WHY SEX OFFENDER PROGRAMS SHOULD PAY ATTENTION TO THE CONSCIENCE

THEORIES OF SEXUAL OFFENDING AND TREATMENT

Sexual offending and particularly child molestation can be viewed in a variety of non-exclusive ways. For example, a psychodynamic framework might describe the offending pattern as a foreseeable outcome of an individual's early life experiences, while a behavioral framework postulates motive (i.e., expectation of pleasure and/or relief from stress) as the driving force. With the proliferation of sex offender research during the last two decades, clinicians are now faced with numerous theories to explain sexual offending.[1] Almost twenty years have passed since Finkelhor developed the Four-Preconditions Model of Sexual Abuse, , integrating offender, victim, and sociological factors.[2, 1] Other authors have added to the body of knowledge developing theories of sexual deviancy, causative factors including biologic, history of abuse, impaired relationships with adults, cognitive distortions, and sexual compulsivity. [3, 2]

When considering offender treatment (i.e., reducing frequency and severity of undesirable behavior), utility rather than theoretical correctness is generally the most important consideration. Since cognitive-behavioral interventions have proven more effective than their predecessors, the cognitive-behavioral model currently dominates the sexual offender treatment field.[4, 3] Relapse Prevention (RP) models, defining how individuals get into high-risk situations, and how they can manage such situations, are currently incorporated into almost all sex offender treatment programs.[5, 4]

Some programs using the cognitive-behavioral model with child molesters may be achieving treatment effects as high as 60% with 5-10 year follow-up .[6, 5] A more conservative but still very respectable 30% treatment effect appears within reach for many programs.[7, 6] However, since many treated individuals do reoffend, there is obvious room for improvement. Marques, Nelson, Alcorn and Day published qualitative research about treatment failures from California's experimental cognitive-behavioral sexual offender treatment program.[8, 7] Following interviews with nine treated men who re-offended, they concluded that although the program was effective at imparting relevant knowledge and teaching relapse prevention skills, it was less effective at persuading these men to consistently apply the knowledge and skills to their lives after returning to the open community. These men reported leaving treatment believing they would not reoffend, even if they placed themselves in "high-risk" situations like using mind-altering chemicals or being alone with children.

Pithers' suggests that relapse prevention (RP) strategies work well when offenders are focused on self-regulation. When they are stressed, RP models are often insufficient. "Knowledge in the absence of a desire to use it is meaningless. Motivation must exist to consistently employ knowledge across time and the inevitable challenges of life."[9, p263, 8, p263]

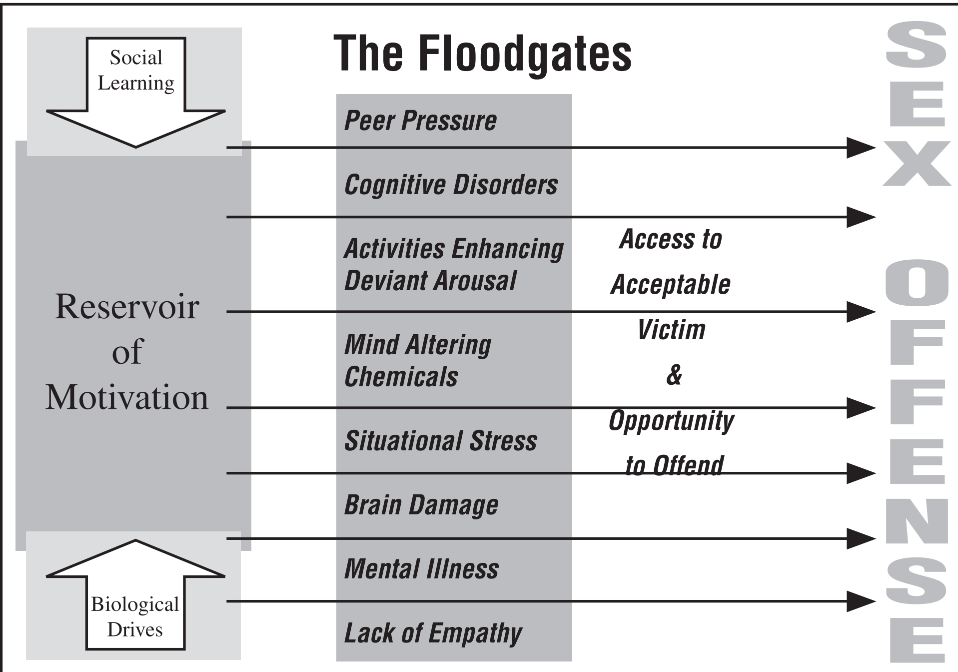
One of the criticisms of RP as constructed by Marlatt is a failure to consider unconscious desires. RP as originally described, operates in the cognitive domain. It asserts that a person moves from abstinence towards relapse by entering high-risk situations. A multiplicity of factors such as a) lack of coping skills, b) negative affect, c) activation of old addictive patterns, d) lowered self-efficacy, and e) attributions of diminished control, focus on the immediate factors contributing to maladaptive decision making.[5, 4] RP never fully explores the underlying process for such poor decision-making.

Since California's program was based on voluntary participation without sentence reduction, it seems likely that most men who completed treatment were motivated to avoid reoffending. Participation in most programs however, is coerced. In the author's own program for example, most men participate at their own expense, to comply with a condition of probationary status. Unsuccessful discharge can mean imposition of a suspended prison sentence. Under these conditions, many participants may be motivated to give the appearance of being in treatment without undergoing meaningful personal change. Others are convinced they have already changed enough to avoid reoffense by being "scared straight." How can we persuade these men to not merely comply with their community supervision orders by developing an appropriate relapse prevention plan, but to actually live their daily lives consistent with this plan after they leave treatment?

Points of Intervention for Sex Offender Treatment Programs (SOTP)

Integrative theories create treatment possibilities and modern sex offender treatment is therefore multifaceted. Schwartz's "Floodgates Model" provides the basics for a visual image that elucidates the dynamics of a sexual assault and offers the clinician opportunities for intervention. (see Figure 1). Schwartz suggests that there are two components of any criminal act: "A motive and a releaser that allows the motive to transcend personal and societal sanctions and be expressed."[3, 2]

Figure 1 Adaptation of Floodgates



The Reservoir of Motivation: This reservoir, present and unique in all of us, is fed by our biological drives and social learning. It may include anger, fear, lack of power, core beliefs, distorted attitudes, and more.

SOTP points of intervention could include chemicals to reduce sexual drive, exploration of family dysfunction, providing positive role models, and assertiveness training.

The Floodgates of Inhibition: Floodgates hold the motivational reservoir in check and act as a control. Peer pressure, cognitive distortions, activities enhancing deviant arousal, mind altering chemicals, situational stress, brain damage, and mental illness or retardation are among the influences that open the floodgates of inhibition at appropriate times.

SOTP points of intervention could include cognitive restructuring, social skills building, substance abuse treatment, empathy training, and psychotropic medication.

Environmental Opportunities/Victim Access: When floodgates are open, motivational energy is released. If motivational energy is minimal, the potential offender may be held in check by minimal environmental resistance. He may not pursue a victim if one is not readily available. However, if motivational energy is significant, few obstacles will stand in the way of finding a suitable victim.

SOTP points of intervention are addressed with strict probation or parole rules prohibiting contact: with children, being near children, and/or using pornography. An offender could be instructed to report all deviant arousal and sexual fantasies towards children. Polygraph can monitor compliance with probation and parole conditions.

What's Missing? The Conscience!

The Floodgates Model suggests that the floodgates of inhibition must be kept in check to effectively reduce the opportunity to molest a child. However, the mechanism, or process for such control is not clearly delineated.

Collapsing Morality With Empathy

Many cognitive-behavioral sex offender treatment programs incorporate empathy building as a component of treatment, believing that without empathy, sexual offenders are likely to re-offend. [9-11, 8-10] Within sex offender work, definitions of empathy appear to have three components: 1) cognitive - demonstrated by role taking ability; 2) affective – demonstrated by emotional arousal – feeling another's feelings, and 3) behavioral – described by Hanson as "caring" and Pithers as "compassionate behavioral responses."[9, 10 & 8, 9] Bumby states that perspective taking and emotional arousal are insufficient for management of sexual offending behavior. In the end the offender must make a decision that will guide his behavior.[11,10]

Hanson and Bussieres[12] in their meta analysis of recidivism predictor found no significant statistical relationship between empathy deficits and sexual reoffending.

The collapsing of moral decision making into an empathy construct may be problematic when it comes to sex offender treatment. For example, deficits in the domain of perspective taking might suggest role playing as an intervention technique, while deficits in emotional arousal might suggest focusing on one's own victimization issues. But neither intervention addresses whether someone will be inclined to use that learning. The problem is in the definition. The behavior domain has its foundation in moral development, a concept that is rarely directly addressed in SOTP (Sex Offender Treatment Programs).

CONSCIENCE DEVELOPMENT

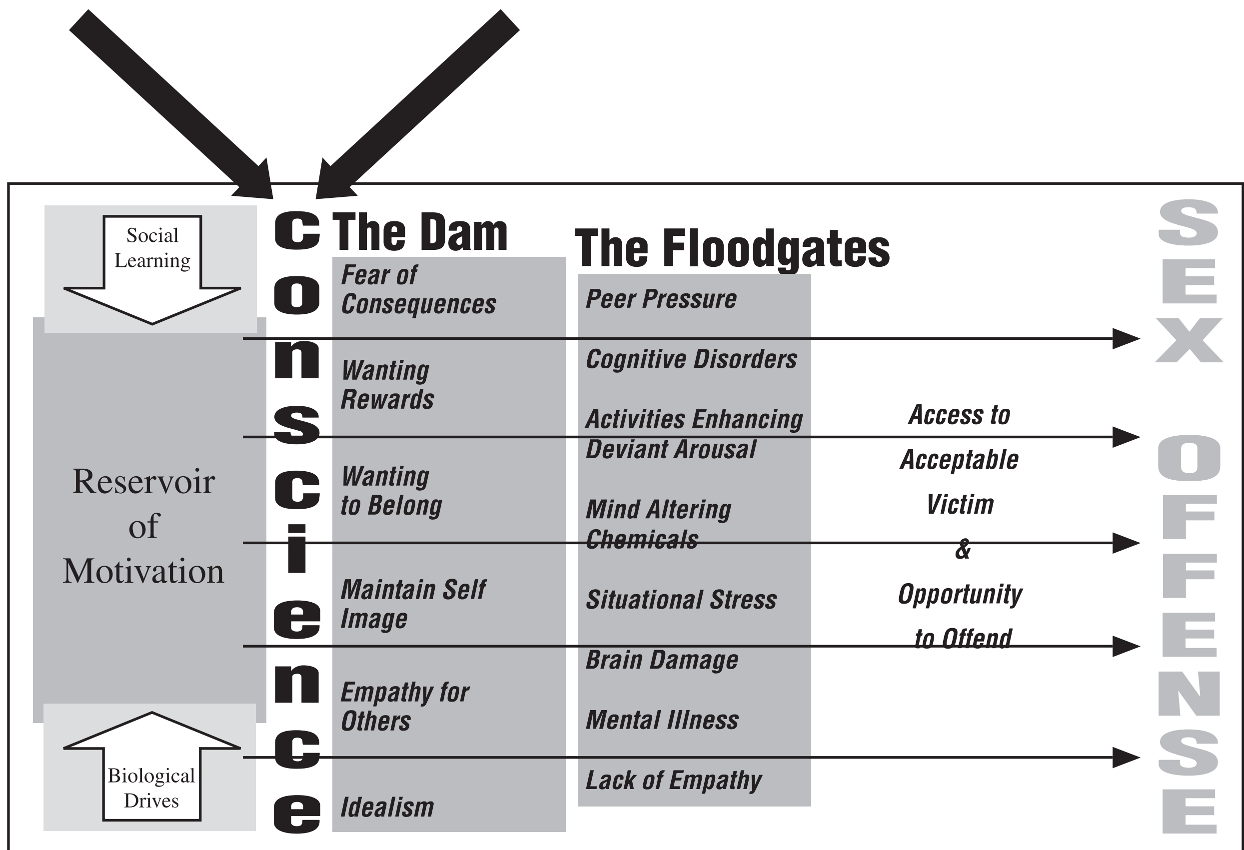
In child development, empathy and decision-making are separate and unique aspects of moral development. Konchanska (1994)[13] suggests a conceptual model of early conscience development that includes two components: affective discomfort (anxiety, guilt, upset, and remorse) and behavioral control (ability to refrain from wrongdoing). From a literature review of children's personality inventories and conscience functioning, Konchanska found 12 distinct categories (affective and behavioral) that depict signs of early internalization and reactions to violations of wrongdoing. These early signs are found in children between the ages of two and six, often preceding cognitive schemata regarding wrongdoing.

Affective: 1) guilt, shame, remorse, and distress after wrongdoing, 2) concern over good feeling with parent, relief when forgiven, 3) empathy/sensitivity to others' distress and feelings, 4) distress while witnessing others' wrongdoing, 5) sensitivity to flawed objects.

Behavioral: 6) spontaneous confession to caregivers, 7) spontaneous apology, 8) seeking parental reassurance after wrongdoing, reparations, amends, attempts to fix damages, 9) spontaneous self-correction, inhibition, hesitation on the verge of transgression, 10) imparting rules to others, attempts to keep others from wrongdoing, 11) compliance without surveillance, suppression of forbidden acts, compliance with rules, execution of chores on one's own, and 12) symbolic reproduction of themes of wrongdoing.

The conscience as a point of intervention has not made its way into mainstream sex offender treatment. Though the floodgates model alludes to it, it is not named nor defined. We suggest that the structure that acts to inhibit the powerful drives residing in the reservoir is the conscience and that failure to deal with that structure in a meaningful way diminishes sex offender treatment. Using the construct of conscience, rather than empathy, we can augment the floodgates model and allow for additional sinterventions for sex offender treatment and management (see Figure 2).

Figure 2 Construct of Conscience



The purpose of this manual manualbook is to provide you with a new point of intervention, and a structure to inquire into the conscience of the sex offender.

End Notes

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