sozial- und rechtspsychologie

Implications for Sexual Offence Prevention from Community Samples of Men with Sexual Interest in Minors

Alexander F. Schmidt, PhD

Department of Social and Legal Psychology, University of Mainz

Prevention in the UK: How are we tackling sexual offending and reoffending?
09.04.2018, Nottingham Trent University

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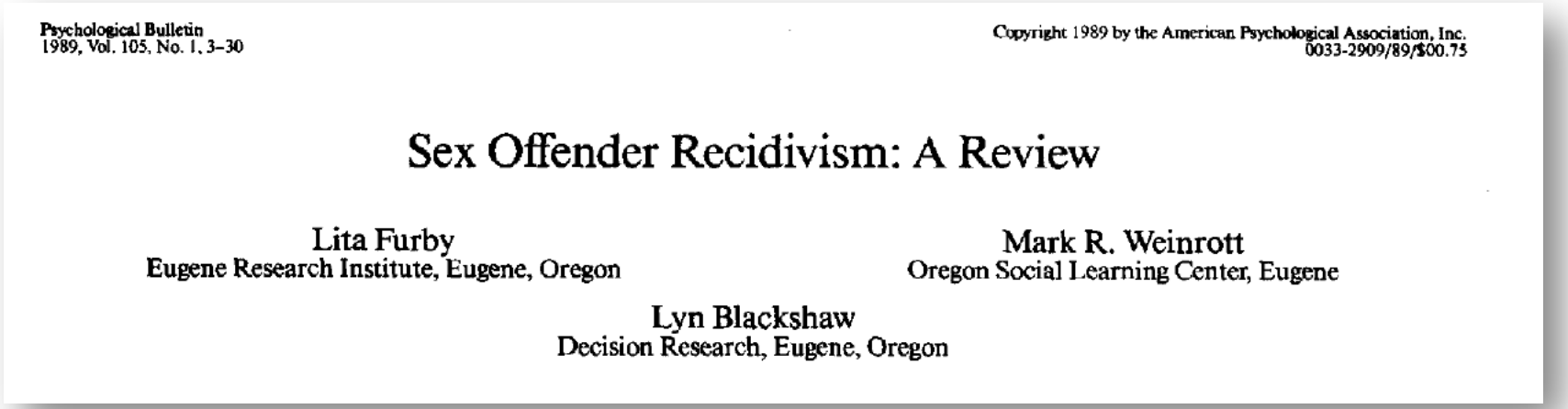
Where Do We Come from…



Psychological Bulletin
1989, Vol. 105, No. 1, 3–30

0033-2909/89/$00.75

Sex Offender Recidivism: A Review

Lita Furby
Eugene Research Institute, Eugene, Oregon

Mark R. Weinrott
Oregon Social Learning Center, Eugene

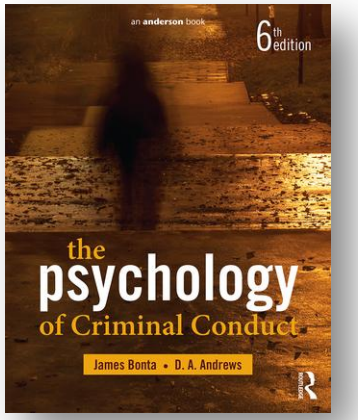
Lyn Blackshaw
Decision Research, Eugene, Oregon

- **Inclusion criteria:** Official recidivism data, *N* > 10, follow-up interval discernible → N ≈ 7,000; *k* ≈ 42

„Despite the relatively large number of studies on sexual offender recidivism, we know very little about it.
[…] methodological shortcomings are present in virtually all studies, making the results from any single study both hard to interpret and inappropriate for the use of conventional confidence levels.
[…] yet no evidence that clinical treatment reduces rates of sex offences“

Furby, Weinrott, & Blackshaw (1989, p. 27) ***Psychological Bulletin***

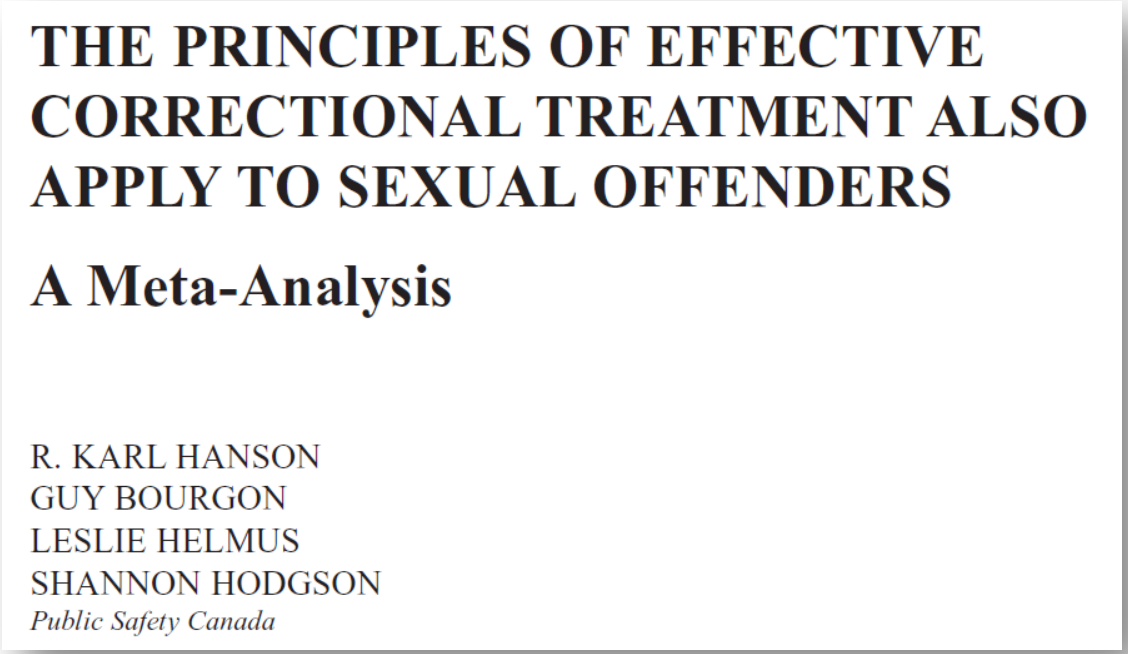
General Offender Rehabilitation Principles



- **RNR Approach → Human service interventions**
  - **Risk principle:** more risk → more intensive treatment
    → do not treat low risk offenders extensively!
  - **Need principle:** treat psychologically meaningful risk factors = factors that empirically increase recidivism risk and are amenable to change (dynamic risk factors)
  - **Responsivity principle**: Treatmenty delivery should fit offender learning style and personality
  - **Mean meta-analytic effect sizes (*r*):**
    Human Service .12 vs. criminal sanctions -.03
    Full adherence RNR .28, if also community-based .35
  - **CAVE:** Methodological weaknesses of studies

Bonta & Andrews (2017)

Sexual Offender Rehabilitation Principles (I)



THE PRINCIPLES OF EFFECTIVE CORRECTIONAL TREATMENT ALSO APPLY TO SEXUAL OFFENDERS

A Meta-Analysis

R. KARL HANSON
GUY BOURGON
LESLIE HELMUS
SHANNON HODGSON
Public Safety Canada

- k = 23, N = 3,625
- Mean sexual recidivism rates: 10.9% treated vs. 19.2% untreated
- **CAVE:** 5 „good“ (≈Maryland 5) vs. 18 „weak“ (≈Maryland 3) studies

(CODC, 2007)

Hanson, Bourgon, Helmus, & Hodgson (2009) *Criminal Justice and Behavior*

Sexual Offender Rehabilitation Principles (II)

The Predictive Properties of Dynamic Sex Offender Risk Assessment Instruments: A Meta-Analysis

Jan Willem van den Berg
Van der Hoeven Kliniek, Center for Clinical Forensic Psychiatry, Utrecht, the Netherlands, and University of Leuven, Belgium

Wineke Smid
Van der Hoeven Kliniek, Center for Clinical Forensic Psychiatry, Utrecht, the Netherlands

Klaartje Schepers
Trubendorffer, Utrecht, the Netherlands

Edwin Wever
Van der Hoeven Kliniek, Center for Clinical Forensic Psychiatry, Utrecht, the Netherlands

Daan van Beek
Private practice, Utrecht, the Netherlands

Erick Janssen and Luk Gijs
University of Leuven, Belgium

Table 4
Effect Sizes Research for Question 3: Predictive Validity of Change Scores Corrected for Static and Initial Dynamic Scores

	Fixed-effect		Random-effect					
Recidivism type	Hazard ratio	95% CI	Hazard ratio	95% CI	*Q*	I^2 (%)	*N*	K
Sexual	.91	[.87, .95]	.91	[.87, .95]	2.4	<.00	1,980	6
Violent	.93	[.90, .97]	.93	[.90, .97]	3.5	<.00	4,168	5
Any	.95	[.93, .98]	.95	[.93, .98]	1.5	<.00	1,172	3

Van den Berg et al. (2017) *Psychological Assessment*

Tertiary Prevention: Recent Meta-Analyses (I)

The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations

Martin Schmucker[1] · Friedrich Lösel[1,2]

- **Inclusion criteria**
  - Equivalent treatment and control groups (≥ Maryland Level 3)
  - Official recidivism measures (arrest, charge, conviction, incarceration)
  - *k* = 29, *N* = 10,387
- **Main results**
  - Sexual recidivism: 10.1% treated vs. 13.7% untreated offenders
  - Only outpatient and hospital treatment significant
  - Individual treatment showed strongest effect, only group none
  - Routine practice significant but lower than model treatments
  - Low risk treatment no effect

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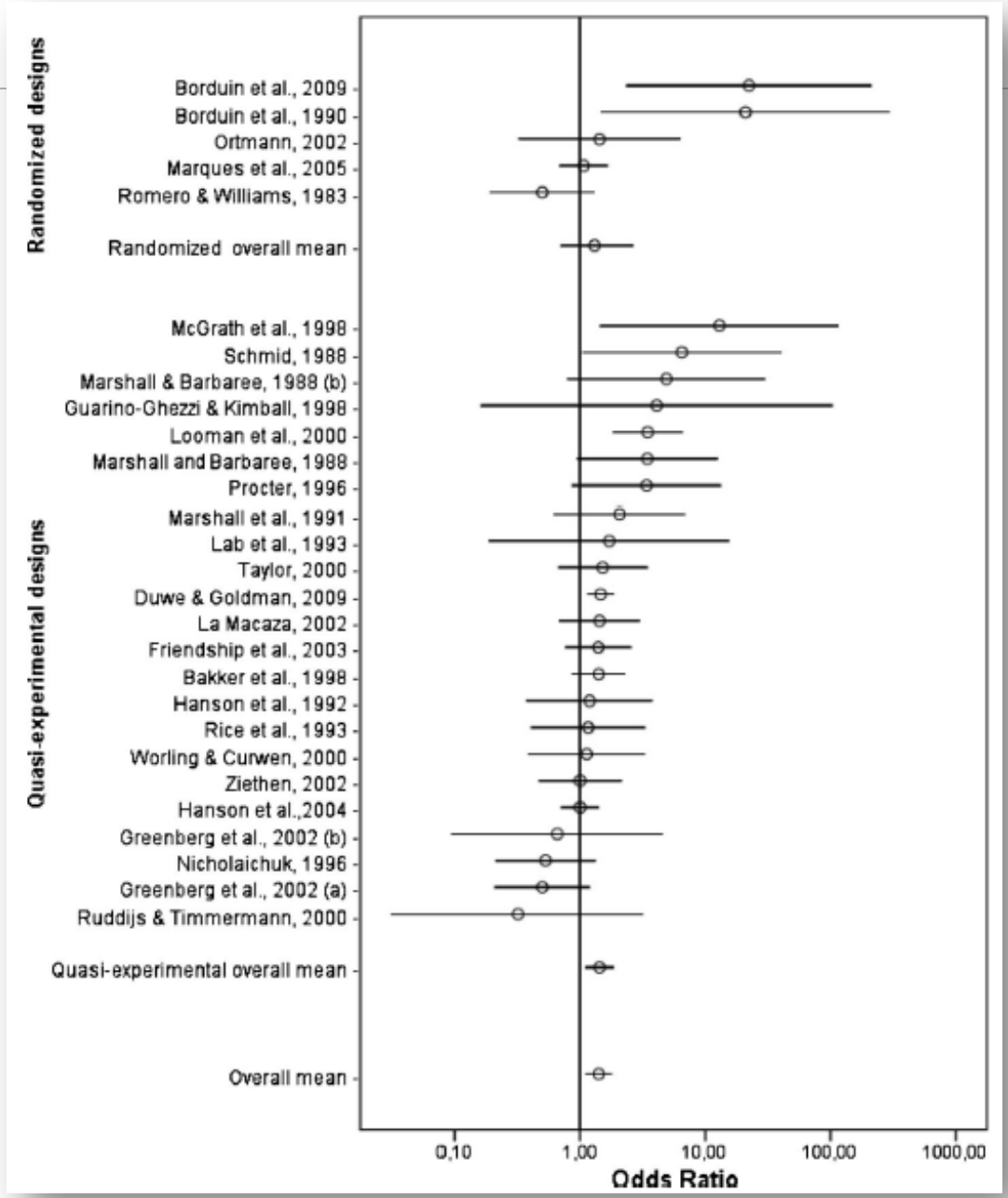
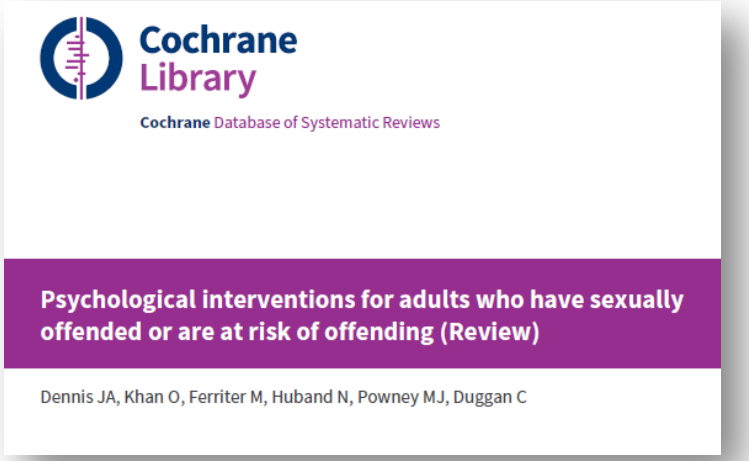
Schmucker & Lösel (2015) *Journal of Experimental Criminology*



Schmucker & Lösel (2015) *Journal of Experimental Criminology*

Tertiary Prevention: Recent Meta-Analyses (II)



- **Inclusion criteria**
  - Adult sexual offenders
  - RCTs (Maryland Level 5)
  - Official & self-reported recidivism measures (arrest, conviction)
  - k = 10, N = 994
- **Main results**
  - Meta-analysis impossible → descriptive results report
  - Evidence does not support effectiveness of sexual offender treatment

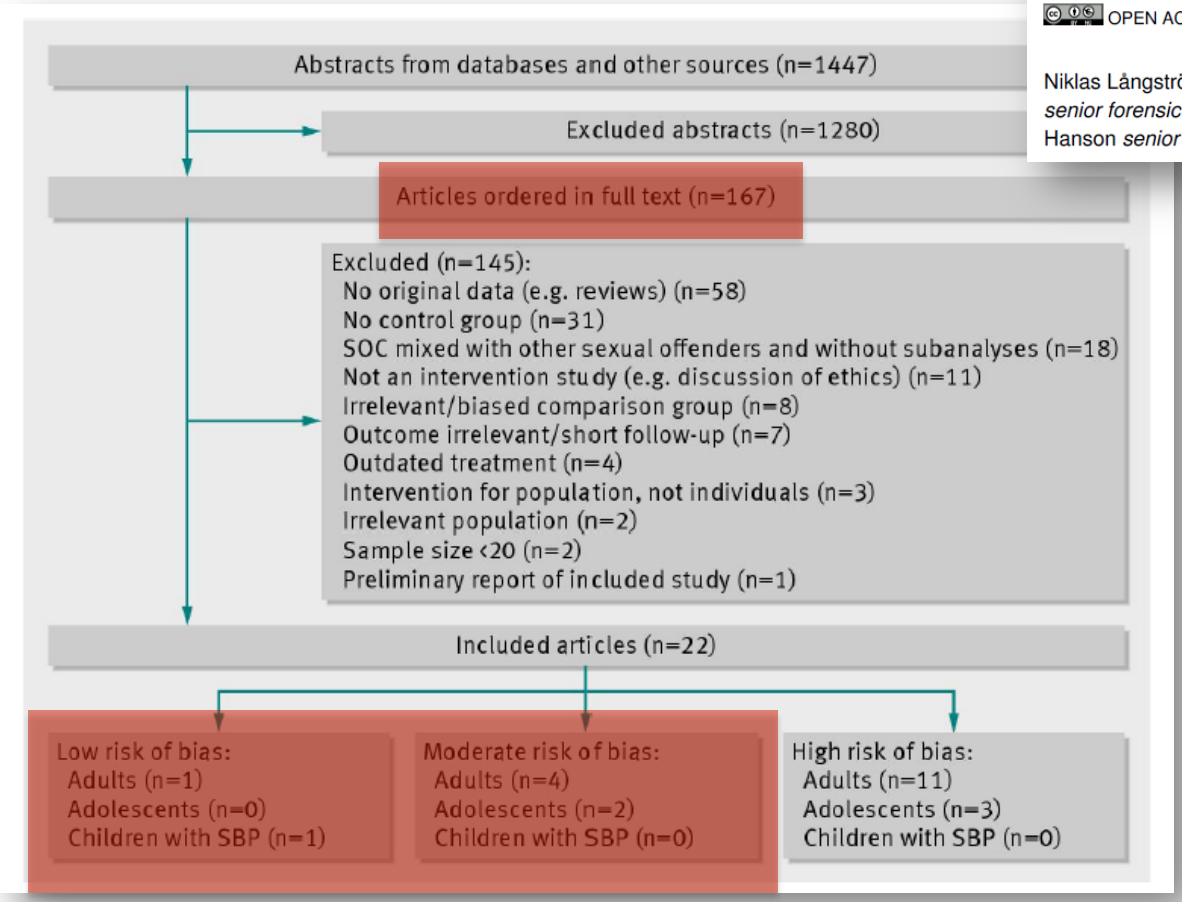
Dennis, Khan, Ferriter, Huband, Powney, & Duggan (2012). *Cochrane Database of Systematic Reviewing*

Tertiary Prevention: Recent Meta-Analyses (III)

Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions

OPEN ACCESS

Niklas Långström *professor*[1 2], Pia Enebrink *clinical psychologist, researcher*[3], Eva-Marie Laurén *senior forensic psychiatrist*[4], Jonas Lindblom *researcher*[5 6], Sophie Werkö *researcher*[5 6], R Karl Hanson *senior research scientist*[7]



Längström et al. (2013) ***BMJ***

Tertiary Prevention: Recent Meta-Analyses (IV)


Psychological Treatment of Sexual Offenders Against Children: A Meta-Analytic Review of Treatment Outcome Studies

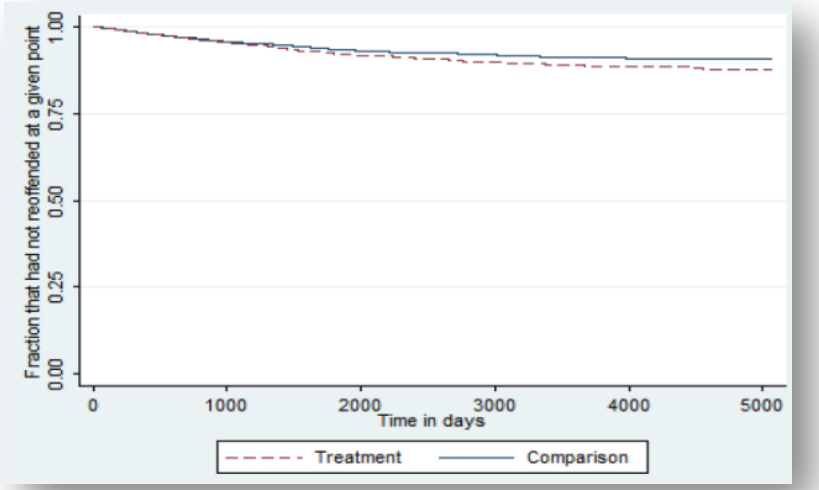
Cato Grønnerød[1,2], Jarna Soilevuo Grønnerød[2], and Pål Grøndahl[2]

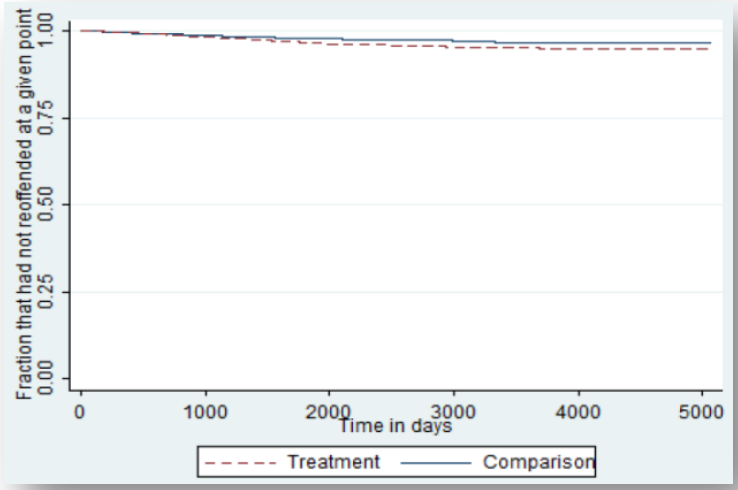
- **Inclusion criteria**
  - Official recidivism measures (arrest, conviction), follow-up > 3 years
  - *k* = 9, *N* = 1,640 → 8 „weak“, 1 „good“ (CODC, 2007)
- **Main results**
  - No effect (*r* = .03) when study design at least „weak“ (Maryland ≥ 3)
  - Effects increased for less rigorous studies (rejected studies *r* = .25), decreased with more recent studies and longer follow-ups

Grönneröd, Grönneröd, & Grödahl (2015) *Trauma, Violence & Abuse*

Tertiary Prevention (V): SOTP UK

- **Inclusion criteria**
  - Range of official recidivism measures
  - 2,562 treated vs. 13,219 untreated sexual offenders (propensity score matching → Maryland 4, CODC: „good“)

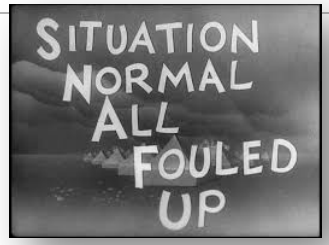




- **Significant main results**
  - Sexual recidivism: **10.0% treated vs. 8.0 untreated**
  - CSEM: **4.4% treated vs. 2.9 untreated**

Mews, Di Bella, & Purver (2017) ***Impact evaluation of the prison-based Core Sex Offender Treatment***

Intermediate summary: SNAFU



Editorial

Heraclitus' River and Recent Advances in Criminal Psychology

Alexander F. Schmidt[1,2] and Ruth E. Mann[3]

Sexual offence prevention is a field where

a) the emotional involvement of the public is high,
b) the felt need for politicians and policymakers is pressing,
c) the evidence for effective interventions is rather weak, absent, or even indicates detrimental effects,
d) empirical research is particularly difficult due to low (and potentially shinking) recidivism rates (Hanson et al., 2016; Mews et al., 2017),
e) while the most prolific treatment theory (RNR) indicates that treating low risk offenders is largely uneffective (or even detrimental),

(Bonta & Andrews, 2017)

f) RNR principles are still largely ignored in routine practice

(McGrath et al., 2010; Bonta & Andrews, 2017)

Schmidt & Mann (in press) *European Psychologist*

The „Average“ Tertiary Sexual Offence Prevention Programme

Adult male sexual offender treatment

- Self-proclaimed as CBT and/or relapse prevention-based
- **Only a minority claims to adhere to RNR**
- Focus on victim empathy, taking responsibility, social skills
- Behavioral sexual arousal control techniques
- Primarily group-based treatment
- Modularized treatment blocks, rather high treatment doses (Median between 100hrs/5 months and 350hrs/18 months)
- More cognitive than behavioral → primarily psychoeducation
- Includes sexual offenders across all risk bands (i.e., including low risk offenders)
- Extramural community setting

Note: Large gap between self-description and routine implementation!

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McGrath et al. (2010), Bonta & Andrews (2017)

Garbage in-Garbage out Cycle

Theoretically and methodologically weak routine implementation

Theoretically and methodologically weak findings

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Lita Furby
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Pulling Us out of the Swamp: Scientific Implications

Not only more, but robust and rigorous research is needed

- **Meaningful control groups are mandatory – preferably RCTs**
  - State of evidence renders this ethically feasible (or even mandatory if offenders are forced to undergo ineffective/potentially harmful treatments) → vexing conundrum
  - If judicial constraints forbid this, dismantling/additive designs can be tested (e.g., TAU vs TAU+)
- **Evaluations need to be able to test theoretically meaningful treatment components that can be implemented in other settings in the future**
  - Specific program vs. unspecific therapist/institutional effects
  - Adherence to treatment rationale must be safeguarded
  - If unspecific treatment effects are regarded as important these need to be rigorously testable (e.g., therapeutic climate, therapeutic alliance → process research)
- **Broadened effectiveness criteria** (e.g., desistance process indicators, harm reduction, dynamic risk reduction, time-to-recidivism)

Oberlader, Schmidt, & Banse (2018) ***Evidenzorientierte Kriminalprävention*****; Levenson & Prescott (2014)** ***Journal of Sexual Aggression***

Primary Prevention: Community Males‘ Distress

***N* = 8,718 community males**

- Self-reported indicators of pedophilic interest and child sexual abuse
- Age 18 – 89 years
- 5.5% reported pedophilic interest (behavior/fantasies), 4.1% fantasies
- 1.7% CSEM use, 0.8% contact child sexual abuse, 0.7% both

- **Substantial interest in therapeutic help among men with pedophilic interests**

How Common is Men's Self-Reported Sexual Interest in Prepubescent Children?

Beate Dombert
Department of Forensic Psychiatry and Psychotherapy, University of Regensburg

Alexander F. Schmidt
Institute for Health and Behavior, Department of Health Promotion and Aggression Prevention, University of Luxembourg and Department of Psychology, Social and Legal Psychology, University of Bonn

Rainer Banse
Department of Psychology, Social and Legal Psychology, University of Bonn

Peer Briken
Institute for Sex Research and Forensic Psychiatry, University Medical Center Hamburg-Eppendorf

Jürgen Hoyer
Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden

Janina Neutze and Michael Osterheider
Department of Forensic Psychiatry and Psychotherapy, University of Regensburg

Table 5. *Frequencies of Participants Indicating Perceived Need for Professional Help as a Function of Categories of Sexual Interest in Prepubescent Children*

	Thought About Seeking Professional Help Due to Sexual Interest in Prepubescent Children?	
Categories of Sexual Interest	No	Yes
Sexual behavior involving children (%)[a]		
None	213 (97.3)	6 (2.7)
Child pornography	110 (81.5)	25 (18.5)
Sexual contact	59 (93.7)	4 (6.3)
Mixed	33 (58.9)	23 (41.1)
Sexual fantasies involving children (%)[a]		
None	111 (92.5)	9 (7.5)
Girls	224 (92.9)	17 (7.1)
Boys	40 (85.1)	7 (14.9)
Mixed	40 (61.5)	25 (38.5)
Pedophilic sexual preference score (%)[a]		
Behavior >0	4 (57.1)	3 (42.9)
≤0	411 (88.2)	55 (11.8)
Fantasies >0	6 (50.0)	6 (50.0)
≤0	409 (88.7)	52 (11.3)

Dombert, Schmidt, Banse, Briken, Hoyer, Neutze, & Osterheider (2016) *Journal of Sex Research*

Primary Prevention: Access Obstacles

Only 20% of individuals in treatment for sexual victimization of aminor sought help prior to their arrest (Levenson, Willis, & Vicencio, 2017)

Only 50% of self-identified pedophilic men were willing to reveal their sexual interest to a therapist (Jahnke, Schmidt, Geradt, & Hoyer, 2015)

- Lack of knowledge where to seek help
- Potential helpers/psychotherapists often lack treatment skills/specific training for sexual offender treatment, paraphilic interests, hypersexuality, problematic online behavior
- Unwanted clientele → moral concerns / anxiety
- Finding competent help is difficult
- Fear of social and/or legal consequences
- Dysfunctional therapy expectations

Levenson, Willis, & Vicencio (2016) *Journal of Child Sexual Abuse*

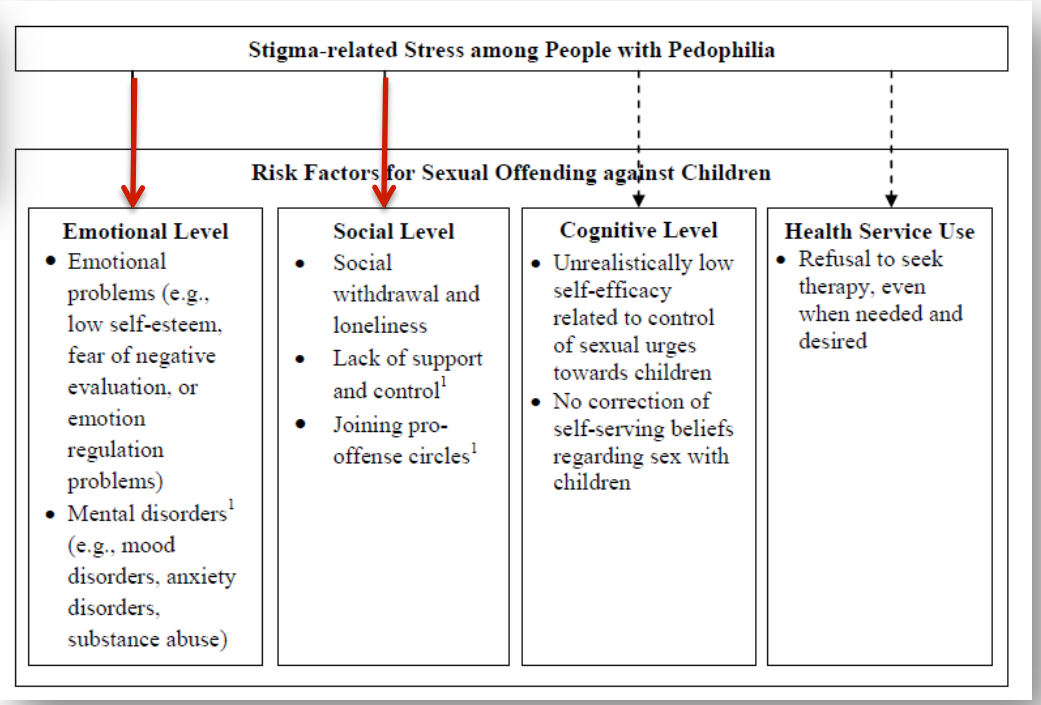
Stigmatization of Pedophilic Interest in Children

- Public overestimates the relationship between pedophilia and sexual offending
- Non-offending pedophilic individuals are rejected more fiercely than people who abuse alcohol, sexual sadists, or people with antisocial tendencies (Jahnke, Imhoff, et al., 2015; Koops, Turner, Jahnke, Märker, & Briken, 2016)

Stigma-Related Stress and Its Correlates Among Men with Pedophilic Sexual Interests

Sara Jahnke · Alexander F. Schmidt · Max Geradt · Jürgen Hoyer

- *N* = 104 self-identified German men with pedophilic preferences from specific online networks in the community
- 68% never treated
- **CAVE:** cross-sectional self-report data



Jahnke, Schmidt, Geradt, & Hoyer (2015); Jahnke (2018) *European Psychologist*

(Primary) Prevention: Guidelines

Prevention practitioners should

- understand that sexual interest in minors and sexual offending are not the same
- learn to adress issues with stigmatized sexual identities
- be aware that stigmatization may increase mental health problems and increase risk factors for sexual offending
- be aware that stigmatization may increase barriers to psychotherapy
- be aware of their own stigmatizing attitudes
- strive to reduce the stigmatization of pedophilia by being as respectful as with every other client

“Move away from “preventing access to children and providing close supervision” (Harvard Mental Health Letter, 2010) to address more humanitarian issues centering on how pedophilic individuals can manage to live productive, happy, and law-abiding lives, while dealing with the stigma of their sexual identity (Cantor, 2014)”

Jahnke (2018) *European Psychologist*

Primary Prevention: Dunkelfeld Project

The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images

Klaus M. Beier, MD, PhD, Dorit Grundmann, MSc, Laura F. Kuhle, MSc, Gerold Scherner, MSc, Anna Konrad, MSc, and Till Amelung, MD

Evaluation study

- 1-year CBT-based treatment
- 53 treated vs. 22 waiting-list controls
- Non-randomized but mostly equivalent
- Decrease of self-reported dynamic risk factors in treated group, unchanged in control group
- No official recidivism detected
- Trend for less self-reported child sexual abuse behavior in treated vs. controls

- **CAVE:** Methodologically weak design

Beier et al. (2014) *Journal of Sexual Medicine*

Conclusions

- Given the strong normative and moral connotations in forensic contexts, societies tend to cherish criminal prevention approaches that are primarily fueled by humans' normative desire to punish social transgression and their preferred (lay) theories of how to influence human behavior → common sense interventions that run the risk of becoming correctional quackery

  (Gendreau, Smith, & Thériault, 2009)

- Implement RNR-compatible human service prevention
  - Do not treat low risk offenders together with high-risk offenders, reduce treatment intensity for low risk offenders
  - Strong focus on the responsivity principle (and stigma issues) → strength-based interventions (Marshall, Marshall, & Olver, 2017)
- Broaden the scope to desistance process indicators beyond recidivism reduction (i.e., change of narratives)
- Offer accessible primary prevention to motivated individuals and evaluate

It is obvious that (better) empirical research alone will not be the sole answer but it will contribute to our understanding of what works, what doesn't work, what helps, and what hinders

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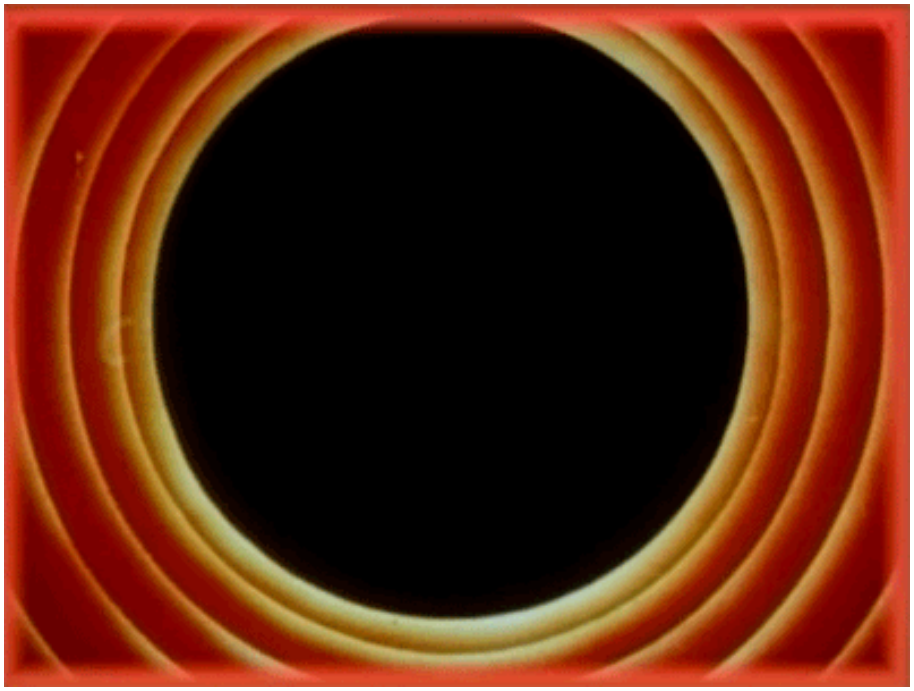
Thanks for your attention!



alexander.schmidt@uni-mainz.de