or sexual obsessions, and physiological aspects of sexual deviance are important for advancing both our theoretical

understanding of the sexual deviance, but also how these various aspects are addressed in treatment. Indeed, using multiple methods and examining the relationships between methods can improve and reinforce our knowledge of sexual offenders (Webster & Marshall, 2004).

In this study, we examine the relationships between different phallometric age and sexual activity stimuli and subscales of the Multiphasic Sex Inventory in a sample of 88 sexual offenders against children. A further set of analyses will involve examining these associations using audio and slide stimuli used in phallometric assessment. This study will extend past research in the area (e.g., Stinson & Becker, 2008) by examining convergent validity in multiple phallometric indices and stimuli types.