

Psychological and Psychophysiological Examination of the Sex offence Process

Utilising a Guided Imagery Methodology

Volume II

by

Caroline Angela Spiranovic

B.A. (Hons) University of Tasmania

Submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

University of Tasmania

November 2007

CHAPTER SEVEN: PREDICTION OF SEXUAL RECIDIVISM

7.1 Recidivism Defined

Recidivism is a broad term that typically may refer to three different types of re-offending in convicted offenders: sexual, non-sexual violent, and general (Hanson & Harris, 1998). Although many studies do not distinguish between these types of recidivism, evidence has suggested that sexual recidivism is a distinct type of offence with its own unique set of risk predictors (Dempster & Hart, 2002; Hanson, 2000; Hanson & Bussière, 1996, 1998).

Meta-analytic studies of recidivism in sex offenders have shown that sexual recidivism is primarily related to variables of a sexual nature, such as sexual interest in children, prior sex offences, and having prior sex offences involving victims who are strangers, unrelated and male. In contrast, the primary predictors of general and nonsexual violent recidivism in sex offenders, such as age, juvenile delinquency and antisocial personality disorder, are similar to the predictors of general recidivism in non-sex offenders (Hanson & Bussière, 1996, 1998). A discussion of the predictors of each of the three types of recidivism would be exceedingly broad in scale and, as such, is beyond the scope of this chapter. Consequently, this chapter will focus specifically on the prediction of sexual recidivism in sex offenders.

7.2 Low Base Rates for Sexual Recidivism

Sexual recidivism base rates refer to the proportion of sex offenders who sexually re-offend (Doren, 2002). Frequently, it has been noted that the base rates for sexual recidivism are low (Craig et al., 2003, 2004; Doren, 2002; Friendship & Beech, 2005; Nunes, Firestone, Bradford, Greenberg, & Broom, 2002; West, 2001). With an average follow-up period of 4 to 5 years across studies, a large meta-analysis

indicated that the overall sexual recidivism rate among a combined sample of 23,393 sex offenders was quite low at 13.4 percent (Hanson & Bussière, 1996, 1998).

The difficulty with predicting such events of statistically infrequent occurrence is that prediction of events with low base rates will yield many false positive predictions (Craig et al., 2003, 2004; Doren, 2001; West, 2001). False positive predictions involve the classification of an individual as high risk when, in fact, they are of a low risk for re-offending (Craig et al., 2003, 2004). Clearly, inaccurate predictions are undesirable as they result in a misallocation of treatment and supervision resources from individuals with high need to individuals with less need (Craig et al., 2003, 2004).

Adding to the difficulties of making accurate predictions of risk is that base rates are unreliable and unstable. Base rates vary as a function of length of follow-up period, definition of sexual recidivism used, age and sub-type of sex offender (Craig et al., 2003, 2004; Doren, 2002; Harris & Hanson, 2004).

Research has indicated that estimated rates of recidivism vary according to the length of the follow-up period (Bartosh et al., 2003; Doren, 1998; Furby et al., 1989; Grubin, 1997; Hanson et al., 1992; Langevin, Curnoe, & Fedoroff, 2004). Rates of re-offending must inevitably increase with longer follow-up periods (Harris & Hanson, 2004).

However, the length of follow-up differentially impacts on recidivism rates according to the type of sex offender under investigation. With regard to sexual recidivism, survival analyses of released rapists (e.g., Hildebrand, de Ruiter, & de Vogel, 2004) and mixed sex offenders (e.g., Serin et al., 2001) have indicated that sexually deviant and psychopathic offenders re-offend significantly earlier than non-deviant and non-psychopathic offenders. In addition, analyses of recidivism data have indicated that whereas rapists appear to recidivate at a greater rate across a short

follow-up period, long-term follow-up studies have suggested that the recidivism rate for extra-familial child sex offenders is higher (Doren, 1998).

Another difficulty in accurately assessing base rates for recidivism is that they vary according to how they are defined (Wood, Grossman, & Fichtner, 2000). It has been shown that sex offences are underreported and, as such, any estimate of recidivism based only on official data (e.g., arrests, charges, convictions, sentences) will significantly underestimate re-offending rates (e.g., Doren, 1998, 2001; Furby et al., 1989; Grubin, 1997, 2002). The alternative method for estimating re-offending is to rely on offender self-report of both detected and undetected offences which, evidently, is subject to self-report biases (e.g., Abel et al., 1987). Thus, base rates for sexual recidivism vary between studies as a function of how recidivism was defined.

As was noted previously, base rates for recidivism also vary according to the type of offender under investigation. It has been argued that recidivism rates among child sex offenders are remarkably variable and, as such, it is not possible to determine the rate of recidivism among child sex offenders as a group (Prentky, 1999). Sexual recidivism rates are relatively high for extra-familial child sex offenders but relatively low for incestuous offenders (e.g., Bartosh et al., 2003; Firestone et al., 1999; Firestone, Bradford, McCoy et al., 2000; Greenberg et al., 2000; Hanson, 2001; Harris & Hanson, 2004; Motiuk & Brown, 1996). An analysis of studies utilising long follow-up periods (i.e., 25 years plus) produced an estimated recidivism rate of 52 percent for extra-familial child sex offenders (Doren, 1998).

To overcome any undue influences of base rates, researchers have typically reported the Area Under the Curve (AUC) of the Receiver Operating Characteristics (ROC) analysis when assessing the accuracy of any measure for predicting sexual recidivism (Beech, Fisher, & Thornton, 2003; Craig et al., 2003, 2004; Nunes et al., 2002). The ROC curve for assessing the predictive accuracy of a measure plots the

hit rate (sensitivity or true positives) against the false alarm rate (specificity or false positives) for predicting recidivist/high risk and non-recidivist/low risk offenders (Craig et al., 2003, 2004; Hanson & Thornton, 1999; Nunes et al., 2002).

The AUC is an improvement over other measures of predictive accuracy because it is not affected by base rates (Hanson & Thornton, 1999; Nunes et al., 2002). The AUC can range from 0 to 1.0 where .50 indicates chance level of accuracy in prediction and 1.0 indicates perfect accuracy, or 100 percent hit rate, in prediction (Craig et al., 2003, 2004; Hanson & Thornton, 1999; Nunes et al., 2002). The AUC may be interpreted as the probability that a randomly selected recidivist would have a higher risk score than a randomly selected non-recidivist (Craig, Browne, Beech, & Stringer, 2006; Hanson, 2000; Hanson & Thornton, 1999; Nunes et al., 2002).

In summary, there are a number of variables that may potentially have confounding effects on estimates of base rates for recidivism. Therefore, it is necessary to take these potentially confounding variables into consideration when examining predictors of recidivism. However, less caution in interpreting base rates may be necessary in instances where studies have employed the AUC in estimating recidivism.

7.3 Risk Assessment Approaches: Actuarial and Clinical

There are many different views regarding how best to conceptualise the existing approaches to risk assessment. However, researchers in the field concur that, broadly speaking, there are two approaches to assessing the recidivism risk of a sex offender; clinical and actuarial (Grubin, 1999; Hanson, 2000; Hart, Laws, & Kropp, 2003; Janus & Prentky, 2003; West, 2001).

The first of these approaches, referred to as clinical risk assessment or professional judgment, is considered to be an idiographic approach involving intensive investigation and interpretation (West, 2001). The major defining characteristic of the clinical approach is that the evaluator, who is typically an experienced clinician, is able to exercise discretion in the decision-making process (Grubin, 1999; Hart et al., 2003). A prominent advantage of this approach is that the clinician is able to utilise information that may not be readily subject to statistical analysis and, therefore, is often overlooked in actuarial approaches (Doren, 2002).

In contrast, the second major approach, known as actuarial risk assessment, involves analysing the past history of an offender to predict their future risk of recidivism (Grubin, 1999). Decision-making in actuarial assessments is typically based on the identification of characteristics that have an empirically demonstrated association with sexual recidivism in offenders (West, 2001). The major defining feature of the actuarial approach is that fixed and explicit rules govern how this historical information is combined to produce a final estimate of risk (Hart et al., 2003). Therefore, an advantage of the actuarial approach is that it is less subject to error and inconsistency resulting from human judgment (Campbell, 2003).

Useful distinctions may also be drawn between the different types of procedures comprising these two broad approaches. The different types of procedures encapsulated under clinical and actuarial approaches will be discussed separately in the following sections.

7.3.1 Clinical Procedures

With regard to the clinical approach, researchers have proposed that there are at least three distinct procedures (Doren, 2002; Hart et al., 2003). The first of these is referred to as either unaided/unguided clinical judgment or unstructured

professional judgment and, as the name suggests, involves the use of clinician experience and intuition unguided by theory or empirical research. The second procedure, referred to as either structured professional judgment or guided clinical judgment, involves the aid of guidelines developed on the basis of empirical knowledge and professional practice.

The final clinical approach is referred to as the amnestic approach. However, this latter approach is conceptualised quite differently by independent researchers. Doren (2002) has described this approach generally as a combination of the unaided and guided clinical approaches in which pertinent risk factors are established through an examination of the offender's history. In contrast, Hart and colleagues (Hart et al., 2003) specifically conceptualised the amnestic approach as involving the identification of causal personal and situational variables, that is, the behavioural chain of events that lead an offender to commit a sex offence. Research, as outlined in the sections to follow, has consistently indicated that the unguided clinical approach is relatively poor at predicting recidivism when compared with the actuarial approach (e.g., Hanson & Bussière, 1998). The relative merits and utility of the structured/guided clinical approach will be explored in subsequent sections.

7.3.2 Actuarial Procedures

With regard to the actuarial approach, researchers have proposed there are two main procedures: actuarial use of tests and actuarial risk assessment instruments (Hart et al., 2003). Decision making using actuarial tests typically focuses on assessment of dispositions, such as sexual deviancy, that are associated with risk for sexual recidivism. On the other hand, actuarial risk instruments involve the assessment of a range of rationally and empirically derived variables that predict sexual recidivism in specific populations over a specific length of time. The

variables are scored and either weighted or combined, using a predetermined algorithm, to establish an estimate of recidivism likelihood (Hart et al., 2003).

7.3.3 Superiority of Actuarial Procedures

It commonly has been stated in the sex offender assessment field that actuarial methods are superior to clinical/professional judgment derived assessments (Bonta, 2000, 2002; Craig et al., 2003, 2004; Dawes, Faust, & Meehl, 1989; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Janus & Prentky, 2003; Milner & Campbell, 1995; West, 2001). In support of this view, a widely cited meta-analysis of risk prediction studies indicated that actuarial methods yielded greater predictive accuracy for sexual recidivism when compared with unstructured clinical judgment (Hanson & Bussière, 1998). These findings have been upheld in a more recent meta-analysis of sexual recidivism studies involving a total of 31,000 sex offenders (Hanson & Morton-Bourgon, 2004).

However, some researchers have suggested that the empirical basis for this argument is lacking (Hart et al., 2003). In particular, upon reviewing the meta-analytic findings of Grove et al. (2000), it was suggested that the findings actually suggested that there are minimal differences between the two procedures. Although it was correctly stated that the actuarial method was either equal or superior to clinical judgment in 80 percent of cases, the results also indicated that clinical judgment was either equal to or superior to actuarial judgment in 60 percent of cases (Hart et al., 2003).

Therefore, it may be argued that whereas actuarial methods are more often superior to clinical methods, there is clearly some merit in using clinical approaches in risk assessment. Moreover, it is overly simplistic to conclude that actuarial methods of prediction are superior to all clinical procedures in predicting recidivism.

For instance, meta-analyses have indicated that whilst actuarial methods are significantly superior to unguided clinical judgment in predictive accuracy, structured professional judgment, otherwise referred to as guided clinical judgment, offers an intermediate level of predictive accuracy (Hanson & Morton-Bourgon, 2004). A notable example of the well-validated structured professional judgment instruments used for predicting sexual recidivism is the Sexual Violence Risk-20 (SVR-20: Boer, Hart, Kropp, & Webster, 1997, cited in de Vogel, Ruiters, van Beek, & Mead, 2004). In support of the predictive validity of such instruments, a recent study (de Vogel et al., 2004) indicated that the SVR-20 compared favourably with the Static-99 (Hanson & Thornton, 1999), which is a well-validated actuarial instrument, in predicting sexual recidivism. Nonetheless, given the greater credence placed on actuarial procedures compared with clinical procedures (Bonta, 2000, 2002; Craig, et al., 2003, 2004; Dawes et al., 1989; Janus & Prentky, 2003; West, 2001), this chapter will provide a critical analysis of the relative merits of the actuarial approach to risk prediction.

7.4 Actuarial Predictors of Sexual Recidivism

The most commonly accepted broad factors in the prediction of sexual recidivism are antisocial lifestyle and sexual deviance (Dempster & Hart, 2002; Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004, 2005; Quinsey, Rice et al., 1995; Roberts et al., 2002). These broad dimensions have been found to independently, although additively, contribute to predictions of sexual recidivism (Roberts et al., 2002).

Meta-analyses of data sets pertaining to longitudinal recidivism in mixed sex offender samples have confirmed that the strongest predictors were those relating to sexual deviance (Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004,

2005). Furthermore, the strongest single predictor in these meta-analyses was phallometrically measured deviant sexual preferences for children. To a lesser extent, general criminal/antisocial lifestyle factors, such as antisocial personality disorder, prior offences and lifestyle instability, were also predictive of sexual recidivism (Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004, 2005).

The most frequently supported demographic offence factors predictive of sexual recidivism have included the sex of an offender's victim, the relationship of the victim to the offender, and the total number of previous sex offences (Hanson, 1997; Hanson & Thornton, 2003; Hanson, Steffy, & Gauthier, 1993; Quinsey, Lalumière, Rice, & Harris, 1995; Seto et al., 2004). These findings have spurred a surge of research in the last two decades exploring tests and instruments to predict sexual recidivism (Barbaree, Seto, Langton, & Peacock, 2001). The following sections will provide a critical analysis of the resultant actuarial tests and instruments.

7.5 Actuarial Use of Tests: Phallometry

As noted previously, the actuarial use of tests is one of the two main procedures in place to predict sexual recidivism risk (Hart et al., 2003). This procedure commonly involves establishing a cut-off score on a test of disposition that results in maximum predictive accuracy. Hence, the tests themselves are not actuarial tests but they are typically employed to inform actuarial decision making. Although there are numerous tests of psychologically relevant dispositions that are used to predict sexual recidivism, a notable example is penile plethysmography (Hart et al., 2003), otherwise frequently referred to as phallometry.

Phallometry is the most frequently validated single test for deviant sexual interest (Hanson & Bussière, 1998). Phallometric assessments involve the measurement of penile erectile responses to sexual stimuli that are systematically varied according to variables such as the age and sex of the figures depicted (Blanchard, Klassen, Dickey, Kuban, & Blak, 2001; Freund, 1977; Seto, 2001). The guiding principle behind phallometric assessments, referred to as the 'sexual preference hypothesis' (Marshall, 1996) is that sexual offenders are driven to commit sexual offences because they have a preference for deviant sex.

7.5.1 Validity of Phallometry

With regard to the construct validity of phallometry as a procedure, there is support for the ability of phallometry to measure sexual arousal in males, as erectile responding is the most specific measure of sexual arousal in males (Freund, 1977). However, numerous studies have indicated that sexual arousal is a multidimensional response comprising multiple components including both genital and general physiological arousal as well as cognitive and affective variables (Koukounas & McCabe, 2001; Lawson, 2000; Masters & Johnson, 1966; Rosen & Beck, 1988; Rowland, 1999; Waismann, Fenwick, Wilson, Hewett, & Lumsden, 2003). Furthermore, research has clearly indicated that sexual responses are dynamic in nature and that there is an identifiable cycle in sexual responses (Masters & Johnston, 1966).

These concerns regarding construct validity are not intended to be an indication that phallometry is not an adequate measure of physiological sexual arousal. However, as has been demonstrated in preceding chapters, sexual arousal as well as sexual offending, involve a number of dynamic factors above and beyond erectile responding and physiological sexual arousal. Thus, whereas it will be shown

that phallometry is a test of merit, it will be argued that risk assessment should incorporate the measurement of other relevant and valid predictor variables.

Although there are some concerns regarding construct validity, the empirical evidence addressing the predictive validity of phallometrically measured deviant sexual arousal to child stimuli is largely favourable. The phallometrically derived deviant arousal index is used to predict risk of re-offending in sex offenders. The deviant arousal index is a relative ratio calculated by dividing the average or highest response to sexually non-deviant material (e.g., semi-nude adults) by the average or highest response to sexually deviant material (e.g., semi-nude children) (Firestone, Bradford, Greenberg, & Nunes, 2000; Looman et al., 2001; Seto, 2001).

It has been found in samples of child sex offenders that deviant sexual arousal to deviant stimuli (i.e., pre-pubertal or pubertal children) is related to both sexual (Rice et al., 1991) and nonsexual (Malcolm, Andrews, & Quinsey, 1993) recidivism. In fact, meta-analytic studies have demonstrated that among mixed samples of child sex offenders, phallometrically measured deviant sexual arousal to children is the single best predictor of sexual recidivism (Hanson & Bussière, 1996, 1998). However, these meta-analytic studies did not examine whether the predictive validity of phallometry varied according to the type of sex offender (e.g., child molesters vs. rapists or incestuous vs. non-incestuous child molesters) included in the analysis.

It is plausible that the salience of deviant sexual arousal as a predictor variable for re-offending would be greater for certain types of sex offenders relative to others. Supportive of this proposition, it has been found that incestuous offenders do not typically demonstrate deviant sexual arousal to children under phallometric testing (Firestone et al., 1999; Murphy et al., 1986; Rice & Harris, 2002). As was previously discussed, these findings may be plausibly explained by the suggestion that incestuous offenders do not have a generalised interest in children but are

specifically attracted to their own victims (Marshall & Fernandez, 2003). This research suggests that the predictive validity of phallometry for incestuous offenders is questionable.

The discriminant validity of phallometry has been demonstrated in various comparison studies. Phallometric assessments have been used to discriminate between numerous subtypes of child sex offenders, such as, homicidal and non-homicidal as well as violent and non-violent child sex offenders (Avery-Clark & Laws, 1984; Firestone et al., 2000; Quinsey & Chaplin, 1988). In addition, numerous studies have supported the utility of phallometric responses in differentiating child sex offenders from non-offenders and paedophilic from non-paedophilic offenders (Freund, 1965, 1967a, 1967b; Marshall et al., 1986; Murphy et al., 1986; Quinsey & Chaplin, 1998; Quinsey et al., 1975). However, as noted elsewhere (Seto, Lalumière, & Kuban, 1999), the literature has produced inconsistent findings regarding the validity of phallometric testing for discriminating between incestuous and extra-familial child sex offenders. Nonetheless, the literature is consistent in indicating that incestuous offenders do not demonstrate greater deviant sexual arousal than extra-familial offenders (Seto et al., 1999).

The findings regarding the ability of phallometrically measured deviant sexual arousal to discriminate between child sex offenders and non-sex offending controls vary according to the type of child sex offender being examined. Although extra-familial child sex offenders can be consistently differentiated from non-offenders (Freund, 1967a, 1967b; Quinsey et al., 1975, 1979), findings regarding the discriminability of incestuous offenders are inconsistent. Whereas some studies have indicated that father-daughter incestuous offenders, as a group, demonstrate similar sexual preferences to those of non-offending males (e.g., Barbaree & Marshall, 1989), other studies employing larger and more diverse samples have suggested

incestuous offenders are more sexually deviant than controls but less sexually deviant than extra-familial offenders (Blanchard et al., 2006; Seto et al., 1999).

Therefore, there is some consistency in the results concerning the predictive and discriminant validity of phallometry for different types of child sex offenders. It appears that discriminant and predictive validity is satisfactory for extra-familial child sex offenders but unsubstantiated for incestuous child sex offenders. Despite this, it has been argued that no other single measure matches the level of discriminant validity offered by phallometric assessments in terms of distinguishing between sexual and non-sexual offenders and few measures are able to achieve a similarly high level of predictive validity (Lalumière & Harris, 1998). In fact, as noted by others (e.g., Seto, 1999), meta-analytic studies of sexual recidivism predictors have indicated that phallometrically measured sexual interest in children is the single best predictor of sexual recidivism (Hanson & Bussière, 1998). Currently, there is no single measure available that is superior to phallometry in predictive validity.

In addition to considering the predictive and discriminant validity of phallometrically measured deviant sexual arousal, it is necessary to consider the sensitivity and specificity of the test. While there is empirical support for the ability of phallometric measures of deviant sexual arousal to discriminate between groups of child sex offenders and non-offenders (e.g., Quinsey & Chaplin, 1998; Quinsey et al., 1975), caution should be exercised in making inferences about the individuals belonging to those groups (Marshall, 1996). Although the specificity (i.e., accuracy in identifying a non-offender as non-deviant) of phallometric assessments is acceptable, the sensitivity (i.e., accuracy in identifying a sex offender as deviant) of phallometric examinations is considered to be poor (Marshall et al., 1999; Miller, Amenta, & Conroy, 2005). The implication of these problems is that false negatives are likely to occur in assessments of sex offenders (Miller et al., 2005).

Clearly then, it is inappropriate to assume that all members of a group will demonstrate the predominant group characteristic. In fact, it has been shown that community controls who have not committed a sex offence may display sexual arousal patterns to children, either through subjective report or physiological measurement (Green, 2002; Hall et al., 1995). Research has indicated that problems in sensitivity and specificity reflect individual differences in factors such as sexual arousability (Hall et al., 1995). Thus, it is problematic to solely rely on phallometric assessment to determine the recidivism risk of an individual sex offender.

7.5.2 Standardisation of Phallometric Methods

Despite the attempts of researchers to conduct controlled investigations, a common criticism of phallometry is that there is no standardisation of the techniques and materials employed. In particular, the stimuli employed vary considerably between studies (e.g., Looman et al., 2001) and there is disagreement regarding which transducers, volumetric or circumferential, should be used (e.g., Marshall, 1996; McConaghy, 1999) and how data should be scored (e.g., Howes, 2003; Lalumière & Harris, 1998). Therefore, it has been argued that rigorous and objective standards are needed to establish the value of phallometry in risk assessment (Howes, 2003). Differences in procedures and materials used will clearly influence the reliability of phallometric assessments (Gaither & Plaud, 1997; Laws, 2003b).

In contrast to the preceding discussion stressing the need for improved standardisation, it may be argued that a more individualised approach to assessment of deviant sexual arousal would be fruitful. Observations regarding individual differences in sexual arousability (e.g., Hall et al., 1995) combined with suggestions that incestuous offenders have a specific sexual preference for their own victims (Marshall & Fernandez, 2003) converge in challenging the use of standard sexual

stimuli in phallometric testing. Accordingly, it is proposed that a more individualised approach should be taken for risk prediction in applied forensic settings. Consistent with the views of others (e.g., Hudson et al., 2000), it is proposed that the stimuli employed in phallometric testing should be personalised in nature to match the experiences and preferences of the individual under investigation.

7.5.3 Reliability of Phallometry

There are little data concerning the reliability of phallometric assessments. With regard to extra-familial child sex offenders and incestuous child sex offenders, more recent research (Fernandez, 2002b) indicated that the internal consistency coefficients for assessment protocols, such as the age and gender protocol, were generally moderate for incestuous child sex offenders. The results for the extra-familial child sex offenders were less consistent and unacceptably low in some categories. The test-retest reliability of these protocols was not assessed for incestuous offenders and was unsatisfactory for extra-familial child sex offenders (Fernandez, 2002b). Therefore, it appears that the reliability of phallometric assessment for extra-familial offenders, in particular, is in question. However, there are too few studies available addressing this issue and, as such, further research is needed to establish the reliability of phallometric assessments.

7.5.4 Faking Phallometric Assessments

Concerns regarding the merit of phallometry have been raised on the basis of consistent findings indicating that sex offenders can control their sexual responses in order to fake their sexual preferences (Adams, Motsinger, McAnulty, & Moore, 1992; Golde, Strassberg, & Turner, 2000; Hall, Proctor, & Nelson, 1988; Henson &

Rubin, 1971; Lalumière & Earls, 1992; Laws & Holmen, 1978; Laws & Rubin, 1969; Mahoney & Strassberg, 1991; McNulty & Adams, 1992; Quinsey & Bergersen, 1976; Quinsey & Carrigan, 1978; Rosen, Shapiro, & Schwartz, 1975; Rubin & Henson, 1975; Wilson, 1998). Researchers have attempted to develop various procedures to eliminate such faking (Harris, Rice, Chaplin, & Quinsey, 1999).

However, both relatively early (e.g., Henson & Rubin, 1971) and more recent (e.g., Golde et al., 2000) studies have indicated that some participants are still able to suppress erectile responses (possibly by using alternative fantasies) even when measures are in place to ensure they are attending to all stimuli. These findings indirectly challenge the construct validity of phallometric assessments, as they imply that researchers may be measuring the ability of offenders to suppress and control responses rather than actual sexual preferences.

7.5.5 Ethical Issues Associated with Phallometric Assessments

In addition to the concerns regarding the validity and reliability of phallometric assessments, there are ethical dilemmas which confront researchers and practising professionals who use phallometry. The major controversy in phallometric assessment at the present time is the use of sexually explicit stimuli (Miner & Coleman, 2001; Seto, 2001). Less intrusive assessment procedures for measuring sexual interest, such as viewing reaction time (VRT: Abel, Lawry, Karlstrom, Osborn, & Gillespie, 1994), have been proposed. The dependent variables in VRT assessments are the time spent viewing erotic stimuli as well as self-reported sexual arousal (Abel et al., 1994) and, as such, measures of erectile responding are not required.

Abel and his colleagues have obtained empirical support for the construct and discriminant validity (e.g., Abel et al., 1994; Abel, Huffman, Warberg, & Holland, 1998; Abel, Jordan, Hand, Holland, & Phipps, 2001) as well as the reliability (Abel et al., 1998) of VRT. Abel and colleagues (2001) have also presented preliminary data indicating that VRT is relatively resistant to faking. However, the independent support (e.g., (Harris, Rice, Quinsey, & Chaplin, 1996; Letourneau, 2002) for the validity of VRT currently is quite sparse. Furthermore, it has been noted elsewhere (Fischer & Smith, 1999) that the empirical support for VRT is currently tentative. In particular, it was noted that test-retest and internal-consistency reliability has not been adequately established and investigations of discriminant validity utilised only a select sample of slides from the full range of VRT slides currently in use. Therefore, VRT should not be used in replacement of phallometry until more definitive support may be obtained. Besides, VRT, like phallometry, makes use of erotic stimuli and, hence, is also subject to ethical concerns regarding the use of sexually explicit material.

Seto (2001) suggested that another alternative is to examine proxy historical offence variables that are empirically related to deviant sexual interests. For child sex offenders, these characteristics include having many victims and victims that are young, male and unrelated (Seto et al., 2004). Child sex offenders with many of these characteristics are more likely to be paedophilic in their phallometric responses than individuals with few of these characteristics (Seto & Lalumière, 2001).

These proxy variables commonly feature in actuarial scales, to be discussed in the next section, and, therefore, are predictive of sexual recidivism (Seto et al., 2004). However, as will be discussed in the following sections, a particular problem with using 'proxy' variables such as sex of victim is that first-time offenders may not yet have a history that reflects their level of deviant sexual interests (Seto, 2001).

7.6 Actuarial Risk Instruments

Actuarial risk instruments produce estimates of recidivism likelihood based on a statistical analysis of pre-release variables of groups of sex offenders who either re-offend or do not re-offend during a specified post-release period of time (Janus & Prentky, 2003). The pre-release variables that distinguished recidivists and non-recidivists are then typically combined into an actuarial scale. Once this actuarial scale has been cross-validated using other samples of sex offenders, it is possible to determine the probability of recidivism based on a given score on the scale.

The probability of recidivism for an individual offender may be estimated using a statistically derived formula whereby the items of the actuarial scale are scored for the given individual and then weighted on predictive importance and added together to produce a total score. The probability of recidivism for the individual offender is then determined by examining the probability of recidivism for the norm group of sex offenders who received the same score as that individual (Janus & Prentky, 2003).

7.6.1 Common Actuarial Instruments

Empirically derived variables predictive of sexual recidivism have been combined to form a number of actuarial risk instruments. A recent review of ten of the most widely used actuarial risk instruments and two clinically guided risk assessments for sexual recidivism indicated that ten of the twelve instruments predominantly used static factors (Craig et al., 2003) with the most common items assessed being prior offences and victim demographics (Hanson & Morton-Bourgon, 2004). More recently, a principal component analysis of the factor structure of five of the most commonly used static actuarial instruments was performed (Barbaree, Langton, & Peacock, 2006). The analysis revealed that these instruments shared six

common factors. The strongest single factor broadly reflected antisocial behaviour and another factor, young and single, was largely indicative of age. The remaining four factors reflected different aspects of sexual deviance such as atypical sexual preferences (e.g., child sex offences and having male victims), previous sex offences (i.e., persistence) and, finally, having no relationship or a quite distant relationship with the victim/s. Thus, these findings are supportive of the predictive validity of antisocial and sexually deviant factors.

The Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR; Hanson, 1997) and the Static-99 (Hanson & Thornton, 1999) were two of the instruments included in the aforementioned principal component analysis. The Static-99 was derived from combining two scales, the RRASOR and Thornton's Structured Anchored Clinical Judgment (SACJ; as cited in Grubin, 1998). The RRASOR and the SACJ were derived by Hanson and colleagues (Hanson, 1997; Hanson & Thornton, 1999). The RRASOR items were based on sexual deviance variables known to be predictive of recidivism. In contrast, the SACJ items consisted of both variables indicative of sexual deviance and of non-sexual criminal history.

Given the difference between the scales in coverage of predictors of recidivism and the unique contributions to variance made by them in predicting sexual recidivism, it was believed that a combined scale may yield better predictive validity. The resultant combined instrument called the Static-99 (Hanson & Thornton, 1999), provided better predictive validity than either instrument alone. However, the incremental improvement of Static-99 was relatively small.

The Static-99 and RRASOR possibly are the most widely used actuarial instruments (Doren, 2004a). The RRASOR and the Static-99 have been well researched and have demonstrated moderate predictive validity for sexual recidivism

through cross-validation in a number of diverse samples (Sjoestedt & Langstroem, 2001). In initial validation studies, offenders scoring in the high risk category (i.e., a score of six or higher) of the Static-99 had a long-term sexual recidivism rate of greater than 50 percent, and those scoring in the low risk category had a long-term sexual recidivism rate of ten percent (Hanson & Thornton, 2000). Moreover, initial research has indicated that both the RRASOR and the Static-99 yield relatively stable risk percentages across time despite changes in base rates (Doren, 2004a).

Some other well regarded actuarial instruments for predicting sexual recidivism include variables not incorporated in the items of the Static-99. These instruments include the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998) and the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R; Epperson et al., 2000). These instruments were, incidentally, employed in Barbaree and colleagues' (2006) recent factor structure analysis. In addition to the items covered by the Static-99 and the RRASOR, the SORAG contains items directly assessing psychopathy and antisocial lifestyle and the MnSOST-R addresses factors related to treatment outcome and completion. Therefore, these latter instruments provide some unique information not considered in the Static-99 and RRASOR.

7.6.2 Superior Instrument to Use

The majority of these widely used actuarial instruments offer a moderate level of predictive validity for sexual recidivism (Hanson & Morton-Bourgon, 2004). However, no single actuarial instrument has been found to significantly and consistently outperform other instruments in predicting sexual recidivism (Barbaree et al., 2001; Hanson & Morton-Bourgon, 2004). Furthermore, many discussions of the predictive validity of actuarial instruments in the literature do not distinguish

between the different types of recidivism being predicted: sexual, violent and general. Conclusions regarding the superiority of certain measures are often confounded by not distinguishing between these different types of recidivism. Therefore, it is inappropriate to conclude that any single instrument is universally superior.

7.6.3 Criticisms of Actuarial Instruments

Researchers have offered a number of criticisms of these primarily static, historically based actuarial risk instruments. A particularly prominent criticism is that, through their reliance on fixed and primarily offence history factors, actuarial instruments are unable to accommodate treatment-induced offender change or inform risk management of offenders (e.g., Barbaree et al., 2001; Beech et al., 2002; Bickley & Beech, 2001; De Vogel, De Ruiter, Van Beek, & Mead, 2004; Grubin, 1997, 1999; Hanson & Harris, 2000b, 2001; Milner & Murphy, 1995; Miner & Coleman, 2001; Wright, 2003).

It is clearly implausible to suggest that an offender's risk level will not vary over time. A recent review of 22 studies examining predictors of sex offender recidivism indicated that 18 static factors and 23 dynamic/changeable factors were positively related to sexual recidivism (Craig et al., 2003). Therefore, it was argued that the predictive accuracy of actuarial tools would be enhanced through combining static risk factors with empirically supported dynamic risk factors (Craig et al., 2003).

A somewhat related criticism is that actuarial risk instruments, due to their heavy weighing on offence history variables, are most accurate with offenders who have a relatively extensive history of sex offending (Grubin, 1997, 1998). In fact, the developers of the Static-99 (Hanson & Thornton, 1999) recommended that the

instrument should not be used with first-time offenders. As mentioned frequently, offence variables are one of the strongest predictors of sexual recidivism (e.g., Hanson & Bussière, 1998) and, as such, are assessed on the majority of actuarial instruments. Thus, first-time offenders will typically demonstrate low scores for sexual recidivism risk.

7.7 Dynamic Risk Assessment

In response to these criticisms, research has sought to identify dynamic/changeable variables that, in addition to those featuring in traditional actuarial instruments, may be used to predict sexual recidivism (Abracen et al., 2004). It has been argued that in order to improve treatment interventions, it is necessary to identify behaviours, skills and attitudes that are predictive of recidivism but are amenable to change (Marques, Nelson, West, & Day, 1994).

Dynamic variables may be divided into those considered to be relatively stable or enduring (such as personality disorders and deviant arousal) and those considered to be acute risk factors or immediate precursors (such as emotional states and intoxication) (Hanson, 2000; Hanson & Harris, 1998, 2000b, 2001). It has been proposed that stable dynamic variables may be predictive of long-term recidivism but may also be used to indicate relatively enduring change in risk levels (Hanson, 2000; Hanson & Harris, 1998). In contrast, acute transient dynamic variables, such as emotional state, by their nature are not considered to be indicative of long-term sexual recidivism risk, but rather, may act as markers or warning signs for imminent relapse (Bonta, 2002; Hanson, 2000; Hanson & Harris, 1998).

7.7.1 Supporting Evidence for Stable Dynamic Predictors

There have been a range of studies supporting the notion that stable dynamic variables may predict sexual recidivism. Upon reviewing the literature regarding dynamic predictors of recidivism, it has been proposed that dynamic variables predicting sexual recidivism can be divided into four domains: sexual interests, distorted attitudes, socio-affective functioning (e.g., inadequacy, emotional congruence with children, poor attachments) and self-management (Thornton, 2002). These domains are reflected in The Structured Assessment of Risk and Need (SARN), formerly called the Structured Risk Assessment instrument (SRA: Thornton, 2002). The variables comprising these domains are indicative of relatively stable and enduring dispositions that theoretically could be altered (Webster et al., 2005).

Although evidence supporting the predictive accuracy of phallometrically measured deviant sexual arousal has already been discussed, it is worthy of mention that there is additional support for the predictive validity of the sexual interest/sexual deviance component. In particular, recent research has supported the predictive validity of psychometric measures of sexual deviancy in predicting sexual recidivism among samples comprised predominantly of child sex offenders (Craig et al., 2006). Confirmatory factor analysis of the Multiphasic Sex Inventory (MSI) indicated that four factors underlie the MSI: Sexual Deviance, Sexual Desirability, Dysfunctional/Justification, and Normal. Using logistics regression, it was found that the Sexual Deviance factor made a significant contribution, independent of the contribution made by the Static-99, in predicting sexual recidivism (Craig et al., 2006). Therefore, evidence has clearly indicated that both phallometric and psychometric measures of sexual interest/sexual deviance are predictive of sexual recidivism.

There is also considerable evidence to support the predictive validity of psychometric measures of the dynamic variables comprising the other three domains of predictor variables. For instance, one study (Thornton, 2002) examined the predictive accuracy of a composite deviance classification derived from psychometric measures of three of the four domains of dynamic predictors. However, the study excluded an analysis of sexual interests due to an absence at the time of established psychometric measures for this domain. The predictive validity of this combined deviance classification was assessed longitudinally based on reconviction data from a mixed sample of child sex offenders and rapists.

Once static factors, as measured by the Static-99, were included, the overall deviance classification significantly and independently enhanced prediction of sexual reconvictions. In addition, the association between the overall deviance classification and sexual recidivism was comparable in magnitude to the associations observed between static risk instruments and sexual recidivism (Thornton, 2002). Therefore, it was concluded that risk assessments should incorporate both static and dynamic risk factors.

Further support for the predictive utility of dynamic variables was obtained in a cluster analysis of psychometric data obtained from child sex offenders identified as high and low in deviancy (Beech, 1998). High and low deviancy offenders were identified by measures primarily assessing pro-offending attitudes and social inadequacy. Compared to the low deviancy offenders as a group, high deviancy offenders had a greater possession of characteristics predictive of re-offending such as previous sex offences, offences against males or both males and females, extra-familial or extra-familial and incestuous offences, and multiple victims (Beech, 1998).

Subsequent research examined the contribution of Beech's (1998) typology in predicting recidivism over and above the contribution made by static risk factors (Beech et al., 2002). Based on responses to a psychometric battery of measures used at the commencement of a longitudinal study, high deviancy and low deviancy groups of child sex offenders were derived. The recidivism rate for these offenders was calculated over an average six-year follow-up period. Logistics regression analysis demonstrated that sexual recidivism was independently predicted by static risk factors and psychological deviance. The recidivism rate for offenders classed as low deviancy was consistently low regardless of Static-99 scores. In contrast, recidivism was high for high deviancy offenders but even higher for offenders who scored high on both the Static-99 and deviancy (Beech et al., 2002).

A recent meta-analysis (Hanson & Morton-Bourgon, 2004, 2005) offered support for the validity of the dimensions (i.e., pro-offending attitudes and social inadequacy) underlying Beech's (1998) deviancy classification. The meta-analysis indicated that in addition to the commonly identified sexual deviancy and antisocial/criminality categories predictive of sexual recidivism, categories of dynamic variables indicative of intimacy deficits and attitudes tolerant of sexual offending were also predictive of sexual recidivism. Thus, independent research has offered considerable support for the predictive validity of stable dynamic variables reflecting distorted attitudes and socio-affective functioning.

From a different line of research, there is also evidence to support the predictive validity of three of the four domains of stable dynamic variables (excluding sexual interests). Hanson and Harris (1998, 2000a) retrospectively examined a range of dynamic antecedents to sexual recidivism in a mixed sample of sex offenders who had re-offended while on community supervision. Data

pertaining to dynamic risk factors was obtained through file reviews as well as interviews with officers responsible for the community supervision of the offenders.

This information was collected at six months as well as one month prior to re-offending for 208 recidivists with comparable data recorded for 201 non-recidivists (Hanson & Harris, 1998, 2000a). In addition to the recidivists demonstrating greater evidence of static predictors of risk, the recidivists compared to non-recidivists, as rated predominantly by supervisors, demonstrated poor social supports, attitudes tolerant of sexual assault, antisocial behaviour and poor self-management strategies.

Clearly then, there is empirical research to support the validity of these different domains of stable dynamic variables. These domains are evident in a structured risk assessment scale known as the Sex Offender Need Assessment Rating (SONAR; Hanson & Harris, 2000b, 2001). Consistent with the distinction made between stable and acute risk factors (Hanson & Harris, 2000b, 2001), the SONAR items are divided into five stable factors (intimacy deficits, negative social influences, attitudes tolerant of sex offending, sexual self-regulation and general self-regulation) and four acute factors (substance abuse, negative mood, anger, and victim access). Subsequent empirical examination demonstrated that the SONAR distinguished between recidivists and non-recidivists after controlling for well-established static risk indicators. The stable dynamic variables, in particular, were significant predictors of sexual recidivism (Hanson & Harris, 2000b, 2001).

7.7.2 Contrary Evidence for Stable Dynamic Predictors

In contrast to these different lines of research supporting the validity of stable dynamic predictors, it has independently been found that recidivists and non-recidivists do not differ on self-report measures of single constructs such as cognitive distortions (Firestone et al., 1999). However, this research was based on a very

specific group of child sex offenders (i.e., incestuous offenders). Therefore, it is plausible that deviancy would not be predictive of recidivism in such a group. Previously cited research has consistently indicated that incestuous offenders are less deviant and more similar to non-offending controls than are extra-familial child sex offenders (e.g., Barbaree & Marshall, 1989).

Nevertheless, Firestone and colleagues' (1999) findings were recently supported in a meta-analysis that indicated that single clinically measured variables such as cognitive distortions and victim empathy bore little or no relationship to sexual recidivism (Hanson & Morton-Bourgon, 2004, 2005). However, given the predictive validity of Beech's (1998) high and low deviancy derived from a battery of psychometric measures, it is plausible that it is the constellation of variables that is predictive of sexual recidivism rather than any single variable indicative of a given domain. Indeed, Hanson and Morton-Bourgon's meta-analysis indicated that whereas the general category of attitudes tolerant of sex offending was predictive of sexual recidivism, many individual clinical measures of this construct were not.

7.7.3 Supporting Evidence for Acute Dynamic Predictors

Research examining acute, rapidly changing variables has indicated that such variables may be useful in indicating the imminence of sexual re-offending. As previously discussed, Hanson and Harris (1998, 2000a) retrospectively examined a range of dynamic antecedents to sexual recidivism in a sample of sex offenders who had re-offended while on community supervision. In addition to the stable dynamic variables identified, supervisors noted the recidivists showed an increase in subjective distress and negative emotions just prior to offending. Pre-relapse emotions, such as anger, were particularly prominent for offenders with male child

victims indicating that such acute dynamic variables, indeed, may be markers for imminent relapse (Hanson & Harris, 1998, 2000a).

Although the stable variables (intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self-regulation and general self-regulation) of the SONAR made more significant contributions to predictive validity than did the acute risk factors (substance abuse, negative mood, anger, and victim access), reported changes in the acute risk factors signalled changes in recidivism risk even after controlling for the strongest static and stable risk factors (Hanson & Harris, 2000a). Thus, it is plausible that acute risk factors may be valuable in indicating short-term change in recidivism risk (Hanson & Harris, 2001). However, research using prospective data would be needed to strengthen these propositions.

More recently, there has been increased interest in specifically examining the predictive validity of offender emotion in indicating changes in immediate risk for sexual recidivism (Howells, Day, & Wright, 2004). Independent researchers have found that negative emotional states are common in child sex offenders prior to relapse (e.g., Hanson & Harris, 2000a; Pithers, Kashima, Cumming, Beal et al., 1988; Pithers, Beal, Armstrong, & Petty, 1989).

Although some studies have indicated that emotions such as anxiety and depression are common in child sex offenders prior to relapse (Pithers, Kashima, Cumming, Beal et al., 1988; Pithers et al., 1989), other studies have indicated that anger is most prominent in child sex offenders prior to relapse (Hanson & Harris, 2000a). These differences may be attributed to differences in study design. The research by Hanson and Harris made use of a control group of non-recidivists whereas the research by Pithers and colleagues did not. Therefore, the findings of Pithers and colleagues are considered to be less reliable (e.g., Howells et al., 2004).

Howells and colleagues (2004) suggested that the most convincing evidence for the role of affect as a proximal precursor in sex offending comes from the offence process studies of Ward and colleagues (Hudson et al., 1999; Ward, Loudon et al., 1995). This research has been discussed in depth in previous chapters. As was noted, the offence process models of Ward and colleagues distinguished between positive and negative affect pathways to sex offending. This research demonstrated that whereas offenders most commonly experience a predominantly negative affect pathway (i.e., 44 percent), a substantial minority experience a primarily positive affect pathway to offending. A third pathway consisting of a combination of these two major pathways was also observed (Hudson et al., 1999). Nonetheless, this research did not specifically infer that either positive or negative affective states may play a direct causal role in child sex offending.

A number of existing psychological and sociological theories have been cited to explain how negative emotions may lead to sex offending (e.g., see Howells et al., 2004). However, many existing explanations appear to be too generalised as they focus on explaining the cause of all emotions of negative valence (Howells et al.). Empirical research has suggested that the physiological state of activation between emotions of the same valence differ (for a review see Wagner, 1989). Thus, it is anticipated that the role in offending played by negative emotions defined by low arousal, such as depression, will be different to the role of other negative emotions associated with heightened physiological states such as anxiety and anger. Further to this, current explanations for the causal role of affect are limited in that they do not elucidate whether or how positive emotional states lead to sex offending. Hudson and colleagues (1999) demonstrated the existence of pathways to sex offending characterised by predominantly positive emotions. Clearly then, there is a need to

further develop models explaining the causal role of both positive and negative affective states in sex offending.

7.7.4 Limitations of Evidence for Stable and Acute Dynamic Predictors

Support for the causal role of affect in sex offending is not universal. Inconsistent with research suggesting negative emotional states may trigger the sex offence chain, Hanson and Bussière's (1996, 1998) meta-analysis indicated that subjective distress was not related to sexual recidivism. Therefore, they hypothesised that it is the deviant reactions sex offenders have to stress rather than the stress itself that is predictive of sexual recidivism (Hanson & Bussière, 1996). Furthermore, they proposed that highly transient states, such as subjective distress, cannot be predictive of long-term recidivism (Hanson & Bussière, 1998).

In fact, it may be argued that there is a lack of evidence to suggest that highly transient states may be predictive of sexual recidivism. The research by Hanson and Bussière (1998) and Hanson and Harris (1998, 2000a) as well as much of the cited research exploring dynamic predictors of risk, have assessed dynamic variables at only one point in time. Emotions, in particular, were assessed by Hanson and Harris at one and six months prior to re-offending. It is debatable whether emotions occurring months prior to offending are indicative of immediate triggers or precursors.

Adding to these methodological limitations, the supervisor ratings collected by Hanson and Harris were retrospective in nature and, therefore, possibly biased by the supervisors' recall. Moreover, Howells and colleagues (2004) noted that assessing variables across sex offenders as a group may mask important differences between offenders. Ward and colleague's (Hudson et al., 1999; Ward, Loudon et al.,

1995) research has demonstrated the existence of multiple pathways to offending characterised by differences in affective state.

As noted by others (e.g., Doren, 2002), another methodological criticism of the research examining dynamic predictors is that these studies typically used short follow-up periods of no more than five years, and, as such, have not demonstrated that these dynamic variables can predict long-term risk. Furthermore, the so-called dynamic variables were assessed at only one point in time (Dempster & Hart, 2002). Assessing dynamic risk factors at the commencement of a longitudinal study is essentially treating dynamic factors as though they are static when the defining feature of dynamic factors is that they are changeable. Research is needed to establish whether change in these dynamic variables is predictive of recidivism so that it may be plausibly argued that so-called dynamic variables need to be assessed in addition to static risk factors in order to accommodate for offender change.

7.8 Summary of Contributions of Static and Dynamic Variables

In summary of the risk assessment approaches reviewed, research suggests that actuarial methods as a whole are superior to clinical methods in predicting sexual recidivism (Hanson & Bussière, 1998). The superior predictive validity of actuarial methods is largely attributed to their empirical basis and standardisation (Craig et al., 2006; Janus & Prentky, 2004), which increases predictive accuracy and decreases human/clinical error (Craig et al., 2006). However, as noted by others (e.g., Janus & Prentky, 2004) this reliance on objective evidence and standardised methods also results in a number of limitations to these approaches.

In particular, through relying on primarily static, historical data, actuarial instruments are unable to accommodate for offender change and, therefore, have limited utility with regard to identification of treatment gains (e.g., Bickley & Beech,

2001). Similar limitations are evident with regard to phallometric testing (Marshall & Fernandez, 2003). Modification of deviant arousal is a major target in treatment programs for sex offenders (Marshall & Fernandez; Marshall & Barbaree, 1990b). However, findings have indicated that pre-treatment but not post-treatment deviant arousal predicts recidivism (Marshall & Fernandez), which questions the meaningfulness of changes in deviant arousal. Although the long-term predictive validity of phallometrically measured deviant arousal is unparalleled, it is unclear how deviant arousal contributes to re-offending.

Nevertheless, the research exploring dynamic predictors of risk offers much promise in addressing the limitations of actuarial methods with regard to insensitivity to change. The literature has identified a number of stable dynamic predictor variables that are theoretically amenable to change (e.g., Beech et al., 2002; Hanson & Harris, 1998, 2000a; Thornton, 2002). Furthermore, a number of acute, dynamic variables indicative of imminent offending have been identified (Hanson & Harris, 1998, 2000a). Results demonstrated that predictive validity for sexual recidivism was enhanced through combining static and dynamic risk variables (Thornton, 2002). However, exactly how these variables can be reliably and validly combined to predict sexual recidivism risk in an individual offender has not yet been established.

Due to their reliance on empirically verified historical risk predictors, it was also noted that actuarial instruments were less accurate in predicting risk in first-time offenders and offenders with only a short history of offending (Grubin, 1997, 1998). It is plausible that dynamic variables would be equally accurate in predicting risk in first-time offenders and offenders with a relatively extensive history of offending. However, this proposition has not yet been empirically verified.

7.9 General Limitations of Actuarial Procedures

Despite the possibility that inclusion of dynamic risk variables may overcome the above noted limitations, there are some additional limitations of actuarial methods that require addressing. Perhaps the most pronounced problem with both actuarial tests and instruments is that such approaches are based on group data and, as such, are poor at predicting the behaviour of individuals (Berlin, Galbreath, Geary, & McGlon, 2003; Bickley & Beech, 2001; Grubin, 1999). As discussed in Chapter Two, it is commonly acknowledged that sex offenders are a heterogeneous population and that there is considerable diversity even within subtypes of sex offenders (e.g., Grubin, 1998; Looman et al., 2001; Marshall, 1997; Polaschek, 2003a). Therefore, as was noted previously, the sensitivity of phallometric tests of deviant sexual arousal is poor (Marshall et al., 1999). Findings regarding the sensitivity and specificity of actuarial instruments are equally discouraging. By examining Hanson and Thornton's (1999) data pertaining to the predictive validity of the Static-99, it was demonstrated that whereas 50 percent of sex offenders scoring high on the Static-99 (i.e., a score of six) committed a new sex offence, 50 percent did not commit a new sex offence in the follow-up period (Berlin et al., 2003). Therefore, it is clearly inappropriate to suggest that an individual scoring highly on an actuarial instrument or test will sexually re-offend.

Another limitation of the actuarial approach, as it broadly encompasses the use of actuarial tests and instruments, is that risk estimates are based on an overly rigid set of procedures that do not allow for consideration of additional factors that may be clearly pertinent to the case at hand (Doren, 2002; Hanson, 2000). Similarly, actuarial approaches have focused on negative factors indicative of increased risk for re-offending and have not addressed protective factors that may lessen the risk for sexual recidivism (Campbell, 2003; Hart et al., 2003; Rogers, 2000).

A final criticism is that actuarial instruments, and also actuarial tests, for predicting sexual recidivism are applied equally to different types of sex offenders. It has been argued that it is inappropriate to assume that actuarial risk instruments are equally valid with different subtypes of sex offenders, as sex offenders are clearly a heterogeneous group (Craig et al., 2003, 2004, 2005). As noted in the discussion of phallometric testing, certain subtypes of sex offenders, namely incestuous sex offenders, generally do not display deviant sexual arousal (e.g., Firestone et al., 1999; Murphy et al., 1986). With regard to actuarial instruments, findings have indicated that the predictive validity of established actuarial risk measures varies according to the type of sex offender being assessed (Bartosh et al., 2003). Therefore, it has been argued that the accuracy of risk assessments would be enhanced by developing actuarial instruments specifically designed to predict sexual recidivism in particular types of sex offenders (Craig et al., 2005).

7.10 Overcoming Limitations of Actuarial Assessments

Due to these limitations, researchers have recommended that actuarial instruments should not be used in isolation. Numerous researchers have advocated the adoption of more complex assessments that use multiple instruments assessing a complete range of factors as opposed to using single measures in isolation (Abracen et al., 2004; Beech et al., 2003; Blanchette, 1996; Doren, 2002; Grubin, 1997; Hanson, 2000; Hanson & Bussière, 1996, 1998; Hanson & Thornton, 2003; Hart et al., 2003; Laws, Hanson et al., 2000; Mann & Mann, 2003; Roberts et al., 2002; Scalora & Garbin, 2003; Serin, Barbaree, Seto, Malcolm, & Peacock, 1997). In particular, it has been recommended that risk assessments should incorporate measures that adequately reflect the sexual deviance and criminal/anti-social dimensions of risk (Doren, 2004b). Therefore, a broader approach to risk assessment

should accommodate for offender heterogeneity as well as the multifactorial nature of sex offending (Hart et al., 2003).

There are numerous lines of research offering support for validity of using multiple measures and assessing multiple variables. Firstly, research has shown that the predictive validity of deviant sexual arousal and psychopathy combined is greater than is the predictive validity of either alone (Harris et al., 2003; Hildebrand et al., 2004; Rice et al., 1990; Serin et al., 2001). Secondly, research has shown that the classification accuracy of phallometry in establishing the sexual preference of child sex offenders was enhanced through incorporating a self-report card-sort measure of sexual interest (Laws, Hanson et al., 2000). Finally, studies previously cited have found the addition of dynamic variables in risk prediction offers incremental and independent improvements over and above predictive validity produced by using static-based actuarial instruments alone (e.g., Beech et al., 2002; Thornton, 2002).

Thus, best practice for conducting risk assessments involves an assessment of both static predictors of long-term risk and dynamic predictors of recidivism indicative of stable dispositions and acute transient states indicative of imminent offending (Beech et al., 2003). Although there are a number of empirically demonstrated instruments for measuring static predictors of sexual recidivism, such as the RAASOR (Hanson, 1997) and the Static-99 (Hanson & Thornton, 1999), there are only a small number of measures developed for measuring dynamic predictors of sexual recidivism. The SONAR (Hanson & Harris, 2000b) is possibly the most cited measure of dynamic predictors but many of its items are not applicable to incarcerated offenders (Miller et al., 2005). It has been recommended that an assessment of dynamic variables must assess the four domains noted previously; sexual interest, pro-offending attitudes, socio-affective deficits, and self-management (Beech et al., 2003). Besides the SONAR (Hanson & Harris, 2000b), measures of

these domains are evident in the psychometric battery of scales used in deriving Beech's (1998) deviancy typology.

However, there is no clear formulation for combining static and dynamic variables in risk assessment (Beech & Ward, 2004; Miller et al., 2005). Some researchers have advocated the use of a combination of clinical and actuarial approaches, referred to as the clinically adjusted actuarial approach (Doren, 2002; West, 2001). In such an approach, an estimate of likelihood for recidivism is established by use of an actuarial instrument, or test, which is then adjusted on the basis of additional factors considered clinically important (Doren, 2002; Hart et al., 2003).

Nevertheless, there is some disagreement about how to conceptualise this latter approach. Doren (2002) is of the view that clinically adjusted actuarial assessment represents a third broad approach to risk assessment. In contrast, Hart and colleagues (2003) have argued that a clinically adjusted actuarial approach is at odds with the rigid and prescribed nature of actuarial tests and, as such, should be considered instead as another form of aided/guided professional judgment. Furthermore, it has been suggested a clinically adjusted procedure may result in greater error and inconsistency in prediction through human biases in the types of variables assessed (Campbell, 2003).

Difficulties with combining these approaches may largely be attributable to a lack of theoretical basis in the risk assessment procedures reviewed. By virtue of being empirically driven, both static and dynamic predictors lack a theoretical basis (Andrews & Bonta, 1998; Beech & Ward, 2004; Bickley & Beech, 2001; Craig et al., 2003, 2004; Roberts et al., 2002; Ward & Beech, 2004).

With a lack of theoretical meaning, it is unclear how these different types of variables may relate to each other or overlap with one another. It has been argued

that research is needed to develop risk assessment procedures that are both theoretically informed and empirically supported so that they may be used to better inform risk management procedures (Craig et al., 2003). Recent research attempting to develop theoretically informed risk assessment procedures will be discussed in the following chapters.

7.11 Summary and Conclusions

From this review of the risk assessment literature, it is apparent that there are three main themes in the risk assessment field that need addressing. The first of these is the need to incorporate dynamic variables into risk assessments. However, dynamic variables so far have been treated as though they are static in nature, as they have only been assessed at the commencement of follow-up studies. To assess dynamic variables, they need to be repeatedly assessed over time, as change in these variables should correspond with a change in risk.

The second theme emerging is the need for multiple variables to be taken into consideration. With this view in mind, researchers have advocated combining actuarial and clinical approaches so that additional pertinent variables may be addressed. In particular, researchers have advocated the use of static and dynamic predictors in conjunction.

The final and, perhaps, most important theme is the lack of theoretical basis in risk assessment procedures. This lack of theoretical basis has limited the usefulness of these risk prediction approaches in risk management decisions (e.g., Andrews & Bonta, 1998). Moreover, the lack of theoretical basis for predictors of sexual recidivism has hindered attempts to meaningfully combine assessment approaches in a systematic and logical manner. Recent research addressing these gaps in risk assessment procedures will be discussed in the chapters to follow.

CHAPTER EIGHT: PERI-OFFENCE OUTCOMES: OFFENDER PATHWAY DIFFERENCES IN RISK FOR SEXUAL RECIDIVISM

8.1 Introduction

In the previous chapter, it was argued that there are three main limitations to the sex offender risk assessment literature. The first of these was that the majority of risk assessment procedures rely on static risk factors despite an abundance of evidence that has demonstrated the predictive validity of dynamic risk variables (Beech, 1998; Beech et al., 2002; Hanson & Harris, 1998, 2000a, 2000b, 2001; Hanson & Morton-Bourgon, 2004; Thornton, 2002). The second major limitation noted was the reliance on single variables or instruments despite researchers advocating that best practice would involve a consideration of multiple variables (Abracen et al., 2004; Beech et al., 2003; Doren, 2002; Grubin, 1997; Hanson, 2000; Hanson & Bussière, 1996, 1998; Hanson & Thornton, 2003; Hart et al., 2003; Laws, Hanson et al., 2000; Mann & Mann, 2003; Roberts et al., 2002). The final limitation commonly noted by researchers in the field (Beech & Ward, 2004; Bickley & Beech, 2001; Craig et al., 2003, 2004; Roberts et al., 2002; Ward & Beech, 2004) was the lack of theoretical basis in risk assessment procedures. The consequence of this lack of theory is that there is little understanding of how to reduce or even manage risk.

Arguably then, the major task for future research is to develop theoretically guided assessments of risk. An understanding of the theoretical basis for predictor variables would facilitate the meaningful combination of multiple, including dynamic, variables in a systematic and logical manner. Thus, it is plausible that the development of a theoretically guided framework for sex offender risk assessment would overcome limitations regarding the inclusion of dynamic variables in risk assessment. Moreover, a theoretical understanding of the factors that increase risk

for sexual recidivism would aid in the treatment and management of sex offenders. A recently derived aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) may possibly offer the theoretical framework needed to better understand and improve on risk prediction and management of sex offenders.

8.2 Basis for a Theoretical Framework for Risk Assessment

Researchers have recently proposed an aetiological model of risk that attempts to provide a theoretical framework with which to understand the meaning of and relationships between static historical, stable dynamic and acute dynamic predictors of risk (Beech & Ward, 2004; Ward & Beech, 2004). In developing the aetiological model, the authors noted that the fields addressing the aetiology of sex offending and risk assessment of sex offenders have emerged as separate fields (Beech & Ward, 2004; Ward & Beech, 2004). However, these researchers suggested that an integration and cooperation between these two separate fields may benefit and promote growth in both fields. In developing their model of risk, these researchers explored some key developments in each of these fields.

8.2.1 Risk Assessment

With regard to the risk assessment field, the authors of the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) commented on the promising research emerging with regard to the risk predictive validity of stable and acute dynamic variables (e.g., Hanson & Harris, 2000a, 2001). Despite their acknowledgment of these promising developments in the risk assessment field, it was suggested that stable and acute dynamic variables have been developed without a theoretical underpinning and, as such, their definitions create some conceptual confusion (Beech & Ward, 2004; Ward & Beech, 2004).

To address these conceptual confusions, it was argued that stable and acute dynamic variables require redefinitions using a more conceptually coherent and theoretical basis. Converging on Ward and Hudson's (1998b) previously drawn distinctions between distal and proximal causal factors, it was proposed that stable dynamic variables would be better described as being dispositional factors (i.e., traits) whereas a more fitting description for acute dynamic variables would be triggering events/contextual risk factors (Beech & Ward, 2004; Ward & Beech, 2004).

Despite the value of this reconceptualisation of stable and acute dynamic factors as dispositional and contextual factors, it has been noted (Beech & Ward, 2004; Ward & Beech, 2004; Ward, Polaschek, & Beech, 2006) that the risk assessment field has not provided a clear framework to guide the incorporation of such variable in risk assessments. Therefore, it has been suggested by these researchers (Beech & Ward, 2004; Ward & Beech, 2004) that the meaning and relationship between these empirically generated variables need to be interpreted using a theoretically based framework, as such a framework would provide meaningful guidance for incorporating dynamic variables in risk assessment.

8.2.2 Aetiological Theories/Models

In attempting to develop a theoretical framework for risk assessment, Beech and Ward (Beech & Ward, 2004; Ward & Beech, 2004) sought guidance from recent theoretical developments in the aetiological field. In particular, they adopted the recently proposed pathways model of aetiology (Ward & Siegert, 2002) as a basis for informing their aetiological model of risk. Ward and Siegert's (2002) pathways model was developed by combining the strengths and advantages of three prominent aetiological theories of child sex offending, namely, Finkelhor's (1984) Four

Preconditions model, Hall and Hirschman's (1991, 1992) Quadripartite model and Marshall and Barbaree's (1990a) Integrated theory.

The resultant pathways model (Ward & Siegert, 2002) proposed that there are four aetiological mechanisms common to all child sex offences: intimacy and skills deficits; distorted sexual scripts; emotional regulation difficulties; and distorted antisocial cognitions. Supportive of the salience of such mechanisms, it has been independently proposed (Thornton, 2002), as discussed in Chapter Seven, that there are four domains of dynamic variables predictive of sexual recidivism: sexual interests, distorted attitudes, socio-affective functioning and self-management. These four domains clearly bear resemblance to the four aetiological mechanisms proposed by Ward and Siegert.

The pathways model proposes that the predominance and interactions between these four mechanisms produces five aetiological pathways to child sex offending. The psychological and behavioural profiles of four of the five pathways are produced by a primary causal mechanism and the effects this mechanism has on the other remaining mechanisms. A fifth pathway emerges through marked dysfunctions in each of the four mechanisms (Ward & Siegert, 2002; Ward & Sorbello, 2003). In addition, the pathways model (Ward & Siegert, 2002) addresses developmental issues that may produce the deficits characterising each of the pathways. In particular, the pathways model considers the interacting effects of abuse history, culture and biology and the four aetiological mechanisms.

8.3 The Aetiological Model of Risk

Emerging from this consideration of dispositional and contextual factors as well as the pathways model (Ward & Siegert, 2002), the aetiological model of risk was proposed (Beech & Ward, 2004; Ward & Beech, 2004). The integrated model,

using re-framed descriptions of key risk factors, proposed that developmental factors (such as an abuse history or poor attachments) produce psychological dispositions for offending (i.e., stable dynamic variables) that lead to acute dynamic states indicative of imminent risk when triggering or contextual factors (i.e., acute dynamic variables) are present.

8.3.1 Static and Stable Dynamic Risk Factors

The model represents the static historical factors typically measured in actuarial instruments, such as the Static-99 (e.g., Hanson & Thornton, 1999), as marker variables for the underlying psychological dispositions that lead to sex offending. In contrast, the stable dynamic variables identified in the sex offender literature (e.g., Thornton, 2002) are defined as psychological dispositions or traits that place an individual at risk for sex offending when certain triggering/contextual factors are encountered. The dispositions identified by the aetiological model were those indicative of sexual interests and sexual-regulation problems, cognitions supportive of offending, interpersonal functioning problems and general self-regulation/self-management difficulties. It was proposed that these stable dynamic variables will determine treatment needs (Beech & Ward, 2004; Ward & Beech, 2004). Thus, it was argued that risk assessments procedures should address the psychological dispositions of the offender in question.

8.3.2 Stable and Acute Dynamic Risk Factors

Pertaining to the relationship between peri-offence processes (i.e., acute precursors to offending) and stable dynamic variables, the aetiological model (Beech & Ward, 2004; Ward & Beech, 2004) proposes that acute dynamic variables that are typically identified in the sex offender literature, such as substance abuse,

cooperation with supervision and victim access (e.g., Hanson & Harris, 2000a, 2001) are better conceptualised as triggering or contextual risk factors. Supportive of this conceptualisation, independent researchers have also begun to view acute dynamic variables, such as compliance with supervision, as contextual risk factors (e.g., Scalora & Garbin, 2003).

The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) proposes that these latter factors (acute contextual/triggering factors) may trigger underlying traits/dispositions for offending (stable dynamic variables) which, in turn, are transformed or expressed as acute precursors to offending (transient psychological states). The acute dynamic states identified by the model include intense sexual desire, deviant thoughts and fantasies, a need for intimacy and positive or negative emotions.

Each of the psychological dispositions has a corresponding psychological state/expression (Beech & Ward, 2004; Ward & Beech, 2004). Thus, peri-offence processes, such as intense deviant sexual arousal and negative affect, may be conceptualised as state expressions of underlying traits such as paedophilic sexual interests/distorted sexual scripts or emotional regulation/self-regulation difficulties.

8.3.3 Utility of the Aetiological Model

The authors of the model (Beech & Ward, 2004; Ward & Beech, 2004) as well as their colleagues (e.g., Ward et al., 2006) contend that this theoretically based framework for risk assessment is capable of leading to advancements in sex offender treatment interventions. Clearly, static based risk instruments have lacked much practical usefulness for treatment as they are atheoretical (Beech & Ward, 2004; Craig et al., 2003, 2004; Ward & Beech, 2004) and are unable to address offender change (e.g., Bickley & Beech, 2001; Hanson & Harris, 2000b, 2001). Therefore, it

is plausible that risk assessments of stable dynamic variables (psychological dispositions/traits) would provide directions for treatment.

Further to this, the model is able to account for heterogeneity in offenders as there may be infinite combinations of these developmental, dispositional, triggering/contextual and transient state variables, which would produce multiple profiles of offenders differing in risk for recidivism. Thus, the adoption of this aetiological model in risk assessment would provide a theoretical framework that allows for a consideration and incorporation of individual risk factors.

However, as noted by others (e.g., Ward et al., 2006), the model has not yet been empirically verified and its empirical basis rests with the pathways model (Ward & Siegert, 2002), which has not been empirically verified itself. The legitimacy of using this theoretical framework as a guiding framework for conducting risk assessments ultimately rests on the validity of the proposed relationships between the different elements of the model.

8.4 Implications of the Self-Regulation Model for Risk Assessment

Notwithstanding these limitations, the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) provides somewhat of a breakthrough in offering a framework with which to incorporate different elements of risk prediction. It was noted in Chapter Three that the Self-Regulation model's (Ward & Hudson, 1998a, 2000a) proposed pathways to offending may differ in risk for recidivism. In support of this proposal, researchers have recently advocated the use of functional analysis of an offender's offence process, in addition to actuarial tests and instruments, in assessing risk (Beech et al., 2003). The aetiological model of risk would provide a useful basis for predicting and understanding the implications of the Self-Regulation model for risk assessment.

Ward and Hudson's (1998a, 2000a) Self-Regulation model of the sex offence process was outlined in detail in Chapter Three. The Self-Regulation model uses Self-Regulation theory to describe four pathways to sex offending based on a combination of the type of goal possessed by the offender (Approach, Avoidant) and the type of strategy implemented to achieve that goal (Active, Passive). This chapter will examine the risk implications of the Self-Regulation model of the sex offence process. There are a number of different lines of research converging on the notion that behavioural and psychological offence variables may be used to predict sexual recidivism.

8.4.1 Dynamic Predictors of Risk

Research pertaining to the predictive validity of dynamic variables has indicated that certain variables reflective of offence processes may be predictive of sexual recidivism. As discussed in Chapter Seven, researchers have distinguished between two types of dynamic variables; stable and acute (Hanson, 2000; Hanson & Harris, 1998, 2000a, 2000b, 2001). Research has consistently demonstrated that stable dynamic variables are predictive of sexual recidivism (e.g., Beech et al., 2002; Hanson & Harris, 1998; 2000a; Hanson & Morton-Bourgon, 2004; Thornton, 2002). In particular, the dynamic variables predictive of sexual recidivism are divided into four domains: sexual interests, distorted attitudes, socio-affective functioning and self-management (Thornton, 2002). Research has demonstrated that stable dynamic variables, such as these, account for greater variance in sexual recidivism rates than do acute dynamic variables (Hanson & Harris, 2000a).

Acute dynamic variables reflect highly transient variables associated with re-offending, such as, affective states, conflicts in relationships and substance abuse problems. It has been suggested that acute dynamic variables are indicative of

changes in immediate risk for re-offending but do not reflect difference in long-term risk (Bonta, 2002; Hanson, 2000; Hanson & Harris, 1998).

Consistent with this view, the aetiological model of risk proposes that acute variables are indicative of more stable predictors of risk (Beech & Ward, 2004; Ward & Beech, 2004). In particular, it has been suggested that certain acute dynamic variables, such as affective states, may be conceptualised as the state expression of more stable psychological dispositions (Beech & Ward, 2004; Ward & Beech, 2004). Support for this view is evident in research that has shown that affective states, such as anger, measured six months and one month prior to offending were predictive of recidivism (Harris & Hanson, 1998, 2000a). The fact that affective states occurring months prior to offending were predictive of recidivism suggests that these studies were actually assessing the predictive validity of more stable dispositions such as self-regulation and socio-affective deficits as opposed to highly transient and acute affective states. Therefore, research has suggested that offence process variables, such as affective states, are indicative of psychological dispositions for offending and, as such, may be indirectly predictive of sexual recidivism.

Taken as a whole, this body of research suggests that the pathways to sex offending proposed by the Self-Regulation model are indicative of underlying psychological dispositions that may place certain pathway offenders at a greater risk for sexual recidivism. Indeed, approach-explicit pathways to offending have been likened with a sexual deviance pathway to sex offending, whereas implicit pathways to offending have been likened with an antisocial/general criminal lifestyle pathway to sex offending (Roberts et al., 2002). In view of this, the individual acute offence processes associated with these pathways, such as negative or positive affect, would be indicative of underlying psychological dispositions for offending.

8.4.2 The Self-Regulation Model's Descriptions of the Sex Offence Process Pathways

Descriptions of the Approach-goal pathway suggest that offenders following such a pathway will be at a higher risk for sexual recidivism. Approach goal pathways to sex offending have consistently been characterised by deviant sexual desire and distorted perceptions of the legitimacy of the offence (Hudson et al., 1999; Proulx et al., 1997, 1999; Ward, Louden et al., 1995; Ward & Hudson, 1998a, 2000a).

Additionally, it has been proposed that offenders who have engaged in multiple previous sex offences will most likely follow implicit pathways to offending as their offending is likely to result from triggering of their automatic offence scripts (Ward & Hudson, 2000b). Following this logic, it is reasonable to expect that passive strategy pathway offenders will have a higher number of previous sex offences than Active strategy pathway offenders. Indeed, independent research has indicated that Passive strategy offenders are more likely to have a previous conviction for a sexual offence than Active strategy offenders (Bickley & Beech, 2002). Research has indicated that a strong predictor of sexual recidivism is number of prior offences (Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004). Thus, these findings suggest that Passive strategy offenders would be at a greater risk for recidivism when compared with Active strategy offenders.

Nonetheless, it is worthy of mention that the preceding studies with the present sample of child sex offenders have not supported the notion that Approach goal and Passive strategy offenders will pose a higher recidivism risk. The preceding studies investigating the psychological and psychophysiological responses of Approach-Avoidant pathways collectively presented a description of these pathways that was inconsistent with the Self-Regulation model (Ward & Hudson, 1998a, 2000a). In particular, although the initial responses of Avoidant pathway offenders

were characterised by relatively high negative affect and respiration rate, the Approach-Avoidant pathways were characterised by homogenous offence processes once the offenders had entered the relapse phase.

Furthermore, the previous guided imagery investigations suggested that Passive strategy offenders do not possess deficits in self-awareness during the commission of the offence. In fact, many of the processes demonstrated by the Active and Passive pathway offenders were similar, thus, suggesting more commonality than diversity in offence processes. However, extension of the Self-Regulation model to examine differences in processes occurring in response to recollections of consensual sexual experiences indicated meaningful differences between Active and Passive pathway offenders. The Active pathway group demonstrated an abnormal response to the Consensual sex script characterised by negative affect and low sexual arousal whereas their response to the Child Sexual Assault script was characterised by predominantly positive affect and high sexual arousal. In contrast, Passive offenders demonstrated a non-deviant response to the Consensual script whereas their response to the CSA script was characterised by escalating negative affect. Given that deviant sexual arousal has consistently proved to be a strong predictor of sexual recidivism (e.g., Hanson & Bussière, 1996, 1998), the results suggested that the Active pathway offenders would pose a greater risk for sexual recidivism when compared with Passive pathway offenders. Thus, although not predicted by the Self-Regulation model, the present research has suggested that the present sample of Active strategy offenders would pose a greater risk for sexual recidivism.

8.4.3 Treatment Needs of Different Pathway Offenders

Supportive evidence for the predictive utility of the sex offence pathways proposed by the Self-Regulation model (Ward & Hudson, 1998a, 2000a) was also evident in the preceding investigation of the treatment implications of these pathways. In Chapter Six, some meaningful differences were observed in the responses of pathway offenders on questionnaires assessing variables typically targeted in treatment. In particular, the Avoidant offenders appeared to be more poorly adjusted and sexually deviant when compared with Approach offenders. Similarly, when compared with Passive offenders, Active offenders presented as being more poorly adjusted and more sexually deviant. The responses of Active and Avoidant pathway offenders suggested that these offenders demonstrated comparably high levels of psychological symptomatology. In addition, the victim demographics of Active and Avoidant pathway offenders scored using the SSPI (Seto & Lalumière, 2001) suggested that these offenders were highly likely to demonstrate deviant sexual interests from phallometric testing (Seto et al., 2004). Therefore, the present series of investigations suggest that the Active and Avoidant offenders in the present sample may pose a comparatively higher risk for sexual recidivism than their counterparts.

8.5 Study Five: Pathway Differences in Risk for Sexual Recidivism

The purpose of the present study is to determine whether the Approach-Avoidant and Active-Passive pathways depicted by the Self-Regulation model (Ward & Hudson, 1998a, 2000a) are associated with significant differences in risk level as assessed using a standard actuarial test. In analyses one and two respectively, the Static-99 (Hanson & Thornton, 1999) will be used to compare the level of sexual

recidivism risk posed by Approach-Avoidant goal offenders as well as Active-Passive strategy offenders.

Despite the preceding results of this thesis suggesting that Avoidant offenders would pose a greater risk for sexual recidivism, the descriptions of the Approach goal pathway to offending indicate that offenders following this pathway to offending would pose a greater risk for sexual recidivism. As noted in the preceding section, Approach pathways to sex offending have consistently been characterised by deviant sexual desire and distorted perceptions of the legitimacy of the offence (Hudson et al., 1999; Proulx et al., 1997, 1999; Ward, Loudon et al., 1995; Ward & Hudson, 1998a, 2000a). In addition, parallels have been drawn between the Approach-Avoidant distinction and common classifications of child sex offenders (Bickley & Beech, 2002) such as fixated-regressed (Cohen et al., 1969; Groth et al., 1982), extra-familial versus incestuous (Barbaree & Seto, 1997) and, finally, high-deviancy and low-deviancy offenders (Beech, 1998). Approach offenders are likened to descriptions of fixated, extra-familial and high deviancy offenders (Bickley & Beech, 2002).

As discussed in Chapter Two, research has indicated that a higher risk for sexual recidivism is posed by extra-familial (Bartosh et al., 2003; Firestone et al., 1999; Firestone, Bradford, McCoy et al., 2000; Greenberg et al., 2000; Hanson, & Bussière, 1996, 1998; Hanson et al., 1992; Harris & Hanson, 2004) and high deviancy offenders (Beech et al., 2002). It is logically expected that Approach goal offenders will be at a significantly higher risk for sexual recidivism than Avoidant goal offenders. Therefore, it is hypothesised that Approach goal offenders will score significantly higher on the Static-99 when compared with Avoidant goal offenders. It is also predicted that a significantly higher proportion of Approach than Avoidant offenders will be categorised as a Medium-High risk for sexual recidivism.

Additionally, it was previously noted that descriptions of passive strategy pathways to offending converge on indicating that such pathways would likely be associated with a greater risk for sexual recidivism. There are also some revealing analogies drawn between Active-Passive strategy offenders and the two dimensions of recidivism risk. As discussed in Chapter Seven, researchers have identified two independent although additive dimensions contributing to sexual recidivism (e.g., Roberts et al., 2002). These factors have been identified as being sexual deviance and general criminality/antisocial lifestyle (Dempster & Hart, 2002; Hanson & Bussière, 1996, 1998; Roberts et al.).

As Passive offenders supposedly have a higher number of prior offences (Ward & Hudson, 2000b), they are more likely to re-offend and their re-offending would, hence, be predicted by a general criminality/antisocial lifestyle (Roberts et al., 2002). In contrast, the preceding studies have indicated that, in the present sample of child sex offenders, the Active strategy offenders demonstrated higher traits of psychopathy as well as higher traits of sexual deviance when compared with Passive strategy offenders. Given the above noted characteristics of the present sample of Active strategy offenders and the fact that the strongest predictors of sexual recidivism are sexual deviance and antisocial/general criminal lifestyle (e.g., Hanson & Bussière, 1996, 1998); it is proposed that Active strategy offenders will score significantly higher on the Static-99 than will Passive strategy offenders. It is also hypothesised that a significantly higher proportion of Active strategy offenders compared with Passive strategy offenders will be categorised as a Medium-High risk for sexual recidivism.

8.6 Method

8.6.1 Participants

Participants were comprised of the 12 child sex offenders reported in the preceding studies. These participants were allocated to either the Approach or Avoidant goal and Active or Passive strategy pathways in Study Two.

8.6.2 Materials

The Static-99 (Hanson & Thornton, 1999) was designed to measure sexual recidivism risk among sex offenders. The Static-99 consists of 10 items taken from the Rapid Risk Assessment for Sexual Offender Recidivism (RRASOR; Hanson, 1997) and the SACJ (Grubin, 1998). The items consist of: (1) prior sex offences, (2) prior sentencing occasions, (3) non-contact sex offence convictions, (4) nonsexual violence index offence convictions, (5) prior nonsexual violent convictions, (6) unrelated victim, (7) stranger victim, (8) male victim, (9) young age (at time of assessment), and (10) never married or in a de-facto relationship. These 10 items can be grouped into five broad categories: sexual deviance, range of potential victims, persistence, antisociality and age (Hanson & Thornton, 1999).

The number of prior offences is scored from zero to three; the other variables each contribute zero or one. The scores are then added. Total Static-99 scores range from zero to 12 and can be grouped into four risk categories: low (0, 1), medium–low (2, 3), medium–high (4, 5), and high (6 or more). Scores of six or greater are classed as high risk and are treated alike. The average mean score obtained on the Static-99 using the combined norm samples was 3.15 (SD = 1.97) (Hanson & Thornton, 1999).

The Static-99 has been well researched and has demonstrated moderate predictive validity for sexual recidivism through cross-validation in diverse samples

(Sjoestedt & Langstroem, 2001). In initial validation studies, offenders scoring in the high risk category of the Static-99 had a long-term sexual recidivism rate of greater than 50%, and those scoring in the low risk category had a long-term sexual recidivism rate of 10% (Hanson & Thornton, 2000). Moreover, research has indicated that the Static-99 yields relatively stable risk percentages across time despite changes in base rates (Doren, 2004a).

8.6.3 Procedure

As recommended in the revised coding and scoring guidelines for the Static-99 (Harris, Phenix, Hanson, & Thornton, 2003), the majority of the items were scored on the basis of official case file data. Where necessary, offender self-report was used to score the following items; young (i.e., age), single (i.e., never married or cohabited), and the victim demographic questions. Age at the time of the assessment was used to score the age item. Where a direct discrepancy existed between official case file data and offender self-report, the scoring of the item concerned was based on official case file data.

8.6.4 Design and Data Analysis

Due to the small numbers of participants in the Avoidant ($n = 3$) and Active ($n = 2$) pathways to offending, data for Approach-Avoidant and Active-Passive pathways were analysed separately. Furthermore, due to the low numbers of cases per cell for the chi-square analysis, the four risk categories were combined to form two risk categories. Offenders were classified as being in the Medium-High risk category if they received a score of 4.0 or higher whereas offenders scoring less than 4.0 were classified as being Low-Medium risk.

Both Analyses One and Two utilised a single independent variable between-subjects design. The independent variables for Analyses one and Two were goal (Approach, Avoidant) and strategy (Active, Passive) respectively. The dependent variables for both analyses were Static-99 mean risk scores and proportion of offenders classified as Low-Medium and Medium-High risk.

All data were analysed in Statview. Between-group differences in mean Static-99 scores were analysed using Independent samples t-tests. In contrast, the between-group differences in proportions of Low-Medium and Medium-High risk categories were analysed using chi-square analysis with continuity correction. The significance level adopted for all analyses was 0.05.

8.7 Results

For each offender, data were available to score each of the items of the Static-99 and consequently there were no missing data.

8.7.1 Analysis One – Approach-Avoidant Differences in Risk

Independent samples t-tests were used to examine group differences in risk scores. There was no significant difference between Approach ($M = 2.7$, $SD = 1.9$) and Avoidant ($M = 5.0$, $SD = 2.6$) offenders in mean risk score, $t(10) = 1.70$, $p > .05$.

Chi-square analysis was conducted to compare the proportions of Approach and Avoidant offenders classified as Medium-High risk. Descriptively, 33.3% of Approach offenders were classified as Medium-High risk compared to 66.7% of Avoidant offenders. However, chi-square analysis indicated there were no significant difference between Approach and Avoidant offenders in the percentages classed as Low-Medium and Medium-High risk, $\chi^2(1, N = 12) = 0.1$, $p > .05$.

8.7.2 Analysis Two – Active-Passive Differences in Risk

Independent samples t-tests were performed to examine group differences in risk scores. There was no significant difference between Active ($M = 5.0$, $SD = 2.8$) and Passive ($M = 2.9$, $SD = 2.1$) offenders in mean risk score, $t(10) = 1.30$, $p > .05$.

Chi-square analysis was conducted to compare the proportions of Active and Passive offenders classified as Medium-High risk. Although 66.7% of Active offenders were classified as Medium-High risk compared to 33.3% of Passive offenders, chi-square analysis indicated there was no significant between-group differences in the percentages classed as Low-Medium and Medium-High risk, $\chi^2 (1, N = 12) = 0.1$, $p > .05$.

8.8 Discussion

The present study sought to determine whether the pathways to offending proposed by the Self-Regulation model (Ward & Hudson, 1998a, 2000a) differ in risk for sexual recidivism. Utilising the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) as a guiding framework, it was proposed that the Self-Regulation model's proposed pathways to offending would likely differ in underlying psychological dispositions for offending. In particular, it was proposed that Approach and Active pathways to offending are indicative of underlying sexual deviance and, hence, offenders with approach goals and active strategies would represent a greater risk for sexual recidivism.

Before proceeding to discuss the results obtained in the present study, it must be acknowledged that the analyses conducted were problematic, as they were based on small groups of participants. In view of this, it is unlikely that the present study would have sufficient power to detect significant differences between pathway

offenders. Hence, interpretations of the results for this study will be limited to describing what was observed in the present sample of child sex offenders.

The present study's hypotheses in relation to differences in risk between Approach and Avoidant goal offenders were not supported. There were no significant differences between groups with regard to risk scores and risk categories on the Static-99. Nonetheless, on a descriptive basis, the Avoidant goal offenders in this study presented as a group that would be more likely to sexually re-offend.

Although the differences in risk between the Approach and Avoidant goal offenders in the present study did not reach statistical significance, previous research would suggest that the differences observed would have practical significance. Research utilising a large and diverse sample of sex offenders obtained a mean score of 3.2 on the Static-99 (Hanson & Thornton, 2000). In Hanson and Thornton's study, a mean score of 5, which was obtained by Avoidant goal offenders in the present study, was associated with a 40 percent sexual recidivism rate over a 15-year follow-up. With regard to the Approach offender's score of 2.7, the study by Hanson and Thornton indicated that 19 percent of offenders who obtained a score of 3 on the Static-99 sexually re-offended over the 15-year follow-up period. Therefore, the present findings suggest that the Avoidant offenders in the present sample of child sex offenders would pose a greater risk for sexual recidivism than would the Approach offenders.

These descriptive findings for the present study are in contrast to the Self-Regulation model's descriptions of Approach goal offenders as being sexually deviant (Hudson et al., 1999; Proulx et al., 1997, 1999; Ward, Loudon et al., 1995; Ward & Hudson, 1998a, 2000a) and, hence, more likely to re-offend sexually than Avoidant goal offenders. Nevertheless, the preceding study presented in Chapter Six indicated that the Avoidant pathway offenders in the present sample appeared to be a

highly deviant group. In Chapter Six, the offence history of Avoidant offenders in the present sample indicated that they would be more likely than their counterparts to demonstrate, under phallometric testing, a sexual preference for children. Therefore, it is plausible that the current sample of Avoidant offenders may be at a greater risk for sexual recidivism due to a greater sexual preference for children. However, given the sample size limitations of the present study, it is unlikely that the present sample of child sex offenders would be representative of larger samples of child sex offenders.

The present results did not support the hypothesis regarding differences between the present sample of Active and Passive offenders in risk scores. However, as noted with Analysis One, previous research would suggest that the observed differences between Active and Passive strategy offenders would have practical significance. A mean score of 5, which was obtained by Active offenders, was associated in previous research with a 40% sexual recidivism rate (Hanson & Thornton, 2000). In contrast, Passive offenders obtained a mean score of 2.9 and previous research indicated that only 19% offenders with a score of 3.0 sexually re-offended over the follow-up period (Hanson & Thornton, 2000).

Therefore, the present results are consistent with the preceding studies of this thesis in suggesting that the present sample of Active offenders would pose a greater risk for sexual recidivism. As already discussed, the preceding studies have indicated that the present sample of Active offenders represent a more sexually deviant group than do the Passive offenders. It is most likely this sexual deviance that would propel Active strategy offenders in the present sample to sexually re-offend. This proposal is consistent with suggestions made by previous researchers. For instance, it has been suggested (Doren, 2004b; Roberts et al., 2002) that the behavioural pathways to recidivism described by Hudson and colleagues (1999) bear

conceptual similarity to the independent predictors of sexual recidivism. More specifically, the first major pathway characterised by positive affect, perceptions that the act is mutual and explicit planning was thought to be indicative of sexually deviant mechanisms whereas the second pathway involving negative affect and implicit planning was proposed to largely be reflecting generalised anti-social drives. Sexual deviance has been found to be a more significant predictor of sexual recidivism than antisocial lifestyle (Hanson & Bussière, 1996, 1998) and, thus, it is logical to expect that explicit planning pathways are associated with a greater risk of sexual recidivism.

The characterisation of implicit pathways would suggest that offenders following such a pathway will have a more extensive and diverse criminal history. The variables underlying the antisocial/general criminal dimension include antisocial personality disorder, prior offences and lifestyle instability (Hanson & Bussière, 1996, 1998; Hanson & Morton-Bourgon, 2004, 2005). Research has indicated that variables indicative of the antisocial dimension are more highly predictive of general and violent recidivism than sexual recidivism (Hanson & Bussière, 1996, 1998). Therefore, the likeness of the implicit pathway to the antisocial/general criminal pathway implies that such pathways would be associated with a greater risk for general and violent recidivism but not sexual recidivism.

Alternatively, the unexpected results may possibly reflect the unique characteristics of the present sample. As noted on numerous occasions, the present sample was comprised of a small number ($N = 12$) of untreated child sex offenders. Furthermore, the present sample was comprised of offenders who were considerably high in psychological symptomatology. The present sample of child sex offenders is also unique in that it represents the first Australian sample of offenders in this line of research investigating offence processes. Given the uniqueness of the present

sample's characteristics and the small number of participants comprising the current sample of child sex offenders, it is highly unlikely that the present sample would be representative of larger samples of child sex offenders.

Furthermore, the current study had a number of methodological limitations. Most notably, the present study employed the Static-99 as a by-proxy measure of recidivism which, like all by-proxy measures, would not result in perfect classification. Indeed, an analysis of Hanson and Thornton's (1999) study indicated that 50 percent of the sex offenders classified as high risk on the Static-99 did not sexually re-offend during the follow-up period (Berlin et al., 2003). Clearly, a more valid comparison of differences between Approach-Avoidant and Active-Passive pathway offenders in recidivism risk would involve an investigation of actual recidivism rates over a long follow-up period. Given the limited time-frame of the present research, it was not feasible to conduct such an investigation.

Moreover, it may be argued that the Static-99 is not a comprehensive measure of the different types of predictors of sexual recidivism. As already mentioned, research has indicated that there are two independent factors predictive of sexual recidivism: antisocial/criminal lifestyle and sexual deviance (Dempster & Hart, 2002; Hanson & Bussière, 1996, 1998; Roberts et al., 2002). Analysis of the Static-99 demonstrated that it is more heavily weighted on the antisocial/criminality lifestyle dimension (Roberts et al., 2002). Thus, the Static-99 would not adequately address both of the pathways to recidivism.

However, although the combined 10 items of the Static-99 largely reflect the criminal/anti-social dimension, the RASSOR sub-component of Static-99 items is more indicative of the sexual deviance dimension. Thus, it has been argued that the middle range scores on the Static-99 may be indicative of either a low or high risk depending on the combination of items that characterise the offender (Doren, 2004b).

Whereas a score of four on the Static-99 is interpreted as a medium risk, it may alternatively be argued that this score is indicative of a high risk if this score were to be obtained by endorsement of the RASSOR items (Doren, 2004b). The presence of all four of the RRASOR items would be indicative of high sexual deviance and, therefore, a high risk for sexual recidivism. Consequently, it has been argued that risk assessments would be more accurate if separate measures, reflective of the two independent dimensions of risk, were used (Doren, 2004b).

Therefore, the sexual deviance dimension was not adequately addressed by the present assessment. A more valid measure of this dimension is phallometry, as deviant sexual arousal is the best single predictor of sexual re-offending (Hanson & Bussière, 1998). It is plausible that a phallometric assessment of the present sample of offenders may have demonstrated differences between pathways offenders in line with previous research. Having said this, it was demonstrated in Chapter Six that Avoidant and Active offenders in the present sample demonstrated high scores on the SSPI (Seto & Lalumière, 2001). The SSPI was designed to identify individuals likely to demonstrate paedophilic interests from phallometric testing. These results indicate that in the present sample of child sex offenders, those with avoidant goals and active strategies were more sexually deviant. Therefore, the accumulating findings from the present research suggest that the present sample of Approach-Avoidant and Active-Passive pathways may be somewhat unique and unrepresentative. Given the noted small sample size and, hence, problematic analyses, the present results should be interpreted with caution.

The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) may be used as a guiding framework with which to understand and further investigate the basis for the observed differences in recidivism risk between Approach-Avoidant and Active-Passive offenders in the present sample. The model

proposes that static historical variables, as measured by the Static-99, are marker variables for underlying psychological dispositions. Thus, it is logical to propose that the psychological dispositions characterising the different pathways to offending would result in differences in scores on the Static-99. However, due to the abovementioned different possible combinations of scores on the Static-99 (Doren, 2004b), it is plausible that the higher risk demonstrated by Avoidant and Active offenders in the present study may be equally indicative of either antisocial or sexual deviance dispositions.

The aetiological model also proposes that offence processes, such as negative affective states, are the state expression of underlying psychological dispositions for offending. It was argued in previous chapters that the deficits and problematic behaviours demonstrated by offenders may be better understood by adopting a more global consideration of problematic processes. It is plausible that the psychological dispositions that place offenders at risk for sexual recidivism would likely be reflected in the problematic processes occurring during both deviant and non-deviant sexual experiences. Thus, the following chapter will compare the responses of different risk categories of offenders, in the present sample, to recollections of adult consensual sex and child sex assault using the previously outlined guided imagery methodology. This investigation will be useful in furthering the understanding of the basis for the higher likelihood of risk demonstrated by Avoidant goal and Active strategy offenders in the present sample.

CHAPTER NINE: PERI-OFFENCE PROCESS MARKERS FOR RISK OF RE-OFFENDING

9.1 Introduction

The results for the preceding study, Study Five, were based on a relatively small sample of child sex offenders and, hence, would not likely generalise well to other larger samples of child sex offenders. Nonetheless, on a descriptive basis, there were some noteworthy differences between the pathway offenders in scores on the Static-99. Although the differences between groups were not statistically significant, the mean scores for the groups on the Static-99 indicated that offenders in the present sample with Avoidant goals and Active strategies were more likely to sexually re-offend. The abovementioned characteristics of Avoidant and Active offenders in the current sample were at odds with common descriptions of such offenders (Bickley & Beech, 2002; Ward & Hudson, 1998a, 2000a). Hence, it was proposed that further investigation should be conducted with the present sample of child sex offenders to determine the basis for these unexpected results.

To decipher the reason for these unexpected differences, the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) was employed as a guiding theoretical framework. The aetiological model of risk proposes that stable dynamic traits, such as sexual deviance, are indicative of psychological dispositions for offending and, as such, should be the primary focus of risk assessment. The implication of this proposal for the present series of studies is that differences between pathway offenders in risk for recidivism are likely to reflect underlying psychological dispositions (i.e., stable dynamic factors).

In the preceding studies, the accumulative results demonstrated that, in the present sample, Avoidant goal and Active strategy pathway offenders were more

sexually deviant groups. Given that sexual deviance is the single strongest factor predictive of sexual recidivism (Hanson & Bussière, 1996, 1998), it was proposed that the observed differences in risk may be indicative of Avoidant and Active offenders' sexually deviant dispositions. Despite the intuitive appeal of this explanation, it was noted that descriptions of Avoidant and Active offenders as being sexually deviant was at odds with the Self-Regulation model's (Ward & Hudson, 1998a, 2000a) descriptions of these offenders. Thus, it was proposed that the unique characteristics and high psychological symptomatology in the present sample of child sex offenders may account for these informative, albeit unexpected, departures from the Self-Regulation model's predictions.

It is plausible that an examination of offence processes associated with risk for recidivism may provide further information with which to understand the basis for the atypical characteristics of Avoidant and Active pathway offenders in the present sample. The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) suggests that certain acute offence variables, such as negative affect and high deviant sexual arousal, are the state expression of psychological dispositions for offending. Previous research has indicated that transient dynamic variables, such as negative affect, may be predictive of risk for sexual recidivism (Hanson & Harris, 1998, 2000a). Negative affective states would supposedly be indicative of underlying deficits in emotional control and self-regulation.

Thus, an examination of offence process variables associated with sexual recidivism risk may identify offence process variables and, hence, further psychological dispositions that place the present sample of Avoidant and Active offenders at a higher estimated risk for sexual re-offending. For instance, given that negative affective states were common precursors to offending in the present sample of Avoidant goal and Active strategy offenders, it would be telling to establish

whether such negative affective states are associated with a higher estimated risk for sexual recidivism. A confirmation of this notion would indicate that the present sample of Avoidant and Active offenders possess traits such as deficits in self-regulation and socio-affective functioning that are associated with a higher risk for recidivism (Thornton, 2002).

9.2 Study Six: Responses of Different Risk Categories of Offenders to Sexual Offence and Consensual Scripts

The purpose of the present study is to explore whether offenders differing in estimated risk for sexual recidivism may be differentiated on the basis of acute peri-offence process variables. However, empirical evidence has shown that the single strongest predictor of sexual recidivism is the ratio of erectile responses to sexually deviant and non-deviant stimuli (Hanson & Bussière, 1996, 1998). As such, it is anticipated that a comparison of psychological and psychophysiological responses to sexually deviant and non-deviant events may be useful in differentiating sex offenders with a high recidivism risk from those with a low risk for recidivism. Given that meaningful differences between pathway offenders in self-reported emotional responses to non-deviant consensual sexual activity were observed in the preceding studies, it is proposed that offenders categorised according to level of recidivism risk may be differentiated by their patterns of psychological and psychophysiological response to the Consensual and CSA scripts.

To explore these possibilities, the psychological and psychophysiological responses to the Consensual and CSA script of offenders varying in estimated long-term risk for sexual recidivism will be compared. Based on their scores on the Static-99 assessment of risk for sexual recidivism, offenders will be categorised as Low, Low-Medium, Medium-High and High risk (Hanson & Thornton, 1999).

Given that deviant sexual preferences are predictive of sexual recidivism (e.g., Hanson & Bussière, 1996, 1998), it is hypothesised that higher risk offenders will demonstrate either equal or significantly greater psychophysiological arousal and self-reported sexual arousal in response to the CSA script compared with the Consensual script. It is also hypothesised that High risk offenders relative to Low risk offenders will demonstrate greater psychophysiological arousal and self-reported sexual arousal in response to the CSA script. However, it is hypothesised that all offenders, irrespective of estimated risk for recidivism, will report significantly higher sexual arousal in response to the CSA and Consensual scripts compared to the Neutral script.

The previous chapter detailed research that has drawn links between implicit pathways to offending and the general criminal/antisocial lifestyle dimension of sexual recidivism risk predictors (Doren, 2004b; Roberts et al., 2002). Given the association between implicit pathways and general criminal/antisocial lifestyle predictors, it is anticipated that High risk offenders will demonstrate acute offence states indicative of implicit attention and impulsivity. However, implicit planning is more likely in the initial phases of the sex offence process (Ward & Hudson, 2000b). Therefore, it is hypothesised that Low risk offenders, compared with High risk offenders, will report significantly higher ratings of control in response to the Scene stage of the CSA script.

Furthermore, given that pre-offence negative affect is predictive of risk for sexual recidivism (Hanson & Harris, 1998, 2000a), it is expected that offenders classified as High risk will rate negative emotions to be higher in the initial stages of the CSA script when compared with Low risk offenders. Therefore, it is hypothesised that High risk offenders will report significantly higher negative affect in the Scene of the CSA script when compared with Low risk offenders.

Further differences between other risk categories of offenders in psychological and psychophysiological responses to the CSA and Consensual scripts are not anticipated. Meaningful differences are expected only when examining the responses of more extreme groups.

9.3 Method

9.3.1 Participants

Participants were comprised of the 12 child sex offenders reported in the preceding studies.

9.3.2 Materials

Scales. As reported in Chapter Eight, the Static-99 (Hanson & Thornton, 1999) was used to measure risk for sexual recidivism.

The visual analogue scales (VASs) (McCormack et al., 1988) were the same as those reported in Study One.

Imagery scripts. As reported in Study One, there were three imagery scripts; Neutral, Consensual, and CSA. Each script was divided into five stages; Scene, Approach, Incident, Consequence and Resolution.

9.3.3 Apparatus and Psychophysiological Recording

As reported in Study One, psychophysiological measures were heart rate (beats per minute), respiration rate (breaths per minute) and skin conductance level.

9.3.4 Procedure

The two-session procedure for the staged guided imagery methodology was outlined in Study One. In addition, as outlined previously, the items of the Static-99 were predominantly scored on the basis of official case file data (Harris et al., 2003).

9.3.5 Design and Data Analysis

The present study utilised a 4 [Risk Category: Low, Low-Medium, Medium-High, High] X 3 (Script: N, CSA, Consensual) X 5 (Stage: Scene, Approach, Incident, Consequence, Resolution) mixed repeated measures design. The dependent variables were psychophysiological responses and visual analogue scale scores. As reported in Study One, data were analysed with separate repeated measures ANOVAs with Huynh-Feldt corrections and Fisher's least significant difference post hoc tests. For all analyses, a significance criterion of 0.05 was adopted.

9.4 Results

Due to missing values for one offender, the analyses were based on a total of 11 offenders. The mean score obtained on the Static-99 was 3.2 ($SD = 2.2$). There was an even division of offenders into the four risk categories, with 3 classified as Low risk (27%); 3 classified as Low-Medium risk (27%); 2 classified as a Medium-High risk (18%) and 3 classified as High risk (27%). The Script x Stage x Risk Category means and standard deviations for each of the psychophysiological measures and for each of the VASs are respectively attached in Appendices T and U.

9.4.1 Psychophysiological Responses to Imagery

There were no significant interactions or main effects for respiration rate or skin conductance level. However, there was a significant Script x Stage x Risk category

interaction for heart rate, $F(24,56) = 2.35$, $MSE = 3.62$, $p < .01$. The means for this three-way interaction are displayed in Figure 22.

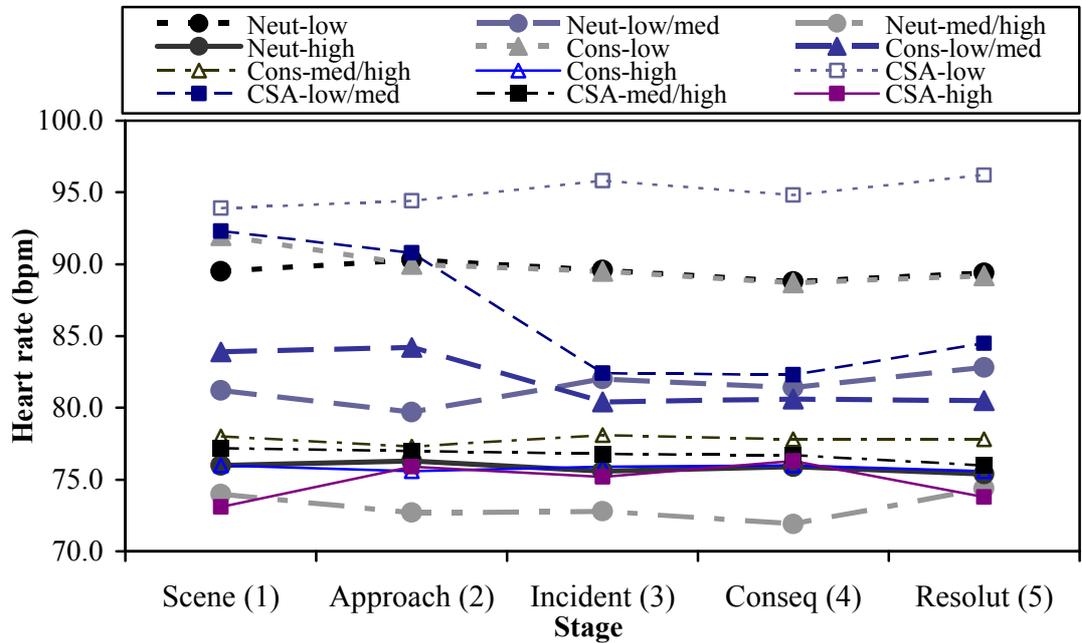


Figure 22. Mean heart rate (beats per minute) for significant Script x Stage x Risk Category interaction

Post hoc comparisons were made of differences in mean heart rate between the different risk categories of offenders at each stage of each script. The results for these comparisons are displayed in Table 49. There were no significant differences between the four Risk Categories of offenders.

Post hoc comparisons of script differences in heart rate at each stage for Low, Low-Medium, Medium-High, and High risk offenders were conducted. These results are illustrated in Table 50. There were no significant script differences at any stage for any of the four groups of offenders.

Table 49. One-Way ANOVA comparisons of Risk Category differences at each stage of each script for mean heart rate.

Script	Stage	F	MSE	p	Differences
Neutral <i>df</i> = 3,11	Scene	0.7	134.6	ns	
	Approach	0.9	167.0	ns	
	Incident	0.8	149.3	ns	
	Consequence	0.8	140.5	ns	
	Resolution	0.6	132.5	ns	
Consens <i>df</i> = 3,10	Scene	0.7	139.2	ns	
	Approach	0.6	120.9	ns	
	Incident	0.5	104.9	ns	
	Consequence	0.4	90.5	ns	
	Resolution	0.6	103.9	ns	
CSA <i>df</i> = 3,11	Scene	1.6	296.6	ns	
	Approach	1.1	214.1	ns	
	Incident	1.7	262.4	ns	
	Consequence	1.8	218.1	ns	
	Resolution	2.6	293.3	ns	

Table 50. Scripts differences in mean heart rate at each stage for the four Risk Categories of offenders.

Risk cat	Stage	F	MSE	p	Fisher	Differences
Low <i>df=2,4</i>	Scene	1.0	15.2	ns		
	Approach	0.9	18.9	ns		
	Incident	1.0	38.7	ns		
	Conseq	0.8	36.6	ns		
	Resolut	1.1	47.5	ns		
Low-Med <i>df=2,4</i>	Scene	3.8	100.8	ns		
	Approach	5.7	94.1	=.07		
	Incident	0.1	3.5	ns		
	Conseq	0.2	2.3	ns		
	Resolut	0.8	11.9	ns		
Med-High <i>df=2,2</i>	Scene	1.2	9.3	ns		
	Approach	1.4	13.0	ns		
	Incident	1.4	15.4	ns		
	Conseq	1.5	19.9	ns		
	Resolut	1.7	5.7	ns		
High <i>df=2,4</i>	Scene	1.8	8.4	ns		
	Approach	0.1	0.3	ns		
	Incident	0.1	0.4	ns		
	Conseq	0.1	0.1	ns		
	Resolut	0.9	3.1	ns		

Post hoc comparisons were made of differences in heart rate across the stages of each script for the four Risk Categories of offenders. The results of these comparisons are displayed in Table 51. For offenders classified as a Low-Medium risk, heart rate was significantly higher in the Scene and Approach relative to the Incident and Consequence stages as well as in the Scene relative to the Resolution stage of the CSA script. There were no other significant differences across script stages.

Table 51. Comparisons in heart rate across the stages of each script for the four Risk Categories of offenders.

Risk category	Stage	F	MSE	p	Fisher	Differences
Low <i>df</i> =4,8	Neutral	1.0	0.8	ns		
	Consens	1.4	3.6	ns		
	CSA	0.3	2.8	ns		
Low-Med <i>df</i> =4, 12	Neutral	0.8	2.5	ns		
	*Consens	1.6	11.6	ns		
	CSA	5.0	58.1	<.01	5.2	1,2>3,4; 1>5
Med-High <i>df</i> =4, 4	Neutral	2.7	2.1	ns		
	Consens	0.4	0.2	ns		
	CSA	0.7	0.5	ns		
High <i>df</i> =4, 8	Neutral	0.2	0.3	ns		
	Consens	0.1	0.1	ns		
	CSA	0.5	5.6	ns		

Notes: **df*=4, 8

9.4.2 Psychological Response to Imagery

There were no significant Script x Stage x Risk Category interactions or Script x Risk Category interactions for VAS ratings.

9.5 Discussion

The aim of the current study was to explore the basis for the unexpected results obtained in Study Five regarding differences between the current sample of Approach and Avoidant as well as Active and Passive offenders in estimated risk of recidivism. Given the preceding results indicated that the child sex offenders in the current sample differed in peri-offence processes, it was thought that differences in estimated risk for recidivism may be a reflection of differences in peri-offence processes. Therefore, the current study compared the psychological and psychophysiological responses of Low, Low-medium, Medium-high and High risk offenders, in the present sample, to recollections of sexually deviant and non-deviant events. However, the analyses of psychological and psychophysiological responses were problematic, as they were based on small groups of participants. With group sizes as small as two, it is unlikely that the present study would have sufficient power to detect significant differences between the different risk categories of offenders. Hence, interpretations of the results for this study will be limited to describing what was observed in the present sample of child sex offenders.

The present results did not offer support for this study's hypotheses. There were no significant differences between Low and High Risk offenders in psychological or psychophysiological responses to the Consensual and CSA scripts. Unexpectedly, the Low-Medium recidivism risk group demonstrated significant differences in heart rate reactivity across the stages of the CSA script. In particular, the heart rate of these offenders as a group was elevated in the Scene and Approach

stages of the CSA script. It is plausible that this observed difference is somewhat spurious given no other significant differences were obtained and the present analyses were considerably low in statistical power. Nonetheless, other plausible explanations must be ruled out before it can be concluded that this result is spurious in nature.

One potential explanation for this unexpected finding is that the initial elevated heart rate was indicative of strong emotional states such as excitement or anxiety and anger. Indeed, research has indicated that strong negative emotional states, such as anger and fear, are associated with increased psychophysiological reactivity (Ax, 1953). However, the present results indicated that the four Risk Categories of offenders did not differ in self-reported psychological responses to the event. Thus, the meaning of this early elevation in heart rate observed for Low-Medium Risk offenders in the present sample is unclear.

An alternative explanation of these unexpected findings is that the offenders classified as Low-Medium risk on the Static-99 may have represented a high risk for sexual recidivism on the RASSOR sub-component of the Static-99. It has been noted previously that the Static-99 predominantly measures the general criminality/antisocial lifestyle dimension of risk (Roberts et al., 2002). In contrast, the RASSOR items of the Static-99 are more strongly indicative of the sexual deviancy dimension of risk (Roberts et al., 2002). Thus, it is plausible that scores in the medium risk range on the Static-99 may be indicative of a high risk on the RASSOR depending on the pattern of items endorsed (Doren, 2004b).

To explore this possibility further, the individual patterns of scores obtained by the three offenders classified as Low-Medium risk in the present study were examined. The scores that each of these offenders obtained on each of the Static-99 items are presented in Appendix V. Offenders classified as a Low-Medium Risk for

sexual recidivism on the Static-99 also obtained risk scores in the moderate to low range on the RRASOR (Hanson, 1997). Thus, there is no evidence to suggest that these offenders in particular, were high on sexual deviance.

In further examining the characteristics of the present sample of offenders in the Low-Medium Risk Category, it is apparent that these offenders were comprised of relatively heterogeneous characteristics with regard to victim demographics as well as psychological symptomatology and socio-affective deficits. The exception was that these Low-Medium Risk offenders had committed offences against exclusively unrelated victims. However, the present sample of child sex offenders had offended against predominantly extra-familial victims. Hence, the victim demographics of this subset of Low-Medium Risk offenders are in keeping with the common characteristics of the present sample. The limitations with regard to sample representativeness have been discussed in the preceding studies.

With regard to other defining features, the present sample of Low-Medium Risk offenders was predominantly (two of the three) comprised of Approach-Passive offenders. It may be plausible then, that this early elevation in heart rate may be indicative of the offence pathway of these offenders. However, in Study Two, the present sample of Avoidant offenders demonstrated elevated anger and respiration rate in the initial stages of the CSA script when compared with Approach offenders. Thus, the presently observed initial elevation in heart rate of Low-Medium risk offenders is unlikely to reflect their pathway to offending.

Given that there appears to be no defining unique characteristics of the Low-Medium Risk offenders, it is plausible that this pattern of initially elevated heart rate may have been distorted by an outlier. Ruling out this possibility, an examination of the standard deviations in heart rate of these offenders (see Appendix T) indicated that there was a low variance in heart rate in response to the CSA script. Despite the

relatively homogeneous heart rate responses of the Low-Medium risk offenders to the CSA script, there appears to be no logical explanation for these findings and, hence, it is concluded that this result is statistically spurious.

Given the noted limitations with regard to sample size and statistical power, it cannot be said with certainty that differences in estimated risk for recidivism observed between Approach and Avoidant as well as Active and Passive offenders in the present sample are not indicative of unique patterns of peri-offence process. However, given the null findings observed in the present study, it appears that offence process variables did not differ between different risk categories of offenders in the present sample. Unfortunately, the present results do not further the understanding of the basis for the relatively higher recidivism risk demonstrated by Avoidant and Active offenders in the preceding studies.

Nonetheless, given that High and Low Risk offenders did not differ in offence-related processes, it may be the case that the differences in recidivism risk observed between Approach and Avoidant as well as Active and Passive offenders in the preceding studies were indicative of differences in stable traits predictive of re-offending. In support of this possibility, the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) has indicated that psychological dispositions are predictive of long-term recidivism risk. In contrast, the model proposes that static risk factors, such as offence history, are simply markers for these underlying dispositions and acute offence process variables are the state expression of these dispositions. The implication of this theoretical link between the different elements of risk is that historical markers and state expressions of psychological dispositions for offending are unlikely to be directly linked with one another. Nonetheless, further research is required to verify the proposed relationship between acute peri-offence variables and psychological dispositions for offending.

Given that the basis of the higher risk estimations for Avoidant goal and Active strategy offenders in the present sample has not been clearly established, it would be useful to determine whether the psychophysiological and psychological responses demonstrated by these offenders in the preceding studies are linked with traits of sexual deviance or possibly also traits of anti-social personality or psychopathy. A link between these variables would strongly suggest that the higher observed risk for Approach goal and Active strategy offenders in the present sample is attributable to high traits of sexual deviance and/or psychopathy in these offenders. In contrast, a lack of demonstrated link between these variables may point towards other psychological traits indicative of re-offence probability that are reflected in the offence processes of the current sample of Avoidant and Active offenders.

The results of the preceding studies indicated that the present sample of Avoidant and Active pathway offenders may be at a higher risk for recidivism due to possessing traits of sexual deviance. These groups appeared more sexually deviant based on their offence history and on their responses to the Consensual and CSA scripts. However, these offenders obtained higher scores on the Static-99, which predominantly measures the general criminality/antisocial lifestyle dimension of risk (Roberts et al., 2002). Therefore, it is plausible that Approach and Avoidant offenders may demonstrate offence-related processes that are indicative of both sexual deviancy and anti-social traits, which are, in turn, predictive of long-term sexual recidivism (Hanson & Bussière, 1998).

The following chapter will investigate psychological and psychophysiological markers for sexual deviance and general criminal/antisocial lifestyle. In particular, the psychological and psychophysiological responses to the Consensual and CSA scripts of offenders classified as relatively low and high on both psychopathy and sexually deviance will be compared. It is anticipated that this comparison will

provide more insight into the basis for the higher risk demonstrated by Approach goal and Active strategy pathway offenders in the preceding studies.

CHAPTER TEN: MODERATORS OF PERI-OFFENCE PROCESSES: PSYCHOPATHY AND SEXUAL DEVIANCE

10.1 Introduction

The aim of the previous study, Study Six, was to explore the basis for the unexpected results obtained in Study Five. The results for Study Five were based on small participant numbers and differences between groups were not statistically significant. Nonetheless, the mean group scores on the Static-99, obtained in Study Five, indicated that offenders in the present sample with Avoidant goals and Active strategies were more likely to sexually re-offend than their counterparts. Previous longitudinal research involving representative samples of sex offenders (Hanson & Thornton, 2000) indicated that 40 percent of offenders who obtained scores of the same magnitude as the scores obtained by the present sample of Avoidant and Active offenders were reconvicted for a sexual offence. In contrast, the scores obtained by the present sample of Approach and Passive offenders were associated with a recidivism rate of 19 percent in Hanson and Thornton's research. Hence, it was argued that the differences in estimated risk scores observed between pathway offenders in the present sample were of practical significance. The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) was adopted as a framework to explore the basis for these unexpected findings.

The aetiological model of risk proposed that key variables addressed in the risk assessment literature may be better understood by redefining them using a theoretical framework (Beech & Ward, 2004; Ward & Beech, 2004). The model proposed that risk assessment ought to focus on assessing stable dynamic variables, as these variables are indicative of psychological dispositions and traits that place offenders at an elevated risk for sex offending. Static historical variables, such as

offence history, were described as being marker variables for these psychological dispositions. Acute dynamic variables, such as substance abuse and victim access, were considered to be contextual or triggering risk factors. In contrast, acute dynamic variables such as negative affect and deviant sexual desire were conceptualised as being the state expression of underlying dispositions for offending that come into effect when certain contextual and triggering factors are present. Thus, the aetiological model of risk suggested that peri-offence psychological states relate to underlying psychological dispositions for offending. In contrast, the model implied that static historical predictors of risk are simply marker variables for dispositions for offending and, thus, would not be directly linked with peri-offence psychological states.

Supportive of this suggestion, Chapter Nine indicated that variations in present sample of offenders' actuarial measured risk for sexual recidivism did not result in differential peri-offence processes. The implication of these results is that the differences in peri-offence and peri-consensual responses of the present sample of offenders, as assessed in Chapter Five, were unlikely to be the basis for Chapter Eight's findings of differences between offenders in estimated sexual recidivism risk. This conclusion lead to the suggestion that peri-offence responses may be indicative of stable dynamic factors such as sexual deviance, which are, in turn, predictive of sexual recidivism.

The aim of the present chapter is to establish the basis for the higher risk for sexual recidivism observed in present sample of Avoidant and Active offenders in Chapter Eight. The emerging pattern of results has suggested that the present sample of Avoidant and Active offenders possess traits, such as sexual deviance, that place them at a higher risk for sexual recidivism. However, it is plausible that these

offenders may possess other psychological difficulties or dysfunctional mechanisms that place them at a greater risk for sexual recidivism.

The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) implies that traits and dispositions indicative of sexual recidivism risk would be evident in peri-offence processes. However, the model has not been empirically verified and, as such, it has been suggested (Ward et al., 2006) that further research is required to examine the aetiological model's proposed associations between stable dynamic factors and acute state factors (i.e., peri-offence processes). Therefore, the present chapter will aim to explore the link between psychological dispositions and peri-offence responses and, in turn, clarify the basis for the previously estimated elevated risk for sexual re-offending of the present sample of Avoidant and Active pathway offenders.

10.2 Psychological Dispositions Predictive of Sexual Recidivism

To explore the possible effects of psychological dispositions on acute psychological states, it is necessary to firstly establish suitable dispositions for investigation. Arguably, the most suitable psychological dispositions to subject to such an investigation are those that have been empirically verified as predictors of sexual recidivism. As reviewed in Chapter Seven, the literature has identified a number of psychological dispositions for sex offending.

However, the combined predictive effects of certain domains of psychological dispositions have been empirically verified as having strong additive effects in predicting sexual recidivism. Above all, the combination of psychopathy and deviant sexual interests is highly predictive of sexual recidivism (e.g., Harris et al., 2003; Rice et al., 1990; Rice et al., 1991; Serin et al., 2001; Seto et al., 2004). These psychological dispositions are seemingly (e.g., Doren, 2004b) reflective of the

sexual deviance and general criminal/antisocial dimensions predictive of sexual recidivism (Hanson & Bussière, 1998; Roberts et al., 2002). There is also evidence to support the legitimacy of conceptualising deviant sexual interests and psychopathy as relatively stable/enduring albeit dynamic, variables (e.g., see Craig et al., 2006).

It logically would be expected that the pattern of psychophysiological responses to child sex offending and adult consensual sexual activity would vary as a function of psychopathy and deviant sexual interest given that arousal is a crucial component in both disorders. Therefore, a comparison of offenders grouped as being high and low on these dispositions, for comparative purposes, would be useful in indicating whether the peri-offence processes previously demonstrated by Avoidant and Active pathway offenders are associated more heavily with either the general criminal/antisocial dimension or the sexual deviance dimension of risk. Hence, this comparison would potentially clarify the basis for the higher risk of recidivism estimated for the present sample of Avoidant goal and Active strategy offenders. This comparison would also test the aetiological model's proposal that acute peri-offence states are indicative of psychological dispositions for sex offending (Beech & Ward, 2004; Ward & Beech, 2004).

10.3 Study Seven: Peri-offence and Peri-consensual Responses of Offenders

Classified as High and Low in Paedophilic Interests and Psychopathy

The purpose of the current study is to compare the psychological and psychophysiological responses to the CSA, Consensual and Neutral scripts of offenders classified as low and high, for comparative purposes, on sexual deviance and psychopathy. It would be preferable to examine the combined effects of psychopathy and sexual deviance, as research has indicated that such a combination is highly predictive of sexual recidivism (Rice et al., 1990, 1991; Serin et al., 2001;

Seto et al., 2004). Even so, given the presently small sample of child sex offenders (N = 12), it will be necessary to conduct separate analyses of the effects of sexual deviance and psychopathy.

10.3.1 Analysis One - Offenders Classified as High and Low in Sexual Deviance

Analysis One will compare the psychological and psychophysiological responses to the CSA, Consensual and Neutral scripts of offenders classified as low and high in sexual deviance. The most frequently used measure of sexual deviance is phallometry. However, there are many setbacks involved in conducting phallometric assessment of sexual deviance, such as, the cost and time involved (Marshall, 1999) as well as the previously discussed ethical issues associated with the use of explicit erotic stimuli (Miner & Coleman, 2001; Seto, 2001).

Therefore, the SSPI (Seto & Lalumière, 2001) will be used to objectively assess the presence of offence variables that predict offenders who are likely to demonstrate a paedophilic interest in children from phallometric testing. The SSPI was positively and significantly associated with phallometrically measured sexual arousal to children in a large sample of 1,113 child sex offenders (Seto & Lalumière, 2001). It has also been found that the SSPI was significantly and positively related to sexual recidivism (Seto et al., 2004). Therefore, this study will compare the peri-offence and peri-consensual responses of offenders classified as Low and High on the SSPI.

Consistent with the proposal that acute offence processes are expressions of underlying psychological dispositions, it is expected that offenders classified as High on the SSPI will exhibit a deviant response profile. A pattern of psychophysiological and psychological response indicative of sexual deviance was described in Chapter Five. In accordance with this pattern, it is hypothesised that the High SSPI group

will demonstrate equal or higher psychophysiological arousal and ratings of positive affect and sexual arousal during the Approach and Incident stages of the CSA script compared with the Approach and Incident stages of the Consensual script. In contrast, it is predicted that the Low SSPI group will demonstrate higher psychophysiological arousal and higher ratings of positive affect and sexual arousal during the Approach and Incident stages of the Consensual script compared with the Approach and Incident stages of the CSA script. Furthermore, it is hypothesised that when compared with Low SSPI offenders, High SSPI offenders will demonstrate higher psychophysiological arousal, positive affect and sexual arousal during the Approach and Incident stages of the CSA script. All offenders are expected to demonstrate greater psychophysiological arousal and rate sexual arousal as being significantly higher in the Consensual and CSA scripts relative to the Neutral script, particularly during the Approach and Incident stages.

10.3.2 Analysis Two - Offenders Classified as High and Low in Psychopathy

Analysis Two will compare offenders classified as Low and High in psychopathic traits, as measured using the Hare P-SCAN (Hare & Hervé, 1999), on their psychological and psychophysiological responses to the CSA, Consensual and Neutral scripts. As discussed in Chapter Six, Psychopathy is a clinical construct that is predictive of sexual and violent recidivism (Hare, 1996, 1999). Furthermore, it is plausible that differences in subclinical levels of psychopathic traits may result in differences in offence processes given recent research has suggested that psychopathy is best viewed as a constellation of personality traits measurable on a continuum (Edens et al., 2006; Marcus et al., 2004; Walters et al., 2007).

As has been previously discussed, the antisocial/criminal dimension of risk has been likened with Hudson et al's (1999) description of a negative affect and

implicit planning pathway to sex offending (Roberts et al., 2002). Such a pathway is indicative of an offence that would be considered more opportunistic in nature and, hence, more indicative of a general criminal/antisocial disposition towards offending. Therefore, it is expected that offenders classified as high in psychopathy, for comparative purposes, will demonstrate various peri-offence processes indicative of Hudson and colleagues' (1999) description of the negative affect and implicit planning pathway. It is hypothesised that the High Hare P-SCAN group compared to the Low Hare P-SCAN group will report significantly higher negative affect and significantly lower planning and feelings of control particularly during the Scene stage of the CSA script. Regardless of psychopathic traits, all offenders are expected to demonstrate greater psychophysiological arousal and rate sexual arousal to be significantly higher in the Consensual and CSA scripts relative to the Neutral script, particularly during the Approach and Incident stages.

10.4 Method

10.4.1 Participants

Participants were comprised of the 12 child sex offenders reported in the preceding studies.

10.4.2 Materials

Scales and checklists. The VASs were the same as those reported in Study One.

As reported in Chapter Six, the SSPI (Seto & Lalumière, 2001) was used to identify individuals likely to demonstrate paedophilic interests from phallometric testing.

The Hare P-SCAN: Research Version (Hare & Hervé, 1999) was also used. As described in Chapter Six, the Hare P-SCAN is a 90-item checklist that screens for behavioural traits related to psychopathy.

Imagery Scripts. As reported in Study One, the Neutral, Consensual, and CSA scripts were divided into five stages; Scene, Approach, Incident, Consequence and Resolution.

10.4.3 Apparatus and Psychophysiological Recording

As reported in Study One, psychophysiological measures were heart rate (beats per minute), respiration rate (breaths per minute) and skin conductance level.

10.4.4 Procedure

The two-session procedure for the staged guided imagery methodology was outlined in Study One. In addition, as outlined previously, the items of the SSPI were scored on the basis of official case file data and the items of the Hare P-SCAN were rated by the primary researcher based on interviews with the participants.

10.4.5 Design and Data Analysis

The present two analyses utilised separate 2 X 3 X 5 mixed repeated measures designs. The between subjects factor for Analysis One was SSPI (Low, High) whereas the Hare P-SCAN (Low, High) was the between subjects factor in Analysis Two. For both analyses, the within subjects factors were Script (Neutral, CSA, Consensual) and Stage (Scene, Approach, Incident, Consequence, Resolution). The dependent variables were psychophysiological responses and VAS scores. As reported in Study One, data were analysed with separate repeated measures

ANOVAs with Huynh-Feldt corrections and Fisher's least significant difference post hoc tests. For all analyses, a significance criterion of 0.05 was adopted.

10.5 Results

10.5.1 Analysis One - High and Low Sexual Deviance

Due to missing values for one offender, the analyses were based on a total of 11 offenders. The median score obtained on the SSPI was 3.5. This median split resulted in five offenders being classified as Low (45.5%) and six offenders being classified as High (54.5%). The Script x Stage x SSPI means and standard deviations for each of the psychophysiological measures and VAS responses are respectively attached in Appendices W and X.

10.5.2 Psychophysiological Responses to Imagery

There was no significant Script x Stage x SSPI or Script x SSPI interactions for any of the psychophysiological responses.

10.5.3 Psychological Response to Imagery

There was no significant Script x Stage x SSPI interactions for any of the psychological responses. However, there was a significant Script x SSPI interaction for mean percentage ratings of control $F(2,18) = 3.69$, $MSE = 4586.12$, $p < .05$. Table 52 displays the means and standard deviations for the significant two-way interaction in ratings of control. Unpaired t-tests indicated that there were no significant difference in ratings of control between Low and High SSPI offenders for the Neutral, $t(10) = 0.9$, $p > .05$, Consensual, $t(9) = 1.7$, $p > .05$ or CSA scripts, $t(10) = -0.5$, $p > .05$.

Table 52. Mean percentage ratings of control (0-100) for each script for Low and High SSPI offenders.

		Neutral	Script Consensual	CSA
Low SSPI	Mean	89.4	87.8	57.2
	<i>SD</i>	17.8	17.8	29.4
High SSPI	Mean	81.3	55.1	60.4
	<i>SD</i>	22.9	39.1	36.2

With regard to differences between scripts for each group, a follow-up one way ANOVA indicated there were significant differences in ratings of control between scripts for both the Low SSPI group, $F(2,8) = 6.9$, $MSE = 1648.7$, $p < .02$ and the High SSPI group, $F(2,10) = 4.5$, $MSE = 1154.0$, $p < .05$. Fisher PLSD (22.6) indicated that, for the Low SSPI group, ratings were significantly higher for the Consensual and Neutral scripts relative to the CSA script. For High SSPI offenders, Fisher PLSD (20.6) indicated that ratings for the CSA and Consensual scrips did not differ significantly and were significantly lower when compared with the Neutral script.

10.5.4 Analysis Two - High and Low Psychopathy

Due to missing values for one offender, the analyses were based on a total of 11 offenders. The median score obtained on the Hare P-SCAN was 10.0. Two offenders obtained a score of 10.0. These offenders were allocated to the Low group as the remaining scores above the median were considerably higher than 10.0 and widely dispersed whereas the variance in scores below the median was considerably

lower. This median split resulted in seven offenders being classified as Low (63.6%) and four offenders being classified as High (36.4%). The Script x Stage x Hare P-SCAN means and standard deviations for each of the psychophysiological measures and VAS responses are respectively attached in Appendices Y and Z.

10.5.5 Psychophysiological Responses to Imagery

There were no significant Script x Stage x Hare P-SCAN or Script x Hare P-SCAN interactions for any of the psychophysiological responses to imagery.

10.5.6 Psychological Response to Imagery

There were also no significant interactions involving the Hare P-SCAN for any of the psychological responses.

10.6 Discussion

The aim of the present study was to examine differences in responses to recollections of child sex offending and adult consensual sex between offenders classified as low and high on psychological dispositions associated with an elevated risk for sexual recidivism. It was anticipated that the present study would provide clarification of the basis for the elevated recidivism risk estimated for the present sample of Avoidant-goal and Active-strategy offenders in Study Five. However, the analyses of differences between groups in psychological and psychophysiological responses were likely to be low in statistical power given group sizes were small. In view of this, interpretations of the results for this study will be limited to describing what was observed in the present sample of child sex offenders.

Inconsistent with the present study's hypotheses, there were no differences in peri-offence processes between individuals classified as high and low on traits of

sexual deviance and psychopathy, in the present sample of child sex offenders.

Thus, the present findings suggest that the peri-offence processes demonstrated by the present sample of Avoidant-goal and Active-strategy offenders in preceding studies may possibly be pointing towards additional traits possessed by these offenders that place them at a greater estimated risk for sexual recidivism.

The results of Analysis One provided little support for this study's hypotheses. It was predicted that offenders classified as Low and High on sexual deviance would differ in peri-offence psychophysiological arousal as well as self-reported sexual arousal and positive affect. This pattern of results would suggest that peri-offence processes are indicative of psychological dispositions that may account for the relatively high estimated sexual recidivism risk of Avoidant and Active pathway offenders in the present sample. However, there were no significant differences in psychophysiological responses or ratings of affect and sexual arousal between offenders classified as Low and High in sexual deviance. Hence, the present results do not support the notion that acute peri-offence responses are state expressions of underlying psychological dispositions (Beech & Ward, 2004; Ward & Beech, 2004). However, given the noted limitations with regard to sample size and statistical power, it may be plausible that there were differences in peri-offence processes between offenders classified as high and low on sexual deviance in the present sample that were simply not detected.

Nonetheless, an exception to the above was that the results indicated that offenders classified as high and low on sexual deviance in the present sample differed with respect to their relative ratings of control in response to the CSA, Consensual and Neutral scripts. In particular, the results indicated that whereas Low SSPI offenders reported higher ratings of control during the Consensual script relative to the CSA script, the ratings of control for the High SSPI group did not

differ for the CSA and Consensual scripts. These results could possibly reflect differences in motives for offending in that offenders characterised by low sexual deviance may have been motivated more by impulsive thrill seeking compared to the offenders characterised by high sexual deviance. However, it is equally plausible that this observed difference is a spurious result given no other significant differences were obtained and the present analyses were considerably low in statistical power.

Therefore, the results of the present study were in conflict with expectations based on the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004). However, in addition to the previously mentioned limitations in sample size and statistical power of analyses, it is also possible that the present sample characteristics may account for the lack of a demonstrated link between sexual deviance and peri-offence processes. As noted in the preceding studies, the present sample of child sex offenders appear to be relatively high on sexual deviance. Indeed the present median score of 3.5 on the SSPI is higher than the median of 2.8 obtained in the SSPI's initial validation sample of child sex offenders (Seto & Lalumière, 2001) and is also substantially higher than the median of 2.0 obtained in subsequent validation samples comprised of child sex offenders (Seto et al., 2004). Thus, the relatively high sexual deviance in the present sample may also account for the general homogeneity in peri-offence responses of the present sample of offenders classified as low and high in sexual deviance.

With regard to Analysis Two, it was predicted that offenders classified as High and Low on the Hare P-SCAN, for comparative purposes, would demonstrate variations in peri-offence processes. Given recent research has suggested that psychopathy is not a distinct categorical construct (Edens et al., 2006; Marcus et al., 2004; Walters et al., 2007), it was thought that differences in subclinical levels of

psychopathic traits may contribute towards variations in peri-offence processes. However, there were no significant differences in the psychological and psychophysiological responses of offenders classified as Low and High on the Hare P-SCAN. Thus, the present results did not support the study's hypotheses emanating from the aetiological model's proposal that psychological dispositions are expressed in peri-offence processes (Beech & Ward, 2004; Ward & Beech, 2004).

However, previous research utilising a guided imagery methodology demonstrated that responses to personalised recollections of perpetration of homicide differed considerably between individuals classified as psychopathic and non-psychopathic (Williams et al., submitted). The findings of this previous research (e.g., Williams et al., submitted) suggest that the lack of observed differences between low and high psychopathic groups in the current study may reflect either one of two things. Firstly, the results may simply be a reflection of the small sample size and, hence, low statistical power of the present analyses.

Alternatively, these unexpected findings may be accounted for by the unique characteristics of the present sample. In particular, the lack of support for expected differences in responses between offenders in the current sample categorised as low and high in psychopathy may be attributable to the fact that offenders were considerably homogenous in demonstrating low traits of psychopathy. The median score of 10 for the Hare P-SCAN in the present sample is particularly low, as scores in this range are classified in the very low range for concern (Hare & Hervé, 1999). These results are consistent with findings indicating that psychopathy is typically low in child sex offenders as a group (Hare, 1999; Hare, Clark, Grann, & Thornton, 2000; Looman & Marshall, 2001; Olver & Wong, 2006; Porter et al., 2000). Therefore, it is plausible that dispositions indicative of the antisocial/criminal lifestyle dimension

of risk may not be informative of the offence processes occurring in the present sample of child sex offenders.

Given the limitations experienced in Studies Six and Seven with regard to small sample size and statistical power, it is difficult to establish the basis for the unexpected findings that Avoidant-goal and Active-strategy offenders in the present sample demonstrated a higher estimated risk for sexual recidivism. The findings from the present and preceding studies would suggest that the higher risk for recidivism observed in the present sample of child sex offenders is not readily explained by differences in peri-offence processes nor psychological dispositions. However, given the possibility that the null findings observed in the present and preceding study may be indicative of methodological issues (i.e., low statistical power), it must be concluded at this point that the basis for the higher estimated risk of recidivism in the present sample of Avoidant and Active strategy offenders is unclear.

The following chapter will discuss the implications of the preceding findings for both the Self-Regulation model (Ward & Hudson, 1998a, 2000a) and the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004). Furthermore, the following chapter will explore future avenues for research investigating the validity of both the Self-Regulation model of the offence process and the aetiological model of risk.

CHAPTER 11: SUMMARY AND CONCLUSIONS

11.1 Overview of Rationale for Preceding Studies

An overarching theme that has been evident in the preceding series of investigations is that child sex offenders are a heterogeneous population. An important task for researchers and clinicians alike is to develop typologies of sex offenders that adequately address this complexity. In Chapter Two, various typological systems for classifying child sex offenders were outlined and discussed. It was noted that typological systems typically lack a theoretical basis and, as such, have afforded few real-world applications (e.g., see Bickley & Beech, 2001; Hudson et al., 2000). Therefore, it was concluded that newly emerging theoretical models of sex offending offer considerable promise in generating typologies of sex offenders that have practical implications for both treatment and risk assessment. The primary purpose of the preceding studies has been to explore the validity and implications of the Self-Regulation model of the sex offence process (Ward & Hudson, 1998a, 2000a).

11.1.1 The Self-Regulation Model

The Self-Regulation model (Ward & Hudson, 1998a, 2000a) proposes that there are multiple pathways to sex offending that may be deciphered on the basis of the offender's goal towards offending (Approach/Avoidant) and the type of strategy employed by the offender to achieve this goal (Active/Passive). The Self-Regulation model is somewhat of a breakthrough in the sex offender literature (e.g. Laws, 1999), as the model derives types of child sex offenders through applying a coherent theoretical framework to empirically generated models depicting multiple offence process pathways (Ward, 2000; Ward & Hudson, 1998a, 2000a). The Self-

Regulation model is also unique in that the model focuses on describing the course of proximal, and to a lesser extent distal, psychological processes involved in sex offending (Ward, 2000). The model proposes that types of sex offenders may be distinguished on the basis of their predominant course or pathway of offence processes (Hudson et al., 2000). Therefore, the model uniquely addresses how different types of child sex offenders commit sex offences (Ward, 2000).

However, the Self-Regulation model is relatively new and, as such, its assumptions as well as its possible applications have been subject to little empirical validation. Furthermore, the Self-Regulation model is arguably limited in scope as it does not attempt to establish whether the processes it seeks to describe are specific to sex offending. Therefore, the model provides no basis for meaningful comparison with 'normal' processes.

11.1.2 Utility of a Guided Imagery Investigation

To address the abovementioned issues, a guided imagery methodology was applied to independently test the descriptive accuracy and assumptions of the Self-Regulation model (Ward & Hudson, 1998a, 2000a). A secondary purpose of the preceding guided imagery investigations of the Self-Regulation model was to determine whether the sex offence processes described by the model are specific to sex offending and, hence, do not bear resemblance to processes taking place during 'normal' consensual sexual experiences.

A guided imagery methodology was designed to examine the course of both psychological and psychophysiological processes occurring during the recollection of personalised events of interest (Haines et al., 1995). This independent methodology was selected to undertake the preceding investigations of the Self-Regulation model as a guided imagery methodology allows for objective

measurement of processes occurring over time and is flexible in scope as it permits an examination of processes occurring during both deviant and non-deviant behaviours. Furthermore, this independent methodology allowed for deductive testing of the Self-Regulation model, as initial independent support for the content validity of the Self-Regulation model (Webster, 2005) had arisen from a grounded theory analysis. It is arguable whether inductive analysis may be validly used to test the assumptions and descriptions of a pre-existing theory.

11.2 Summary of Preceding Investigations

The preceding studies explored the implications of the Self-Regulation model with regard to informing typologies of child sex offenders, treatment of child sex offenders and risk assessment of sex offenders. By way of caution, it must be acknowledged that the preceding studies were based on a sample of 12 child sex offenders and 12 age-matched non-offending controls. Given the possibility that this small sample of child sex offenders (N=12) may not be representative of larger samples of child sex offenders, the interpretations of these findings were limited to describing the characteristics and processes observed in this current sample. Although the findings obtained were contrasted with those expected based on the Self-Regulation model (Ward & Hudson, 1998a, 2000a), it was concluded that further research would be needed to determine whether the findings obtained with this sample of child sex offenders hold true for larger and more representative samples of child sex offenders.

11.2.1 Adequacy of the Self-Regulation Model's Typological Descriptions

It was noted previously that a major assumption of the offence process models is that the problematic processes exhibited by child sex offenders are specific

to sex offending (Ward, Hudson et al., 1995). Hence, Study One employed a guided imagery methodology to determine whether the processes occurring during child sex offending are unique and whether psychophysiological measures could be reliably employed in conjunction with self-report to examine the processes occurring during offending. Study One examined the psychological and psychophysiological responses of 12 child sex offenders and 12 non-offending controls to recollections of adult consensual sex. The results indicated that the majority of these child sex offenders, when compared with the non-offending controls, demonstrated relatively normal processes in response to recollections of their sexual relationships with other adults. In contrast, the present sample of child sex offenders demonstrated a combination of rapidly increasing psychophysiological arousal, as indexed by respiration rate, and mixed affect in response to recollections of child sexual assault, which suggested that, for the majority of the present sample of child sex offenders, the processes occurring during offending are unique and deviant. However, the descriptions provided for psychophysiological processes were limited to describing differences in respiration rate as there were no significant interactions of main effects for the other psychophysiological responses measured (i.e., heart rate and skin conductance). Nonetheless, these findings were supportive of the Self-Regulation model in indicating that the processes occurring during sex offending were unique to that behaviour for the majority of the present sample of child sex offenders.

The preceding studies that investigated the psychological and psychophysiological responses of the present sample of Approach-Avoidant and Active-Passive offenders to adult consensual sex and child sexual assault produced unexpected results. However, some differences were observed in the psychological and psychophysiological responses of the current sample of Approach and Avoidant offenders that were predicted by the Self-Regulation model (Ward & Hudson, 1998a,

2000a). In particular, the Self-Regulation model predicted greater negative affect in Avoidant offenders in the initial phases of the sex offence process (Ward & Hudson, 1998a, 2000a). Consistent with this expectation, the present sample of Avoidant goal offenders demonstrated elevated anger and respiration rate in the initial stages of the CSA script when compared with the Approach goal offenders. These findings were supportive of the proposition that Avoidant offenders, due to a preoccupation with inhibiting their behaviour, would focus on indicators of failure and, as such, would experience greater negative affect in initial offence process (Carver et al., 2000; Cochran & Tesser, 1996).

Although the present sample of Approach and Avoidant goal offenders differed in initial offence processes, the preceding results indicated that these offenders experienced similar affective, psychophysiological, as indexed by respiration rate, and motivational states during and immediately after the commission of the sex offence. These findings were unexpected given the Self-Regulation model's descriptions of Avoidant offenders' experience of negative affective states in the evaluative post-offence phases (Ward & Hudson, 1998a, 2000a). Nonetheless, it is plausible that differences in negative affective states may have emerged in the evaluative processes occurring following longer durations of time. Furthermore, it must be noted that the descriptions provided for psychophysiological processes were limited to describing differences in respiration rate as there were no significant interactions of main effects for the other psychophysiological responses measured (i.e., heart rate and skin conductance).

The present sample of offenders characterised by Active and Passive strategy pathways demonstrated relatively distinct response patterns to the scripts, particularly with regard to negative emotional reactions and sexual arousal responses. The pattern of results was the opposite of that expected such that, Active offenders

demonstrated a deviant response to the Consensual script when compared with the CSA script. In contrast, Passive offenders demonstrated a non-deviant response to the Consensual script. The offences committed by the present sample of Active strategy offenders appeared to be strongly motivated by deviant sexual arousal and a desire to avoid negative affective states. In contrast, Passive offenders in the present sample appeared to act on opportunity and experienced negative evaluations as a result of committing sex offences. It was suggested that the deviant processes demonstrated by Active strategy offenders in the present sample would likely have implications with regard to their treatment need and risk for sexual recidivism.

11.2.2 Implications of the Self-Regulation Model for Treatment

The preceding studies presented in Chapter Six explored the implications of the Self-Regulation model for treatment. The results indicated that there were a number of meaningful differences in the treatment needs of the present sample of Approach-Avoidant goal and Active-Passive strategy pathway offenders. However, these differences were typically the opposite of that expected based on research by Hudson and Ward (2000) as well as Bickley and Beech (2002, 2003). In particular, Avoidant goal and Active strategy pathway offenders in the present sample presented as groups requiring more intensive treatment. These groups presented with relatively higher psychological symptomatology and demonstrated higher scores on a by-proxy indicator of paedophilic sexual interests. Nonetheless, it was noted that the present sample of offenders presented as being higher in psychological symptomatology and associated socio-affective deficits when compared with previous samples (e.g., Bickley & Beech, 2002, 2003). Furthermore, it was noted that this study had considerable limitations due to small sample size and hence, low statistical power for many comparisons that were made. It was concluded that although comparisons

between the pathway offenders produced unexpected results, the present sample of Avoidant and Active offenders presented with characteristics that would suggest they would be more likely to sexually re-offend than their counterparts.

11.2.3 Implications of the Self-Regulation Model for Risk Assessment

A series of studies were conducted to examine the recidivism risk implications of the Self-Regulation model. The preceding study presented in Chapter Eight challenged expectations regarding the recidivism risk of the various pathway offenders (Bickley & Beech, 2002). The present sample of Avoidant-goal and Active-strategy offenders obtained scores on the Static-99 (Hanson & Thornton, 1999) actuarial measure of risk that indicated they were at a meaningfully, albeit non-statistically, higher risk for sexual recidivism than their counterparts. The results obtained were inconsistent with expectations based on previous descriptions of these different pathways to offending (e.g., Ward & Hudson, 1998a, 2000a, 2000b) but were consistent with the patterns of responses demonstrated by these offenders in the preceding series of studies. Specifically, these results were consistent with the preceding findings of higher sexual deviance and psychological symptomatology in the present sample of Avoidant goal and Active strategy offenders.

Further studies were conducted to ascertain the basis for these unexpected departures from previous research (e.g., Bickley & Beech, 2002) and theory (Ward & Hudson, 1998a, 2000a). The results of Study Six demonstrated that the peri-offence and peri-consensual processes of offenders did not differ according to their estimated risk for sexual recidivism. In addition, Study Seven's results indicated that the peri-offence and peri-consensual processes of the present sample of offenders categorised as either low or high on traits of sexual deviance and psychopathy did not differ.

However, given there were considerable limitations in sample size and statistical power for both Studies Six and Seven, the null findings must be viewed with caution. Therefore, it was concluded that the basis for the higher estimated risk of recidivism in the present sample of Avoidant and Active strategy offenders is unclear.

11.2.4 Utility of the Aetiological Model for Risk Assessment

The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) was adopted as a framework with which to understand the unexpected recidivism risk implications of the Self-Regulation model's pathways to offending (Ward & Hudson, 1998a, 2000a). The aetiological model of risk combines key concepts from the fields of risk assessment and aetiology to provide a theoretically coherent description of the relationships between historical/developmental markers for risk, stable dynamic predictors and acute factors comprised of acute states and triggering/contextual factors.

The aetiological model of risk postulates that stable dynamic variables, such as, deviant sexual preferences or poor emotional-regulation, play a central role in offending, as they may be regarded as dispositions for offending. Historical and developmental variables, such as offence history, are considered markers for these underlying dispositions. In contrast, acute states, such as changes in affect or deviant sexual arousal, are considered to be the transient expression of underlying dispositions for offending and, as such, their occurrence signals the imminence of offending. Therefore, the model suggests that the peri-offence processes demonstrated by different types of offenders may be regarded as acute states indicative of imminent risk for offending and/or triggering/contextual offence variables.

This portrayal of peri-offence processes is consistent with the view that acute dynamic variables are indicative of imminent risk for re-offending but are not predictive of long-term risk for recidivism (Bonta, 2002; Hanson, 2000; Hanson & Harris, 1998). Therefore, it was proposed that differences in risk for recidivism between Approach and Avoidant as well as Active and Passive offenders would be attributable to differences in underlying dispositions (i.e., stable dynamic variables) such as deviant sexual preferences. However, the preceding studies were unable to confirm whether the dispositions that place the current sample of Avoidant goal and Active strategy offenders at a greater risk for sexual recidivism are those relating to sexual deviance (i.e., paedophilic sexual interests), interpersonal deficits (i.e., psychopathic traits) and emotional-dysregulation (i.e., psychopathic traits and psychological symptomatology).

11.3 Limitations of the Present Series of Studies

Prior to exploring the implications of the above findings, it is necessary to establish their limitations. Due to the limitations discussed in the following section, caution should be exercised in interpreting the reliability and generalisability of the present findings.

11.3.1 Limitations Non-Specific to the Present Studies

A limitation evident in the present series of studies, as well as in similar studies conducted with sex offenders (e.g., see Bickley & Beech, 2001), is that the sample of child sex offenders examined was particularly small ($N = 12$).

Furthermore, the sample may not be considered representative of child sex offenders, as the sample was predominantly comprised of incarcerated and untreated offenders.

However, these sample characteristics are in keeping with those of previous comparable studies (e.g., Hudson et al., 1999; Ward, Louden et al., 1995).

11.3.2 Limitations Specific to this Study

Nonetheless, there were a number of limitations more specific to the present series of studies. One such notable limitation is that measurement of sexual arousal and sexual deviance was indirect. It was the intention to use physiological measures of these variables. However, equipment problems and ongoing concerns by Prison Services precluded the use of such measures. Instead of directly measuring physiological sexual arousal and, hence, sexual deviance, the Screening Scale for Paedophilic Interests (SSPI; Seto & Lalumière, 2001) was employed as a bi-proxy measure of deviant sexual interests. Nevertheless, research has indicated that there is a significant and positive correlation between the SSPI and phallometrically measured sexual interest in children (Seto & Lalumière, 2001). Therefore, it may be argued that the results obtained in preceding studies regarding the effects of low and high paedophilic sexual interests on peri-offence processes would not be likely altered by employing direct phallometric measurement of sexual arousal to children.

A further specific limitation of the present series of studies relates to the small time frame adopted to examine the progression of offence processes. The preceding studies specifically examined the immediate moments surrounding the offence and, as such, focused exclusively on proximal offence processes. In contrast, the Self-Regulation model of the offence process focuses on proximal offence processes but also examines distal offence processes that are triggered upon encountering a life event that may occur days or weeks prior to the commission of the offence (Ward, 2000; Ward & Hudson, 1998a, 2000a).

The consequence of this more selected time frame adopted in the present series of investigations is that the changes in processes depicted by the Self-Regulation model may not have been accurately captured by the methodology employed. The relative homogeneity of immediate offence processes may not have been observed upon examining processes unfolding over more extended periods of time. Nonetheless, it would clearly be practically difficult to use the presently employed guided imagery methodology to measure real-time responses to personalised events unfolding over extended periods of time. A concurrent examination of offence processes unfolding over days and weeks would be highly labour intensive and time demanding for both the researchers and the participants. In addition, it would be challenging for the participants to remain alert and motivated during the prolonged administration of multiple imagery scripts.

A further specific limitation of the preceding analyses was the inability to examine the combined and interacting effects of offenders' goals (Approach-Avoidant) and strategies (Active-Passive). As previously noted, the present sample of child sex offenders was particularly small and this, in turn, limited the depth of analyses permissible. Therefore, separate analyses were conducted to assess the effects and differences between Approach and Avoidant as well as Active and Passive pathway offenders.

The Self-Regulation model (Ward & Hudson, 1998a, 2000a) has clearly stipulated the significance of the interacting effects of goals and strategies in producing multiple pathways to offending. Accordingly, it was anticipated that the combined effects of offender goal and strategy would be more revealing than would the effects of either alone. Therefore, it is plausible that the basis for many of the unexpected differences obtained in the present series of studies may reflect these noted limitations in analysis.

However, findings from other researchers suggest that the limitations of the present analyses would not curtail the validity of the present investigations. Bickley and Beech (2002, 2003) observed a number of differences in variables predictive of recidivism when separately examining the offence histories of Approach-Avoidant and Active-Passive offenders. Their results were consistent with the Self-Regulation model's descriptions in indicating that Approach and Passive offenders would likely pose a greater risk for sexual recidivism. Therefore, the unexpected departures observed in the present investigations are unlikely to be unduly influenced by data analysis procedures.

Nonetheless, the presently small sample size also limited the level of analysis permitted in examining the effects of psychopathy and paedophilic sexual interests on peri-offence processes. The small sample size did not allow for an exploration of the combined effects of sexual deviance and psychopathy on peri-offence processes. It has been empirically verified that the combined effects of sexual deviance and psychopathy in predicting recidivism are substantially stronger than the effects of either of these dispositions alone (e.g., Rice et al., 1990, 1991; Serin et al., 2001; Seto et al., 2004). Further to this, the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) proposes that it is the combined effects rather than any single effect of a variable that determine risk for re-offending.

Therefore, investigations of the isolated effects of psychological dispositions (i.e., stable dynamic variables) on acute states, recidivism rates and other pertinent variables are clearly limited. An important avenue for future research to pursue would be the combined effects of psychological dispositions on peri-offence processes, as current descriptions (e.g., Beech & Ward, 2004; Ward & Beech, 2004) of the relationship between psychological traits and acute states pertaining to sex offending are speculative in nature.

A further limitation of the present study was that recidivism was measured by means of a bi-proxy estimate of risk. Actuarial measures produce estimates of risk predominantly based on official offence history and, as such, will underestimate risk for recidivism (Doren, 1998, 2001; Furby et al., 1989; Grubin, 1997, 2002). Further to this, it is plausible that a biased estimate of recidivism was obtained in the preceding studies. The Static-99 is a poor reflection of the sexual deviance dimension of risk and instead strongly reflects the general criminal/anti-social dimension of risk (Roberts et al., 2002). As such, it is plausible that a more broad analysis of recidivism predictors would produce results more in line with the expectations of the Self-Regulation model. Despite this, scores for Approach-Avoidant goal and Active-Passive strategy offenders did not vary in the expected direction on the SSPI measure of likelihood of paedophilic sexual interest. Hence, it is unlikely that the recidivism risk instrument employed had a confounding effect on the results obtained.

Finally, it is worthy of mention that the present sample of child sex offenders were not representative in that they were recruited from Tasmanian prisons and correctional services. To the best of the author's knowledge, there is an absence of research examining the applicability of newly emerging models of offence processes in Australian and, specifically, Tasmanian samples of child sex offenders. The present sample of offenders appeared to be more sexually deviant and higher in psychological symptomatology when compared with other samples.

The extent to which these unique sample characteristics may be indicative of jurisdictional differences in reporting and sentencing practises is unknown. Even so, the section of Tasmania's criminal code (Criminal Code ACT, 1924, retrieved May 31, 2006, from <http://www.thelaw.tas.gov.au/index.w3p>) relating to child sex offending presents some variations in comparison with other Australia states and

territories. Most notably, the age for consent to sex in Tasmania is set at 17 rather than the norm of 16 years. Nonetheless, there is little reason to suggest that this higher age for consent would account for the presently high levels of psychological symptomatology and sexual deviance.

11.4 Implications of Findings

The preceding discussion has alluded to some of the implications of the present findings for existing theory and practice. These implications will be considered here in more depth. In particular, the importance of the preceding series of findings for both the Self-Regulation model of the offence process (Ward & Hudson, 1998a, 2000a) and the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) will be discussed. In addition, relatively broad and practical implications of the preceding findings will be considered.

11.4.1 Implications for the Self-Regulation Model of the Sex Offence Process

The present series of investigations have produced results that were unexpected given the Self-Regulation model's offence pathway descriptions (Ward & Hudson, 1998a, 2000a). Namely, it was found that there was little variation in offence processes occurring during and immediately after the commission of a sex offence in the present sample of child sex offenders. However, it is plausible that the apparent homogeneity in peri-offence processes may reflect the distinctively short time frame examined in the present study.

Despite this possibility, it may be argued that the five stages depicted by the CSA script mirrored the phases of the Self-Regulation model depicting the high risk situation (phase five); lapse (phase six); sexual offence (phase seven); post offense evaluation (phase eight); and attitude towards future offending (phase nine). The

Self-Regulation model predicted that although offenders would differ in initial offences processes, they would demonstrate a homogenous response in the lapse and sexual offence phases. In the preceding investigations, offenders indeed typically demonstrated a homogenous response in the stages of the CSA script coinciding with the Self-Regulation model's lapse and sexual offence phases. However, offenders were also relatively homogenous in responses occurring immediately after the commission of the offence. Therefore, the results obtained with the present sample of child sex offenders suggest that the Self-Regulation model needs to more clearly specify the phases during which offenders are expected to differ in processes occurring during sex offending.

In addition to pointing towards issues of temporal specificity of the Self-Regulation model, the preceding investigations have offered possibilities for expanding the scope of the Self-Regulation model. As has been previously discussed, the Self-Regulation model limits itself to describing the processes occurring during sex offending. It is argued that this scope is somewhat limited, as it does not establish whether the problematic processes demonstrated by offenders are limited to sex offending or extend to other interpersonal scenarios.

Utilising a guided imagery methodology, the preceding investigations with the present sample of child sex offenders pointed to the need for the Self-Regulation model to expand its scope to explore processes occurring during adult consensual sexual experiences. The preceding studies indicated that Active strategy offenders in the present sample demonstrated problematic processes in their adult consensual sexual experiences. These problematic processes provide useful information regarding the possible causal mechanisms for sex offending and should be addressed in any explanatory framework. The present sample of Active offenders' responses to the Consensual script were characterised by negative affect, low sexual arousal and

low perceptions of control. This pattern of response would supposedly be indicative of sexually deviant dispositions as well as deficits in socio-affective functioning and emotional regulation. This information could be usefully incorporated into treatment planning and risk assessment of sex offenders.

Finally, the preceding studies with the present sample of child sex offenders have provided an expected portrait of the treatment and risk needs of the Self-Regulation model's pathway offenders that could be investigated further. The Self-Regulation model's descriptions of the multiple pathways to offending converge on the notion that Approach goal and Passive strategy offenders would pose a greater risk for sexual recidivism. Approach goal and Passive strategy offenders are said to possess traits, such as deviant sexual arousal and deficient self-regulation respectively (Ward, 2000; Ward & Hudson, 1998a, 2000), which are associated with a higher likelihood for sexual recidivism (e.g., Craig et al., 2006; Thornton, 2002).

In direct opposition to these descriptions, the preceding studies estimated that the present sample of Avoidant goal and Active strategy offenders pose a greater risk for sexual recidivism. The preceding investigations also indicated that these offenders were more likely than their counterparts to demonstrate paedophilic sexual interests. The aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) implies that the above mentioned differences in recidivism risk may be indicative of differences in psychological dispositions for sex offending such as sexual deviance.

Even so, it is necessary to point out, as discussed in preceding chapters, that there has been considerable support for the legitimacy of distinguishing between offenders on the basis of Approach and Avoidant goals towards offending (e.g., Hudson et al., 1999; Proulx et al., 1997, 1999; Ward et al., 1998; Ward, Loudon et al., 1995). Furthermore, there has been independent support for the proposed

differences in treatment need and risk for recidivism of Approach-Avoidant goal and Active-Passive strategy offenders (e.g., Bickley & Beech, 2002, 2003). Therefore, it is plausible that the unexpected departures were not a result of the unique characteristics of the present sample of child sex offenders.

Nonetheless, it may be reasonably deduced that the Self-Regulation model descriptions of offences processes associated with Approach and Avoidant goals as well as Active and Passive strategies are inaccurate in at least in the presently small sample of child sex offenders characterised by high psychological symptomatology. Given differences between these offenders in the present sample were in the opposite direction to those predicted by the Self-Regulation model, it is plausible that high psychological symptomatology may produce systematic effects on peri-offence processes and associated dispositions and traits. It is possible that the Self-Regulation model may either need to be expanded to incorporate level of psychological symptomatology or may not be valid for application in such samples. Further research is required to explore these possibilities.

11.4.2 Implications for the Aetiological Model of Risk

The preceding findings also offer implications with regard to the aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004). The aetiological model provides a useful framework for understanding the possible contributions of the Self-Regulation model in risk assessment. In particular, the aetiological model suggests the significance of the Self-Regulation offence process model is in identifying underlying psychological dispositions and traits that may exert causative as well as maintenance effects on sexually abusive behaviour.

Although the preceding studies did not provide a comprehensive assessment of the aetiological model, they have indicated the importance of further research

exploring the model's proposed relationship between stable dynamic (psychological dispositions or traits) and acute dynamic (acute states) variables. The expected effects of stable dynamic variables (sexually deviant interests and psychopathic traits) on acute dynamic variables (peri-offence processes) were not obtained. Nonetheless, the aetiological model (Beech & Ward, 2004; Ward & Beech, 2004) implies that the relationship between dispositions and acute states is the result of an interaction between stable dispositions and the moderating effects of transient contextual and triggering factors (i.e., change in affect, presence of preferred victim type). In this regard, the preceding analyses were not equipped to assess the accuracy of the aetiological model in its full complexity. Furthermore, the analyses conducted were limited due to small sample sizes and low statistical power and, hence, the preceding studies were unable to refute the proposed nature of the relationships between stable and acute dynamic variables.

11.4.3 Practical Implications

The present series of studies also offered implications for treatment and management of sex offenders. Despite the high psychological symptomatology and sexual deviance that characterised the present sample, the preceding studies consistently indicated that child sex offenders are relatively heterogeneous in treatment and risk management need. The Self-Regulation model offers much promise in offering a theoretical understanding of typological differences in treatment and risk management need. However, the predictions of the model appeared to be over-ruled by the high psychological symptomatology in the present sample.

The present findings suggest that the significance of offence processes is in identifying underlying dispositions that may lead to and maintain sexually abusive

behaviour. Although the dispositions of offenders were not clearly or directly reflected in their peri-offence responses, the peri-offence responses of the present sample of offenders were useful in pointing towards dispositions, such as sexual deviance, that may place certain offenders at a greater estimated risk for sexual recidivism. Thus, the present line of investigation does not refute the argument that risk assessments of sex offenders should incorporate what has been referred to as a 'functional analysis' of offence processes (Beech et al., 2003). However, the preceding studies have highlighted the importance of developing a theoretical framework with which to understand and integrate information pertaining to offence processes. The results obtained with the present sample of child sex offenders suggest that offence processes are not directly predictive of risk for recidivism, but rather, are indicative of problematic psychological dispositions and traits that are associated with an increased risk for sexual recidivism. However, given the present studies were limited by small sample sizes and low statistical power, further research is necessary to explore and detail the links between peri-offence processes and psychological dispositions/traits.

11.5 Avenues for Future Research

It is now pertinent to progress towards a discussion of future avenues for research. The future avenues for research may be divided into those that are more general avenues versus those that are more specific.

11.5.1 Broad Avenues/Issues for Research

There are a number of more broad issues relating to research design and sample representativeness that require further investigation. The first of these issues relates to the design of future studies. In particular, it would appear advantageous to

conduct longitudinal research investigating recidivism rates on follow-up for offenders classified according to the Self-Regulation model's pathways to offending. Longitudinal comparisons of recidivism rates between the various pathway offenders would presumably provide a more valid test of the risk implications of the Self-Regulation model's proposed pathways to offending.

A second broad issue that requires addressing is the need to establish the degree to which findings obtained from the present sample can be generalised to other samples of sex offenders. There is a need for independent replication studies utilising larger samples of child sex offenders to determine whether the unexpected current findings were indicative of the unique characteristics possessed by the present sample. Furthermore, similar investigations should be extended to other groups of sex offenders, such as rapists, to determine whether the conclusions reached from the present study can be generalised to other offender groups. Ultimately, it would be desirable to construct aetiological models of risk that may be applied to different types of sex offenders.

11.5.2 Specific Avenues/Issues for Research

In addition to these more general issues, there are some specific areas that require further investigation. Firstly, it would be fruitful to investigate the possibilities for incorporating phallometric measurement in assessment of offence processes. Specifically, it would be useful for future research to include phallometric measurement in guided imagery investigations of patterns of responses to deviant and non-deviant sexual experiences. The inclusion of phallometric assessments would allow for an objective indication of the role and temporal course of sexual arousal in offending. Objective assessment of peri-offence sexual arousal would also allow for a more valid assessment of the proposed link between peri-offence

processes and sexually deviant dispositions (Beech & Ward, 2004; Ward & Beech, 2004).

Secondly, there are a number of specific research avenues that may be pursued to empirically verify the validity of the aetiological model of risk. As was discussed previously, further research is required to explore the relationship between psychological dispositions predictive of offending and acute state variables. Although the aetiological model has much intuitive, parsimonious and logical appeal, empirical support is unfortunately lacking at present. The present studies did not provide supportive evidence of a clear link between peri-offence processes and traits of sexual deviance and psychopathy. However, the present studies were not designed to test the full complexity of the aetiological model. Nonetheless, a more thorough investigation of the aetiological model would be difficult, as it would require longitudinal data and possibly also large sample sizes so that more complex multivariate analyses, such as, path analysis and structural equation modeling, may be performed.

11.6 Directions of Present Inquiries

In concluding, it may be fruitful for researchers to be mindful of recent developments in the construction of more broad and overarching theories of sex offending. Quite recently, a unified theory of sex offending has been proposed (Ward & Beech, 2006; Ward et al., 2006). This unified theory attempts to explain, within the one theoretical framework, the onset, development and maintenance of sexually abusive behaviour. It is beyond the scope of the present discussion to delve into an exploration of this unified theory. However, this unified theory is worthy of mention here as it represents a prototype of recent trends in the literature to construct what may be conceptualised as level I (multi-factorial) theories (Ward & Hudson,

1998b) that are parsimonious yet broad in scope. The question that will need to be addressed by these theorists is whether these broad multi-factorial theories are able to capture the complexity of the issues surrounding sex offending. In addition, it appears somewhat premature to develop broad multi-factorial theories of sex offending given that present understandings of the significance of peri-offence processes are rudimentary at best.

11.7 Summary

The present series of investigations have highlighted the heterogeneity of child sex offenders and the need to develop theoretically based typologies to manage this diversity. However, the present line of investigation, with a small sample of child sex offenders, has produced a series of results that were unexpected given the Self-Regulation model's descriptions of pathways to sex offending. Despite the possibility that the present sample was not representative of the larger population of child sex offenders, the preceding findings pose a need for further research exploring the adequacy of the Self-Regulation model's descriptions of offence processes in diverse samples of sex offenders. It is arguably essential to develop reliable and accurate micro-models of the proximal processes leading to offending, such as the Self-Regulation model (Ward & Hudson, 1998a, 2000a), so that more broad multi-factorial models may be advanced.

REFERENCES

- Abel, G.G., Becker, J.V., Cunningham-Rathner, J., & Mittelman, M., & Rouleau, J.L. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16, 153-168.
- Abel, G.G., Becker, J.V., Cunningham-Rathner, J., Rouleau, J.L., Kaplan, M., & Reich, J. (1984). *The treatment of child molesters* (Available from Gene G. Abel, M. D., Behavioral Medicine Institute of Atlanta, 1401 Peachtree Street, Suite 140, Atlanta, GA 30309).
- Abel, G.G., Becker, J.V., Mittelman, M., Cunningham-Rathner, J., Rouleau, J.L., & Murphy, W.D. (1987). Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence*, 2, 3-25.
- Abel, G.G., Becker, J.V., Murphy, W.D., & Flanagan, B. (1981). Identifying dangerous child molesters. In R.B. Stewart (Ed.), *Violent behavior: Social learning approaches to prediction, management and treatment* (pp. 116-137). New York: Brunner/Mazel.
- Abel, G.G., Gore, D.K., Holland, C.L., Camps, N., Becker, J.V., & Rathner, J. (1989). The measurement of the cognitive distortions of child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 2, 135-152.
- Abel, G.G., Huffman, J., Warberg, B.W., & Holland, C.L. (1998). Visual reaction time and plethysmography as measures of sexual interest in child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 10, 81-95.

- Abel, G.G., Jordan, A., Hand, C.G., Holland, L.A., & Phipps, A. (2001). Classification models of child molesters utilizing the Abel Assessment for sexual interest [Abstract], *Child Abuse and Neglect: The International Journal*, 25, 703-718. Retrieved July 19, 2006, from Web of Science Database.
- Abel, G.G., Lawry, S.S., Karlstrom, E.M., Osborn, C.A., & Gillespie, C.F. (1994). Screening tests for pedophilia. *Criminal Justice and Behavior*, 21, 115-131.
- Abracen, J., Mailloux, D.L., Serin, R.C., Cousineau, C., Malcolm, P.B., & Looman, J. (2004). A model for the assessment of static and dynamic factors in sexual offenders. *The Journal of Sex Research*, 41, 321-328. Retrieved January 12, 2006, from ProQuest Database.
- ACT Law Reform Commission (2001, April). *Report on the laws relating to sexual assault* (Report no. 18). Canberra, Australia: ACT Department of Justice and Community Safety. Retrieved May 31 2006, from http://www.jcs.act.gov.au/eLibrary/lrc/lrc18/lrc18_sexual_assault.pdf
- Adams, H.E., Motsinger, P., McAnulty, R.D., & Moore, A.L. (1992). Voluntary control of penile tumescence among homosexual and heterosexual subjects [Electronic Version]. *Archives of Sexual Behavior*, 21, 17-31.
- Ahlmeyer, S., Kleinsasser, D., Stoner, J., & Retzlaff, P. (2003). Psychopathology of incarcerated sex offenders. *Journal of Personality Disorders*, 17, 306-318. Retrieved April 24 2004, from ProQuest Database.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Fourth Edition, Text Revision). Washington, DC: Author.
- Andrews, D.A., & Bonta, J. (1998). *The psychology of criminal conduct* (2nd Ed.). Cincinnati, OH: Anderson.

- Andrews, P., & Meyer, R.G. (2003). Marlowe-crowne social desirability scale and short form c: Forensic norms. *Journal of Clinical Psychology, 59*, 483-492.
- Auburn, T., & Lea, S. (2003). Doing cognitive distortions: A discursive psychology analysis of sex offender treatment talk. *The British Journal of Social Psychology, 42*, 281-298. Retrieved April 24 2004, from ProQuest Database.
- Australian Bureau of Statistics (2004). *Sexual assault in Australia: A statistical overview* (No. 4523.0). Canberra, Australian Capital Territory: Author. Retrieved May 24 2006, from AusStats Database.
- Avery-Clark, C.A., & Laws, D.R. (1984). Differential erection response patterns of child sexual abusers to stimuli describing activities with children. *Behavior Therapy, 15*, 71-83.
- Ax, A.R. (1953). The physiological differentiation between fear and anger in humans. *Psychosomatic Medicine* [Electronic Version], *15*, 147-150. Retrieved April 19, 2006 from <http://www.psychosomaticmedicine.org/cgi/reprint/15/5/433>
- Barbaree, H.E., Langton, C.M., & Peacock, E.J. (2006). The factor structure of static actuarial items: Its relation to prediction [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 18*, 207-226.
- Barbaree, H.E., & Marshall, W.L. (1989). Erectile responses amongst heterosexual child molesters, father-daughter incest offenders, and matched non-offenders: Five distinct age preference profiles. *Canadian Journal of Behavioural Science, 21*, 70-82.
- Barbaree, H.E., & Seto, M.C. (1997). Pedophilia: Assessment and treatment. In D. R. Laws & W. O'Donahue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 175-193). New York: Guilford.

- Barbaree, H.E., Seto, M.C., Langton, C.M., & Peacock, E.J. (2001). Evaluating the predictive accuracy of six risk assessment instruments for adult sex offenders [Electronic Version]. *Criminal Justice and Behavior*, 28, 490-521.
- Barnard, G.W., Fuller, K.A., Robbins, L., & Shaw, T. (1989). *The child molester: An integrated approach to evaluation and treatment*. New York: Brunner/Mazel.
- Bartosh, D.L., Garby, T., Lewis, D., & Gray, S. (2003). Differences in the predictive validity of actuarial risk assessments in relation to sex offender type [Electronic Version]. *International Journal of Offender Therapy and Comparative Criminology*, 47, 422-438.
- Baumeister, R.F., & Heatherton, T.F. (1996). Self-regulation failure: An overview. *Psychological Inquiry*, 7, 1-15. Retrieved April 26, 2006, from Business Source Premier Database.
- Beck, A.T. (1972). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.
- Beck, A.T. (1991). Cognitive therapy: A 30-year retrospective. *American Psychologist*, 46, 368-375. Retrieved May 24, 2006, from psycARTICLES database.
- Beckett, R.C., & Fisher, D. (1994, November). *Assessing victim empathy: A new measure*. Paper presented at the 13th Annual Conference of the Association for the Treatment of Sexual Abusers, San Francisco.
- Beech, A.R. (1998). A psychometric typology of child abusers. *International Journal of Offender Therapy and Comparative Criminology*, 42, 319-339.
- Beech, A.R., Fisher, D., & Beckett, R.C. (1999). *STEP 3: An evaluation of the prison sex offender treatment programme*. London: Home Office. Retrieved April 25, 2004, from <http://www.homeoffice.gov.uk/rds/pdfs/occ-step3.pdf>

- Beech, A.R., Fisher, D.D., & Thornton, D. (2003). Risk assessment of sex offenders. *Professional Psychology: Research and Practice, 34*, 339-352.
- Beech, A., Friendship, C., Erikson, M., & Hanson, K.R. (2002). The relationship between static and dynamic risk factors and reconviction in a sample of U.K. child abusers [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 14*, 155-167.
- Beech, A.R., & Ward, T. (2004). The integration of etiology and risk in sexual offenders: A theoretical framework. *Aggression and Violent Behavior, 10*, 31-63.
- Berlin, F.S., Galbreath, N.W., Geary, B., & McGlon, G. (2003). The use of actuarials at civil commitment hearings to predict the likelihood of future sexual violence [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 15*, 377-382.
- Bickley, J., & Beech, A.R. (2001). Classifying child abusers: Its relevance to theory and clinical practice. *International Journal of Offender Therapy and Comparative Criminology, 45*, 51-69.
- Bickley, J.A., & Beech, A.R. (2002). An investigation of the Ward and Hudson pathways model of the sexual offense process with child abusers. *Journal of Interpersonal Violence, 17*, 371-393.
- Bickley, J.A., & Beech, A.R. (2003). Implications for treatment of sexual offenders of the Ward and Hudson model of relapse [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 15*, 121-134.
- Blackburn, R. (1993). *The psychology of criminal conduct: Theory, research and practice*. Chichester, UK: Wiley.

- Blanchard, R., & Dickey, R. (1998). Pubertal age in homosexual and heterosexual sexual offenders against children, pubescents, and adults [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 10*, 273-282.
- Blanchard, R., Klassen, P., Dickey, R., Kuban, M.E., & Blak, T. (2001). Sensitivity and specificity of the phallometric test for pedophilia in nonadmitting sex offenders. *Psychological Assessment, 13*, 118-126. Retrieved August 16, 2006, from psycARTICLES database.
- Blanchard, R., Kuban, M.E., Blak, T., Cantor, J.M., Klassen, P., & Dickey, R. (2006). Phallometric comparison of pedophilic interest in nonadmitting sexual offenders against stepdaughters, biological daughters, other biologically related girls, and unrelated girls [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 18*, 1-14.
- Blanchette, K. (1996). *Sex offender assessment, treatment and recidivism: A literature review*. Ottawa, Canada: Research Division, Correctional Services Canada. Retrieved July 11, 2006, from http://www.csc-scc.gc.ca/text/rsrch/reports/r48/r48e_e.shtml
- Blumenthal, S., Gudjonsson, G., & Burns, J. (1999). Cognitive distortions and blame attribution in sex offenders against adults and children. *Child Abuse and Neglect, 23*, 129-143.
- Bogaerts, S., Vervaeke, G., & Goethals, J. (2004). A comparison of relational attitude and personality disorders in the explanation of child molestation [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 16*, 37-47.

- Bolliet, O., Collet, C., & Dittmar, A. (2005). Autonomic nervous system activity during actual and mentally simulated preparation for movement. *Applied Psychophysiology and Biofeedback, 30*, 11-20. Retrieved April 19, 2006, from ProQuest Database.
- Bonta, J. (2000). Offender assessment: General issues and considerations. *Forum: "What Works" In Corrections, 12*, 14-18. Retrieved August 2, 2006, from http://www.csc-scc.gc.ca/text/pblct/forum/e122/e122ind_e.shtml
- Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use [Electronic Version]. *Criminal Justice and Behavior, 29*, 355-379.
- Brain, K.L., Haines, J., & Williams, C.L. (1998). The psychophysiology of self-mutilative behaviour: Evidence of tension reduction [Electronic Version]. *Archives of Suicide Research, 4*, 227-242.
- Brain, K.L., Haines, J., & Williams, C.L. (2002). The psychophysiology of repetitive self-mutilation [Electronic Version]. *Archives of Suicide Research, 6*, 199-210.
- Brain, K.L., Williams, C.L., & Haines, J. (1996). *The psychophysiology of self-mutilation: Evidence of tension reduction*. Paper presented at the 23rd Annual Experimental Psychology Conference, Perth, Australia.
- Brophy, C.J., Norvell, N.K., & Kiluk, D.J. (1988). An examination of the factor structure and convergent and discriminant validity of the SCL-90R in an outpatient clinic population. *Journal of Personality Assessment, 52*, 334-40.
- Brownell, K.D., Marlatt, A.G., Lichtenstein, E., & Wilson, T.G. (1986). Understanding and preventing relapse. *American Psychologist, 41*, 765-782. Retrieved April 20, 2006, from PsycARTICLES Database.
- Campbell, T.W. (2003). Sex offenders and actuarial risk assessments: Ethical considerations. *Behavioral Sciences and the Law, 21*, 269-279.

- Canter, D., Hughes, D., & Kirby, S. (1998). Paedophilia: Pathology, criminality, or both? The development of a multivariate model of offence behaviour in child sexual abuse. *The Journal of Forensic Psychiatry, 9*, 532-555.
- Carver, C.S. (2004). Self-regulation of action and affect. In R.F. Baumeister & K. D. Vohs (Eds.), *Handbook of self-regulation: Research, theory, and applications* (pp. 13-39). New York: Guilford.
- Carver, C.S., & Scheier, M.F. (2001). *On the self-regulation of behaviour*. Cambridge, UK: Cambridge University.
- Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*, 267-283.
- Carver, C.S., Sutton, S.K., & Scheier, M.F. (2000). Action, emotion, and personality: Emerging conceptual integration [Electronic Version]. *Personality and Social Psychology Bulletin, 26*, 741-751.
- Cassar, E., Ward, T., & Thakker, J. (2003). A descriptive model of the homicide process. *Behaviour Change, 20*, 76-93.
- Cochran, W., & Tesser, A. (1996). The "What the hell" effect: Some effects of goal proximity and goal framing on performance. In L.L. Martin & A. Tesser (Eds.), *Striving and feeling: Interactions among goals, affect and self-regulation* (pp. 99-120). New Jersey: Lawrence Erlbaum.
- Cohen, J.A. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement, 20*, 37-46.
- Cohen, L.J., & Galynker, I.I. (2002). Clinical features of pedophilia and implications for treatment. *Journal of Psychiatric Practice, 8*, 276-289.
- Cohen, M., Seghorn, T., & Calmas, W. (1969). Sociometric study of the sex offender. *Journal of Abnormal Psychology, 74*, 249-255.

- Cotte, J. (1997). Chances, trances, and lots of slots: Gambling motives and consumption experiences. *Journal of Leisure Research, 29*, 380-406. Retrieved August 24, 2006, from ProQuest Database.
- Clark, D.A., Beck, A.T., & Alford, B.A. (1999). *Scientific foundations of cognitive theory and therapy of depression*. New York: John Wiley & Sons.
- Craig, L.A., Browne, K.D., & Beech, A., & Stringer, I. (2006). Psychosexual characteristics of sexual offenders and the relationship to sexual reconviction [Electronic Version]. *Psychology, Crime and Law, 12*, 231-243.
- Craig, L.A., Browne, K.D., & Stringer, I. (2003). Risk scales and factors predictive of sexual offence recidivism. *Trauma, Violence and Abuse, 4*, 45-69.
- Craig, L.A., Browne, K.D., Stringer, I., & Beech, A. (2004). Limitations in actuarial risk assessment of sexual offenders: A methodological note. *The British Journal of Forensic Practice, 6*, 16-32. Retrieved August 18, 2004, from ProQuest Database.
- Craig, L.A., Browne, K.D., Stringer, I., & Beech, A. (2005). Sexual recidivism: A review of static, dynamic and actuarial predictors [Electronic Version]. *Journal of Sexual Aggression, 11*, 65-84.
- Craissati, J., & Beech, A. (2004). The characteristics of a geographical sample of convicted rapists: Sexual victimization and compliance in comparison to child molesters [Electronic Version]. *Journal of Interpersonal Violence, 19*, 371-388.
- Crawford, D.A. (1979). Modification of deviant sexual behaviour: The need for a comprehensive approach. *British Journal of Medical Psychology, 52*, 151-156.

- Crawford, E.L., Carlton, J., & Ahrens, D. (2003, May 30). *Negativity bias in recognition and spatial memory of pictures*. Presented at the 15th Annual Convention of the American Psychological Society, Atlanta. Retrieved May 9, 2006, from http://www.psychologicalscience.org/cfs/program/view_submission.cfm?Abstract_ID=4147
- Crowne, D.P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Danni, K.A., & Hampe, G.D. (2000). An analysis of predictors of child sex offender types using presentence investigation reports [Electronic Version]. *International Journal of Offender Therapy and Comparative Criminology, 44*, 490-504.
- Dawes, R.M., Faust, D., & Meehl, P.E. (1989). Clinical versus actuarial judgement [Electronic Version]. *Science, 243*, 1668-1674.
- Day, D.M., Miner, M.H., Sturgeon, V.H., & Murphy, J. (1989). Assessment of sexual arousal by means of physiological and self-report measures. In D.R. Laws (Ed.), *Relapse prevention with sex offenders* (pp. 115-123). New York: Guilford.
- Dempster, R.J., & Hart, S.D. (2002). The relative utility of fixed and variable risk factors in discriminating sexual recidivists and nonrecidivists [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 14*, 121-138.
- Derogatis, L.R. (1983). *SCL-90-R. Administration, scoring and procedures manual-II*. Towson, M.D: Clinical Psychometric Research.
- Derogatis, L.R. (1994). *Symptom Checklist-90-R: Administration, scoring, and procedures manual* (3rd Ed.). Minneapolis, MN: National Computer Systems.

- De Vogel, V., De Ruiter, C., Van Beek, D., & Mead, G. (2004). Predictive validity of the SVR-20 and Static-99 in a Dutch sample of treated sex offenders. *Law and Human Behavior, 28*, 235-251. Retrieved June 9, 2004, from ProQuest Database.
- Doren, D. (1998). Recidivism base rates, predictions of sex offender recidivism, and the "sexual predator" commitment laws [Electronic Version]. *Behavioral Sciences and the Law, 16*, 97-114.
- Doren, D.M. (2001). Adversarial forum. Analyzing the analysis: A response to Wollert (2000) [Electronic Version]. *Behavioral Sciences and the Law, 19*, 185-196.
- Doren, D.M. (2002). *Evaluating sex offenders: A manual for civil commitments and beyond*. Thousand Oaks, CA: Sage.
- Doren, D.M. (2004a). Stability of the interpretative risk percentages for the RRASOR and Static-99 [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 16*, 25-36.
- Doren, D.M. (2004b). Toward a multidimensional model for sexual recidivism risk [Electronic Version]. *Journal of Interpersonal Violence, 19*, 835-856.
- D'Silva, K., Duggan, C., & McCarthy, L. (2004). Does treatment really make psychopaths worse? A review of the evidence. *Journal of Personality Disorders, 18*, 163-177. Retrieved September 5, 2006, from ProQuest Database.
- Echeburúa, E., Fernández-Montalvo, J., & Amor, P.J. (2003). Psychopathological profile of men convicted of gender violence: A study in the prisons of Spain [Electronic Version]. *Journal of Interpersonal Violence, 18*, 798-812.

- Eckhardt, C.I., Barbour, K.A., & Davison, G.C. (1998). Articulated thoughts of martially violent and nonviolent men during anger arousal. *Journal of Consulting and Clinical Psychology, 66*, 259-269. Retrieved May 24, 2006, from psycARTICLES database.
- Edens, J.F., Marcus, D.K., Lilienfeld, S.O., & Poythress, N.G. (2006). Psychopathic, not psychopath: Taxometric evidence for the dimensional structure of psychopathy. *Journal of Abnormal Psychology, 115*, 131-144. Retrieved October 8, 2007, from psycARTICLES database.
- Edwards, M. (1997). *Treatment for paedophiles; Treatment for sex offenders* (Research and Public Policy Series No. 12). Canberra, Australia: Australian Institute of Criminology. Retrieved July 23, 2004, from, <http://www.aic.gov.au/publications/rpp/12/ch9.pdf>
- Elwood, C.E., Poythress, N.G., & Douglas, K.S. (2004). Evaluation of the Hare P-SCAN in a non-clinical population. *Personality and Individual Differences, 36*, 833-843. Retrieved July 21, 2006, from Current Contents Connect database.
- Epperson, D.L., Kaul, J.D., Hout, S.J., Hesselton, D., Alexander, W., & Goldman, R. (2000). *Minnesota Sex Offender Screening Tool-Revised*. St. Paul: Minnesota Department of Corrections. Retrieved July 19, 2006, from, <http://www.psychology.iastate.edu/~dle/TechUpdatePaper12-03.pdf>
- Fedoroff, P.J., & Moran, B. (1997). Myths and misconceptions about sex offenders. *The Canadian Journal of Human Sexuality, 6*, 263-276. Retrieved June 1, 2006, from ProQuest Database.
- Fernandez, Y. (2002a). Phallometric testing with sexual offenders against female victims: Limits to its value. *Research in Brief, 14*, 7-12. Retrieved August 17, 2004, from http://www.csc-scc.gc.ca/text/pblct/forum/e141/141b_e.pdf

- Fernandez, Y.M. (2002b). Phallometric testing with sexual offenders against female victims: An examination of reliability and validity issues. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 62(12-B), 6017.
- Fernandez, Y.M., Marshall, W.L., Lightbody, S., & O'Sullivan, C. (1999). The Child Molester Empathy Measure: A description and examination of its reliability and validity [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 11, 17–31.
- Fillion, D.T. (2003). Theoretical taxonomies of child molesters. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64(2-B), 961.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. NY: The Free Press.
- Firestone, P., Bradford, J.M., Greenberg, D.M., & Nunes, K.L. (2000). Differentiation of homicidal child molesters, nonhomicidal child molesters, and nonoffenders by phallometry. *The American Journal of Psychiatry*, 157, 1847-1850. Retrieved June 13, 2006, from ProQuest Database.
- Firestone, P., Bradford, J.M., McCoy, M., & Greenberg, D.M., Larose, M.R., & Curry, S. (1999). Prediction of recidivism in incest offenders [Electronic Version]. *Journal of Interpersonal Violence*, 14, 511-531.
- Firestone, P., Bradford, J.M., McCoy, M., Greenberg, D.M., Curry, S., & Larose, M.R. (2000). Prediction of recidivism in extrafamilial child molesters based on court-related assessments. *Sexual Abuse: A Journal of Research and Treatment*, 12, 203-221.

- Fischer, L., & Smith, G. (1999). Statistical adequacy of the Abel assessment for interest in paraphilias [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 11*, 195-205.
- Fisher, R.J. (1993). Social desirability bias and the validity of indirect questioning. *Journal of Consumer Research, 20*, 303-315. Retrieved August 8, 2006, from ProQuest Database.
- Fisher, D., Beech, A., & Browne, K. (1999). Comparison of sex offenders to nonoffenders on selected psychological measures [Electronic Version]. *International Journal of Offender Therapy and Comparative Criminology, 43*, 473-491.
- Fisher, W.A., Byrne, D., White, A.L., & Kelley, K. (1988). Erotophobia-erotophilia as a dimension of personality. *Journal of Sex Research, 25*, 123-151.
- Fisher, D., & Mair, G. (1998). A review of classification systems for sex offenders. *Research Findings* (No. 78). Queen Anne's Gate, London: Home Office Research and Statistics Directorate. Retrieved April 12, 2006, from, <http://www.homeoffice.gov.uk/rds/pdfs/r78.pdf>
- Freund, K. (1965). Diagnosing heterosexual pedophilia by means of a test for sexual interest. *Behaviour Research and Therapy, 3*, 229-234.
- Freund, K. (1967a). Diagnosing homo- or heterosexuality and erotic age preference by means of a psychophysiological test. *Behaviour Research and Therapy, 5*, 209-228.
- Freund, K. (1967b). Erotic preference in pedophilia. *Behaviour Research and Therapy, 5*, 339-348.
- Freund, K. (1977). Psychophysiological assessment of change in erotic preferences. *Behaviour Research and Therapy, 15*, 297-301.

- Freund, K. (1981). Assessment of paedophilia. In M. Cook & K. Howells (Eds.), *Adult sexual interest in children* (pp. 139-179). London: Academic Press.
- Friendship, C., & Beech, A.R. (2005). Reconviction of sexual offenders in England and Wales: An overview of research [Electronic Version]. *Journal of Sexual Aggression, 11*, 209-223.
- Furby, L., Weinrott, M., & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin, 105*, 3-30.
- Gaither, G.A., & Plaud, J.L. (1997). The effects of secondary stimulus characteristics on men's sexual arousal. *The Journal of Sex Research, 34*, 231-236.
Retrieved June 13, 2006, from ProQuest Database.
- Gingrich, T.N., & Campbell, J.B. (1995). Personality characteristics of sexual offenders [Electronic Version]. *Sexual Addiction and Compulsivity, 2*, 54-61.
- Glading, J., Williams, C.L., & Haines, J. (2001, February). *The psychophysiology of acts of murder*. Paper presented at the 1st Forensic Psychology Conference, Sydney, Australia.
- Glading, J., Williams, C.L., Haines, J., & Sale, I. (2001, November). *Motives for female homicide: A comparison of situational conflict and chronic abuse*. Paper presented at the 21st Annual Congress of the Australian and New Zealand Association of Psychiatry, Psychology and Law, Melbourne, Australia.
- Golde, J.S., Strassberg, D.S., & Turner, C.M. (2000). Psychophysiologic assessment of erectile response and its suppression as a function of stimulus media and previous experience with plethysmography. *The Journal of Sex Research, 37*, 53-59. Retrieved June 13, 2006, from ProQuest Database.
- Green, R. (2002). Is pedophilia a mental disorder? [Electronic Version]. *Archives of Sexual Behavior, 31*, 467-471.

- Greenberg, D., Bradford, J., Firestone, P., & Curry, S. (2000). Recidivism of child molesters: A study of victim relationship with the perpetrator [Electronic Version]. *Child Abuse and Neglect, 24*, 1485-1494.
- Grigsby, J. (1991). Combat rush: Phenomenology of central and autonomic arousal among war Veterans with PTSD. *Psychotherapy, 28*, 354-363. Retrieved August 24, 2006, from PsycARTICLES database.
- Groth, A.N., Hobson, W.F., & Gary, T.S. (1982). The child molester: Clinical observations. *Journal of Social Work and Human Sexuality, 1*, 129-144.
- Grove, W.M., Zald, D.H., Lebow, B.S., Snitz, B.E., & Nelson, C. (2000). Clinical versus mechanical prediction: A meta-analysis. *Psychological Assessment, 12*, 19-30. Retrieved August 9, 2006, from PsycARTICLES Database.
- Grubin, D. (1997). Inferring predictors of risk: Sex offenders. *International Review of Psychiatry, 9* (2-3), 225-231. Retrieved July 23, 2004, from ProQuest Database.
- Grubin, D. (1998). *Sex Offending Against Children: Understanding the Risk* (Police Research Series Paper 99). Queen Anne's Gate, London: Home Office. Retrieved July 6, 2004, from <http://www.homeoffice.gov.uk/rds/prgpdfs/fprs99.pdf>
- Grubin, D. (1999). Actuarial and clinical assessment of risk in sex offenders [Electronic Version]. *Journal of Interpersonal Violence, 14*, 331-343.
- Grubin, D. (2002). *Expert paper: Sex offender research*. Liverpool, England: NHS National Programme on Forensic Mental Health Research and Development. Retrieved April 25, 2004, from <http://www.dh.gov.uk/assetRoot/04/02/09/04/04020904.pdf>

- Guay, J.P., Proulx, J., Cusson, M., & Ouimet, M. (2001). Victim-choice polymorpha among serious sex offenders [Electronic Version]. *Archives of Sexual Behavior, 30*, 521-533.
- Haines, J., Josephs, S., Williams, C.L., & Wells, J.H. (1998). The psychophysiology of obsessive-compulsive disorder. *Behaviour Change, 15*, 244-254.
- Haines, J., & Williams, C.L. (2002, July). *Paedophilic homicide: The assessment of the likelihood of recidivism*. Paper presented at the 25th International Congress of Applied Psychology, Singapore.
- Haines, J., Williams, C.L., Brain, K.L., & Wilson, G.V. (1995). The psychophysiology of self-mutilation. *Journal of Abnormal Psychology, 104*, 471-489. Retrieved August 18, 2006, from PsycARTICLES database.
- Haines, J., Williams, C.L., Sale, I., & Glading, J. (2001, November). *Fearful problem solving: The influence of cult activity on subsequent homicidal behaviour*. Paper presented at the 21st Annual Congress of the Australian and New Zealand Association of Psychiatry, Psychology and Law, Melbourne, Australia.
- Haines, J., Williams, C.L., Sale, I.M., Glading, J.A., & Davidson, J.A. (2002). The death of a leader: Homicide as a means of group disengagement. *Cultic Studies Review, 1*, 1-23.
- Hall, G.C.N., & Hirschman, R. (1991). Toward a theory of sexual aggression: A quadripartite model. *Journal of Consulting and Clinical Psychology, 59*, 662-669. Retrieved August 16, 2006, from PsycARTICLES database.
- Hall, G.C.N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective of etiology [Electronic Version]. *Criminal Justice and Behaviour, 19*, 8-23.

- Hall, G.C.N., Hirschman, R., & Oliver, L.L. (1995). Sexual arousal and arousability to pedophilic stimuli in a community sample of normal men. *Behavior Therapy, 26*, 681-694. Retrieved November 27, 2003, from http://www.ploog.info/English/behaviour_therapy.htm
- Hall, G.C.N., Proctor, W.C., & Nelson, G.M. (1988). Validity of physiological measures of pedophilic sexual arousal in a sexual offender population. *Journal of Consulting and Clinical Psychology, 56*, 118-122.
- Hanson, R.K. (1997). *The development of a brief actuarial risk scale for sexual offense recidivism* (User Report No. 1997-04). Ottawa: Department of the Solicitor General of Canada. Retrieved July 23, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/199704_e.pdf
- Hanson, R.K. (2000). *Risk assessment*. ATSA Informational Packages Series. Beaverton, Oregon: Association for the Treatment of Sexual Abusers. Retrieved April 24, 2004, from <http://atsa.com/pdfs/InfoPack-Risk.pdf>
- Hanson, R.K. (2001). *Age and sexual recidivism: A comparison of rapists and child molesters*. (User report 2001 – 01). Ottawa: Department of the Solicitor General Canada. Retrieved April 24, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/age200101_e.pdf
- Hanson, R.K. (2003). Empathy deficits of sexual offenders: A conceptual model [Electronic Version]. *Journal of Sexual Aggression, 9*, 13-23.
- Hanson, R.K., & Bussière, M.T. (1996). *Predictors of sexual offender recidivism: A meta-analysis* (User Report 1996-04). Ottawa: Department of the Solicitor General of Canada. Retrieved April 25, 2004, from http://home.wanadoo.nl/ipce/library_two/han/hanson_96_txt.PDF

- Hanson, R.K., & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348-362. Retrieved August 16, 2006, from PsycARTICLES database.
- Hanson, R.K., & Harris, A.J.R. (1998). *Dynamic predictors of sexual recidivism* (User Report 1998-01). Ottawa: Department of the Solicitor General of Canada. Retrieved May 24, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/199801b_e.pdf
- Hanson, R.K., & Harris, A.J.R. (2000a). Where should we intervene? Dynamic predictors of sex offense recidivism. *Criminal Justice and Behavior, 27*, 6-35.
- Hanson, R.K., & Harris, A. (2000b). *The Sex Offender Need Assessment Rating (SONAR): A method for measuring change in risk levels* (User Report 2000-1): Ottawa: Department of the Solicitor General of Canada. Retrieved May 24, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/200001b_e.pdf
- Hanson, R.K., & Harris, A.J.R. (2001). A structured approach to evaluating change among sexual offenders [Electronic Version]. *Sexual Abuse: Journal of Research and Treatment, 13*, 105-122.
- Hanson, R.K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta analysis* (User Report 2004-02). Ottawa, Canada: Public Safety and Emergency Preparedness Canada. Retrieved July 24, 2004, from http://www.mhpc-research.com/200402_e.pdf

- Hanson, R.K., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*, 1154–1163. Retrieved August 16, 2006, from psycARTICLES database.
- Hanson, R.K., & Slater, S. (1988). Sexual victimization in the history of sexual abusers: A review. *Sexual Abuse: A Journal of Research and Treatment, 1*, 485-499.
- Hanson, R.K., Steffy, R.A., & Gauthier, R. (1992). *Long-term follow up of child molesters: risk predictors and treatment outcome* (User Report 1992-02). Ottawa: Ministry of the Solicitor General of Canada. Retrieved October 20, 2004, From: http://www.psepc-sppcc.gc.ca/publications/corrections/pdf/199202_e.pdf
- Hanson, R.K., Steffy, R.A., & Gauthier, R. (1993). Long-term recidivism of child molesters. *Journal of Consulting and Clinical Psychology, 61*, 646-652. Retrieved August 16, 2006, from PsycARTICLES database.
- Hanson, K.R., & Thornton, D. (1999). *Static 99: Improving actuarial risk assessments for sex offenders* (User Report No. 1999-02). Ottawa, Canada: Department of the Solicitor General of Canada. Retrieved June 18, 2003, from, http://ww2.psepc-sppcc.gc.ca/publications/corrections/199902_e.pdf
- Hanson, R.K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales [Electronic Version]. *Law and Human Behavior, 24*, 119–136.
- Hanson, R.K., & Thornton, D. (2003). *Notes on the development of Static-2002*. (User Report 2003-01). Ottawa: Department of the Solicitor General of Canada. Retrieved May 24, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/200301_static_2002_e.pdf

- Hare, R. D. (1991). *The Psychopathy Checklist—Revised manual*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hare, R.D. (1996). Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior*, 23, 25-54. Retrieved June 14, 2006, from University of Tasmania Library E-Reserve.
- Hare, R.D. (1999). Psychopathy as a risk factor for violence [Electronic Version]. *Psychiatric Quarterly*, 70, 181-187.
- Hare, R. D. (2003). *The Psychopathy Checklist—Revised manual (2nd ed.)*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hare, R.D., Clark, D., Grann, M., & Thornton, D. (2000). Psychopathy and the predictive validity of the PCL-R: An international perspective [Electronic Version]. *Behavioral Sciences and the Law*, 18, 623-645.
- Hare, R.D., & Hervé, H.F. (1999). *Hare P-SCAN: Research version manual*. Multi-Health Systems: P.O. Box 950, North Tonawanda, NY, 14120-0950.
- Harris, A.J., & Hanson, K.R. (2004). *Sex offender recidivism: A simple question* (No. 2004-03). Ottawa, Canada: Corrections Research, Public Safety and Emergency Preparedness Canada. Retrieved July 23, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/200403-2_e.pdf
- Harris, A., Phenix, A., Hanson, K.R., & Thornton, D. (2003). *Static-99 coding rules revised – 2003*. Ottawa, Canada: Corrections Directorate, Solicitor General Canada. Retrieved May 24, 2004, from http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/Static-99-coding-Rules_e.pdf
- Harris, G.T., Rice, M.E., Chaplin, T.C., & Quinsey, V.L. (1999). Dissimulation in phallometric testing of rapists' sexual preferences [Electronic Version]. *Archives of Sexual Behavior*, 28, 223-232.

- Harris, G.T., Rice, M.E., Quinsey, V.L. & Chaplin, T.C. (1996). Viewing time as a measure of sexual interest among child molesters and normal heterosexual men. *Behaviour Research and Therapy*, 34, 389-394.
- Harris, G.T., Rice, M.E., Quinsey, V.L., Lalumière, M.L., Boer, D., & Lang, C. (2003). A multisite comparison of actuarial risk instruments for sex offenders. *Psychological Assessment*, 15, 413-425. Retrieved August 16, 2006, from psycARTICLES.
- Hart, S. D., Cox, D. N., & Hare, R. D. (1995). *Manual for the Psychopathy Checklist: Screening Version (PCL:SV)*. Toronto, Ontario, Canada: Multi-Health Systems.
- Hart, S.D., Laws, R.D., & Kropp, R.P. (2003). The promise and the peril of sex offender risk assessment. In T. Ward, D.R. Laws, & S.M. Hudson, *Sexual deviance: Issues and controversies* (pp. 207-225). Thousand Oaks, CA: Sage.
- Hatch-Maillette, M.A., Scalora, M.J., Huss, M.T., & Baumgartner, J.V. (2001). Criminal thinking patterns: Are child molesters unique? *International Journal of Offender Therapy and Comparative Criminology*, 45, 102-117.
- Heil, P., Ahlmeyer, S., & Simons, D. (2003). Crossover sexual offenses [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 15, 221-236.
- Hennessy, M., Walter, J.S., & Vess, J. (2002). An evaluation of the Empat as a measure of victim empathy with civilly committed sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 14, 241-251.
- Henson, D.E., & Rubin, H.B. (1971). Voluntary control of eroticism. *Journal of Applied Behavior Analysis*, 4, 37-44.

- Herpertz, S.C., Kunert, H.J., Schwenger, U.B., & Sass, H. (1999). Affective responsiveness in borderline personality disorder: A psychophysiological approach. *The American Journal of Psychiatry*, *156*, 1150-1156. Retrieved April 19, 2006, from ProQuest Database.
- Herpertz, S.C., Mueller, B., Qunaibi, M., Lichterfeld, C., Konrad, K., & Herpertz-Dahlmann, B. (2005). Response to emotional stimuli in boys with conduct disorder. *The American Journal of Psychiatry*, *162*, 1100-1107. Retrieved April 19, 2006, from ProQuest Database.
- Hildebrand, M., de Ruiter, C., & de Vogel, V. (2004). Psychopathy and sexual deviance in treated rapists: Association with sexual and nonsexual recidivism [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, *16*, 1-24.
- Hirota, A., & Hirai, H. (1986). Effects of stimulus- or response-oriented training on psychophysiological responses and the propositional structure of imagery. *Japanese Psychological Research*, *28*, 186-195.
- Howard, N., & Caslin, R. (1999). Not a laughing matter: Cognitive training, not excuses is needed for sex offenders. *Corrections Today*, *61*, 34-37. Retrieved May 24, 2004, from ProQuest Database.
- Howells, K., Day, A., & Wright, S. (2004). Affect, emotions and sex offending [Electronic Version]. *Psychology, Crime and Law*, *10*, 179-195.
- Howes, R.J. (2003). Circumferential change scores in phallometric assessment: Normative data [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, *15*, 365-375.

- Hudson, S.M., & Ward, T. (2000). Relapse prevention: Assessment and treatment implications. In R.D. Laws, S.M. Hudson, & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 102-122). London: Sage.
- Hudson, S.M., Ward, T., & Laws, R.D. (2000). Whither relapse prevention? In R.D. Laws, S.M. Hudson & T. Ward (Eds.), *Remaking Relapse Prevention with Sex Offenders: A Sourcebook* (pp. 503-522). Thousand Oaks, CA: Sage.
- Hudson, S.M., Ward, T., & McCormack, J.C. (1999). Offense pathways in sexual offenders. *Journal of Interpersonal Violence, 14*, 779-798.
- Janssen, E., Vorst, H., Finn, P., & Bancroft, J. (2002a). The sexual inhibition (SIS) and sexual excitation (SES) scales: II. Predicting psychophysiological response patterns. *The Journal of Sex Research, 39*, 127-132. Retrieved June 14, 2006, from ProQuest Database.
- Janssen, E., Vorst, H., Finn, P., & Bancroft, J. (2002b). The sexual inhibition (SIS) and sexual excitation (SES) scales: I. Measuring sexual inhibition and excitation proneness in men. *The Journal of Sex Research, 39*, 114-126. Retrieved June 14, 2006, from ProQuest Database.
- Janus, E.S., & Prentky, R.A. (2003). Forensic use of actuarial risk assessment with sex offenders: Accuracy, admissibility and accountability. *The American Criminal Law Review, 40*, 1443-1499. Retrieved June 9, 2004, from ProQuest Database.
- Janus, E.C., & Prentky, R.A. (2004). Forensic use of actuarial risk assessment: How a developing science can enhance accuracy and accountability. *Federal Sentencing Reporter, 16*, 176-181. Retrieved July 11, 2006, from ProQuest Database.

- Jefferson, S., & Nicki, R. (2003). A new instrument to measure cognitive distortions in video lottery terminal users: The informational biases scale (IBS). *Journal of Gambling Studies, 19*, 387-403. Retrieved May 24, 2006, from psycARTICLES database.
- Johnson, C.F. (2004). Child sexual abuse. *The Lancet, 364*, 462-470. Retrieved September 29th, 2006, from ProQuest Database.
- Johnston, F.A., & Johnston, S.A. (1997). A cognitive approach to validation of the fixated-regressed typology of child molesters. *Journal of Clinical Psychology, 53*, 361-368.
- Kalichman, S.C., Henderson, M.C., Shealy, L.S., & Dwyer, M. (1992). Psychometric properties of the Multiphasic Sex Inventory in assessing sex offenders. *Criminal Justice and Behavior, 19*, 384-396.
- Karoly, P. (1993). Mechanisms of self-regulation: A systems view [Electronic Version]. *Annual Review of Psychology, 44*, 23-52.
- Kear-Colwell, J., & Boer, D.P. (2000). The treatment of pedophiles: Clinical experience and the implications of recent research. *International Journal of Offender Therapy and Comparative Criminology, 44*, 593-605.
- Kear-Colwell, J.J. & Sawle, G.A. (2001). Coping strategies and attachment in pedophiles: Implications for treatment. *International Journal of Offender Therapy and Comparative Criminology, 45*, 171-182.
- Keenan, T., & Ward, T. (2003). Developmental antecedents of sexual offending. In T. Ward, R.D. Laws, & S.M. Hudson (Eds.), *Sexual deviance: Issues and controversies* (pp. 119-134). Thousand Oaks, CA: Sage.
- Kiger, J.A., Murphy, S.A. (1987). A reliability assessment of the Symptom Checklist -90-R. Suitability for postdisaster-bereaved and nonloss study samples. *Western Journal of Nursing Research, 9*, 572-88.

- Knight, R.A. (1992). The generation and corroboration of a taxonomic model for child molesters, In W. O'Donohue & J.H. Geer (Eds.), *The sexual abuse of children* (pp. 24-70). Hillsdale, NJ: Erlbaum.
- Knight, R.A., Carter, D.L., & Prentky, R.A. (1989). A system for the classification of child molesters: Reliability and application. *Journal of Interpersonal Violence, 4*, 3-23.
- Knight, R.A., & Prentky, R.A. (1990). Classifying sexual offenders: The development and corroboration of taxonomic models. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories and treatment of the offender* (pp. 23-53). New York: Plenum.
- Koukounas, F., & McCabe, M. (1997). Sexual and emotional variables influencing sexual response to erotica. *Behaviour Research and Therapy, 35*, 221-231.
- Koukounas, E., & McCabe, M.P. (2001). Sexual and emotional variables influencing sexual response to erotica: A psychophysiological investigation [Electronic Version]. *Archives of Sexual Behavior, 30*, 393-408.
- Kovach, E.R. (2004). Prentky-Knight Child Molester Typology as represented in personality characteristics on the personality assessment inventory. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 64 (7-B)*, 3529.
- Lalumière, M.L., & Earls, C.M. (1992). Voluntary control of penile responses as a function of stimulus duration and instructions. *Behavioral Assessment, 14*, 121-132.
- Lalumière, M.L., & Harris, G.T. (1998). Common questions regarding the use of phallometric testing with sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 10*, 227-237.

- Lambie, I., Seymour, F., Lee, A., & Adams, P. (2002). Resiliency in the victim-offender cycle in male sexual abuse [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, *14*, 31-48.
- Lang, P.J. (1979). A bio-informational theory of emotional imagery. *Psychophysiology*, *16*, 495-511.
- Langan, P.A., Schmitt, E.L., & Durose, M.R. (2003). *Recidivism of sex offenders released from prison in 1994* (Report NCJ 198281). U.S. Department of Justice, Bureau of Justice Statistics. Retrieved October 20, 2004, from <http://www.ojp.usdoj.gov/bjs/pub/pdf/rsorp94.pdf>
- Langevin, R., Curnoe, S., & Fedoroff, P. (2004). Reply to Webster, Gartner, and Doob. *Canadian Journal of Criminology and Criminal Justice*, *48*, 107-117. Retrieved July 11, 2006, from ProQuest Database.
- Langevin, R., Wright, P., & Handy, L. (1990). Use of the MMPI and its derived scales with sex offenders: 1. Reliability and validity studies [Electronic Version]. *Annals of Sex Research*, *3*, 245-291.
- Långström, N., Sjöstedt, G., & Grann, M. (2004). Psychiatric disorders and recidivism in sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, *16*, 139-150.
- Lanyon, R.I. (1993). Validity of MMPI sex offender scales with admitters and nonadmitters. *Psychological Assessment*, *5*, 302-306. Retrieved August 23, 2006, from PsycARTICLES database.
- Larimer, M.E., Palmer, R.S., & Marlatt, A.G. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. *Alcohol Research and Health*, *23*, 151-160. Retrieved April 20, 2006, from ProQuest Database.
- Laws, D.R. (1999). Relapse prevention: The state of the art. *Journal of Interpersonal Violence*, *14*, 285-302.

- Laws, D.R. (2003a). The rise and fall of relapse prevention [electronic Version]. *Australian Psychologist*, 38, 22-30.
- Laws, D.R. (2003b). Penile plethysmography: Will we ever get it right? In T. Ward, D.R. Laws, & S.M. Hudson (2003). *Sexual deviance: Issues and controversies* (pp. 88-102). Thousand Oaks, CA: Sage.
- Laws, D.R., Hanson, K.R., Osborn, C.A., & Greenbaum, P.E. (2000). Classification of child molesters by plethysmographic assessment of sexual arousal and a self-report measure of sexual preference. *Journal of Interpersonal Violence*, 15, 1297-1312.
- Laws, D.R., & Holmen, M.L. (1978). Sexual response faking by pedophiles. *Criminal Justice and Behavior*, 5, 343-356.
- Laws, D.R., Hudson, S.M., & Ward, T. (2000). The original model of relapse prevention with sex offenders. In D.R. Laws, S.M. Hudson & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A source book* (pp. 3-24). Thousand Oaks, CA: Sage.
- Laws, D.R., & Rubin, H.B. (1969). Instructional control of an autonomic sexual response. *Journal of Applied Behavior Analysis*, 2, 93-99.
- Lawson, L. (2000). Measuring sexual arousal. *Journal of Psychosocial Nursing and Mental Health Services*, 38, 12-18. Retrieved May 24, 2004, from ProQuest Database.
- Letourneau, E.J. (2002). A comparison of objective measures of sexual arousal and interest: Visual reaction time and penile plethysmography [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 14, 207-223.

- Leung, P.W.L., & Poon, M.W.L. (2001). Dysfunctional schemas and cognitive distortions in psychopathology: A test of the specificity hypothesis [Electronic Version]. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42, 755-765.
- Levenson, R.W. (1992). Autonomic nervous system differences among emotions. *Psychological Science*, 3, 23-27. Retrieved April 19, 2006, from Business Source Premier Database.
- Lievore D. (May, 2004). *Recidivism of sexual assault offenders: Rates, risk factors and treatment efficacy: A report prepared for the Office of the Status of Women by the Australian Institute of Criminology Canberra*. Australian Institute of Criminology. Retrieved May 30, 2006, from, <http://www.aic.gov.au/publications/cfi/cfi072.html>
- Loo, R., & Thorpe, K. (2000). Confirmatory factor analyses of the full and short versions of the Marlowe-Crowne social desirability scale. *The Journal of Social Psychology*, 140, 628-635. Retrieved November 20, 2003, from ProQuest Database.
- Looman, J., Abracen, J., DiFazio, R., & Maillet, G. (2004). Alcohol and drug abuse among sexual and nonsexual offenders: relationship to intimacy deficits and coping strategy [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 16, 177-189.
- Looman, J., Gauthier, C., & Boer, D. (2001). Replication of the Massachusetts Treatment Center child molester typology in a Canadian sample. *Journal of Interpersonal Violence*, 16, 753-767.
- Looman, J., & Marshall, W.L. (2001). Phallometric assessments designed to detect arousal to children: The responses of rapists and child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 13, 3-13.

- Lussier, P., Proulx, J., & McKibben, A. (2001). Personality characteristics and adaptive strategies to cope with negative emotional states and deviant sexual fantasies in sexual aggressors. *International Journal of Offender Therapy and Comparative Criminology, 45*, 159-170.
- Mahoney, J.M., & Strassberg, D.S. (1991). Voluntary control of male sexual arousal. *Archives of Sexual Behavior, 20*, 1-16.
- Malcolm, P.B., Andrews, D.A., & Quinsey, V.L (1993). Discriminant and predictive validity of phallometrically measured sexual age and gender preference. *Journal of Interpersonal Violence, 8*, 486-501.
- Mann, J., & Mann, J. (2003). Sex offender screening in prison. *American Journal of Forensic Psychology, 21*, 33-51.
- Marcotte, D., Lévesque, N., & Fortin, L. (2006). Variations of cognitive distortions and school performance in depressed and non-depressed high school adolescents: A two-year longitudinal study [Electronic Version]. *Cognitive Therapy and Research, 30*, 211-225.
- Marcus, D.K., Siji, L.J., & Edens, J.F. (2004). A taxometric analysis of psychopathic personality. *Journal of Abnormal Psychology, 113*, 626-635. Retrieved October 8, 2007, from psycARTICLES database.
- Marlatt, G.A., & Gordon, J.R. (Eds.). (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford.
- Marques, J., Nelson, C., West, M.A., & Day, D.M. (1994). The relationship between treatment goals and recidivism among child molesters. *Behavior Research and Therapy, 32*, 577-588.
- Marshall, W.L. (1996). Assessment, treatment, and theorizing about sex offenders: Developments during the past twenty years and future directions. *Criminal Justice and Behavior, 23*, 162-199.

- Marshall, W.L. (1997). Pedophilia: Psychopathology and theory. In D.R. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 152-174). New York: Guilford.
- Marshall, W.L. (1999). Current status of North American assessment and treatment programs for sexual offenders. *Journal of Interpersonal Violence, 14*, 221-239.
- Marshall, W.L., & Barbaree, H.E. (1990a). An integrated theory of the etiology of sexual offending. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257-275). New York: Plenum.
- Marshall, W.L., & Barbaree, H.E. (1990b). Outcome of comprehensive cognitive-behavioral treatment programs. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.). *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 363-385). New York: Plenum.
- Marshall, W.L., Barbaree, H.E., & Christophe, D. (1986). Sexual offenders against female children: Sexual preferences for age of victims and type of behaviour. *Canadian Journal of Behavioural Science, 18*, 424-439.
- Marshall, W.L., Champagne, F., Brown, C., & Miller, S. (1997). Empathy, intimacy, loneliness, and self-esteem in nonfamilial child molesters: A brief report. *Journal of Child Sexual Abuse, 6*, 87-98. Retrieved September 25, 2003, from ProQuest Database.
- Marshall, W.L., & Hall, G.C.N. (1995). The value of the MMPI in deciding forensic issues in accused sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 7*, 205-219.

- Marshall, W.L., Hamilton, K., & Fernandez, Y. (2001). Empathy deficits and cognitive distortions in child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 13*, 123-130.
- Marshall, W.L., & Fernandez, Y.M. (2003). Sexual preferences are they useful in the assessment and treatment of sexual offenders? *Aggression and Violent Behavior, 8*, 131-143.
- Marshall, W.L., Fernandez, Y.M., & Cortoni, F. (1999). Rape. In V.B. Van Hasselt & M. Hersen (Eds.), *Handbook of psychological approaches with violent offenders: Contemporary strategies and issues* (pp. 245-266). New York: Kluwer Academic/Plenum.
- Marshall, W.L., Laws, D.R., & Barbaree, H.E. (1990). Present status and future directions. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories and treatment of the offender* (pp. 389-395). New York: Plenum Press.
- Marshall, W. L. & Marshall, L. E. (2000). The origins of sexual offending. *Trauma, Violence, & Abuse, 1*, 250-263.
- Marshall, W.L., Marshall, L.E., Sachdev, S., & Kruger, R. (2003). Distorted attitudes and perceptions, and their relationship with self-esteem and coping in child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 15*, 171-181.
- Marshall, W.L., Serran, G.A., & Cortoni, F.A. (2000). Childhood attachments, sexual abuse, and their relationship to adult coping in child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 12*, 17-26.
- Masters, W.H., & Johnson, V.E. (1966). *Human sexual response*. Boston: Little, Brown and Company.

- Matson, S. (2002). Sex offender treatment: A critical management tool. *Corrections Today, 64*, 114-117. Retrieved May 24, 2004, from ProQuest Database.
- McAnulty, R.D., & Adams, H.E. (1992). Validity and ethics of penile circumference measures of sexual arousal: A reply to mcconaghy. *Archives of Sexual Behavior, 21*, 177-195. Retrieved April 24, 2004, from ProQuest Database.
- McConaghy, N. (1999). Unresolved issues in scientific sexology [Electronic Version]. *Archives of Sexual Behavior, 28*, 285-318.
- McCormack, H.M., de Horne, D.J., & Sheather, S. (1988). Clinical applications of visual analogue scales: A critical review. *Psychological Medicine, 18*, 1007-1019.
- McCormack, J., Hudson, S.M., & Ward, T. (2002). Sexual offenders' perceptions of their early interpersonal relationships: An attachment perspective. *The Journal of Sex Research, 39*, 85-93. Retrieved August 18, 2006, from ProQuest Database.
- McDonagh-Coyle, A., McHugo, G.J., Friedman, M.J., Schnurr, P.P., Zayfert, C., & Descamps, M. (2001). Psychophysiological reactivity in female sexual abuse survivors [Electronic Version]. *Journal of Traumatic Stress, 14*, 667-683.
- McGrath, M., Cann, S., & Konopasky, R. (1998). New measures of defensiveness, empathy, and cognitive distortions for sexual offenders against children [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 10*, 25-36.
- McGuire, T.J. (2000). Correctional institution based sex offender treatment: A lapse behavior study [Electronic Version]. *Behavioral Sciences and the Law, 18*, 57-71.

- Mihailides, S., Devilly, G.J., & Ward, T. (2004). Implicit cognitive distortions and sexual offending [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 16*, 333-350.
- Miller, H.A., Amenta, A.E., & Conroy, M.A. (2005). Sexually violent predator evaluations: Empirical evidence, strategies for professionals, and research directions [Electronic Version]. *Law and Human Behavior, 29*, 29-54.
- Millon, T., Millon, C., & Davis, R. D. (1994). *Manual for the Millon Clinical Multiaxial Inventory—III (MCMI—III)*. Minneapolis, MN: National Computer Systems.
- Milner, J.S., & Campbell, J.C. (1995). Prediction issues for practitioners. In J.C. Campbell (Ed.), *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers* (pp. 20-40). Thousand Oaks, CA: Sage.
- Milner, J.S., & Murphy, W.D. (1995). Assessment of child physical and sexual abuse offenders. *Family Relations, 44*, 478-488. Retrieved June 13, 2006, from ProQuest Database.
- Miner, M.H., & Coleman, E. (2001). Advances in sex offender treatment and challenges for the future. *Journal of Psychology and Human Sexuality, 13*, 5-24.
- Miner, M.H., West, M.A., & Day, D.M. (1995). Sexual preference for child and aggressive stimuli: Comparison of rapists and child molesters using auditory and visual stimuli. *Behaviour Research and Therapy, 33*, 545-551.
- Mitchell, W.B., DiBartolo, P.M., Brown, T.A., & Barlow, D.H. (1998). Effects of positive and negative mood on sexual arousal in sexually functional males [Electronic Version]. *Archives of Sexual Behavior, 27*, 197-207.

- Motiuk, L.L., & Brown, S.L. (1996). *Factors related to recidivism among released federal sex offenders* (Report no. 49). Ottawa, Canada: Research Division, Correctional Services Canada. Retrieved July 11, 2006, from http://www.csc-scc.gc.ca/text/rsrch/reports/reports_e.shtml
- Murphy, W.D. (1990). Assessment and modification of cognitive distortions in sex offenders. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault. Issues, theories, and treatment of the offender* (pp. 331-342). New York: Plenum.
- Murphy, W.D., Haynes, M.R., Stalgaitis, S.J., & Flanagan, B. (1986). Differential sexual responding amongst four groups of sexual offenders against children. *Journal of Psychopathology and Behavioral Assessment*, 8, 339-353.
- Nichols, H.R., & Molinder, I. (1984). *Multiphasic Sex Inventory manual*. Tacoma, WA: Crime and Victim Psychology Specialists (Available from the authors, 437 Bowes Drive, Tacoma, WA, 98466).
- Nobre, P.J., Wiegel, M., Bach, A.K., Weisberg, R.B., Brown, T.A., Wineze, J.P., & Barlow, D.H. (2004). Determinants of sexual arousal and the accuracy of its self-estimation in sexually functional males. *The Journal of Sex Research*, 41, 363-371. Retrieved May 5, 2006, from ProQuest Database.
- Nunes, K.L., Firestone, P., Bradford, J.M., Greenberg, D.M., & Broom, I. (2002). A comparison of modified versions of the Static-99 and the Sex Offender Risk Appraisal Guide [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 14, 253-269.
- O'Donohue, W.O., Regev, L.G., & Hagstrom, A. (2000). Problems with the DSM-IV diagnosis of pedophilia [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 12, 95-105.

- Olver, M.E., & Wong, S.C.P. (2006). Psychopathy, sexual deviance, and recidivism among sex offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 18, 65-82.
- O'Shaughnessy, R.J. (2002). Violent adolescent sexual offenders. *Child and Adolescent Psychiatric Clinics of North America*, 11, 749-766.
- Pithers, W.D. (1990). Relapse prevention with sexual aggressors: A method for maintaining therapeutic gain and enhancing external supervision. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories and treatment of the offenders* (pp. 343-361). New York: Plenum.
- Pithers, W.D., Beal, L.S., Armstrong, J., & Petty, J. (1989). Identification of risk factors through clinical interviews and analysis of records. In R.D. Laws, (Ed.), *Relapse prevention with sex offenders* (pp. 77-87). New York: Guilford.
- Pithers, W.D., Kashima, K.M., Cumming, G.F., & Beal, L.S. (1988). Relapse prevention: A method for enhancing maintenance of change in sex offenders. In A.C. Salter (Ed.), *Treating child sex offenders and victims: A practical guide* (pp. 131-170). Newbury Park, CA: Sage.
- Pithers, W.D., Kashima, K.M., Cumming, G.F., Beal, L.S., & Buell, M.M. (1988). Relapse prevention of sexual aggression [Electronic Version]. *Annals of the New York Academy of Sciences*, 528, 244-260.
- Pithers, W.D., Marques, J.K., Gibat, C.C., & Marlatt, G.A. (1983). Relapse prevention with sexual aggressives: A self-control model of treatment and maintenance of change. In J.G. Greer & I.R. Stuart (Eds.), *The sexual aggressor* (pp. 214-234). New York: Van Nostrand Reinhold.

- Pitman, R.K., Orr, S.P., Forgue, D.F., Altman, B., de Jong, J.B., & Claiborn, J.M. (1987). Psychophysiological assessment of posttraumatic stress disorder imagery in Vietnam combat veterans. *Archives of General Psychiatry, 44*, 970-975.
- Polaschek, D.L.L. (2003a). The classification of sex offenders. In T. Ward, D.R. Laws, & S.M. Hudson (Eds.), *Sexual deviance: Issues and controversies* (pp. 154-171). Thousand Oaks, CA: Sage.
- Polaschek, D.L.L. (2003b). Relapse prevention, offense process models, and the treatment of sexual offenders. *Professional Psychology: Research and Practice, 34*, 361-367.
- Polaschek, D.L.L., & Hudson, S.M. (2004). Pathways to rape: Preliminary examination of patterns in the offence processes of rapists and their rehabilitation implications [Electronic Version]. *Journal of Sexual Aggression, 10*, 7-20.
- Polaschek, D.L.L., Hudson, S.M., Ward, T., & Siegert, R.J. (2001). Rapists' offence processes: A preliminary descriptive model. *Journal of Interpersonal Violence, 16*, 523-544.
- Porter, S., Campbell, M.A., Woodworth, M., & Birt, A.R. (2001). A new psychological conceptualization of the sexual psychopath. In F. Columbus (Ed.), *Advances in Psychology Research, vol.7* (pp. 21-36). Huntington, NY: Nova Science.
- Porter, S., Fairweather, D., Drugge, J., Hervé, H., Birt, A., & Boer, D.P. (2000). Profiles of psychopathy in incarcerated sexual offenders. *Criminal Justice and Behavior, 27*, 216-233. Retrieved January 29th, 2004, from ProQuest Database.

- Prentky, R.A. (1999). Child Sexual Molestation. In V.B. Van Hasselt & M. Hersen (Eds.), *Handbook of psychological approaches with violent offenders: Contemporary strategies and issues* (pp. 267-302). New York: Kluwer Academic/Plenum.
- Prentky, R.A., Knight, R.A., & Lee, A.F.S. (1997). Risk factors associated with recidivism among extra-familial child molesters. *Journal of Consulting and Clinical Psychology, 65*, 141-149. Retrieved September 4, 2006, from PsycARTICLES Database.
- Prentky, R.A., Knight, R.A., & Lee, A.F.S. (2006). Child sexual molestation: Research issues. In C.R. Bartol & A.M. Bartol (Eds.), *Current perspectives in forensic psychology and criminal justice* (pp. 119-129). Thousand Oaks, CA: Sage.
- Price, D. (2003). A developmental perspective of treatment for sexually vulnerable youth [Electronic Version]. *Sexual Addiction and Compulsivity, 10*, 225–245.
- Proulx, J., Perreault, C., & Ouimet, M. (1997). *Pathways in the offending process of extrafamilial sexual child molesters* (No. 97-13): Research Department of the Correctional Service Canada. Retrieved April, 12, 2006, from <http://www.crim.umontreal.ca/cours/cr1600/prepress/cahier13.pdf>
- Proulx, J., Perreault, C., & Ouimet, M. (1999). Pathways in the offending process of extrafamilial sexual child molesters [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 11*, 117-129.
- Quinn, J.F., Forsyth, C.J., & Mullen-Quinn, C. (2004). Societal reaction to sex offenders: A review of the origins and results of the myths surrounding their crimes and treatment amenability [Electronic Version]. *Deviant Behavior, 25*, 215–232.

- Quinsey, V.L., & Bergersen, S.G. (1976). Instructional control of penile circumference in assessments of sexual preference. *Behavior Therapy, 7*, 489-493.
- Quinsey, V.L., & Carrigan, W.F. (1978). Penile response to visual stimuli: Instructional control with and without auditory sexual fantasy correlates. *Criminal Justice and Behavior, 5*, 333-342.
- Quinsey, V.L., & Chaplin, T.C. (1988). Penile responses of child molesters and normals to descriptions of encounters with children involving sex and violence. *Journal of Interpersonal Violence, 3*, 259-274.
- Quinsey, V.L., Chaplin, T.C., & Carrigan, W.F. (1979). Sexual preferences among incestuous and nonincestuous child molesters. *Behavior Therapy, 10*, 562-565.
- Quinsey, V.L., & Earls, M. (1990). The modification of sexual preferences. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 279-295). New York: Plenum.
- Quinsey, V.L., Harris, G.T., Rice, M.E., & Cormier, C.A. (1998). *Violent offenders: Appraising and managing risk*. Washington, DC: American Psychological Association.
- Quinsey, V.L., Lalumière, M.L., Rice, M.E., & Harris, G.T. (1995). Predicting sexual offenses. In J.C. Campbell (Ed.), *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers* (pp. 114-137). Thousand Oaks, CA: Sage.
- Quinsey, V.L., Rice, M.E., & Harris, G.T. (1995). Actuarial prediction of sexual recidivism [Electronic Version]. *Journal of Interpersonal Violence, 10*, 85-105.

- Quinsey, V.L., Steinman, C.M., Bergersen, S.G., & Holmes T.F. (1975). Penile circumference, skin conductance and ranking responses of child molesters and “normals” to sexual and nonsexual visual stimuli. *Behavior Therapy*, 6, 213-219.
- Raymond, N.C., Coleman, E., Ohlerking, F., Christenson, G.A., & Miner, M. (1999). Psychiatric comorbidity in pedophilic sex offenders. *American Journal of Psychiatry*, 156, 786-788.
- Reynolds, W.M. (1982). Development of reliable and valid short forms of the Marlowe-crowne social desirability scale. *Journal of Clinical Psychology*, 38, 119-125.
- Rice, M.E., & Harris, G.T. (2002). Men who molest their sexually immature daughters: Is a special explanation required? *Journal of Abnormal Psychology*, 111, 329-339.
- Rice, M.E., Harris, G.T., & Quinsey, V.L. (1990). A follow-up of rapists assessed in a maximum-security psychiatric facility. *Journal of Interpersonal Violence*, 5, 435-448.
- Rice, M.E., Quinsey, V.L., & Harris, G.T. (1991). Sexual recidivism among child molesters released from a maximum security psychiatric institution. *Journal of Consulting and Clinical Psychology*, 59, 381-386.
- Ricketts, T., & Macaskill, A. (2004). Differentiating normal and problem gambling: A grounded theory approach [Electronic Version]. *Addiction Research and Theory*, 12, 77-87.
- Roberts, C.F., Doren, D.M., & Thornton, D. (2002). Dimensions associated with assessments of sex offender recidivism risk [Electronic Version]. *Criminal Justice and Behavior*, 29, 569-589.

- Rogers, R. (2000). The uncritical acceptance of risk assessment in forensic practice [Electronic Version]. *Law and Human Behavior, 24*, 595-605.
- Rosen, R.C., & Beck, G.J. (1988). *Patterns of sexual arousal: Psychophysiological processes and clinical applications*. New York: Guilford.
- Rosen, R.C., Shapiro, D., & Schwartz, G.E. (1975). Voluntary control of penile tumescence. *Psychosomatic Medicine, 37*, 479-483.
- Rowland, D.L. (1999). Issues in the laboratory study of human sexual response: A synthesis for the nontechnical sexologist. *Journal of Sex Research, 36*, 3-15.
Retrieved January 21, 2004, from ProQuest Database.
- Rubin, H.B., & Henson, D.E. (1975). Voluntary enhancement of penile erection. *Bulletin of the Psychonomic Society, 6*, 158-160.
- Salter, A.C. (1988). *Treating child sex offenders and victims: A practical guide*. Newbury Park, CA: Sage.
- Sample, L.L., & Bray, T.M. (2003). Are sex offenders dangerous? *Criminology and Public Policy, 3*, 59-82. Retrieved June 1, 2006, from ProQuest Database.
- Scalora, M.J., & Garbin, C. (2003). A multivariate analysis of sex offender recidivism [Electronic Version]. *International Journal of Offender Therapy and Comparative Criminology, 47*, 309-323.
- Schlank, A.M. (1995). The utility of the MMPI and the MSI for identifying a sexual offender typology. *Sexual Abuse: A Journal of Research and Treatment, 7*, 185-194.
- Schmitz, N., Kruse, J., Heckrath, C., Alberti, L., & Tress, W. (1999). Diagnosing mental disorders in primary care: The General Health Questionnaire (GHQ) and the Symptom Check List (SCL-90-R) as screening instruments [Electronic Version]. *Social Psychiatry and Psychiatric Epidemiology, 34*, 360-366.

- Serin, R., Barbaree, H., Seto, M., Malcolm, B., & Peacock, E. (1997). *A model for a clinically-informed risk assessment strategy for sex offenders*. Ottawa, Canada: Research Division, Correctional Services Canada. Retrieved July 11, 2006, from <http://www.csc-scc.gc.ca/text/rsrch/reports/r56/er56.pdf>
- Serin, R.C., Malcolm, P.B., Khanna, A., & Barbaree, H.E. (1994). Psychopathy and deviant sexual arousal in incarcerated sexual offenders. *Journal of Interpersonal Violence, 9*, 3-11.
- Serin, R.C., Mailloux, D.L., & Malcolm, B.P. (2001). Psychopathy, deviant sexual arousal, and recidivism among sexual offenders. *Journal of Interpersonal Violence, 16*, 234-246.
- Seto, M.C. (1999). Theory-based assessment, treatment, and prevention of sexual aggression [Electronic Version]. *Archives of Sexual Behavior, 28*, 446-449.
- Seto, M.C. (2001). The value of phallometry in the assessment of male sex offenders. *Journal of Forensic Psychology Practice, 1*, 65-75.
- Seto, M.C. (2004). Pedophilia and sexual offenses against children. *Annual Review of Sex Research, 15*, 321-361. Retrieved March 31, 2006, from ProQuest Database.
- Seto, M.C., Harris, G.T., Rice, M.E., & Barbaree, H.E. (2004). The Screening Scale for Pedophilic Interests predicts recidivism among adult sex offenders with child victims [Electronic Version]. *Archives of Sexual Behavior, 33*, 455-466.
- Seto, M.C., & Lalumière, M.L. (2001). A brief screening scale to identify pedophilic interests among child molesters [Electronic Version]. *Sexual Abuse: Journal of Research and Treatment, 13*, 15-25.

- Seto, M.C., Lalumière, M.L., & Kuban, M. (1999). The sexual preferences of incest offenders. *Journal of Abnormal Psychology, 108*, 267-272. Retrieved August 2 2006, from PsycARTICLES Database.
- Sharpe, L. (2004). Patterns of autonomic arousal in imaginal situations of winning and losing in problem gambling. *Journal of Gambling Studies, 20*, 95-104. Retrieved April 19, 2006, from ProQuest Database.
- Simkins, L., Ward, W., Bowman, S., & Rinck, C.M. (1989). The Multiphasic Sex Inventory: Diagnosis and prediction of treatment response in child sexual abusers. *Sexual Abuse: A Journal of Research and Treatment, 2*, 205-226.
- Simon, L.M., Sales, B., Kaszniak, A., & Kahn, M. (1992). Characteristics of child molesters: Implications for the fixated-regressed dichotomy. *Journal of Interpersonal Violence, 7*, 211-225.
- Sjoestedt, G., & Langstroem, N. (2001). Actuarial assessment of sex offender recidivism risk: A cross-validation of the RRASOR and the Static-99 in Sweden [Electronic Version]. *Law and Human Behavior, 25*, 629-645.
- Skeem, J.L., Monahan, J., & Mulvey, E.P. (2002). Psychopathy, treatment involvement, and subsequent violence among civil psychiatric patients. *Law and Human Behavior, 26*, 577-603. Retrieved September 5th, 2006, from ProQuest database.
- Smallbone, S.W., & McCabe, B. (2003). Childhood attachment, childhood sexual abuse, and onset of masturbation among adult sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 15*, 1-9.
- Smallbone, S.W., Wheaton, J. & Hourigan, D. (2003). Trait empathy and criminal versatility in sexual offenders [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 15*, 49-60.

- Smallbone, S.W., & Wortley, R.K. (2004a). Criminal diversity and paraphilic interests among adult males convicted of sexual offenses against children. *International Journal of Offender Therapy and Comparative Criminology*, 48, 175-188.
- Smallbone, S.W., & Wortley, R.K. (2004ab). Onset, persistence, and versatility of offending among adult males convicted of sexual offenses against children [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment*, 16, 285-98.
- Smith, H.L. (1998). The structure and utility of social desirability scales in psychological research. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(10-B), 5695.
- Soothill, K., Harman, J., Francis, B., & Kirby, S. (2005). Identifying future repeat danger from sexual offenders against children: A focus on those convicted and those strongly suspected of such crime [Electronic Version]. *The Journal of Forensic Psychiatry and Psychology*, 16, 225–247.
- Sperber, K.G. (2004). Potential applications of an existing offender typology to child molesting behaviours. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 64(8-A), 3080.
- Steenbergh, T.A., Meyers, A.W., May, R.K., & Whelan, J.P. (2002). Development and validation of the gamblers' beliefs questionnaire. *Psychology of Addictive Behaviors*, 16, 143-149. Retrieved May 24, 2006, from psycARTICLES database.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

- Studer, L.H., Aylwin, S.A., Clelland, S.R., Reddon, J.R., & Frenzel, R.R. (2002). Primary erotic preference in a group of child molesters. *International Journal of Law and Psychiatry, 25*, 173-180.
- Tabachnick, B.G., & Fidell, L.S. (2001). *Using multivariate statistics* (4th Ed.). Boston: Allyn and Bacon.
- Terry, K.J., & Mitchell, E.W. (2001). Motivation and sex offender treatment efficacy: Leading a horse to water and making it drink? *International Journal of Offender Therapy and Comparative Criminology, 45*, 663-672. Retrieved May 24, 2004, from ProQuest Database.
- Teuma, R.T., Smith, D.I., Stewart, A.A., & Lee, J.K.P. (2003). Measurement of victim empathy in intrafamilial and extrafamilial child molesters using the Child Molester Empathy Measure (CMEM) [Electronic Version]. *International Journal of Forensic Psychology, 1*, 120-132.
- Thompson, R.A. (1994). Emotional regulation: A theme in search of definition. In N.A. Fox (Ed.), *The development of emotion regulation: Biological and behavioral considerations* (pp. 25-52). *Monographs of the Society for Research in Child Development*, (vol. 59), Serial no. 240. Chicago, Illinois: University of Chicago Press.
- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 14*, 139-153.
- Tierney, D.W., & McCabe, M.P. (2001a). The assessment of denial, cognitive distortions, and victim empathy among pedophilic sex offenders: An evaluation of the utility of self-report measures [Electronic Version]. *Trauma, Violence, and Abuse, 2*, 259-270.

- Tierney, D.W., & McCabe, M.P. (2001b). An evaluation of self-report measures of cognitive distortions and empathy among Australian sex offenders [Electronic Version]. *Archives of Sexual Behavior*, 30, 495-519.
- Trivits, L.C., & Reppucci, N.D. (2002). Application of Megan's Law to juveniles. *American Psychologist*, 57, 690-704. Retrieved May 4, 2006, from PsycARTICLES database.
- Turner, E., & Rubin, S. (2002). Once a sex offender... Always a sex offender: Myth or fact? [Electronic Version]. *Journal of Police and Criminal Psychology*, 17, 32-44.
- Veneziano, C., & Veneziano, L. (2002). Adolescent sex offenders: A review of the literature. *Trauma, Violence and Abuse*, 3, 247-260.
- Victorian Law Reform Commission (September, 2001). *Sexual offences: Law and procedures (Discussion Paper)*. Melbourne, Victoria: Author. Retrieved May 31, 2006, from [http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Sexual_Offences/\\$file/Discussion_Paper.pdf](http://www.lawreform.vic.gov.au/CA256902000FE154/Lookup/Sexual_Offences/$file/Discussion_Paper.pdf)
- Vohs, K.D., & Baumeister, R.F. (2004). Understanding self-regulation. In R.F. Baumeister & K.D. Vohs, *Handbook of self-regulation: Research, theory, and applications* (pp. 1-12). New York: Guilford.
- Wagner, H. (1989). The peripheral physiological differentiation of emotions. In H. Wagner & A. Manstead (Eds.), *Handbook of Social Psychophysiology* (pp. 77-98). Chichester: Wiley.
- Waismann, R., Fenwick, P.B.C., Wilson, G.D., Hewett, T.D., & Lumsden, J. (2003). EEG Responses to Visual Erotic Stimuli in Men with Normal and Paraphilic Interests [Electronic Version]. *Archives of Sexual Behavior*, 32, 135-144.

- Wallis, K.M. (1995). Perspective on child molesters. In F. Briggs (Ed.), *From victim to offender: How child sexual abuse victims become offenders* (pp. 1-17). St Leonards, NSW, Australia: Allen & Unwin.
- Walters, G.D., Gray, N.S., Jackson, R.L., Sewell, K.W., Rogers, R., Taylor, J., & Snowden, R.J. (2007). A taxometric analysis of the Psychopathy Checklist: Screening Version (PCL:SV): Further evidence of dimensionality. *Psychological Assessment, 19*, 330-339. Retrieved October 8, 2007, from psycARTICLES database.
- Ward, T. (2000). Relapse prevention: Critique and reformulation. *The Journal of Sexual Aggression, 5*, 118-133.
- Ward, T., & Beech, A.R. (2004). The etiology of risk: A preliminary model [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 16*, 271-284.
- Ward, T., & Beech, A. (2006). An integrated theory of sexual offending [Electronic Version]. *Aggression and Violent Behavior, 11*, 44-63.
- Ward, T., & Hudson, S.M. (1996). Relapse prevention: A critical analysis. *Sexual Abuse: A Journal of Research and Treatment, 8*, 177-200.
- Ward, T., & Hudson, S.M. (1998a). A model of the relapse process in sexual offenders. *Journal of Interpersonal Violence, 13*, 700-725.
- Ward, T., & Hudson, S.M. (1998b). The construction and development of theory in the sexual offending area: A metatheoretical framework [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 10*, 47-63.
- Ward, T., & Hudson, S.M. (2000a). A self-regulation model of relapse prevention. In D.R. Laws, S.M. Hudson & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 79-101). Thousand Oaks, CA: Sage.

- Ward, T., & Hudson, S.M. (2000b). Sexual offenders' implicit planning: A conceptual model [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 12*, 189-202.
- Ward, T., Hudson, S.M., & Keenan, T. (1998). A self-regulation model of the sexual offense process [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 10*, 141-157.
- Ward, T., Hudson, S.M., & Marshall, W.L. (1994). The abstinence violation effect in child molesters. *Behavior Research and Therapy, 32*, 431-437.
- Ward, T., Hudson, S.M., & Marshall, W.L. (1995). Cognitive distortions and affective deficits in sex offenders: A cognitive deconstructionist interpretation [Electronic Version]. *Sexual Abuse: A Journal of Research and Treatment, 7*, 67-83.
- Ward, T., Louden, K., Hudson, S., & Marshall, W.L. (1995). A descriptive model of the offense chain of child molesters. *Journal of Interpersonal Violence, 10*, 452-472.
- Ward, T., Polaschek, D.L.L., & Beech, A.R. (2006). *Theories of sexual offending*. England: Wiley.
- Ward, T., Purvis, M., & Devilly, G. (2004). Relapse prevention: Theory and practice. In H. Kemshall & G. McIvor (Eds.), *Managing sex offender risk: Research highlights in social work series 46* (pp. 187-208). London, England: Jessica Kingsley.
- Ward, T., & Siegert, R.J. (2002). Towards a comprehensive theory of child sexual abuse: A theory Knitting Perspective [Electronic Version]. *Psychology, Crime and Law, 8*, 319-351.

- Ward, T., & Sorbello, L. (2003). Explaining child sexual abuse: Integration and Elaboration. In T. Ward, D.R. Laws, & S.M. Hudson (Eds.), *Sexual deviance: Issues and controversies* (pp. 3-20). Thousand Oaks, CA: Sage.
- Way, I.F. (2000, April 14). *Adolescent sexual offenders: The role of cognitive and emotional victim empathy in the victim-to-victimizer process*. Paper presented at the 12th National Symposium on Doctoral Research in Social Work, College of Social Work, Ohio State University.
- Webster, S.D. (2005). Pathways to sexual offense recidivism following treatment: An examination of the Ward and Hudson self-regulation model of relapse. *Journal of Interpersonal Violence, 20*, 1175-1196.
- Webster, S.D., Mann, R.E., Carter, A.J., Long, J., Milner, R.J., O'Brien, M.D., Wakeling, H.C., & Ray, N.L. (2005). Inter-rater reliability of dynamic risk assessment with sexual offenders [Electronic Version]. *Psychology, Crime and Law (preview article)*, 1-14.
- Wells, J.H., Haines, J., Williams, C.L., & Brain, K.L. (1999). The self-mutilative nature of severe onychophagia: A comparison with self-cutting [Electronic Version]. *Canadian Journal of Psychiatry, 44 (1)*, 40-47.
- West, A.G. (2001). Current approaches to sex-offender risk assessment: A critical review. *The British Journal of Forensic Practice, 3*, 31-41.
- Williams, C.L., & Haines, J. (2001). *Psychophysiological characteristics of punitive interactions in a case of filicide*. Paper presented at the 1st Australian Forensic Psychology Conference, Sydney, Australia.
- Williams, C.L., Haines, J., & Brain, K.L. (1995, April). *The psychophysiology of the binge-purge cycle*. Paper presented at the 2nd International Conference on Eating Disorders, London, England.

- Williams, C.L., Haines, J., & Casey, S.L. (2000). *Filicide and the insanity plea: The use of guided imagery*. Paper presented at the 10th European Conference of Psychology and the Law, Limassol, Cyprus.
- Williams, C.L., Haines, J., Sale, I., & Glading, J. (2001, November). *Personality disorder and homicide: A comparison of psychopathic homicide and sexually-motivated homicide*. Paper presented at the 21st Annual Congress of the Australian and New Zealand Association of Psychiatry, Psychology and Law, Melbourne, Australia.
- Williams, C.L., Haines, J., Wade-Ferrell, R., & Spiranovic, C. (submitted). *Psychological and psychophysiological assessment of paedophilic recidivism using a guided imagery methodology*.
- Wilson, R.J. (1998). Psychophysiological signs of faking in the phallometric test [Electronic Version]. *Sexual Abuse: Journal of Research and Treatment*, 10, 113-126.
- Wilson, B.A., Holm, J.E., Bishop, K.L., & Borowiak, D.M. (2002). Predicting responses to sexually aggressive stories: The role of consent, interest in sexual aggression, and overall sexual interest. *The Journal of Sex Research*, 39, 275-283. Retrieved May 3, 2006, from ProQuest database.
- Witkiewitz, K., Marlatt, A.G., & Walker, D. (2005). Mindfulness-Based relapse prevention for alcohol and substance use disorders. *Journal of Cognitive Psychotherapy: An International Quarterly*, 19, 211-228. Retrieved April 20, 2006, from Pro Quest database.
- Wood, R.M., Grossman, L.S., & Fichtner, C.G. (2000). Psychological assessment, treatment, and outcome with sex offenders [Electronic Version]. *Behavioral Sciences and the Law*, 18, 23-41.

- Wright, S. (2003, May 1-2). *Managing unacceptable risk: the risk assessment and management of child sexual offenders*. Paper presented at the Child Sexual Abuse Justice Response or Alternative Resolution Conference, Adelaide. Retrieved April 25, 2004, from <http://www.aic.gov.au/conferences/2003-abuse/wright.pdf>
- Yoon-Ki, M., Soon-Cheol, C., & Byung-Chan, M. (2005). Physiological evaluation on emotional change induced by imagination [Electronic Version]. *Applied Psychophysiology and Biofeedback, 30*, 137-150.
- Zook, A., & Sipps, G.J. (1985). Cross-validation of a short form of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology, 41*, 236-238.

APPENDIX A

Information sheet and consent form for Offenders



UNIVERSITY
OF TASMANIA

School of Psychology

**Psychological and psychophysiological examination of the sex offence process
utilising a guided imagery methodology.**

The above project is being conducted by Dr Christopher Williams, Dr Janet Haines and PhD student, Caroline of the School of Psychology at the University of Tasmania. The purpose of this study is to investigate the factors that influence how people respond while engaging in sexual contact with a young person that has later led to a sexual offence charge or conviction due to the young age of the person. It is expected that the results of this project can contribute to the understanding of the treatment needs of people who have engaged in such an act. Also, it is expected that the results of the research project will enable other researchers and practising health professionals to make better decisions about whether any given person is likely to commit another sexual offence. This project is being undertaken to fulfil the requirements for a Doctorate of Philosophy.

We are interested in comparing the reactions of people to the image or memory of a number of events that have actually happened, namely, engaging in sexual contact with a young person, the events immediately prior to sexual contact with the young person, consensual sexual activity, and a neutral event (for control purposes) such as making a cup of coffee.

If you agree to participate, your recall and responses to events that took place before sexual contact with the young person as well as during sexual contact with the young person will be discussed with you. In addition, you will be interviewed about an emotionally neutral event and a situation involving clearly consensual sex, which will be used for comparison purposes. This interview will be recorded on audio cassette to assist the researchers in recalling the important information. The audio cassette will be used only by the researchers and no other person will have access to its contents. The information from the interview will be used to devise imagery scripts that will be used to guide you through the memory of the episodes. An imagery script is a structured written account of the information provided by you during interview. In addition, you will be asked to complete a range of questionnaires and ratings scales designed to assess your treatment needs as well as future risk of committing a sexual offence. This first session should take no more than two hours.

You will be required to participate in a second session in which you will have electrodes and measurement instruments applied to your torso and fingers so that measures of heart rate, skin conductance (i.e., sweating), finger blood volume and respiration can be taken.

GPO Box 252-30 Hobart
Tasmania Australia 7001
Telephone (03) 6226 2237
Facsimile (03) 6226 2883

The administration of these electrodes and measurement instruments do not cause discomfort and you do not have to remove any clothing. These measurements will be taken while you are guided through imagery of sexual contact with the young person, events occurring before sexual contact with the young person, a consensual sexual experience and an emotionally neutral event chosen by you. You will be asked to rate how you felt at the time of these events. It should be noted that there is a very small risk of skin rash from the electrodes used. If you have any allergies please let us know before we commence the study. This second session is expected to take approximately one hour.

We wish to emphasise that the information you share with us will be treated in a confidential manner. All written information, computer data files and audio cassettes will be stored with a participation number rather than your name. The data will be kept in a locked cabinet and will not be made available to anyone other than the researchers. Also, the results of your individual assessment will not be used for parole purposes.

Participation in this study is completely voluntary. If you agree to participate in the study but then change your mind and wish to withdraw, you may do so at any time without prejudice. If you are currently receiving counselling or psychological support, you may wish to discuss participation in this project with your counsellor or psychologist prior to participating in this study.

If you wish to discuss the project before, during or after participation, please contact the Manager of Offender Services (David Bliss) who will contact either Dr Christopher Williams or Dr Janet Haines and make arrangements for one of these people to visit you at the prison. This project has been approved by the Northern Tasmania Social Sciences Human Research Ethics Committee. If you have any concerns or complaints regarding the ethical nature of the project, you may discuss your concerns with the Chair (Professor Roger Fay) of the Northern Tasmania Social Sciences Human Research Ethics Committee or the Executive Officer (Amanda McAully). This will be arranged for you by the Manager of Offender Services (David Bliss).

We would be happy to discuss your individual results with you. If you decide to withdraw from the project, we would welcome the opportunity to discuss with you any concerns you have about the project and your participation in it.

Please keep this information sheet and, if necessary, refer to the information it contains. In addition, if you agree to participate, you will be asked to sign a statement of informed consent. A copy of this statement will be supplied to you.

Thank you.

STATEMENT OF INFORMED CONSENT

For study titled: *Psychological and psychophysiological examination of the sex offence process utilising a guided imagery methodology.*

I have read and understood the 'Information Sheet' for this study. The nature and possible effects of the study have been explained to me.

I understand that the study involves:

- Discussing an event involving sexual contact with a young person that later led to a sexual offence charge or conviction;
- Discussing events that took place before sexual contact with the young person;
- Discussing an experience of clearly consensual sex with an adult or partner of the same age as myself;
- Discussing an emotionally neutral event of my choosing;
- These discussions will be recorded on audiotape to facilitate the preparation of imagery scripts;
- Attending a recording session and having electrodes and measurement instruments fitted so that recordings of my heart rate, skin conductance (i.e., sweating), finger blood volume and respiration can be taken while I am being asked to image aspects of the events;
- Rating my psychological responses to each of these events;
- Completing questionnaires about my treatment needs and likelihood of committing another sexual offence if I were to be released;
- The duration of the interview and the laboratory session are expected to be no longer than three hours in total.

I understand that the data collected from this study will be kept in a locked cabinet at the School of Psychology for at least 5 years before it is permanently erased.

I understand that all research data will be treated as confidential, that my name will not be attached to the data that are collected and that the data will not be used for parole purposes. Any questions that I have asked have been answered to my satisfaction. I agree to participate in this study and understand that I may withdraw at any time without prejudice. I agree that research data gathered for the study may be published. I am aware that I will not be able to be identified in published material.

Name of participant:

Signature of participant:

Date:

I have explained this project and the implications for participation in it to this volunteer and I believe that the consent is informed and that he understands the implications of participation.

Name of investigator:

Signature of investigator:

Date:

APPENDIX B

Information sheet and consent form for Controls



UNIVERSITY
OF TASMANIA

School of Psychology

Psychological and psychophysiological examination of the sex offence process utilising a guided imagery methodology.

The above project is being conducted by Dr Christopher Williams, Dr Janet Haines and PhD student, Caroline Spiranovic of the School of Psychology at the University of Tasmania. The purpose of this project is to investigate how people who have never committed a sexual offence respond to the memory of a consensual sexual experience with a partner aged 18 years or older. This project will form part of a larger study examining differences in how sexual offenders and non-sexual offenders experience a consensual sexual encounter as well as how sexual offenders experience a consensual sexual encounter and an illegal sexual encounter with a child. It is expected that the results of this project can contribute to the understanding of the treatment needs of people who have engaged in illegal sexual activity with children. Also, it is expected that the results of the research project will enable other researchers and practising health professionals to make better decisions about whether a known sexual offender is likely to commit another sexual offence. This project is being undertaken to fulfil the requirements for a Doctorate of Philosophy.

We are inviting you to take part in this project, as you have indicated that in your adult life you have not had sexual contact with a person younger than 17 years of age. We are interested in comparing the reactions of people who have never committed a sexual offence to the image or memory of two events that have actually happened, namely consensual sexual activity and a neutral event (for control purposes) such as making a cup of coffee. We are also interested in examining the reactions of such people to the image of an event they have not experienced in their adult life, namely engaging in sexual contact with a person younger than 17 years of age.

If you agree to participate, your recall and responses to an event depicting sexual contact with a person under 17 years of age, as well as your personal experience of two events, namely an emotionally neutral event as well as a situation involving consensual sex with a partner aged 18 years or older will be examined. Your recall of a consensual sexual experience as well as an emotionally neutral event will be obtained from you during an initial interview session. This interview will be recorded on audio cassette to assist the researchers in recalling the important information. The audio cassette will be used only by the researchers and no other person will have access to its contents. The information from the interview will be used to devise imagery scripts that will be used to guide you through the memory of the two events. An imagery script is a structured written account of the information provided by you during interview.

GPO Box 252-30 Hobart
Tasmania Australia 7001
Telephone (03) 6226 2237
Facsimile (03) 6226 2883

In addition, you will be asked to complete a small number of questionnaires and ratings scales designed to assess the differences in problems experienced and personality styles of sexual offenders and non-offending participants. This first session should take no more than one and a half hours.

You will be required to participate in a second session in which you will have electrodes and measurement instruments applied to your torso and fingers so that measures of heart rate, skin conductance (i.e., sweating), finger blood volume and respiration can be taken.

The administration of these electrodes and measurement instruments do not cause discomfort and you do not have to remove any clothing. These measurements will be taken while you are guided through imagery of a consensual sexual experience and an emotionally neutral event chosen by you as well as an event involving a sexual assault. You will also be asked to rate how you felt at the time of these events. It should be noted that there is a very small risk of skin rash from the electrodes used. If you have any allergies please let us know before we commence the study. This second session is expected to take approximately one hour.

We wish to emphasise that the information you share with us will be treated in a confidential manner. All written information, computer data files and audio cassettes will be stored with a participation number rather than your name. The data will be kept in a locked cabinet and will not be made available to anyone other than the researchers.

Participation in this study is completely voluntary. If you agree to participate in the study but then change your mind and wish to withdraw, you may do so at any time without prejudice. If you are currently receiving counselling or psychological support, you may wish to discuss participation in this project with your counsellor or psychologist prior to participating in this study.

If you wish to discuss the project before, during or after participation, please contact either Dr Christopher Williams (Ph: 62 262245) or Dr Janet Haines (Ph: 62 267124). This project has been approved by the Northern Tasmania Social Sciences Human Research Ethics Committee. If you have any concerns or complaints regarding the ethical nature of the project, you may discuss your concerns with Amanda McAully, the Executive Officer (Ph: 6226 2763), who can also assist you in contacting Professor Roger Fay, the Chair of the Northern Tasmania Social Sciences Human Research Ethics Committee.

We would be happy to discuss your individual results with you. If you decide to withdraw from the project, we would welcome the opportunity to discuss with you any concerns you have about the project and your participation in it.

Please keep this information sheet and, if necessary, refer to the information it contains. In addition, if you agree to participate, you will be asked to sign a statement of informed consent. A copy of this statement will be supplied to you.

Thank you.

STATEMENT OF INFORMED CONSENT

For study titled: *Psychological and psychophysiological examination of the sex offence process utilising a guided imagery methodology.*

I have read and understood the ‘Information Sheet’ for this study. The nature and possible effects of the study have been explained to me.

I understand that the study involves:

- Discussing an experience of consensual sex with a partner of at least 18 years of age;
- Discussing an emotionally neutral event of my choosing;
- These discussions will be recorded on audiotape;
- Attending a recording session and having devices fitted so that recordings of my heart rate, skin conductance (i.e., sweating), finger blood volume and respiration can be taken while I am being asked to image aspects of the two events I have experienced as well as an event I have not personally experienced in my adult life involving sexual contact with a person under 17 years of age;
- Rating my psychological responses to the events;
- Completing questionnaires assessing any problems I may be experiencing as well as my personality style;
- The duration of the interview and the laboratory session are expected to be no longer than two and a half hours in total.

I understand that the data collected from this study will be kept in a locked cabinet at the School of Psychology for at least 5 years before it is permanently erased.

I understand that all research data will be treated as confidential and that my name will not be attached to the data that are collected. Any questions that I have asked have been answered to my satisfaction. I agree to participate in this study and understand that I may withdraw at any time without prejudice. I agree that research data gathered for the study may be published. I am aware that I will not be able to be identified in published material.

Name of participant:

Signature of participant: Date:

I have explained this project and the implications for participation in it to this volunteer and I believe that the consent is informed and that he understands the implications of participation.

Name of investigator:

Signature of investigator: Date:

APPENDIX C

Visual Analogue Scales for Offenders and Controls

Visual analogue scales

Script: _____ Stage: _____

During this stage of the script, were you?

Not angry _____ Angry

Not anxious _____ Anxious

Not agitated _____ Agitated

Not guilty _____ Guilty

Not happy _____ Happy

Not confident _____ Confident

Not sexually aroused _____ Sexually aroused

Not avoiding sex _____ Avoiding Sex

Not planning for sex _____ Planning for sex

Not in control _____ In control

How clear was your image of the scene described?

Not clear _____ Clear

How close to real life was that scene?

Not close _____ Close

APPENDIX D

Multiphasic Sex Inventory: 8 critical items

Sexual functioning Questionnaire

Please indicate your age (in years)? _____

In this section you will be asked some questions concerning your sexual functioning. Please indicate whether the following statements are true or false as they personally pertain to you. Circle either T for True or F for False.

- | | | |
|--|---|---|
| 1. I get so sexually excited that I either climax just before I enter my partner or very soon after I get my penis in | T | F |
| 2. I have or have had a venereal disease | T | F |
| 3. I believe there is something wrong with my sex organs | T | F |
| 4. I have an illness (diabetes, arthritis, multiple sclerosis, kidney or liver disease, endocrine imbalance, etc.) which affects my sexual functioning | T | F |
| 5. I have heart disease, high blood pressure or circulation problems which affect my sexuality | T | F |
| 6. Most of the time I cannot get an erection when I would like to have sex | T | F |
| 7. The drugs or medicines I take make it difficult to either keep my erection or have an orgasm | T | F |
| 8. I am very sad and blue and I am not interested in sex | T | F |

APPENDIX E

SIS/SES Questionnaire

Identification number _____

SIS/SES QUESTIONNAIRE

In this questionnaire, you will find statements about how you might react to various sexual situations, activities, or behaviours. Obviously, how you react will often depend on the circumstances, but we are interested in what would be the most likely reaction for you. Please read each statement carefully and decide how you would be most likely to react. Then circle the number that corresponds with your answer. Please try to respond to every statement. Sometimes you may feel that none of the responses seem completely accurate. Sometimes you may read a statement which you feel is 'not applicable'. In these cases, please circle a response which you would choose if it were applicable to you. In many statements you will find words describing reactions such as 'sexually aroused', or sometimes just 'aroused.' With these words, we mean to describe 'feelings of sexual excitement', feeling 'sexually stimulated', 'horny', 'hot', or 'turned on'. Don't think too long before answering, please give your first reaction. Try not to skip any questions. Try to be as honest as possible. The alternative answers are:

- 1 = strongly agree
- 2 = agree
- 3 = disagree
- 4 = strongly disagree

- | | |
|--|---------|
| 1. When I think of a very attractive person, I easily become sexually aroused | 1 2 3 4 |
| 2. When a sexually attractive stranger looks me straight in the eye, I become aroused | 1 2 3 4 |
| 3. When I see an attractive person, I start fantasising about having sex with him/her | 1 2 3 4 |
| 4. When I talk to someone on the telephone who has a sexy voice, I become sexually aroused | 1 2 3 4 |
| 5. When I have a quiet candlelight dinner with someone I find sexually attractive, I get aroused | 1 2 3 4 |
| 6. When an attractive person flirts with me, I easily become sexually aroused | 1 2 3 4 |
| 7. When I see someone I find attractive dressed in a sexy way, I easily become sexually aroused | 1 2 3 4 |
| 8. When I think someone sexually attractive wants to have sex with me, I quickly become sexually aroused | 1 2 3 4 |

SIS/SES QUESTIONNAIRE

1 = strongly agree

2 = agree

3 = disagree

4 = strongly disagree

- | | |
|--|---------|
| 9. When a sexually attractive stranger accidentally touches me, I easily become aroused | 1 2 3 4 |
| 10. When I see others engaged in sexual activities, I feel like having sex myself | 1 2 3 4 |
| 11. If I am with a group of people watching an X-rated film, I quickly become sexually aroused | 1 2 3 4 |
| 12. If I am on my own watching a sexual scene in a film, I quickly become sexually aroused | 1 2 3 4 |
| 13. When I look at erotic pictures, I easily become sexually aroused | 1 2 3 4 |
| 14. When I feel sexually aroused, I usually have an erection | 1 2 3 4 |
| 15. When I start fantasising about sex, I quickly become sexually aroused | 1 2 3 4 |
| 16. Just thinking about a sexual encounter I have had is enough to turn me on sexually | 1 2 3 4 |
| 17. When I feel interested in sex, I usually have an erection | 1 2 3 4 |
| 18. When I am taking a shower or a bath, I easily become sexually aroused | 1 2 3 4 |
| 19. When I wear something I feel attractive in, I am likely to become sexually aroused | 1 2 3 4 |
| 20. Sometime I become sexually aroused just by lying in the sun | 1 2 3 4 |
| 21. I need my penis to be touched to maintain an erection | 1 2 3 4 |
| 22. When I am having sex, I have to focus on my own sexual feelings in order to keep my erection | 1 2 3 4 |
| 23. Putting on a condom can cause me to lose my erection | 1 2 3 4 |

SIS/SES QUESTIONNAIRE

1 = strongly agree

2 = agree

3 = disagree

4 = strongly disagree

- | | |
|--|---------|
| 24. It is difficult to become sexually aroused unless I fantasise about a very arousing situation | 1 2 3 4 |
| 25. Once I have an erection, I want to start intercourse right away before I lose my erection | 1 2 3 4 |
| 26. When I have a distracting thought, I easily lose my erection | 1 2 3 4 |
| 27. I often rely on fantasies to help me maintain an erection | 1 2 3 4 |
| 28. I cannot get aroused unless I focus exclusively on sexual stimulation | 1 2 3 4 |
| 29. If I am concerned about pleasing my partner sexually, I easily lose my erection | 1 2 3 4 |
| 30. During sex, pleasing my partner sexually makes me more aroused | 1 2 3 4 |
| 31. When I notice that my partner is sexually aroused, my own arousal becomes stronger | 1 2 3 4 |
| 32. If I think that I might not get an erection, then I am less likely to get one | 1 2 3 4 |
| 33. If I am distracted by hearing music, television, or a conversation, I am unlikely to stay aroused | 1 2 3 4 |
| 34. If I feel that I'm expected to respond sexually, I have difficulty getting aroused | 1 2 3 4 |
| 35. If I am masturbating on my own and I realise that someone is likely to come into the room at any moment, I will lose my erection | 1 2 3 4 |
| 36. If I can be heard by others while having sex, I am unlikely to stay sexually aroused | 1 2 3 4 |
| 37. If I am having sex in a secluded, outdoor place and I think that someone is nearby, I am not likely to get very aroused | 1 2 3 4 |

SIS/SES QUESTIONNAIRE

1 = strongly agree

2 = agree

3 = disagree

4 = strongly disagree

- | | |
|---|---------|
| 38. If I can be seen by others while having sex, I am unlikely to stay sexually aroused | 1 2 3 4 |
| 39. If I realise there is a risk of catching a sexually transmitted disease, I am unlikely to stay sexually aroused | 1 2 3 4 |
| 40. If there is a risk of unwanted pregnancy, I am unlikely to get sexually aroused | 1 2 3 4 |
| 41. If my new sexual partner does not want to use a condom, I am unlikely to stay aroused | 1 2 3 4 |
| 42. If having sex will cause my partner pain, I am unlikely to stay sexually aroused | 1 2 3 4 |
| 43. If I discovered that someone I find sexually attractive is too young, I would have difficulty getting sexually aroused with him/her | 1 2 3 4 |
| 44. If I feel that I am being rushed, I am unlikely to get very aroused | 1 2 3 4 |
| 45. If I think that having sex will cause me pain, I will lose my erection | 1 2 3 4 |

APPENDIX F**Standard CSA script for Controls**

STANDARD SCRIPT

Right. Its 3 o'clock in the afternoon. You are sitting in your lounge room. It is summer time and you are feeling warm. Now really look around your lounge room. Notice the colour of the walls and the furniture in the room. *Concentrate on that right now (pause).* You are wearing shorts and you can feel the material of the couch against your bare legs. Notice a 10-year old friend of your daughters is sitting on one of the chairs in the lounge room. Notice she is short and has long brown hair and fair coloured skin. *Concentrate on that right now (pause).* *Open your eyes and switch that scene off.*

Right. Notice the room is warm and the girl is wearing denim shorts. You can see her bare legs. You think about how your daughters are playing in the other room. You ask the girl if she would like a drink. Hear her say she would like a glass of water. *Concentrate on that right now (pause).* You get up from the couch and get a glass of water for the girl. You then come back into the lounge room and sit down on the arm of the chair she is sitting in. Notice you are thinking about what it would be like to mess about with her *Concentrate on that thought right now (pause).* *Open your eyes and switch that scene off.*

Right. You give her the glass of water and touch her on her leg just above the knee. You can feel her warm skin under your hand. Notice she doesn't really do anything. You are feeling hot and excited. *Concentrate on those feelings right now (pause).* Now you lean over and pull down her shorts and white undies and lift up her white t-shirt. Now pull down your shorts a little. You lean over her and start to rub your penis on her stomach. Feel yourself getting more excited. You rub against her harder. Now feel yourself having an orgasm. *Concentrate on that feeling right now (pause).* *Open your eyes and switch that scene off.*

Right. You get off the girl. Now see your semen on her stomach. You pull your shorts back up... Now reach into your trousers and get a tissue out. You now wipe your semen off the girl's stomach... You start to think about whether you've done the wrong thing. *Concentrate on that thought right now (pause).* Notice the girl is really quiet. You say to her that "she is a good girl". Notice she doesn't say or do anything. Now pull up her undies and her shorts... Notice you are not overly anxious but you are a little concerned about getting caught for this. *Concentrate on that feeling right now (pause).* *Open your eyes and switch that scene off.*

Right. Now you say to the girl "this is our little secret". You say to her "Don't tell anybody about what happened because you will get into big trouble if you do". She nods her head. Notice you are feeling a little relieved now. *Concentrate on that feeling right now (pause).* You decide to go into the bathroom to wash your hands. You don't wanna leave any evidence behind. You now think about how you should get the girl to take a shower so you can get rid of all the evidence. Notice you are feeling even more relaxed now. *Concentrate on that feeling right now (pause).* *Open your eyes and switch that scene off.*

APPENDIX G

Means and standard deviations for visual analogue scales assessing clarity and accuracy of scripts

Table G1. Script x stage x group means and standard deviations for ratings of clarity of image and script content accuracy

VAS	Script	Stage	Mean % rating (SD)			
			Offenders		Controls	
Not clear -clear	Neutral	Scene	81.0	(32.4)	82.5	(23.3)
		Approach	81.1	(31.2)	83.67	(24.4)
		Incident	82.1	(31.5)	87.5	(18.8)
		Consequence	80.9	(31.9)	87.7	(20.2)
		Resolution	88.6	(18.2)	81.5	(32.2)
	Consensual	Scene	86.3	(19.2)	91.3	(7.6)
		Approach	84.8	(20.3)	88.5	(11.1)
		Incident	86.8	(18.6)	93.2	(5.7)
		Consequence	88.0	(18.5)	94.2	(5.6)
		Resolution	88.4	(19.7)	94.5	(5.4)
	CSA	Scene	87.6	(25.7)	79.5	(24.9)
		Approach	84.2	(28.6)	85.0	(16.3)
		Incident	83.6	(29.2)	78.5	(23.3)
		Consequence	83.9	(29.0)	82.2	(22.0)
		Resolution	84.0	(29.1)	88.5	(11.5)
Not close -close	Neutral	Scene	89.5	(17.0)	88.3	(12.4)
		Approach	86.4	(17.9)	88.5	(17.2)
		Incident	85.8	(20.5)	92.3	(8.7)
		Consequence	86.7	(19.5)	91.3	(8.1)
		Resolution	90.4	(17.5)	87.1	(27.2)

Consensual	Scene	87.1	(19.1)	90.2	(9.3)
	Approach	88.3	(18.4)	88.5	(15.0)
	Incident	88.2	(18.4)	93.8	(8.0)
	Consequence	88.4	(18.9)	93.8	(6.9)
	Resolution	88.5	(19.5)	93.9	(6.3)
CSA	Scene	81.7	(29.6)	61.5	(34.5)
	Approach	85.6	(28.8)	62.5	(34.9)
	Incident	85.0	(29.1)	52.1	(39.0)
	Consequence	85.4	(29.1)	59.5	(39.9)
	Resolution	84.7	(29.1)	60.0	(42.0)

APPENDIX H**Study One – Means and standard deviations for Script x Stage x Group
psychophysiological responses to imagery**

Table H1. Means and standard deviations for Script x Stage x Group psychophysiological responses.

Psychophys. measure	Script	Stage	Means (<i>SD</i>)	
			Offenders	Controls
Respiration	Neutral	Scene	17.1 (3.7)	13.6 (3.0)
		Approach	17.1 (3.6)	13.6 (2.9)
		Incident	17.2 (3.8)	13.9 (2.6)
		Consequence	16.1 (4.0)	14.0 (2.8)
		Resolution	18.0 (3.2)	13.9 (2.9)
	Consens	Scene	15.6 (4.2)	13.8 (2.7)
		Approach	15.9 (3.5)	13.9 (3.1)
		Incident	16.6 (3.9)	14.2 (2.2)
		Consequence	16.2 (4.0)	13.7 (3.5)
		Resolution	15.7 (3.6)	14.0 (2.5)
	CSA	Scene	17.5 (4.1)	13.2 (2.7)
		Approach	18.7 (4.2)	12.5 (3.2)
		Incident	17.4 (4.4)	13.4 (2.8)
		Consequence	16.8 (4.7)	14.0 (2.8)
		Resolution	17.2 (3.7)	14.4 (2.8)
Skin Conductance	Neutral	Scene	5.7 (5.0)	7.3 (4.9)
		Approach	4.6 (6.2)	7.2 (4.8)
		Incident	5.3 (5.4)	7.0 (4.6)
		Consequence	4.6 (6.4)	6.8 (4.7)
		Resolution	5.5 (5.6)	7.1 (4.7)

	Consens	Scene	4.8 (9.4)	6.9 (4.5)
		Approach	7.9 (5.0)	7.0 (4.6)
		Incident	7.6 (4.0)	7.1 (4.4)
		Consequence	6.0 (5.5)	6.7 (4.2)
		Resolution	6.4 (4.4)	6.7 (4.2)
	CSA	Scene	4.7 (5.2)	8.8 (5.0)
		Approach	6.1 (4.1)	8.9 (5.2)
		Incident	5.5 (6.7)	8.5 (4.3)
		Consequence	7.3 (3.7)	9.2 (5.5)
		Resolution	3.4 (11.6)	9.0 (5.4)
Heart Rate	Neutral	Scene	80.7 (13.4)	71.8 (16.3)
		Approach	80.4 (13.8)	72.3 (16.5)
		Incident	80.7 (13.2)	72.5 (16.6)
		Consequence	80.2 (13.3)	71.8 (16.6)
		Resolution	81.1 (13.7)	72.6 (17.0)
	Consens	Scene	82.8 (13.8)	73.3 (15.8)
		Approach	82.1 (13.5)	72.3 (15.9)
		Incident	81.2 (13.5)	73.0 (16.9)
		Consequence	81.0 (13.2)	71.8 (15.4)
		Resolution	81.0 (12.7)	71.8 (15.9)
	CSA	Scene	84.8 (14.3)	72.8 (15.9)
		Approach	85.2 (14.5)	73.3 (17.4)
		Incident	83.1 (13.7)	72.6 (16.4)
		Consequence	83.1 (12.5)	72.8 (16.4)
		Resolution	83.2 (13.0)	72.1 (16.2)

APPENDIX I**Study One – Means and standard deviations for ratings of VAS responses to
imagery**

Table II. Means and standard deviations for Script x Stage x Group ratings of each VAS.

VAS	Script	Stage	Mean % rating (SD)			
			Offenders		Controls	
Not happy-happy	Neutral	Scene	65.5	(31.6)	72.3	(17.7)
		Approach	77.7	(22.4)	77.6	(17.9)
		Incident	67.6	(32.7)	80.3	(21.1)
		Consequen.	66.6	(23.6)	83.1	(15.9)
		Resolution	75.5	(32.2)	79.8	(17.8)
	Consensual	Scene	70.5	(36.6)	84.2	(20.6)
		Approach	71.0	(42.1)	92.0	(12.9)
		Incident	79.2	(36.6)	94.7	(12.2)
		Consequen.	73.0	(36.9)	89.5	(12.8)
		Resolution	73.5	(38.5)	90.8	(12.4)
	CSA	Scene	59.2	(39.3)	62.8	(34.4)
		Approach	66.1	(35.4)	36.9	(28.5)
		Incident	68.0	(28.0)	14.1	(17.6)
		Consequen.	51.2	(36.7)	19.2	(23.6)
		Resolution	48.3	(26.0)	17.5	(24.7)
Not confident-confident	Neutral	Scene	73.5	(32.0)	81.8	(15.4)
		Approach	74.4	(25.6)	81.3	(17.2)
		Incident	76.4	(27.1)	82.7	(16.8)
		Consequen.	78.2	(26.1)	85.2	(13.9)
		Resolution	74.5	(31.5)	80.0	(20.0)

	Consensual	Scene	65.2	(35.1)	74.5	(19.9)	
		Approach	67.8	(35.0)	78.2	(18.7)	
		Incident	74.1	(36.4)	87.7	(13.3)	
		Consequen.	69.2	(36.5)	89.5	(14.7)	
		Resolution	73.8	(38.4)	89.6	(12.4)	
	CSA	Scene	51.5	(27.1)	63.2	(33.3)	
		Approach	60.0	(30.1)	48.5	(34.7)	
		Incident	57.1	(36.4)	34.8	(33.8)	
		Consequen.	53.0	(37.2)	29.1	(27.6)	
		Resolution	39.5	(26.6)	39.8	(36.5)	
Not sex aroused-sex aroused	Neutral	Scene	2.8	(4.0)	12.0	(19.5)	
		Approach	3.0	(3.2)	19.5	(23.4)	
		Incident	6.5	(14.0)	24.4	(27.8)	
		Consequen.	2.5	(2.4)	21.3	(23.6)	
		Resolution	3.1	(3.4)	17.7	(19.8)	
		Consensual	Scene	59.0	(41.6)	55.9	(25.7)
			Approach	67.5	(33.0)	81.8	(22.6)
			Incident	68.0	(37.3)	86.6	(23.5)
			Consequen.	34.7	(41.2)	50.0	(26.8)
			Resolution	16.7	(28.3)	19.9	(27.2)
		CSA	Scene	28.2	(39.2)	14.6	(19.9)
			Approach	45.1	(36.3)	9.9	(8.6)
			Incident	66.2	(34.2)	7.9	(6.8)
			Consequen.	46.2	(37.5)	9.8	(9.7)
			Resolution	46.3	(43.6)	5.0	(3.5)

Not avoid sex-avoid sex	Neutral	Scene	59.2	(29.9)	42.2	(32.3)
		Approach	54.1	(34.3)	34.6	(29.1)
		Incident	54.1	(35.1)	32.8	(23.1)
		Consequen.	52.5	(34.7)	40.5	(30.3)
		Resolution	44.6	(39.5)	41.4	(27.2)
	Consensual	Scene	34.3	(41.1)	13.3	(20.1)
		Approach	12.3	(21.5)	9.0	(18.3)
		Incident	17.4	(30.6)	7.9	(15.2)
		Consequen.	55.0	(40.0)	29.1	(26.7)
		Resolution	63.2	(38.6)	24.6	(24.7)
	CSA	Scene	50.8	(31.8)	58.9	(29.9)
		Approach	51.5	(36.6)	63.5	(34.8)
		Incident	43.5	(37.0)	61.5	(39.4)
		Consequen.	60.5	(34.3)	66.0	(35.0)
		Resolution	75.5	(32.0)	65.1	(39.3)
Not angry- angry	Neutral	Scene	3.7	(5.4)	4.0	(7.7)
		Approach	7.8	(15.5)	2.1	(3.0)
		Incident	2.9	(3.7)	6.3	(9.0)
		Consequen.	7.5	(14.9)	5.1	(5.5)
		Resolution	3.1	(3.6)	5.5	(9.3)
	Consensual	Scene	17.5	(33.5)	7.5	(15.4)
		Approach	17.5	(33.5)	5.7	(9.9)
		Incident	15.3	(30.9)	3.3	(3.6)
		Consequen.	19.0	(36.0)	1.3	(1.9)
		Resolution	20.1	(37.1)	1.1	(1.3)

	CSA	Scene	18.0	(25.6)	12.1	(20.0)
		Approach	21.8	(31.3)	37.9	(36.5)
		Incident	21.7	(32.6)	34.3	(36.9)
		Consequen.	31.5	(37.4)	42.3	(36.3)
		Resolution	23.4	(33.9)	48.6	(38.0)
Not agitated-agitated	Neutral	Scene	13.3	(28.6)	5.9	(6.8)
		Approach	8.0	(14.9)	8.4	(10.2)
		Incident	13.3	(28.5)	13.4	(12.5)
		Consequen.	8.4	(14.6)	14.8	(20.4)
		Resolution	10.7	(15.0)	15.3	(16.1)
	Consensual	Scene	29.5	(35.2)	18.0	(17.7)
		Approach	32.6	(36.2)	12.9	(12.8)
		Incident	22.8	(35.8)	6.9	(5.7)
		Consequen.	26.0	(36.2)	4.7	(6.7)
		Resolution	26.5	(37.5)	4.3	(8.1)
	CSA	Scene	38.2	(41.0)	24.0	(24.3)
		Approach	45.1	(42.2)	42.0	(32.6)
		Incident	42.8	(31.8)	51.1	(36.5)
		Consequen.	48.0	(37.5)	58.5	(28.5)
		Resolution	36.1	(32.8)	46.2	(34.1)
Not anxious-anxious	Neutral	Scene	20.6	(32.0)	9.5	(9.8)
		Approach	29.5	(36.2)	10.3	(19.5)
		Incident	13.6	(22.9)	14.0	(21.6)
		Consequen.	29.9	(37.5)	14.5	(17.2)
		Resolution	25.5	(35.0)	18.8	(24.0)

	Consensual	Scene	43.6	(39.1)	20.8	(19.2)
		Approach	44.9	(39.3)	25.4	(22.6)
		Incident	43.6	(43.0)	11.5	(20.6)
		Consequen.	42.5	(39.6)	3.9	(5.6)
		Resolution	41.6	(44.0)	3.6	(6.0)
	CSA	Scene	40.0	(41.1)	22.8	(23.3)
		Approach	50.3	(37.8)	48.1	(32.7)
		Incident	54.9	(38.1)	55.5	(36.2)
		Consequen.	63.6	(34.1)	60.4	(28.1)
		Resolution	45.2	(37.1)	48.8	(36.4)
Not guilty-guilty	Neutral	Scene	4.5	(7.2)	6.7	(13.2)
		Approach	7.2	(14.7)	6.6	(14.5)
		Incident	11.2	(18.5)	11.7	(16.7)
		Consequen.	11.4	(17.9)	10.7	(18.7)
		Resolution	14.3	(18.2)	14.2	(17.9)
	Consensual	Scene	16.0	(29.6)	15.3	(23.6)
		Approach	19.4	(30.8)	6.6	(9.5)
		Incident	15.9	(29.8)	3.5	(3.0)
		Consequen.	28.0	(36.1)	5.8	(13.7)
		Resolution	28.8	(37.4)	11.3	(22.8)
	CSA	Scene	32.9	(42.1)	18.1	(23.7)
		Approach	34.7	(38.9)	29.1	(27.1)
		Incident	72.5	(36.4)	49.0	(37.2)
		Consequen.	75.2	(33.7)	49.3	(28.7)
		Resolution	67.0	(34.0)	40.9	(27.8)

Not plan sex-plan sex	Neutral	Scene	10.0	(18.3)	23.0	(24.3)
		Approach	6.1	(13.3)	24.8	(24.4)
		Incident	6.6	(15.4)	29.5	(23.9)
		Consequen.	6.8	(13.5)	27.0	(22.8)
		Resolution	6.1	(12.5)	24.5	(22.6)
	Consensual	Scene	56.2	(40.2)	77.6	(25.9)
		Approach	68.1	(40.8)	91.1	(14.3)
		Incident	60.5	(44.7)	83.2	(22.0)
		Consequen.	38.2	(42.4)	39.4	(33.8)
		Resolution	24.7	(39.2)	40.1	(25.6)
	CSA	Scene	11.9	(20.0)	19.3	(19.9)
		Approach	27.5	(40.6)	10.8	(13.9)
		Incident	29.3	(37.3)	6.2	(7.9)
		Consequen.	11.0	(15.7)	10.8	(14.6)
		Resolution	14.0	(19.4)	12.5	(18.7)
Not in control-in control	Neutral	Scene	89.1	(16.6)	85.0	(14.8)
		Approach	89.2	(14.9)	82.5	(15.8)
		Incident	82.0	(26.8)	83.3	(17.4)
		Consequen.	77.7	(27.0)	87.3	(12.8)
		Resolution	87.0	(17.7)	75.5	(23.9)
	Consensual	Scene	70.5	(36.2)	75.2	(16.6)
		Approach	72.4	(37.2)	82.7	(13.2)
		Incident	67.9	(36.9)	81.2	(22.0)
		Consequen.	67.6	(34.2)	84.5	(14.8)
		Resolution	71.3	(37.4)	90.0	(11.0)

CSA	Scene	63.4	(33.6)	65.0	(37.7)
	Approach	59.5	(34.1)	61.6	(40.3)
	Incident	57.0	(34.6)	56.0	(43.1)
	Consequen.	57.4	(32.3)	48.5	(35.5)
	Resolution	57.5	(36.1)	51.6	(33.4)

Table I2. Means and standard deviations for significant Script x Stage interactions for ratings of planning sex, anger, guilt, anxiety and agitation.

VAS	Stage	Neutral		Script Consensual		CSA	
Not plan sex-plan sex	Scene	16.8	(22.2)	67.4	(34.5)	15.8	(19.8)
	Approach	15.9	(21.7)	80.1	(31.6)	18.8	(30.3)
	Incident	18.6	(23.0)	72.4	(35.8)	17.2	(28.3)
	Consequence	17.3	(21.2)	38.8	(37.3)	10.9	(14.7)
	Resolution	15.7	(20.3)	32.8	(33.0)	13.2	(18.6)
Not angry-angry	Scene	3.8	(6.6)	12.3	(25.6)	14.9	(22.5)
	Approach	4.8	(11.0)	11.4	(24.4)	30.2	(34.3)
	Incident	4.7	(7.0)	9.0	(21.8)	28.3	(34.7)
	Consequence	6.3	(10.8)	9.7	(25.9)	37.1	(36.4)
	Resolution	4.4	(7.1)	10.2	(26.9)	36.5	(37.6)
Not guilty-guilty	Scene	5.6	(10.6)	15.6	(26.0)	25.2	(33.8)
	Approach	6.9	(14.3)	12.7	(22.7)	31.8	(32.6)
	Incident	11.5	(17.2)	9.4	(16.3)	60.2	(37.9)
	Consequence	11.0	(17.9)	16.4	(28.6)	61.7	(33.2)
	Resolution	14.2	(17.7)	19.7	(31.2)	55.4	(33.0)
Not anxious-anxious	Scene	14.8	(23.3)	31.7	(31.9)	31.0	(33.4)
	Approach	19.5	(30.0)	34.7	(32.5)	49.1	(34.4)
	Incident	13.8	(21.7)	26.8	(36.3)	55.2	(36.3)
	Consequence	21.9	(29.1)	22.4	(33.4)	61.9	(30.4)
	Resolution	22.0	(29.2)	21.8	(36.0)	47.1	(35.9)

Not agitated- agitated	Scene	9.5	(20.2)	23.5	(27.5)	30.8	(33.3)
	Approach	8.2	(12.3)	22.3	(27.9)	43.5	(36.6)
	Incident	13.3	(21.1)	16.4	(26.5)	47.1	(33.8)
	Consequence	11.7	(17.8)	14.9	(27.1)	53.4	(32.8)
	Resolution	13.1	(15.4)	14.9	(28.2)	41.4	(33.1)

APPENDIX J**Ward and Hudson's (1998) four case examples for pathway allocation**

Ward and Hudson (1998b, pp. 718-720) Case Examples*Avoidant-Passive*

Peter is a 28-year-old recently separated man with one prior conviction for child sexual abuse. He attends an outpatient group and has dealt well with high-risk situations. One day, he has an argument with his girlfriend and feels rejected and lonely (life event). As his mood worsens, he begins to fantasise about having sex with a teenage girl down the road (desire for offensive sex), a fantasy he has had before. He then realises the risk he is taking thinking like this and recalls his determination not to sexually offend (avoidance goal set). Despite his good intentions, he finds himself thinking constantly about this girl and starts to feel panicky. He tries to ignore the thoughts and feelings by watching a favourite television program (strategy selected) and simply by trying to ignore them. These attempts are unsuccessful, and Peter begins to feel out of control. Over the next few weeks, he starts going for a daily walk down the girl's street "just for exercise" and one day "accidentally" runs into her and strikes up a conversation (high-risk situation). He feels anxious and, at the same time, sexually aroused by the thought of having sex with her. He feels as if he is in a dream and is powerless to stop himself from acting on his desires and fantasies. He suggests to the girl that they go for a walk through the local park (lapse). His fears and anxieties have now receded, and he is filled with pleasurable anticipation. He gives into his urge to touch the girl and so sexually molests her (sexual offence-relapse). Afterward, he is filled with remorse and self-disgust (postoffence evaluation-AVE). He resolves to never offend again (attitude toward future offending).

Avoidant-Active

Brian is a 36-year-old successful company manager. He has raped several women in the past but managed to elude detection until his last offence, for which he received a suspended sentence. One day, Brian loses the company a valuable contract and receives a warning from the director (life event). He thinks that this is unfair and is left feeling resentful and angry. He starts to ruminate about the bad things people have done to him in the past and recalls his last offence when he raped a woman who had rejected him. He remembers how good he felt afterward and wants to experience this feeling again (desire for offensive sex). Realising that this is dangerous thinking, he decides to eradicate the desire and feelings (avoidance goal set). He decides to try some stress management techniques and to drain off his sexual feelings through masturbation (strategies selected). He has heard that these techniques will help him get rid of the troublesome thoughts and feelings. As part of his stress management plan, he has a couple of glasses of wine every night. When he fantasises about forced sex, he uses masturbation and sometimes extra alcohol to relax him. These techniques do not work very well, and he fantasises more about his last rape and a woman who works in his office. At an office party, he starts talking to the woman and asks her out for a drink (high-risk situation). During this date, he constantly ruminates about his unfair treatment and his bad luck with women. He drinks more alcohol than usual to try and suppress his angry thoughts and his escalating sexual arousal. On the way home, he stops off at the beach and makes sexual advances toward the woman (lapse). She resists, and he rapes her (sexual offence-relapse). The next day, Brian is filled with disgust (postoffence evaluation) and vows never to sexually assault a woman again (attitude toward future offending).

Approach-Automatic

Graham is a 28-year-old man with two previous convictions for raping women. Both of these offences were committed during house robberies carried out during darkness. He is married with two young children. He and his wife frequently argue about his unemployment, smoking cannabis and heavy drinking, and lack of assistance with the children and household chores. He sees these tasks as “women’s work” and as being beneath him. After one of these arguments, his wife refuses his sexual approach, and he leaves the house in an angry mood (life event). While driving around, he begins to fantasise about past coercive sexual experiences (desire for offensive sex). He thinks that if the opportunity arises, he would take it (approach goal set). He then decides he needs money for drugs and sets out to find a house to burgle (strategy selected). He enters the house via a bathroom window. Once inside, he notices female underclothing hanging up to dry and realises that it is likely that a woman is in the house (high-risk situation). At this point, he begins to think specifically about assaulting the female occupant if she happens to be alone. He then searches for bedrooms (lapse). Entering the woman’s room and finding her alone, he wakes her, tells her to be quiet or he would hit her, and then sexually assaults her (sexual offence-relapse). The next day, he feels good as he reflects on his sexual assault (postoffence evaluation), thinking that the woman “got what she deserved” and that he has demonstrated his “sexual independence” from his wife. His attitudes toward women remain the same, and he determines to “give his wife some of the same” if she refuses him sex again (attitude toward future offending).

Approach-Explicit

Jim is a 45-year-old preferential child molester, with a long history of sexually abusing young boys. He graduated from an intensive therapy program last year and since then, has managed to refrain from future offending. In recent months, he has been feeling increasingly unhappy and lonely. One day he runs into an old friend from prison, a man who also has an offence history (life event). They have a coffee together and talk about old times. After his friend has left, Jim finds himself thinking about a boy he used to victimise, wishing he could be with him again. Floods of pleasurable memories occur, and Jim starts to think about having sex with another child (desire for offensive sex). He thinks of a possible victim and recalls that down the road from a house is a young boy who often plays on his own. He decides to have sex with this boy (approach goal set) and then starts to plan how he could do it. He resolves to stop and talk to the boy and gradually gain his confidence. He also plans to make friends with his mother with whom he is superficially acquainted (strategy selected). One day, he manages to get the boy to accompany him to his house (high-risk situation) and introduces him to some toys. After several visits, he persuades the boy to watch some pornography with him and sit on his lap (lapse). During the next visit, he touches the boy sexually and persuades him to reciprocate (sexual offence-relapse). Following this offence, he feels happy (postoffence evaluation) and intends to continue offending against the boy. He decides to lessen the risk of apprehension by only abusing the boy when his mother is away at work; he offers to baby-sit (attitude to future offending).

APPENDIX K

Bickley and Beech's (2002, 2003) pathway allocation checklist

From Bickley and Beech (2002, pp. 389-390)

OFFENSE PATHWAY CHECKLIST

Part 1: Passive versus Active Strategies

	<i>Passive</i>	0-1-2-3-4-5-6-7-8-9-10	<i>Active</i>
1. Degree of planning	No awareness of any planning, covert route (seemingly irrelevant decisions)		Extensive and detailed overt planning
Evidence for decision:			
2. Degree of thought before acting	Very impulsive, little thought before acting		Fully considers actions before acting
Evidence for decision:			
3. Complexity of strategies used (either to offend or prevent offending)	Basic strategies, poor problem-solving abilities		Complex grooming or prevention strategies used
Evidence for decision:			
4. Locus of control (victim stance)	Passive stance; events controlled externally		Sees self as in control of own behaviour
Evidence for decision:			
5. Ability to delay gratification	Problem of immediate gratification		Able to delay gratification for long-term gains
Evidence for decision:			
<hr/>			
Decision:	Passive / Active / Don't know		

If "don't know" please explain:

Part 2: Avoidant versus Approach Goals

	<i>Avoidant</i>	0-1-2-3-4-5-6-7-8-9-10	<i>Approach</i>
1. Reported desire to control/prevent offending Evidence for decision:	Awareness of harm or fear of consequences, active restraint		No restraint
2. Beliefs about children and sex (cognitive distortions) Evidence for decision:	Acknowledges abuse is harmful, few cognitive distortions		Sees no harm in sex with children, many cognitive distortions
3. Degree of guilt/shame following offence Evidence for decision:	Extreme guilt /shame reported following offence		No negative self-evaluation
4. Level of pro-offending behaviours Evidence for decision:	No explicit engagement in activities		Explicit activities supporting offending (e.g., hobbies, clubs, child pornography)
Decision:	Avoidant / Approach / Don't know		

If "don't know" please explain:

Decision on most likely offence pathway (tick as appropriate):

(Note: if more than one pathway or if pathway has changed, indicate and explain below)

Based on (a) at time of entry to clinic and (b) using all information gathered during stay

Avoidant-Active _____ Avoidant-Passive _____

Approach-Active _____ Approach-Passive _____

APPENDIX L

Study Two; Analysis One – Script x Stage x Goal means and standard deviations for psychophysiological responses to imagery

Table L1. Script x Stage x Goal means and standard deviations for psychophysiological responses.

Psychophys. measure	Script	Stage	Mean (SD)			
			Approach		Avoidant	
Respiration	Neutral	Scene	17.1	(4.1)	17.0	(1.4)
		Approach	16.7	(3.8)	19.0	(1.4)
		Incident	16.8	(4.1)	19.0	(1.4)
		Consequence	16.1	(4.1)	16.0	(5.7)
		Resolution	17.8	(3.5)	19.0	(1.4)
	Consensual	Scene	15.5	(4.6)	16.3	(2.5)
		Approach	15.8	(3.8)	16.5	(2.1)
		Incident	16.8	(4.2)	16.0	(2.8)
		Consequence	16.2	(4.3)	16.0	(2.8)
		Resolution	15.4	(4.0)	17.0	(1.4)
	CSA	Scene	16.1	(3.4)	20.0	(0.0)
		Approach	17.4	(3.9)	23.0	(4.2)
		Incident	17.3	(4.5)	15.5	(5.0)
		Consequence	16.4	(4.7)	15.8	(6.0)
		Resolution	16.4	(4.0)	18.5	(0.7)
Skin Conductance	Neutral	Scene	5.6	(5.6)	5.7	(2.6)
		Approach	4.2	(6.9)	6.3	(3.2)
		Incident	4.9	(6.0)	6.5	(3.1)
		Consequence	4.1	(7.0)	6.5	(2.8)
		Resolution	5.1	(6.1)	6.9	(3.4)

	Consensual	Scene	3.9	(10.4)	8.5	(0.3)
		Approach	7.7	(5.7)	8.7	(0.4)
		Incident	7.3	(4.4)	8.8	(0.7)
		Consequence	5.1	(5.9)	9.3	(0.3)
		Resolution	5.6	(4.6)	9.2	(0.6)
	CSA	Scene	3.7	(5.3)	9.0	(2.3)
		Approach	5.1	(4.0)	10.1	(0.5)
		Incident	4.2	(7.0)	10.8	(0.4)
		Consequence	6.4	(3.6)	11.0	(0.7)
		Resolution	1.5	(12.3)	10.9	(0.8)
Heart Rate	Neutral	Scene	81.5	(14.8)	77.1	(4.2)
		Approach	80.8	(15.2)	78.5	(6.7)
		Incident	81.5	(14.4)	76.8	(6.2)
		Consequence	80.7	(14.7)	77.8	(5.6)
		Resolution	81.7	(15.1)	78.1	(6.1)
	Consensual	Scene	83.6	(15.3)	79.1	(2.0)
		Approach	82.9	(15.0)	78.9	(2.6)
		Incident	81.5	(15.0)	79.8	(5.4)
		Consequence	81.5	(14.7)	79.1	(4.4)
		Resolution	81.7	(14.1)	77.9	(3.0)
	CSA	Scene	86.8	(15.1)	75.6	(5.8)
		Approach	86.1	(15.0)	81.1	(16.1)
		Incident	83.9	(14.4)	79.1	(13.8)
		Consequence	83.8	(13.2)	79.8	(11.3)
		Resolution	84.5	(13.9)	77.2	(7.3)

APPENDIX M

**Study Two; Analysis One – Script x Stage x Goal means and standard
deviations for VAS responses**

Table M1. Script x Stage x Goal means and standard deviations for all VAS ratings.

VAS	Script	Stage	Mean % rating (SD)			
			Approach		Avoidant	
Not angry- angry	Neutral	Scene	3.9	(5.9)	2.5	(3.5)
		Approach	3.6	(5.4)	26.5	(36.1)
		Incident	3.0	(4.0)	2.5	(3.5)
		Consequence	3.6	(4.7)	25.3	(35.7)
		Resolution	3.2	(3.8)	2.8	(3.9)
	Consensual	Scene	9.8	(21.5)	52.8	(66.8)
		Approach	9.8	(21.5)	52.3	(67.5)
		Incident	7.2	(14.2)	52.0	(67.9)
		Consequence	11.6	(26.7)	52.2	(67.5)
		Resolution	12.9	(28.9)	52.5	(67.2)
	CSA	Scene	14.8	(24.4)	32.0	(36.0)
		Approach	9.7	(13.1)	76.5	(33.2)
		Incident	14.6	(21.9)	53.5	(65.8)
		Consequence	26.6	(32.5)	53.5	(65.8)
		Resolution	27.9	(36.2)	3.0	(4.2)
Not happy- happy	Neutral	Scene	74.1	(24.7)	27.0	(38.2)
		Approach	80.1	(23.2)	66.8	(20.9)
		Incident	77.0	(25.1)	25.5	(36.1)
		Consequen.	69.1	(25.5)	55.5	(9.2)
		Resolution	81.4	(22.1)	48.8	(68.9)

	Consensual	Scene	75.4	(30.7)	48.3	(68.2)
		Approach	76.2	(38.5)	47.8	(67.5)
		Incident	85.9	(28.2)	48.8	(68.9)
		Consequen.	78.5	(30.5)	48.5	(68.6)
		Resolution	79.3	(32.8)	47.8	(67.5)
	CSA	Scene	57.7	(36.1)	49.5	(70.0)
		Approach	70.0	(29.8)	48.8	(68.2)
		Incident	71.6	(30.0)	51.8	(6.0)
		Consequen.	56.9	(36.3)	25.8	(36.4)
		Resolution	47.3	(28.9)	52.5	(1.4)
Not confident- confident	Neutral	Scene	76.7	(29.1)	58.8	(54.1)
		Approach	81.6	(21.6)	42.0	(15.6)
		Incident	79.2	(24.8)	64.0	(45.3)
		Consequen.	80.7	(24.0)	66.8	(43.5)
		Resolution	85.3	(18.8)	26.3	(37.1)
	Consensual	Scene	69.0	(29.5)	48.0	(67.9)
		Approach	72.2	(28.9)	48.0	(67.9)
		Incident	79.8	(29.4)	48.5	(68.6)
		Consequen.	73.8	(30.8)	48.5	(68.6)
		Resolution	79.3	(32.5)	49.0	(69.3)
	CSA	Scene	54.3	(28.8)	39.0	(17.0)
		Approach	58.9	(29.8)	65.3	(43.5)
		Incident	53.9	(37.7)	71.5	(36.8)
		Consequen.	53.9	(33.6)	48.8	(68.9)
		Resolution	36.9	(29.0)	51.5	(3.5)

Not sex aroused -sex aroused	Neutral	Scene	2.8	(4.3)	2.5	(3.5)
		Approach	3.1	(3.4)	2.5	(3.5)
		Incident	7.3	(15.5)	2.8	(3.9)
		Consequen.	2.6	(2.4)	2.0	(2.8)
		Resolution	3.2	(3.6)	2.8	(3.9)
	Consensual	Scene	61.4	(39.3)	48.5	(68.6)
		Approach	71.8	(25.9)	48.0	(67.9)
		Incident	69.7	(37.4)	60.3	(50.6)
		Consequen.	31.8	(38.7)	48.0	(67.2)
		Resolution	9.7	(11.1)	48.0	(67.9)
	CSA	Scene	23.5	(34.4)	49.3	(69.7)
		Approach	38.8	(35.7)	73.5	(35.5)
		Incident	59.1	(33.8)	98.5	(2.1)
		Consequen.	40.7	(37.4)	70.8	(37.1)
		Resolution	34.7	(39.3)	98.5	(2.1)
Not avoid sex- avoid sex	Neutral	Scene	60.8	(33.1)	51.8	(6.0)
		Approach	60.1	(32.6)	27.0	(38.2)
		Incident	60.1	(33.7)	27.3	(38.5)
		Consequen.	58.6	(33.4)	25.5	(36.1)
		Resolution	48.3	(40.8)	28.0	(39.6)
	Consensual	Scene	30.3	(38.0)	52.0	(67.9)
		Approach	14.7	(23.2)	1.5	(2.1)
		Incident	9.8	(15.1)	51.5	(68.6)
		Consequen.	55.6	(38.0)	52.8	(66.8)
		Resolution	65.7	(35.3)	52.0	(67.9)

	CSA	Scene	40.1	(23.6)	98.8	(1.8)
		Approach	51.9	(34.4)	50.0	(62.9)
		Incident	47.7	(38.5)	24.3	(30.1)
		Consequen.	57.1	(35.4)	76.0	(33.9)
		Resolution	70.3	(33.4)	98.5	(2.1)
Not agitated- agitated	Neutral	Scene	5.5	(7.5)	48.5	(68.6)
		Approach	4.1	(4.5)	25.5	(36.1)
		Incident	5.5	(7.6)	48.3	(68.2)
		Consequen.	4.8	(6.4)	24.3	(34.3)
		Resolution	6.5	(8.6)	29.8	(27.9)
	Consensual	Scene	19.6	(27.7)	74.3	(36.4)
		Approach	23.2	(30.6)	74.8	(35.7)
		Incident	15.8	(26.7)	76.3	(33.6)
		Consequen.	19.8	(29.4)	53.5	(65.8)
		Resolution	20.6	(31.4)	53.0	(66.5)
CSA	Scene	30.0	(39.0)	75.3	(35.0)	
	Approach	38.0	(42.2)	77.0	(32.5)	
	Incident	35.2	(27.9)	76.8	(32.9)	
	Consequen.	41.8	(37.1)	75.3	(35.0)	
	Resolution	34.0	(36.1)	45.8	(8.8)	
Not anxious- anxious	Neutral	Scene	13.5	(20.1)	52.5	(67.2)
		Approach	20.5	(32.4)	70.0	(25.5)
		Incident	15.9	(25.9)	3.3	(4.6)
		Consequen.	20.0	(31.5)	74.3	(35.7)
		Resolution	19.1	(27.4)	54.0	(65.1)

	Consensual	Scene	36.8	(38.2)	74.3	(36.4)
		Approach	43.2	(36.8)	52.8	(66.8)
		Incident	41.7	(41.5)	52.5	(67.2)
		Consequen.	40.2	(37.1)	53.3	(66.1)
		Resolution	38.9	(42.9)	53.8	(65.4)
	CSA	Scene	27.6	(34.0)	95.8	(5.3)
		Approach	39.4	(32.6)	99.0	(1.4)
		Incident	50.0	(39.2)	77.0	(32.5)
		Consequen.	61.0	(35.4)	75.3	(35.0)
		Resolution	50.1	(38.8)	23.3	(23.0)
Not guilty-guilty	Neutral	Scene	4.9	(7.9)	2.3	(3.2)
		Approach	8.3	(16.1)	2.0	(2.8)
		Incident	13.3	(20.0)	1.8	(2.5)
		Consequen.	13.5	(19.2)	1.8	(2.5)
		Resolution	16.4	(19.6)	5.0	(7.1)
	Consensual	Scene	7.6	(11.1)	53.8	(65.4)
		Approach	11.8	(16.9)	53.3	(66.1)
		Incident	7.7	(11.5)	52.5	(67.2)
		Consequen.	22.3	(29.9)	53.5	(65.8)
		Resolution	23.3	(32.0)	53.5	(65.8)
	CSA	Scene	28.5	(39.1)	52.5	(67.2)
		Approach	30.9	(34.9)	52.0	(67.9)
		Incident	71.4	(39.0)	77.5	(31.8)
		Consequen.	70.1	(35.4)	98.3	(1.8)
		Resolution	71.3	(36.3)	47.3	(6.7)

Not plan sex- plan sex	Neutral	Scene	11.9	(19.9)	1.8	(2.5)
		Approach	7.1	(14.7)	2.0	(2.8)
		Incident	7.5	(17.0)	2.5	(3.5)
		Consequen.	7.7	(14.8)	2.5	(3.5)
		Resolution	6.9	(13.7)	2.5	(3.5)
	Consensual	Scene	57.8	(37.5)	49.0	(69.3)
		Approach	72.4	(37.0)	48.8	(68.9)
		Incident	63.3	(43.2)	48.0	(67.9)
		Consequen.	35.8	(40.2)	48.8	(68.9)
		Resolution	19.5	(34.1)	48.3	(68.2)
	CSA	Scene	14.2	(21.7)	1.8	(2.5)
		Approach	32.9	(43.4)	3.5	(4.2)
		Incident	29.0	(40.3)	30.5	(30.4)
		Consequen.	8.3	(13.9)	23.0	(23.3)
		Resolution	7.6	(13.3)	43.0	(17.0)
Not in control-in control	Neutral	Scene	92.6	(10.0)	73.5	(36.8)
		Approach	88.6	(16.5)	92.3	(5.3)
		Incident	86.9	(19.5)	59.8	(54.1)
		Consequen.	82.2	(19.6)	57.8	(56.9)
		Resolution	90.9	(10.1)	69.3	(39.2)
	Consensual	Scene	75.4	(30.1)	48.5	(68.6)
		Approach	77.8	(31.4)	48.0	(67.2)
		Incident	72.2	(31.5)	48.8	(68.9)
		Consequen.	71.9	(27.7)	48.0	(67.9)
		Resolution	76.5	(31.6)	48.0	(67.9)

CSA	Scene	66.4	(27.4)	49.8	(69.7)
	Approach	61.7	(28.7)	49.5	(69.3)
	Incident	58.8	(29.7)	48.8	(68.9)
	Consequen.	59.2	(26.4)	49.0	(68.6)
	Resolution	59.2	(31.6)	49.5	(70.0)

APPENDIX N

Study Two; Analysis Two – Script x Stage x Group means and standard deviations for psychophysiological responses to imagery

Table N1. Script x Stage x Strategy means and standard deviations for psychophysiological responses.

Psychophys. measure	Script	Stage	Mean (SD)	
			Active	Passive
Respiration	Neutral	Scene	17.0 (1.4)	17.1 (4.1)
		Approach	18.0 (0.0)	16.9 (4.0)
		Incident	19.0 (1.4)	16.8 (4.1)
		Consequence	15.0 (4.2)	16.3 (4.3)
		Resolution	19.0 (1.4)	17.8 (3.5)
	Consensual	Scene	16.8 (3.2)	15.4 (4.5)
		Approach	16.5 (2.1)	15.8 (3.8)
		Incident	16.5 (3.5)	16.7 (4.2)
		Consequence	16.0 (2.8)	16.2 (4.3)
		Resolution	17.5 (0.7)	15.3 (3.9)
	CSA	Scene	19.5 (0.7)	16.2 (3.6)
		Approach	22.0 (5.7)	17.7 (4.0)
		Incident	15.5 (5.0)	17.3 (4.5)
		Consequence	14.8 (4.6)	16.7 (4.8)
		Resolution	18.0 (1.4)	16.6 (4.1)
Skin Conductance	Neutral	Scene	7.5 (5.1)	5.2 (5.2)
		Approach	7.3 (4.7)	3.9 (6.6)
		Incident	7.3 (4.2)	4.7 (5.8)
		Consequence	7.2 (3.8)	3.9 (6.9)
		Resolution	6.9 (3.4)	5.1 (6.1)

	Consensual	Scene	9.2 (0.7)	3.7 (10.3)
		Approach	8.8 (0.6)	7.6 (5.7)
		Incident	8.1 (0.3)	7.4 (4.5)
		Consequence	8.3 (1.1)	5.4 (6.1)
		Resolution	8.0 (1.1)	6.0 (4.8)
	CSA	Scene	8.5 (1.6)	3.8 (5.5)
		Approach	9.5 (0.4)	5.2 (4.2)
		Incident	9.5 (2.2)	4.5 (7.2)
		Consequence	9.5 (2.8)	6.8 (3.9)
		Resolution	9.4 (3.0)	1.9 (12.6)
Heart Rate	Neutral	Scene	85.5 (7.7)	79.6 (14.5)
		Approach	87.2 (5.6)	78.9 (14.8)
		Incident	85.8 (6.5)	79.5 (14.3)
		Consequence	86.8 (7.1)	78.7 (14.2)
		Resolution	86.2 (5.4)	79.9 (14.9)
	Consensual	Scene	87.7 (10.2)	81.7 (14.7)
		Approach	88.5 (10.9)	80.7 (14.2)
		Incident	86.4 (3.9)	80.1 (14.8)
		Consequence	85.3 (4.4)	80.1 (14.5)
		Resolution	82.8 (4.0)	80.7 (14.1)
	CSA	Scene	87.3 (10.8)	84.2 (15.5)
		Approach	94.4 (2.6)	83.2 (15.4)
		Incident	89.0 (0.2)	81.7 (15.0)
		Consequence	88.1 (0.5)	81.9 (13.6)
		Resolution	84.0 (2.3)	83.0 (14.5)

APPENDIX O

Study Two; Analysis Two – Script x Stage x Strategy means and standard deviations for VAS responses to imagery

Table O1. Script x Stage x Strategy means and standard deviations for VAS ratings.

VAS	Script	Stage	Mean % rating (SD)			
			Active		Passive	
Not angry- angry	Neutral	Scene	5.0	(7.1)	3.4	(5.5)
		Approach	4.0	(4.2)	8.6	(17.1)
		Incident	2.5	(3.5)	3.0	(4.0)
		Consequen.	4.0	(5.7)	8.3	(16.4)
		Resolution	3.5	(5.0)	3.1	(3.6)
	Consens	Scene	83.0	(24.0)	2.9	(4.1)
		Approach	83.0	(24.0)	3.0	(4.4)
		Incident	71.8	(40.0)	2.8	(4.1)
		Consequen.	90.8	(13.1)	3.1	(5.1)
		Resolution	94.5	(7.8)	3.6	(4.8)
	CSA	Scene	29.2	(40.0)	15.4	(24.0)
		Approach	53.0	(66.5)	14.9	(19.4)
		Incident	52.3	(67.5)	14.9	(21.8)
		Consequen.	54.0	(65.1)	26.5	(35.6)
		Resolution	3.5	(5.0)	27.8	(36.3)
Not agitated - agitated	Neutral	Scene	3.5	(4.9)	15.5	(31.5)
		Approach	2.8	(3.9)	9.1	(16.3)
		Incident	2.5	(3.5)	15.7	(31.3)
		Consequen.	2.3	(3.2)	9.7	(15.9)
		Resolution	28.5	(29.7)	6.8	(8.7)

	Consens	Scene	93.5	(9.2)	15.3	(16.9)
		Approach	83.8	(23.0)	21.2	(27.9)
		Incident	89.0	(15.6)	12.9	(19.7)
		Consequen.	91.2	(12.4)	11.4	(17.8)
		Resolution	95.0	(7.1)	11.3	(17.8)
	CSA	Scene	95.8	(6.0)	25.4	(32.9)
		Approach	92.8	(10.3)	34.5	(39.0)
		Incident	71.8	(40.0)	36.3	(28.4)
		Consequen.	55.8	(62.6)	46.2	(35.4)
		Resolution	23.5	(22.6)	38.9	(35.1)
Not guilty-guilty	Neutral	Scene	2.3	(3.2)	4.9	(7.9)
		Approach	2.0	(2.8)	8.3	(16.1)
		Incident	3.0	(4.2)	13.1	(20.1)
		Consequen.	2.0	(2.8)	13.4	(19.3)
		Resolution	3.3	(4.6)	16.8	(19.4)
	Consens	Scene	67.5	(46.0)	4.5	(4.3)
		Approach	63.5	(51.6)	9.6	(15.9)
		Incident	55.2	(63.3)	7.1	(11.5)
		Consequen.	81.5	(26.2)	16.1	(25.9)
		Resolution	95.0	(7.1)	14.1	(20.1)
	CSA	Scene	83.0	(24.0)	21.7	(37.1)
		Approach	73.8	(37.1)	26.1	(35.4)
		Incident	95.5	(6.4)	67.4	(38.6)
		Consequen.	63.3	(51.3)	77.8	(32.3)
		Resolution	31.8	(15.2)	74.8	(32.2)

Not sex aroused -sex aroused	Neutral	Scene	1.0	(1.4)	3.2	(4.4)
		Approach	3.3	(4.6)	2.9	(3.2)
		Incident	23.8	(33.6)	2.7	(3.6)
		Consequen.	3.0	(4.2)	2.3	(2.2)
		Resolution	3.0	(4.2)	3.2	(3.5)
	Consens	Scene	18.0	(25.5)	68.2	(39.6)
		Approach	15.0	(21.2)	79.2	(21.6)
		Incident	18.5	(8.5)	79.0	(31.3)
		Consequen.	10.3	(13.8)	40.2	(43.7)
		Resolution	2.5	(3.5)	19.8	(30.6)
	CSA	Scene	45.0	(63.6)	24.4	(36.5)
		Approach	70.0	(27.6)	39.6	(37.0)
		Incident	96.5	(5.0)	59.6	(34.3)
		Consequen.	25.5	(26.9)	50.8	(39.2)
		Resolution	97.0	(4.2)	35.0	(39.9)
Not avoid sex- avoid sex	Neutral	Scene	25.8	(30.8)	66.6	(25.6)
		Approach	2.3	(3.2)	65.6	(25.5)
		Incident	23.5	(33.2)	60.9	(33.4)
		Consequen.	20.0	(28.3)	59.8	(32.8)
		Resolution	3.5	(5.0)	53.8	(37.8)
	Consens	Scene	75.5	(34.6)	25.1	(38.0)
		Approach	15.0	(21.2)	11.7	(22.8)
		Incident	73.0	(38.2)	5.1	(6.7)
		Consequen.	72.5	(38.9)	51.2	(41.5)
		Resolution	95.0	(7.1)	56.1	(39.3)

	CSA	Scene	52.5	(67.2)	50.4	(26.4)
		Approach	52.3	(59.8)	51.4	(35.1)
		Incident	25.5	(28.3)	47.4	(38.9)
		Consequen.	55.0	(63.6)	64.8	(30.9)
		Resolution	52.8	(66.8)	80.5	(23.7)
Not confident- confident	Neutral	Scene	53.0	(46.0)	78.0	(29.7)
		Approach	58.0	(38.2)	78.1	(23.5)
		Incident	60.0	(39.6)	80.1	(25.3)
		Consequen.	65.8	(42.1)	80.9	(24.2)
		Resolution	46.8	(66.1)	80.7	(21.4)
	Consens	Scene	6.5	(9.2)	78.2	(21.8)
		Approach	7.8	(11.0)	81.1	(20.4)
		Incident	6.5	(9.2)	89.1	(15.8)
		Consequen.	4.5	(6.4)	83.6	(19.6)
		Resolution	2.0	(2.8)	89.7	(16.3)
	CSA	Scene	37.0	(14.1)	54.8	(28.7)
		Approach	62.3	(39.2)	60.0	(30.6)
		Incident	68.8	(32.9)	54.5	(38.4)
		Consequen.	44.3	(62.6)	54.9	(34.9)
		Resolution	36.0	(18.4)	40.3	(28.9)

Not happy- happy	Neutral	Scene	44.5	(62.9)	70.2	(24.8)
		Approach	84.0	(3.5)	76.3	(24.8)
		Incident	32.8	(46.3)	75.4	(26.4)
		Consequen.	60.0	(2.8)	68.1	(26.1)
		Resolution	24.5	(34.6)	86.8	(18.8)
	Consens	Scene	7.5	(10.6)	84.5	(21.2)
		Approach	2.3	(3.2)	86.3	(27.8)
		Incident	6.3	(8.8)	95.4	(6.1)
		Consequen.	5.0	(7.1)	88.2	(16.7)
		Resolution	1.3	(1.8)	89.6	(15.9)
	CSA	Scene	45.8	(64.7)	58.6	(37.1)
		Approach	35.3	(49.1)	73.0	(31.2)
		Incident	70.8	(32.9)	67.3	(29.1)
		Consequen.	45.0	(63.6)	52.6	(34.1)
		Resolution	29.5	(33.9)	52.4	(24.3)
Not in control-in control	Neutral	Scene	72.3	(35.0)	92.8	(10.2)
		Approach	91.8	(4.6)	88.7	(16.5)
		Incident	58.5	(52.3)	87.2	(19.6)
		Consequen.	53.3	(50.6)	83.2	(20.2)
		Resolution	67.8	(37.1)	91.2	(10.3)
	Consens	Scene	5.5	(7.8)	85.0	(18.5)
		Approach	13.0	(17.7)	85.6	(24.8)
		Incident	14.3	(20.2)	79.8	(27.7)
		Consequen.	21.8	(30.8)	77.8	(26.5)
		Resolution	2.5	(3.5)	86.6	(17.2)

	CSA	Scene	29.5	(41.0)	70.9	(29.2)
		Approach	24.3	(33.6)	67.3	(30.6)
		Incident	38.8	(54.8)	61.0	(31.9)
		Consequen.	21.3	(29.3)	65.4	(28.3)
		Resolution	43.8	(61.9)	60.5	(33.1)
Not anxious- anxious	Neutral	Scene	54.5	(64.3)	13.1	(20.2)
		Approach	47.3	(57.6)	25.6	(33.5)
		Incident	2.3	(3.2)	16.2	(24.8)
		Consequen.	54.3	(64.0)	24.4	(32.6)
		Resolution	53.0	(66.5)	19.3	(27.3)
	Consens	Scene	87.0	(18.4)	33.9	(36.0)
		Approach	83.5	(23.3)	36.3	(37.5)
		Incident	92.5	(10.6)	32.8	(39.5)
		Consequen.	91.3	(12.4)	31.7	(34.8)
		Resolution	94.5	(7.8)	29.8	(39.4)
CSA	Scene	80.5	(16.3)	31.0	(39.7)	
	Approach	92.5	(10.6)	40.9	(35.0)	
	Incident	64.0	(50.9)	52.9	(38.3)	
	Consequen.	58.5	(58.7)	64.7	(31.8)	
	Resolution	23.3	(23.0)	50.1	(38.8)	
Not plan sex -plan sex	Neutral	Scene	2.3	(3.2)	11.8	(19.9)
		Approach	0.8	(1.1)	7.3	(14.6)
		Incident	2.0	(2.8)	7.6	(17.0)
		Consequen.	4.5	(6.4)	7.3	(14.9)
		Resolution	1.5	(2.1)	7.1	(13.7)

Consens	Scene	40.8	(57.6)	59.7	(39.2)
	Approach	41.3	(58.3)	74.1	(37.9)
	Incident	32.8	(46.3)	66.7	(44.6)
	Consequen.	22.3	(31.5)	41.7	(45.2)
	Resolution	2.5	(3.5)	29.7	(42.0)
CSA	Scene	29.3	(41.4)	8.1	(14.0)
	Approach	37.0	(51.6)	25.4	(41.2)
	Incident	53.0	(62.2)	24.0	(32.9)
	Consequen.	41.0	(2.1)	4.3	(5.5)
	Resolution	36.0	(7.1)	9.2	(17.7)

Table O2. Means and standard deviations for significant Script x Strategy interactions for ratings of confidence, happiness, control and avoiding sex.

VAS	Stage	Neutral		Script Consensual		CSA	
Not confident- confident	Active	56.7	(36.0)	5.5	(6.5)	49.7	(31.4)
	Passive	79.6	(23.8)	84.4	(18.6)	52.8	(31.7)
Not happy- happy	Active	49.1	(36.2)	4.5	(5.9)	45.3	(40.7)
	Passive	75.3	(24.1)	88.8	(18.4)	60.8	(31.1)
Not in control-in control	Active	68.7	(32.8)	11.4	(15.6)	31.5	(35.3)
	Passive	88.6	(15.6)	83.0	(22.5)	65.0	(29.5)
Not avoid sex-avoid sex	Active	15.0	(20.8)	66.2	(36.4)	47.6	(45.5)
	Passive	61.3	(30.3)	29.8	(37.3)	58.3	(32.4)

APPENDIX P

**The 13-item Marlowe Crowne Social Desirability Scale-Short Form C (MC-C:
Reynolds, 1982)**

Reynold's (1982) Personal Reaction Inventory

Short Form C

Listed below are a number of statements concerning personality attitudes and traits.

Read each item and decide whether the statement is *true* (T) or *false* (F) as it pertains to you personally.

- | | | |
|-----|--|-------|
| 1. | It is sometimes hard for me to go on with work if I am not encouraged | T / F |
| 2. | I sometimes feel resentful when I don't get my way | T / F |
| 3. | On a few occasions, I have given up doing something because I thought too little of my ability | T / F |
| 4. | There have been times where I felt like rebelling against people in authority even though I knew they were right | T / F |
| 5. | No matter who I am talking to, I'm always a good listener | T / F |
| 6. | There have been occasions when I took advantage of someone | T / F |
| 7. | I'm always willing to admit when I have made a mistake | T / F |
| 8. | I sometimes try to get even, rather than forgive and forget | T / F |
| 9. | I am always courteous, even to people who are disagreeable | T / F |
| 10. | I have never been irked when people expressed ideas very different from my own | T / F |
| 11. | There have been times when I was quite jealous of the good fortunes of others | T / F |
| 12. | I am sometimes irritated by people who ask favours of me | T / F |
| 13. | I have never deliberately said something that hurt someone's feelings | T / F |

APPENDIX Q**The Abel and Becker (1984) Cognition Scale (ABCS)**

Cognition Scale

Read each of the statements below carefully and then circle the number beside each statement which best describes how you feel about that statement.

1 = Strongly agree

2 = Agree

3 = Neutral (neither agree nor disagree)

4 = Disagree

5 = Strongly Disagree

- | | | | | | |
|--|---|---|---|---|---|
| 1. If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals. | 1 | 2 | 3 | 4 | 5 |
| 2. A man (or woman) is justified in having sex with his (her) children or step-children, if his (her) wife (husband) doesn't like sex. | 1 | 2 | 3 | 4 | 5 |
| 3. A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not. | 1 | 2 | 3 | 4 | 5 |
| 4. A child who doesn't physically resist an adult's sexual advances, really wants to have sex with the adult. | 1 | 2 | 3 | 4 | 5 |
| 5. If a 13-year old (or younger) child flirts with an adult, it means he (she) wants to have sex with the adult. | 1 | 2 | 3 | 4 | 5 |
| 6. Sex between a 13-year-old (or younger) child and an adult causes the child no emotional problems. | 1 | 2 | 3 | 4 | 5 |
| 7. Having sex with a child is a good way for an adult to teach the child about sex. | 1 | 2 | 3 | 4 | 5 |

1 = *Strongly agree*
 2 = *Agree*
 3 = *Neutral (neither agree nor disagree)*
 4 = *Disagree*
 5 = *Strongly Disagree*

- | | | | | | |
|---|---|---|---|---|---|
| 8. If I tell my young child (step-child or close relative) what to do sexually and they do it, that means they will always do it because they really want to. | 1 | 2 | 3 | 4 | 5 |
| 9. When a young child has sex with an adult, it helps the child learn how to relate to adults in the future. | 1 | 2 | 3 | 4 | 5 |
| 10. Most children 13 (or younger) would enjoy having sex with an adult, and it wouldn't harm the child in the future. | 1 | 2 | 3 | 4 | 5 |
| 11. Children don't tell others about having sex with a parent (or other adult) because they really like it and want to continue. | 1 | 2 | 3 | 4 | 5 |
| 12. Sometime in the future, our society will realize that sex between a child and an adult is all right. | 1 | 2 | 3 | 4 | 5 |
| 13. An adult can tell if having sex with a young child will emotionally damage the child in the future. | 1 | 2 | 3 | 4 | 5 |
| 14. An adult just feeling a child's body all over without touching her (his) genitals, is not really being sexual with the child. | 1 | 2 | 3 | 4 | 5 |
| 15. I show my love and affection to a child by having sex with her (him). | 1 | 2 | 3 | 4 | 5 |

1 = *Strongly agree*
 2 = *Agree*
 3 = *Neutral (neither agree nor disagree)*
 4 = *Disagree*
 5 = *Strongly Disagree*

- | | | | | | |
|--|---|---|---|---|---|
| 16. It's better to have sex with your child (or someone else's child) than to have an affair. | 1 | 2 | 3 | 4 | 5 |
| 17. An adult fondling a young child or having the child fondle the adult will not cause the child any harm. | 1 | 2 | 3 | 4 | 5 |
| 18. A child will never have sex with an adult unless the child really wants to. | 1 | 2 | 3 | 4 | 5 |
| 19. My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me. | 1 | 2 | 3 | 4 | 5 |
| 20. When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult. | 1 | 2 | 3 | 4 | 5 |
| 21. If an adult has sex with a young child, it prevents the child from having sexual hang-ups in the future. | 1 | 2 | 3 | 4 | 5 |
| 22. When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me. | 1 | 2 | 3 | 4 | 5 |
| 23. My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together. | 1 | 2 | 3 | 4 | 5 |

1 = *Strongly agree*
 2 = *Agree*
 3 = *Neutral (neither agree nor disagree)*
 4 = *Disagree*
 5 = *Strongly Disagree*

- | | | | | | |
|---|---|---|---|---|---|
| 24. If a child has sex with an adult, the child will look back at the experience as an adult and see it as a positive experience. | 1 | 2 | 3 | 4 | 5 |
| 25. The only way I could do harm to a child when having sex with her (him) would be to use physical force to get her (him) to have sex with me. | 1 | 2 | 3 | 4 | 5 |
| 26. When children watch an adult masturbate, it helps the child learn about sex. | 1 | 2 | 3 | 4 | 5 |
| 27. An adult can know just how much sex between him (her) and a child will hurt the child later on. | 1 | 2 | 3 | 4 | 5 |
| 28. If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals. | 1 | 2 | 3 | 4 | 5 |
| 29. There's no effective treatment for child molestation. | 1 | 2 | 3 | 4 | 5 |

APPENDIX R

**The COPE Inventory – dispositional version
(Carver, Scheier, & Weintraub, 1989)**

Identification number _____

COPE INVENTORY

This questionnaire asks you to indicate what *you* generally do and feel, when *you* experience stressful events. Please answer each of the following items in terms of what you *usually* do rather than what “most people” do when you are under a lot of stress. There are no “right” or “wrong” answers. The alternative answers are:

- 1 = I usually **don't** do this **at all**
 2 = I usually do this a **little bit**
 3 = I usually do this a **medium amount**
 4 = I usually do this **a lot**

- | | |
|---|---------|
| 1. I try to grow as a person as a result of the experience | 1 2 3 4 |
| 2. I turn to work or other substitute activities to take my mind off things | 1 2 3 4 |
| 3. I get upset and let my emotions out | 1 2 3 4 |
| 4. I try to get advice from someone about what to do | 1 2 3 4 |
| 5. I concentrate my efforts on doing something about it | 1 2 3 4 |
| 6. I say to myself “this isn't real” | 1 2 3 4 |
| 7. I put my trust in God | 1 2 3 4 |
| 8. I laugh about the situation | 1 2 3 4 |
| 9. I admit to myself that I can't deal with it, and quit trying | 1 2 3 4 |
| 10. I restrain myself from doing anything too quickly | 1 2 3 4 |
| 11. I discuss my feelings with someone | 1 2 3 4 |
| 12. I use alcohol or drugs to make myself feel better | 1 2 3 4 |
| 13. I get used to the idea that it happened | 1 2 3 4 |
| 14. I talk to someone to find out more about the situation | 1 2 3 4 |
| 15. I keep myself from getting distracted by other thoughts and activities | 1 2 3 4 |

COPE INVENTORY

1 = I usually **don't** do this **at all**

2 = I usually do this a **little bit**

3 = I usually do this a **medium amount**

4 = I usually do this **a lot**

- | | |
|--|---------|
| 16. I daydream about things other than this | 1 2 3 4 |
| 17. I get upset, and am really aware of it | 1 2 3 4 |
| 18. I seek God's help | 1 2 3 4 |
| 19. I make a plan of action | 1 2 3 4 |
| 20. I make jokes about it | 1 2 3 4 |
| 21. I accept that this has happened and that it can't be changed | 1 2 3 4 |
| 22. I hold off doing anything about it until the situation permits | 1 2 3 4 |
| 23. I try to get emotional support from friends or relatives | 1 2 3 4 |
| 24. I just give up trying to reach my goal | 1 2 3 4 |
| 25. I take additional action to try to get rid of the problem | 1 2 3 4 |
| 26. I try to lose myself for a while by drinking alcohol or taking drugs | 1 2 3 4 |
| 27. I refuse to believe that it has happened | 1 2 3 4 |
| 28. I let my feelings out | 1 2 3 4 |
| 29. I try to see it in a different light, to make it seem more positive | 1 2 3 4 |
| 30. I talk to someone who can do something concrete about the problem | 1 2 3 4 |
| 31. I sleep more than usual | 1 2 3 4 |
| 32. I try to come up with a strategy about what to do | 1 2 3 4 |
| 33. I focus on dealing with this problem, and if necessary let other things slide a little | 1 2 3 4 |

COPE INVENTORY

1 = I usually **don't** do this **at all**

2 = I usually do this a **little bit**

3 = I usually do this a **medium amount**

4 = I usually do this **a lot**

- | | |
|--|---------|
| 34. I get sympathy and understanding from someone | 1 2 3 4 |
| 35. I drink alcohol or take drugs, in order to think about it less | 1 2 3 4 |
| 36. I kid around about it | 1 2 3 4 |
| 37. I give up the attempt to get what I want | 1 2 3 4 |
| 38. I look for something good in what has happened | 1 2 3 4 |
| 39. I think about how I might best handle the problem | 1 2 3 4 |
| 40. I pretend that it hasn't really happened | 1 2 3 4 |
| 41. I make sure not to make things worse by acting too soon | 1 2 3 4 |
| 42. I try hard to prevent other things from interfering with my efforts at dealing with this | 1 2 3 4 |
| 43. I go to movies or watch T.V., to think about it less | 1 2 3 4 |
| 44. I accept the reality of the fact that it happened | 1 2 3 4 |
| 45. I ask people who have had similar experiences what they did | 1 2 3 4 |
| 46. I feel a lot of emotional distress and I find myself expressing those feelings a lot | 1 2 3 4 |
| 47. I take direct action to get around the problem | 1 2 3 4 |
| 48. I try to find comfort in my religion | 1 2 3 4 |
| 49. I force myself to wait for the right time to do something | 1 2 3 4 |
| 50. I make fun of the situation | 1 2 3 4 |
| 51. I reduce the amount of effort I'm putting in to solve the problem | 1 2 3 4 |

COPE INVENTORY

1 = I usually **don't** do this **at all**

2 = I usually do this a **little bit**

3 = I usually do this a **medium amount**

4 = I usually do this **a lot**

- | | |
|--|---------|
| 52. I talk to someone about how I feel | 1 2 3 4 |
| 53. I use alcohol or drugs to help me through it | 1 2 3 4 |
| 54. I learn to live with it | 1 2 3 4 |
| 55. I put aside other activities in order to concentrate on this | 1 2 3 4 |
| 56. I think hard about what steps to take | 1 2 3 4 |
| 57. I act as though it hasn't ever happened | 1 2 3 4 |
| 58. I do what has to be done, one step at a time | 1 2 3 4 |
| 59. I learn something from the experience | 1 2 3 4 |
| 60. I pray more than usual | 1 2 3 4 |

APPENDIX S**The Victim Empathy Distortions Scale (VEDS: Beckett & Fisher, 1994)****VEDS-OB****VEDS-OG**

VES OB

INSTRUCTIONS

READ EACH STATEMENT ON THE QUESTIONNAIRE AND PUT A **X** AT THE POINT ALONG THE LINE WHICH BEST DESCRIBES YOUR VIEW.

Thinking about the boy involved, would you think he:-

1. Enjoyed what happened

Did not Enjoy it	somewhat disliked it	somewhat enjoyed it	very much enjoyed it	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
---------------------	-------------------------	------------------------	-------------------------	---

2. Felt attracted to you

Felt very attracted	moderately attracted	slightly attracted	felt no attraction	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
------------------------	-------------------------	-----------------------	-----------------------	---

3. Took it all as a game

Absolutely	mostly	not really	not at all	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
------------	--------	------------	------------	---

4. Had signalled beforehand that he might not mind what happened

Very possibly	quite possibly	unlikely	very unlikely	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
---------------	----------------	----------	---------------	---

5. Could have stopped this happening if he wanted to

Not at all	only with difficulty	quite easily	very easily	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
------------	-------------------------	--------------	-------------	---

6. Was sexually aroused (turned on) by you

Felt very aroused	felt pretty aroused	slightly aroused	did not feel aroused at all	<input style="width: 30px; height: 20px;" type="checkbox"/> don't know
----------------------	------------------------	---------------------	--------------------------------	---

Thinking about the boy involved, would you think he:-

7. Wanted the situation to go further

Not at all Slightly mostly very much

don't know

8. Was in control of the situation

Had no control at all Had little control had most control totally in control

don't know

9. Felt good about what happened

Felt very good mostly good mostly bad felt very bad

don't know

10. Felt safe in the situation

Felt totally safe mostly safe mostly unsafe felt very unsafe

don't know

11. Was secretly excited by what happened

Very much excited Pretty excited a little excited not at all excited

don't know

12. Had pleasant sexual fantasies afterwards over what had happened

Often sometimes rarely never

don't know

13. Felt guilty about how he had behaved

Not guilty at all slightly guilty pretty guilty felt very guilty

don't know

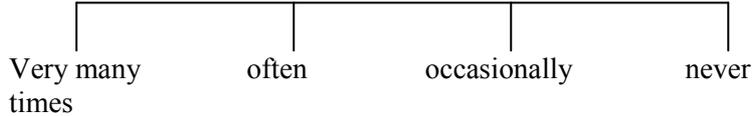
Thinking about the boy involved, would you think he:-

14. Was afraid in the situation



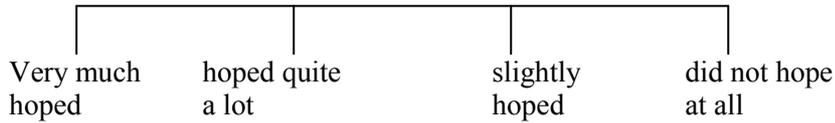
don't know

15. Thought about the situation afterwards



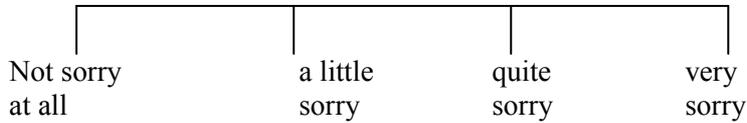
don't know

16. Secretly hoped that something similar might happen again



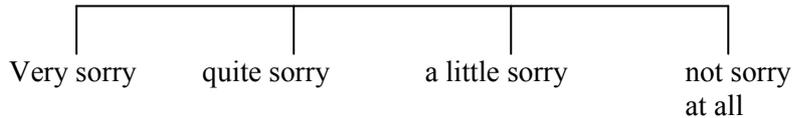
don't know

17. Felt sorry for himself over what happened



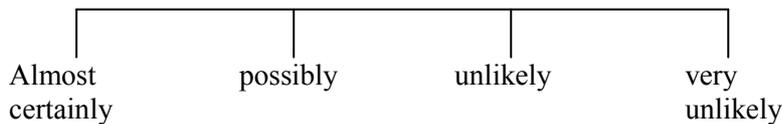
don't know

18. Felt sorry for you over what happened



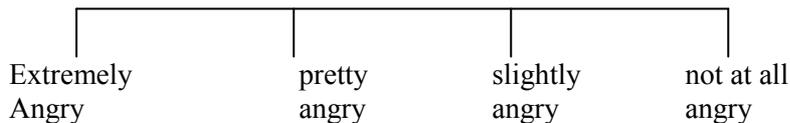
don't know

19. Had led you on



don't know

20. Felt angry about what had happened



don't know

Thinking about the boy involved, would you think he:-

28. Afterwards felt dirty inside of himself

Very unlikely somewhat unlikely possibly very possibly don't know

29. Was able afterwards to forget what had happened

Very easily quite easily not easily not at all don't know

30. Was harmed in the long term by what happened

Very unlikely somewhat unlikely possibly very possibly don't know

VES OG

INSTRUCTIONS

READ EACH STATEMENT ON THE QUESTIONNAIRE AND PUT A **X** AT THE POINT ALONG THE LINE WHICH BEST DESCRIBES YOUR VIEW.

Thinking about the girl involved, would you think she:-

1. Enjoyed what happened

Did not Enjoy it	somewhat disliked it	somewhat enjoyed it	very much enjoyed it	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
---------------------	-------------------------	------------------------	-------------------------	---

2. Felt attracted to you

Felt very attracted	moderately attracted	slightly attracted	felt no attraction	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
------------------------	-------------------------	-----------------------	-----------------------	---

3. Took it all as a game

Absolutely	mostly	not really	not at all	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
------------	--------	------------	------------	---

4. Had signalled beforehand that she might not mind what happened

Very possibly	quite possibly	unlikely	very unlikely	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
---------------	----------------	----------	---------------	---

5. Could have stopped this happening if she wanted to

Not at all	only with difficulty	quite easily	very easily	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
------------	-------------------------	--------------	-------------	---

6. Was sexually aroused (turned on) by you

Felt very aroused	felt pretty aroused	slightly aroused	did not feel aroused at all	<input style="width: 20px; height: 20px;" type="checkbox"/> don't know
----------------------	------------------------	---------------------	--------------------------------	---

Thinking about the girl involved, would you think she:-

7. Wanted the situation to go further

Not at all Slightly mostly very much

don't know

8. Was in control of the situation

Had no control at all Had little control had most control totally in control

don't know

9. Felt good about what happened

Felt very good mostly good mostly bad felt very bad

don't know

10. Felt safe in the situation

Felt totally safe mostly safe mostly unsafe felt very unsafe

don't know

11. Was secretly excited by what happened

Very much excited Pretty excited a little excited not at all excited

don't know

12. Had pleasant sexual fantasies afterwards over what had happened

Often sometimes rarely never

don't know

13. Felt guilty about how she had behaved

Not guilty at all slightly guilty pretty guilty felt very guilty

don't know

Thinking about the girl involved, would you think she:-

14. Was afraid in the situation

Felt very afraid	felt quite afraid	felt little fear	felt no fear at all
---------------------	----------------------	---------------------	------------------------

don't know

15. Thought about the situation afterwards

Very many times	often	occasionally	never
--------------------	-------	--------------	-------

don't know

16. Secretly hoped that something similar might happen again

Very much hoped	hoped quite a lot	slightly hoped	did not hope at all
--------------------	----------------------	-------------------	------------------------

don't know

17. Felt sorry for herself over what happened

Not sorry at all	a little sorry	quite sorry	very sorry
---------------------	-------------------	----------------	---------------

don't know

18. Felt sorry for you over what happened

Very sorry	quite sorry	a little sorry	not sorry at all
------------	-------------	----------------	---------------------

don't know

19. Had led you on

Almost certainly	possibly	unlikely	very unlikely
---------------------	----------	----------	------------------

don't know

20. Felt angry about what had happened

Extremely Angry	pretty angry	slightly angry	not at all angry
--------------------	-----------------	-------------------	---------------------

don't know

Thinking about the girl involved, would you think she:-

28. Afterwards felt dirty inside of herself

Very unlikely somewhat unlikely possibly very possibly don't know

29. Was able afterwards to forget what had happened

Very easily quite easily not easily not at all don't know

30. Was harmed in the long term by what happened

Very unlikely somewhat unlikely possibly very possibly don't know

APPENDIX T

**Study Six – Script x Stage x Risk Category means and standard deviations for
psychophysiological responding to imagery**

Table T1. Script x Stage x Risk Category means and standard deviations for psychophysiological responses.

	Script	Stage	Mean response (<i>SD</i>)							
			Low Risk	Low-Med Risk	Med-High Risk	High Risk				
HR	Neutral	Scene	89.5	(19.0)	81.2	(10.4)	74.0	(21.2)	76.0	(3.6)
		Appro.	90.3	(19.0)	79.7	(10.9)	72.7	(20.3)	76.3	(6.0)
		Incide.	89.6	(18.0)	82.0	(9.4)	72.8	(20.3)	75.6	(4.8)
		Conseq.	88.8	(18.3)	81.4	(10.6)	71.9	(20.2)	75.9	(5.2)
		Resolut.	89.4	(18.6)	82.8	(10.1)	74.4	(22.3)	75.4	(6.3)
	Consens	Scene	91.6	(16.6)	83.9	(9.7)	78.0	(26.2)	76.0	(5.5)
		Appro.	89.8	(16.3)	84.2	(10.6)	77.3	(25.4)	75.6	(5.9)
		Incide.	89.5	(16.8)	80.4	(8.1)	78.1	(26.5)	75.9	(7.8)
		Conseq.	88.7	(16.1)	80.6	(8.3)	77.8	(27.4)	76.0	(6.2)
		Resolut.	89.2	(16.1)	80.5	(6.0)	77.8	(26.0)	76.0	(4.5)
	CSA	Scene	93.9	(13.4)	92.3	(2.3)	77.2	(25.9)	73.1	(5.9)
		Appro.	94.4	(11.0)	90.8	(4.7)	77.0	(26.0)	75.9	(14.5)
		Incide.	95.8	(7.0)	82.4	(7.5)	76.8	(25.3)	75.2	(11.9)
		Conseq.	94.8	(6.1)	82.3	(5.3)	76.7	(24.2)	76.3	(10.0)
		Resolut.	96.2	(6.8)	84.5	(3.0)	76.0	(24.1)	73.8	(7.9)
Resp	Neutral	Scene	14.0	(1.7)	18.0	(0.0)	18.0	(8.5)	18.7	(3.1)
		Appro.	13.8	(0.3)	17.7	(1.5)	18.0	(8.5)	19.3	(1.2)
		Incide.	14.5	(1.3)	17.7	(2.1)	17.3	(9.5)	19.3	(1.2)
		Conseq.	13.8	(1.0)	15.8	(3.3)	18.0	(8.5)	17.3	(4.6)
		Resolut.	15.5	(0.9)	18.4	(1.4)	18.5	(7.8)	19.8	(1.8)

Consens	Scene	12.0	(2.6)	17.3	(2.1)	18.8	(8.8)	15.5	(2.2)
	Appro.	13.7	(1.5)	17.3	(1.2)	18.0	(8.5)	15.3	(2.5)
	Incide.	12.5	(2.3)	18.2	(1.0)	20.5	(6.4)	16.7	(2.3)
	Conseq.	12.3	(2.1)	18.3	(0.6)	18.0	(8.5)	16.7	(2.3)
	Resolut.	13.3	(2.1)	16.3	(2.1)	17.5	(9.2)	16.3	(1.5)
CSA	Scene	14.0	(1.0)	18.5	(0.5)	17.0	(7.1)	17.7	(4.0)
	Appro.	14.7	(0.6)	19.3	(1.2)	17.8	(8.8)	21.8	(3.6)
	Incide.	14.2	(2.8)	19.3	(1.5)	19.3	(9.5)	16.0	(3.6)
	Conseq.	13.0	(4.0)	18.0	(2.0)	17.8	(8.8)	17.0	(4.8)
	Resolut.	14.2	(2.3)	17.7	(3.1)	17.8	(8.8)	18.0	(1.0)
SCL Neutral	Scene	6.8	(6.2)	3.3	(7.1)	9.8	*(0.0)	5.5	(1.9)
	Appro.	3.3	(9.8)	2.9	(6.9)	9.9	*(0.0)	5.9	(2.3)
	Incide.	5.6	(7.0)	2.4	(7.1)	10.3	*(0.0)	6.1	(2.4)
	Conseq.	2.9	(10.0)	2.6	(6.6)	1.1	*(0.0)	6.1	(2.1)
	Resolut.	6.4	(6.3)	1.7	(7.2)	11.3	*(0.0)	6.4	(2.6)
Consens	Scene	1.6	(18.2)	3.9	(5.5)	7.2	*(0.0)	8.1	(0.6)
	Appro.	12.1	(2.6)	2.8	(6.3)	9.3	*(0.0)	8.2	(0.8)
	Incide.	10.9	(2.3)	3.2	(4.3)	8.4	*(0.0)	8.3	(0.9)
	Conseq.	6.0	(9.5)	2.8	(4.2)	7.5	*(0.0)	8.6	(1.3)
	Resolut.	7.8	(5.9)	2.6	(4.1)	7.0	*(0.0)	8.5	(1.4)
CSA	Scene	3.0	(8.6)	4.3	(4.7)	2.8	*(0.0)	7.5	(3.1)
	Appro.	6.0	(5.8)	5.2	(4.2)	2.7	*(0.0)	8.2	(3.3)
	Incide.	3.2	(12.0)	5.7	(4.4)	2.5	*(0.0)	8.6	(3.8)
	Conseq.	9.5	(0.3)	5.4	(4.2)	2.3	*(0.0)	8.6	(4.1)
	Resolut.	3.0	(21.4)	5.3	(4.3)	1.5	*(0.0)	8.6	(4.1)

Notes: *Skin Conductance Level figures based on one participant

APPENDIX U

**Study Six – Script x Stage x Risk Category means and standard deviations for
VAS responses**

Table U1. Script x Stage x Risk Category means and standard deviations for VAS responses.

VAS	Script	Stage	Mean (SD)							
			Low Risk		Low-Med Risk		Med-High Risk		High Risk	
Not angry- angry	Neutral	Scene	0.0	(0.0)	9.0	(8.5)	3.3	(2.5)	2.3	(2.5)
		Appro.	0.0	(0.0)	7.8	(8.3)	3.5	(2.1)	18.3	(29.2)
		Incide.	0.0	(0.0)	5.7	(6.0)	4.0	(1.4)	2.3	(2.5)
		Conseq.	0.3	(0.6)	7.3	(7.0)	3.8	(1.8)	17.5	(28.6)
		Resolut.	0.3	(0.6)	6.0	(5.6)	3.8	(1.8)	2.7	(2.8)
	Consens	Scene	0.0	(0.0)	26.2	(35.1)	3.3	(1.1)	35.8	(55.6)
		Appro.	0.0	(0.0)	26.5	(34.9)	3.5	(1.4)	35.5	(55.9)
		Incide.	0.2	(0.3)	18.8	(22.3)	3.0	(0.7)	35.2	(56.2)
		Conseq.	0.0	(0.0)	32.5	(43.2)	2.3	(0.4)	35.7	(55.7)
		Resolut.	0.3	(0.6)	34.7	(47.6)	4.8	(0.4)	35.7	(55.7)
	CSA	Scene	19.2	(33.2)	3.3	(4.9)	4.3	(1.1)	40.5	(29.4)
		Appro.	19.5	(20.6)	6.3	(6.5)	3.3	(1.1)	52.0	(48.5)
		Incide.	13.3	(23.1)	6.8	(8.3)	4.5	(0.7)	56.3	(46.8)
		Conseq.	15.3	(23.5)	28.8	(23.0)	5.0	(0.0)	68.0	(52.8)
		Resolut.	8.3	(14.4)	37.3	(38.0)	8.0	(6.4)	34.7	(54.9)
Not anxious- anxious	Neutral	Scene	20.8	(35.7)	9.7	(10.0)	12.0	(14.8)	37.0	(54.6)
		Appro.	26.7	(45.3)	7.5	(8.0)	38.5	(51.6)	48.3	(41.6)
		Incide.	22.7	(38.4)	6.2	(7.1)	26.5	(33.2)	3.5	(3.3)
		Conseq.	25.3	(43.0)	7.8	(7.3)	38.5	(51.6)	50.7	(48.0)
		Resolut.	2.5	(4.3)	6.5	(6.8)	66.5	(5.0)	40.0	(52.0)

	Consens	Scene	0.0	(0.0)	60.3	(22.0)	25.8	(30.8)	82.3	(29.3)
		Appro.	13.5	(23.4)	50.0	(44.0)	50.3	(0.4)	67.7	(53.9)
		Incide.	33.2	(57.0)	49.2	(32.8)	15.3	(13.8)	67.5	(54.1)
		Conseq.	20.5	(21.6)	62.7	(40.1)	11.5	(12.0)	65.2	(51.1)
		Resolut.	0.2	(0.3)	65.0	(41.6)	28.8	(33.6)	68.2	(52.6)
	CSA	Scene	3.3	(5.8)	38.7	(26.7)	12.0	(11.3)	96.7	(4.1)
		Appro.	20.7	(21.0)	51.3	(33.5)	21.5	(5.0)	98.0	(2.0)
		Incide.	40.7	(51.7)	50.2	(30.5)	42.3	(53.4)	82.3	(24.8)
		Conseq.	77.8	(21.0)	61.3	(38.4)	17.5	(17.7)	82.3	(27.6)
		Resolut.	42.2	(43.2)	56.2	(42.7)	28.8	(33.6)	48.3	(46.4)
Not agitated- agitated	Neutral	Scene	0.3	(0.6)	9.2	(10.4)	3.0	(2.8)	37.3	(52.2)
		Appro.	1.2	(1.0)	6.5	(7.1)	4.8	(3.9)	18.3	(28.4)
		Incide.	1.0	(1.0)	6.2	(6.8)	12.3	(14.5)	33.3	(54.7)
		Conseq.	1.0	(1.0)	7.0	(8.5)	7.8	(10.3)	17.5	(26.9)
		Resolut.	0.5	(0.9)	7.3	(7.3)	13.3	(16.6)	22.7	(23.3)
	Consens	Scene	0.0	(0.0)	43.8	(38.2)	16.3	(15.9)	53.7	(44.0)
		Appro.	0.5	(0.9)	27.8	(35.3)	60.5	(14.8)	50.8	(48.5)
		Incide.	0.0	(0.0)	44.3	(31.7)	3.0	(0.7)	51.8	(48.5)
		Conseq.	0.3	(0.6)	50.7	(34.2)	11.5	(12.0)	36.5	(55.0)
		Resolut.	0.0	(0.0)	53.8	(36.8)	11.3	(8.8)	35.8	(55.6)
	CSA	Scene	12.8	(21.4)	35.0	(49.4)	13.8	(12.4)	83.2	(28.3)
		Appro.	33.3	(57.7)	34.8	(44.9)	26.0	(30.4)	79.8	(23.5)
		Incide.	17.7	(30.2)	39.2	(10.7)	44.5	(50.2)	70.3	(25.8)
		Conseq.	21.5	(35.5)	46.3	(30.5)	38.3	(48.4)	82.3	(27.6)
		Resolut.	9.2	(13.7)	49.5	(36.5)	16.5	(15.6)	62.8	(30.2)

Not guilty- guilty	Neutral	Scene	0.2	(0.3)	6.0	(6.9)	11.3	(15.9)	2.7	(2.4)
		Appro.	0.5	(0.9)	5.7	(6.7)	26.3	(33.6)	2.7	(2.3)
		Incide.	16.7	(27.6)	6.0	(6.0)	24.5	(35.5)	2.2	(1.9)
		Conseq.	15.0	(21.7)	6.0	(7.2)	27.0	(36.1)	2.7	(2.4)
		Resolut.	31.8	(28.1)	6.5	(6.5)	14.8	(14.5)	4.3	(5.1)
	Consens	Scene	2.7	(4.6)	15.8	(17.7)	4.5	(0.7)	37.0	(54.6)
		Appro.	3.0	(4.8)	14.0	(13.5)	26.5	(33.2)	36.3	(55.2)
		Incide.	0.2	(0.3)	8.5	(7.7)	20.5	(20.5)	35.8	(55.6)
		Conseq.	0.2	(0.3)	41.2	(25.3)	37.5	(49.5)	36.3	(55.2)
		Resolut.	0.2	(0.3)	50.5	(37.9)	27.5	(31.8)	36.5	(55.0)
	CSA	Scene	0.0	(0.0)	27.2	(34.5)	38.3	(48.4)	67.8	(54.4)
		Appro.	12.8	(22.2)	22.5	(23.8)	38.8	(47.7)	66.2	(53.9)
		Incide.	64.8	(56.1)	88.2	(4.1)	43.5	(51.6)	84.0	(25.2)
		Conseq.	79.3	(28.9)	66.0	(36.0)	48.8	(61.9)	97.8	(1.4)
		Resolut.	85.3	(23.3)	64.2	(39.3)	48.3	(62.6)	63.8	(29.1)
Not happy- happy	Neutral	Scene	64.0	(29.3)	91.8	(4.5)	73.8	(37.1)	35.3	(30.6)
		Appro.	65.7	(27.7)	91.8	(7.2)	74.5	(34.6)	77.7	(24.0)
		Incide.	63.5	(31.8)	85.2	(17.8)	74.3	(34.3)	49.8	(49.3)
		Conseq.	44.0	(6.8)	80.5	(21.2)	75.3	(32.2)	69.5	(25.1)
		Resolut.	75.0	(28.8)	79.5	(26.9)	85.8	(18.7)	65.0	(56.3)
	Consens	Scene	78.5	(36.4)	61.7	(40.4)	80.5	(21.9)	64.7	(56.0)
		Appro.	98.8	(1.0)	39.8	(51.6)	85.8	(18.7)	64.7	(56.0)
		Incide.	99.3	(0.6)	65.7	(46.3)	90.0	(10.6)	65.3	(56.6)
		Conseq.	98.5	(1.0)	48.7	(38.0)	84.0	(16.3)	64.7	(56.0)
		Resolut.	98.0	(0.9)	46.7	(42.6)	90.8	(11.7)	64.5	(55.9)

	CSA	Scene	42.7	(41.5)	89.0	(2.3)	61.3	(15.9)	33.7	(56.6)
		Appro.	55.5	(46.0)	84.0	(15.1)	72.0	(34.6)	55.0	(49.4)
		Incide.	60.5	(50.9)	84.5	(8.4)	71.8	(30.8)	56.3	(9.0)
		Conseq.	60.8	(51.0)	49.3	(36.1)	62.5	(49.5)	36.0	(31.3)
		Resolut.	53.7	(25.7)	20.3	(15.8)	73.5	(33.2)	54.0	(2.8)
Not confident- confident	Neutral	Scene	64.5	(31.0)	90.8	(8.0)	62.8	(52.7)	72.2	(44.8)
		Appro.	64.2	(29.1)	91.7	(7.6)	85.0	(21.2)	60.3	(33.6)
		Incide.	63.7	(31.8)	91.3	(7.6)	75.0	(35.4)	75.2	(37.4)
		Conseq.	65.3	(30.3)	93.5	(7.7)	76.3	(33.6)	77.0	(35.5)
		Resolut.	74.3	(29.2)	92.2	(8.6)	85.5	(18.4)	49.8	(48.6)
	Consens	Scene	68.5	(31.3)	52.7	(35.6)	80.0	(24.7)	64.5	(55.9)
		Appro.	74.5	(32.1)	52.3	(33.1)	86.0	(15.6)	64.3	(55.7)
		Incide.	96.7	(4.5)	49.3	(35.5)	91.3	(12.4)	64.8	(56.1)
		Conseq.	92.3	(11.2)	47.7	(37.6)	74.5	(31.1)	64.2	(55.6)
		Resolut.	98.8	(1.0)	46.0	(40.2)	91.3	(12.4)	64.8	(56.2)
	CSA	Scene	58.7	(35.6)	61.5	(21.7)	62.3	(17.3)	27.3	(23.5)
		Appro.	55.5	(38.6)	64.3	(22.7)	55.8	(54.1)	63.2	(31.0)
		Incide.	54.3	(41.4)	69.0	(27.2)	55.0	(57.3)	49.0	(46.8)
		Conseq.	62.3	(29.6)	40.0	(44.0)	62.5	(49.5)	50.7	(48.9)
		Resolut.	33.5	(9.0)	25.3	(23.6)	75.3	(32.2)	36.0	(27.0)
Not sex aroused- sex aroused	Neutral	Scene	0.2	(0.3)	4.8	(6.7)	4.0	(5.0)	2.5	(2.5)
		Appro.	0.3	(0.6)	5.3	(4.9)	3.5	(2.1)	2.8	(2.6)
		Incide.	0.2	(0.3)	19.3	(25.0)	3.3	(2.5)	2.2	(2.9)
		Conseq.	0.2	(0.3)	3.5	(3.1)	4.3	(1.1)	2.5	(2.2)
		Resolut.	0.0	(0.0)	5.0	(4.6)	5.8	(2.5)	2.7	(2.8)

	Consens	Scene	57.0	(51.4)	72.3	(32.3)	33.5	(41.0)	64.8	(56.1)	
		Appro.	69.3	(30.3)	70.5	(36.3)	65.3	(13.8)	64.2	(55.6)	
		Incide.	60.7	(53.0)	65.3	(46.5)	76.0	(9.2)	72.7	(41.7)	
		Conseq.	33.2	(57.4)	25.2	(6.9)	8.0	(6.4)	63.7	(54.7)	
		Resolut.	4.2	(7.2)	16.8	(14.5)	11.3	(12.4)	32.7	(54.9)	
	CSA	Scene	0.8	(1.4)	34.0	(48.9)	16.5	(12.0)	57.5	(51.3)	
		Appro.	13.3	(22.7)	41.3	(42.1)	43.8	(8.8)	81.7	(27.0)	
		Incide.	45.0	(48.2)	55.3	(32.7)	66.0	(5.0)	98.7	(1.5)	
		Conseq.	42.5	(47.5)	37.0	(30.0)	15.3	(17.3)	80.0	(30.5)	
		Resolut.	0.3	(0.6)	52.3	(36.7)	28.3	(34.3)	98.2	(1.6)	
Not avoid sex-avoid sex	Neutral	Scene	61.0	(33.8)	52.0	(48.0)	76.3	(33.6)	53.2	(4.9)	
		Appro.	63.2	(31.9)	50.3	(47.9)	75.3	(32.2)	34.7	(30.1)	
		Incide.	61.7	(33.3)	67.3	(28.6)	76.3	(33.6)	18.7	(31.0)	
		Conseq.	62.2	(32.8)	62.2	(32.9)	75.0	(31.8)	18.3	(28.4)	
		Resolut.	47.5	(50.2)	50.2	(46.9)	70.0	(28.3)	19.3	(31.8)	
		Consens	Scene	33.0	(57.2)	21.7	(26.4)	54.0	(37.5)	35.0	(56.3)
			Appro.	0.5	(0.9)	14.3	(15.0)	42.8	(39.2)	1.8	(1.6)
			Incide.	0.0	(0.0)	19.7	(23.7)	13.8	(5.3)	35.0	(56.3)
			Conseq.	49.3	(49.5)	31.0	(26.9)	81.0	(15.6)	67.5	(53.7)
			Resolut.	60.0	(35.0)	54.3	(47.8)	74.8	(35.0)	67.5	(55.0)
	CSA	Scene	44.7	(6.3)	18.3	(27.5)	48.3	(2.5)	91.0	(13.5)	
		Appro.	31.2	(26.9)	53.8	(45.0)	57.0	(21.9)	66.0	(52.4)	
		Incide.	30.7	(26.8)	50.8	(47.4)	44.0	(50.9)	48.5	(47.1)	
		Conseq.	29.7	(25.8)	59.0	(45.5)	75.5	(2.8)	83.0	(26.9)	
		Resolut.	61.7	(33.3)	60.5	(49.1)	84.5	(14.8)	98.2	(1.6)	

Not plan sex-plan sex	Neutral	Scene	15.0	(25.5)	17.8	(27.1)	3.0	(2.8)	2.0	(1.8)
		Appro.	1.7	(1.4)	15.8	(26.1)	4.0	(1.4)	2.3	(2.1)
		Incide.	0.0	(0.0)	18.8	(29.2)	4.3	(1.1)	2.5	(2.5)
		Conseq.	0.7	(1.2)	18.5	(24.7)	4.0	(1.4)	3.0	(2.6)
		Resolut.	0.7	(1.2)	15.3	(24.0)	5.5	(2.8)	2.7	(2.5)
	Consens	Scene	30.7	(26.6)	87.7	(10.7)	33.8	(44.2)	65.3	(56.6)
		Appro.	91.2	(14.4)	87.5	(10.9)	9.5	(7.8)	64.8	(56.1)
		Incide.	66.2	(57.3)	82.8	(17.3)	11.8	(2.5)	65.2	(56.5)
		Conseq.	33.2	(57.4)	63.5	(31.6)	15.0	(7.1)	33.3	(55.6)
		Resolut.	0.2	(0.3)	39.8	(52.3)	26.3	(33.6)	33.2	(54.9)
	CSA	Scene	14.7	(25.4)	23.3	(31.0)	4.8	(3.2)	2.5	(2.2)
		Appro.	32.7	(54.9)	60.8	(46.8)	6.0	(1.4)	3.5	(3.0)
		Incide.	32.5	(56.3)	37.3	(52.2)	25.3	(11.0)	20.7	(27.4)
		Conseq.	1.3	(1.3)	20.2	(21.3)	3.8	(1.8)	16.3	(20.1)
		Resolut.	0.7	(0.8)	18.3	(20.8)	4.8	(0.4)	29.3	(26.5)
Not in control- in control	Neutral	Scene	91.8	(13.7)	93.8	(7.3)	88.3	(15.2)	82.2	(30.0)
		Appro.	81.7	(27.9)	92.7	(7.8)	87.8	(14.5)	94.3	(5.2)
		Incide.	83.5	(25.6)	93.8	(6.2)	76.0	(33.2)	72.7	(44.3)
		Conseq.	67.7	(27.1)	89.8	(7.8)	84.3	(20.2)	71.3	(46.6)
		Resolut.	92.2	(11.9)	90.5	(9.7)	86.5	(16.3)	78.5	(32.0)
	Consens	Scene	91.7	(13.2)	47.0	(35.0)	82.3	(24.4)	65.2	(56.4)
		Appro.	91.3	(13.7)	49.7	(43.6)	90.8	(11.7)	64.0	(55.0)
		Incide.	87.7	(20.1)	39.7	(30.3)	84.5	(20.5)	65.3	(56.6)
		Conseq.	77.5	(37.7)	57.0	(20.0)	73.5	(33.2)	64.3	(55.7)
		Resolut.	82.7	(29.6)	56.2	(44.3)	87.5	(17.7)	64.3	(55.7)

CSA	Scene	61.0	(34.6)	79.0	(20.8)	56.5	(44.5)	54.7	(50.0)
	Appro.	54.2	(40.0)	61.3	(30.3)	75.0	(31.8)	52.5	(49.3)
	Incide.	50.2	(47.8)	56.5	(18.4)	73.8	(33.6)	53.0	(49.3)
	Conseq.	53.8	(36.8)	45.2	(5.5)	91.0	(8.5)	50.7	(48.6)
	Resolut.	52.8	(41.2)	50.0	(34.2)	86.3	(19.4)	50.3	(49.5)

APPENDIX V

**Endorsement of individual items of the Static-99 and RASSOR by Low-Medium
Risk offenders**

Table V1. Pattern of individual scores obtained by Low-Medium Risk offenders (n = 3) on the Static-99 and RASSOR items.

Static-99 item	Scores		
	Offender A	Offender B	Offender C
*Prior sex offences	0	0	0
Prior Sentencing dates	0	0	0
Any convictions – non-contact offences	0	0	0
Index non-sexual violence	0	0	0
Prior non-sexual violence	0	0	0
*Any unrelated victims	1	1	1
Any stranger victims	1	0	0
*Any male victims	1	1	0
*Young: Age 18-24.99	0	0	0
Single (“Ever lived With”)	0	0	1
Total Static-99 score	3	2	2
Total RRASOR score	2	2	1

Notes: *RASSOR (Hanson, 1997) items

APPENDIX W

**Study Seven: Analysis 1 – Script x Stage x SSPI means and standard deviations
for psychophysiological responses to imagery**

Table W1. Script x Stage x SSPI means and standard deviations for psychophysiological responses.

Psychophys. measure	Script	Stage	Mean (SD)	
			Low SSPI	High SSPI
Respiration	Neutral	Scene	16.4 (3.8)	17.7 (3.9)
		Approach	16.1 (3.1)	18.0 (4.0)
		Incident	16.1 (2.6)	18.1 (4.6)
		Consequence	15.8 (2.9)	16.3 (5.1)
		Resolution	17.1 (2.7)	18.8 (3.6)
	Consensual	Scene	13.6 (3.2)	17.3 (4.4)
		Approach	14.0 (1.6)	17.5 (4.0)
		Incident	14.8 (3.5)	18.2 (3.8)
		Consequence	14.6 (3.4)	17.5 (4.2)
		Resolution	14.6 (2.5)	16.7 (4.4)
	CSA	Scene	14.7 (2.3)	18.5 (3.5)
		Approach	16.7 (2.8)	19.9 (5.1)
		Incident	16.1 (3.6)	17.8 (5.1)
		Consequence	15.7 (4.7)	16.8 (4.9)
		Resolution	16.1 (3.4)	17.4 (4.2)
Skin Conductance	Neutral	Scene	5.4 (5.0)	6.0 (5.5)
		Approach	3.1 (7.2)	6.1 (5.5)
		Incident	4.5 (5.4)	6.0 (5.9)
		Consequence	2.9 (7.2)	6.2 (5.7)
		Resolution	5.1 (5.1)	5.9 (6.6)

	Consensual	Scene	3.1 (13.1)	6.5 (4.5)
		Approach	9.2 (4.6)	6.5 (5.5)
		Incident	8.5 (4.1)	6.7 (4.1)
		Consequence	5.3 (7.1)	6.6 (4.1)
		Resolution	6.3 (5.1)	6.4 (4.1)
	CSA	Scene	3.2 (6.1)	6.3 (4.2)
		Approach	5.6 (4.2)	6.6 (4.5)
		Incident	4.5 (8.8)	6.5 (4.7)
		Consequence	8.1 (2.4)	6.5 (4.9)
		Resolution	0.6 (16.0)	6.2 (5.1)
Heart Rate	Neutral	Scene	84.9 (15.1)	77.2 (12.0)
		Approach	84.3 (15.9)	77.2 (12.3)
		Incident	85.2 (14.6)	76.9 (11.7)
		Consequence	84.0 (14.9)	77.0 (12.3)
		Resolution	85.1 (15.6)	77.7 (12.2)
	Consensual	Scene	85.0 (15.2)	80.9 (13.6)
		Approach	83.8 (14.7)	80.8 (13.7)
		Incident	83.1 (15.3)	79.7 (13.2)
		Consequence	83.5 (14.0)	79.0 (13.5)
		Resolution	84.1 (13.9)	78.5 (12.3)
	CSA	Scene	88.1 (14.7)	82.0 (14.8)
		Approach	87.2 (14.7)	83.5 (15.5)
		Incident	85.8 (14.8)	80.8 (13.7)
		Consequence	86.5 (12.6)	80.2 (12.7)
		Resolution	88.5 (13.6)	78.8 (11.9)

APPENDIX X

**Study Seven: Analysis 1 – Script x Stage x SSPI means and standard deviations
for psychological responses to imagery**

Table X1. Script x Stage x SPPI means and standard deviations for VAS ratings.

VAS	Script	Stage	Mean % rating (SD)			
			Low SSPI		High SSPI	
Not angry- angry	Neutral	Scene	0.4	(0.9)	6.4	(6.2)
		Approach	0.4	(0.9)	13.9	(19.5)
		Incident	0.4	(0.9)	5.0	(4.0)
		Consequen.	0.6	(0.9)	13.3	(18.8)
		Resolution	0.7	(1.1)	5.2	(3.8)
	Consens	Scene	0.4	(0.9)	31.8	(41.3)
		Approach	0.4	(0.9)	31.8	(41.2)
		Incident	0.4	(0.7)	27.8	(38.7)
		Consequen.	0.5	(1.1)	34.4	(44.3)
		Resolution	0.6	(0.9)	36.4	(45.3)
	CSA	Scene	23.0	(31.5)	13.8	(21.6)
		Approach	12.3	(17.6)	29.8	(39.3)
		Incident	20.4	(29.0)	22.8	(38.1)
		Consequen.	33.6	(39.4)	29.8	(39.3)
		Resolution	29.6	(40.2)	18.2	(30.6)
Not anxious- anxious	Neutral	Scene	13.7	(27.1)	26.3	(37.0)
		Approach	17.0	(34.7)	39.9	(36.9)
		Incident	14.4	(29.5)	13.0	(18.7)
		Consequen.	15.9	(33.1)	41.5	(39.7)
		Resolution	3.9	(5.6)	43.4	(39.6)

	Consens	Scene	26.7	(42.9)	57.7	(32.7)
		Approach	27.6	(42.8)	59.3	(32.7)
		Incident	47.8	(49.1)	40.2	(41.6)
		Consequen.	47.9	(40.5)	38.1	(42.0)
		Resolution	37.3	(50.9)	45.2	(42.0)
	CSA	Scene	27.3	(41.4)	50.6	(41.4)
		Approach	41.8	(36.2)	57.3	(40.9)
		Incident	60.0	(45.2)	50.7	(35.0)
		Consequen.	82.8	(16.9)	47.6	(37.6)
		Resolution	61.8	(41.0)	31.4	(30.1)
Not agitated- agitated	Neutral	Scene	3.2	(6.6)	21.8	(37.6)
		Approach	1.5	(1.7)	13.3	(19.1)
		Incident	1.3	(1.5)	23.3	(36.8)
		Consequen.	1.4	(1.7)	14.2	(18.3)
		Resolution	2.0	(3.7)	18.0	(17.3)
	Consens	Scene	8.5	(13.2)	47.1	(39.0)
		Approach	0.9	(1.3)	59.0	(28.0)
		Incident	8.6	(17.6)	41.9	(41.3)
		Consequen.	11.7	(24.2)	37.8	(42.2)
		Resolution	11.3	(24.4)	39.2	(43.7)
	CSA	Scene	27.5	(43.1)	47.2	(40.7)
		Approach	37.1	(51.1)	51.8	(36.9)
		Incident	27.5	(27.4)	55.0	(31.5)
		Consequen.	45.8	(42.9)	49.7	(36.6)
		Resolution	38.5	(42.6)	34.2	(26.2)

Not guilty-guilty	Neutral	Scene	0.8	(1.5)	7.5	(8.8)
		Approach	1.1	(1.7)	12.3	(19.0)
		Incident	10.6	(21.2)	11.8	(18.0)
		Consequen.	9.9	(16.9)	12.6	(20.2)
		Resolution	19.7	(25.9)	9.8	(8.7)
	Consens	Scene	2.3	(3.5)	27.3	(37.4)
		Approach	2.3	(3.6)	33.6	(36.7)
		Incident	0.6	(1.1)	28.6	(36.7)
		Consequen.	9.9	(20.8)	43.1	(40.8)
		Resolution	10.0	(20.7)	44.4	(42.5)
	CSA	Scene	19.7	(44.1)	43.8	(40.9)
		Approach	26.6	(41.5)	41.5	(39.0)
		Incident	76.3	(42.8)	69.4	(34.1)
		Consequen.	86.6	(22.7)	65.7	(40.2)
		Resolution	90.2	(17.8)	47.6	(32.7)
Not happy-happy	Neutral	Scene	68.2	(26.7)	63.3	(37.5)
		Approach	79.3	(27.0)	76.3	(20.4)
		Incident	77.8	(29.8)	59.2	(35.2)
		Consequen.	65.9	(30.4)	67.2	(19.4)
		Resolution	84.5	(24.2)	67.9	(38.2)
	Consens	Scene	83.6	(27.0)	59.6	(42.2)
		Approach	98.8	(0.8)	47.9	(46.2)
		Incident	98.7	(1.1)	62.9	(44.5)
		Consequen.	88.5	(21.5)	60.2	(43.7)
		Resolution	88.4	(21.5)	61.2	(46.8)

	CSA	Scene	43.4	(42.0)	66.9	(37.1)
		Approach	66.8	(37.8)	65.6	(36.9)
		Incident	65.0	(36.8)	70.4	(21.7)
		Consequen.	55.2	(37.5)	47.9	(39.2)
		Resolution	51.0	(19.8)	46.0	(31.9)
Not confident- confident	Neutral	Scene	78.5	(29.1)	69.3	(36.3)
		Approach	77.9	(27.9)	71.5	(25.8)
		Incident	77.7	(29.6)	75.3	(27.7)
		Consequen.	78.7	(28.2)	77.8	(27.0)
		Resolution	84.0	(24.6)	66.7	(36.6)
	Consens	Scene	73.2	(26.0)	58.5	(42.4)
		Approach	76.5	(26.0)	60.5	(42.1)
		Incident	87.7	(20.8)	62.8	(44.3)
		Consequen.	84.5	(20.9)	56.5	(43.5)
		Resolution	88.6	(21.6)	61.4	(46.6)
	CSA	Scene	46.2	(34.7)	56.0	(21.2)
		Approach	54.5	(27.7)	64.7	(33.7)
		Incident	41.2	(36.5)	70.3	(33.4)
		Consequen.	48.9	(33.3)	56.4	(43.0)
		Resolution	21.7	(17.4)	54.4	(24.2)

Not sex aroused-sex aroused	Neutral	Scene	0.6	(1.1)	4.6	(4.8)
		Approach	0.9	(1.5)	4.7	(3.3)
		Incident	0.3	(0.4)	11.7	(17.9)
		Consequen.	0.8	(1.5)	3.8	(2.1)
		Resolution	0.5	(1.1)	5.3	(3.1)
	Consens	Scene	73.3	(42.7)	47.2	(40.4)
		Approach	80.9	(26.6)	56.3	(35.8)
		Incident	75.9	(42.9)	61.4	(34.5)
		Consequen.	45.5	(49.2)	25.8	(35.3)
		Resolution	9.5	(14.1)	22.7	(36.7)
	CSA	Scene	15.3	(32.8)	38.9	(43.7)
		Approach	32.2	(40.3)	55.9	(32.1)
		Incident	53.6	(42.8)	76.8	(24.1)
		Consequen.	52.6	(42.0)	40.8	(36.4)
		Resolution	27.3	(42.5)	62.1	(41.3)
Not avoid sex-avoid sex	Neutral	Scene	67.8	(30.0)	52.0	(30.5)
		Approach	67.9	(29.4)	42.6	(36.3)
		Incident	57.3	(42.5)	51.5	(31.8)
		Consequen.	58.1	(41.5)	47.9	(31.1)
		Resolution	48.9	(49.6)	41.1	(33.3)
	Consens	Scene	20.0	(44.2)	46.2	(38.1)
		Approach	0.8	(1.2)	21.9	(26.0)
		Incident	0.4	(0.9)	31.6	(36.6)
		Consequen.	49.0	(49.0)	60.1	(34.8)
		Resolution	55.7	(43.1)	69.4	(37.2)

	CSA	Scene	41.9	(27.3)	58.2	(35.8)
		Approach	58.3	(41.7)	45.9	(34.8)
		Incident	57.8	(41.7)	31.5	(31.1)
		Consequen.	57.2	(41.9)	63.3	(30.4)
		Resolution	76.5	(31.1)	74.6	(35.6)
Not plan sex -plan sex	Neutral	Scene	9.5	(19.6)	10.5	(19.0)
		Approach	1.6	(1.5)	9.9	(17.8)
		Incident	0.5	(1.1)	11.7	(20.1)
		Consequen.	1.2	(1.8)	11.4	(17.4)
		Resolution	1.0	(1.4)	10.3	(16.2)
	Consens	Scene	58.0	(41.9)	54.8	(42.7)
		Approach	94.1	(11.0)	46.5	(44.7)
		Incident	79.6	(44.5)	44.7	(41.7)
		Consequen.	40.4	(54.2)	36.3	(35.2)
		Resolution	20.7	(44.3)	28.1	(38.3)
	CSA	Scene	9.6	(19.3)	13.8	(22.2)
		Approach	40.3	(52.7)	16.9	(27.9)
		Incident	19.7	(43.5)	37.3	(33.1)
		Consequen.	1.4	(1.4)	19.0	(17.9)
		Resolution	0.8	(0.9)	25.1	(20.7)
Not in control-in control	Neutral	Scene	94.8	(10.5)	84.3	(20.1)
		Approach	88.5	(21.8)	89.8	(8.0)
		Incident	89.6	(19.9)	75.7	(31.8)
		Consequen.	79.9	(25.5)	75.9	(30.5)
		Resolution	94.3	(8.9)	80.8	(21.5)

Consens	Scene	90.9	(11.2)	53.6	(42.0)
	Approach	94.0	(10.5)	54.4	(42.8)
	Incident	87.1	(16.6)	51.9	(42.7)
	Consequen.	81.9	(28.0)	55.7	(36.6)
	Resolution	85.0	(22.0)	59.9	(45.4)
CSA	Scene	69.5	(29.9)	58.3	(38.5)
	Approach	63.4	(33.7)	56.2	(37.3)
	Incident	51.0	(34.4)	61.9	(37.2)
	Consequen.	51.5	(26.6)	62.3	(38.2)
	Resolution	50.5	(29.5)	63.3	(42.7)

APPENDIX Y

Study Seven: Analysis 2 – Script x Stage x Hare P-SCAN means and standard deviations for psychophysiological responses to imagery

Table Y1. Script x Stage x Hare P-SCAN means and standard deviations for psycho-physiological responses.

Psychophys. measure	Script	Stage	Mean (SD)	
			Low Hare P-SCAN	High Hare P-SCAN
Respiration	Neutral	Scene	15.4 (2.7)	20.0 (3.7)
		Approach	15.2 (2.5)	20.5 (2.5)
		Incident	15.3 (3.0)	20.5 (2.5)
		Consequence	14.4 (2.4)	19.0 (5.0)
		Resolution	16.4 (2.3)	20.9 (2.5)
	Consensual	Scene	14.4 (3.4)	17.9 (5.1)
		Approach	15.0 (2.5)	17.5 (4.8)
		Incident	15.4 (3.2)	18.8 (4.6)
		Consequence	14.9 (3.5)	18.5 (4.1)
		Resolution	14.3 (2.7)	18.3 (4.0)
	CSA	Scene	15.6 (2.8)	18.8 (3.9)
		Approach	16.2 (3.2)	22.4 (3.1)
		Incident	16.1 (3.5)	18.5 (5.8)
		Consequence	14.9 (3.9)	18.8 (5.2)
		Resolution	15.3 (3.3)	19.5 (3.1)
Skin Conductance	Neutral	Scene	5.7 (6.0)	5.5 (1.9)
		Approach	4.0 (7.4)	5.9 (2.3)
		Incident	4.9 (6.4)	6.1 (2.4)
		Consequence	3.9 (7.6)	6.1 (2.1)
		Resolution	5.1 (6.6)	6.4 (2.6)

	Consensual	Scene	3.4 (11.2)	8.1 (0.6)
		Approach	7.7 (6.1)	8.2 (0.8)
		Incident	7.3 (4.8)	8.3 (0.9)
		Consequence	4.8 (6.3)	8.6 (1.3)
		Resolution	5.5 (5.0)	8.5 (1.4)
	CSA	Scene	3.6 (5.7)	7.5 (3.1)
		Approach	5.1 (4.3)	8.2 (3.3)
		Incident	4.2 (7.5)	8.6 (3.8)
		Consequence	6.7 (3.7)	8.6 (4.1)
		Resolution	1.2 (13.3)	8.6 (4.1)
Heart Rate	Neutral	Scene	81.5 (16.5)	79.2 (7.1)
		Approach	81.2 (17.0)	79.0 (7.3)
		Incident	81.9 (16.1)	78.5 (6.9)
		Consequence	81.2 (16.4)	78.5 (6.7)
		Resolution	82.2 (16.4)	79.1 (9.0)
	Consensual	Scene	83.7 (15.9)	81.1 (11.2)
		Approach	83.1 (15.6)	80.5 (10.9)
		Incident	81.3 (15.2)	81.1 (12.3)
		Consequence	80.9 (15.0)	81.3 (11.7)
		Resolution	81.2 (14.5)	80.7 (10.9)
	CSA	Scene	88.2 (15.2)	78.7 (12.2)
		Approach	87.8 (14.6)	80.7 (15.3)
		Incident	84.8 (14.5)	80.0 (13.8)
		Consequence	84.4 (13.4)	80.7 (12.0)
		Resolution	85.8 (13.9)	78.6 (11.6)

APPENDIX Z

Study Seven: Analysis 2 – Script x Stage x Hare P-SCAN means and standard deviations for psychological responses to imagery

Table Z1. Script x Stage x Hare P-SCAN means and standard deviations for VAS ratings.

VAS	Script	Stage	Mean % rating (SD)			
			Low Hare P-SCAN		High Hare P-SCAN	
Not angry-angry	Neutral	Scene	4.1	(6.8)	3.0	(2.4)
		Approach	3.6	(6.2)	15.0	(24.7)
		Incident	2.9	(4.5)	3.0	(2.4)
		Consequen.	3.6	(5.4)	14.4	(24.1)
		Resolution	3.1	(4.3)	3.3	(2.5)
	Consens	Scene	11.8	(24.3)	27.5	(48.4)
		Approach	12.0	(24.3)	27.3	(48.5)
		Incident	8.6	(16.1)	27.0	(48.7)
		Consequen.	14.2	(30.2)	27.4	(48.4)
		Resolution	15.6	(32.8)	28.0	(48.0)
	CSA	Scene	10.1	(21.1)	31.6	(29.9)
		Approach	11.6	(14.5)	39.6	(46.7)
		Incident	9.2	(14.7)	43.5	(46.0)
		Consequen.	19.6	(21.2)	52.3	(53.4)
		Resolution	20.1	(28.6)	29.1	(46.2)
Not anxious-anxious	Neutral	Scene	13.3	(22.7)	33.4	(45.1)
		Approach	14.9	(28.8)	55.0	(36.5)
		Incident	12.8	(24.4)	15.1	(23.4)
		Consequen.	14.5	(27.2)	56.8	(41.1)
		Resolution	12.9	(22.7)	47.5	(45.0)

	Consens	Scene	26.4	(34.2)	73.6	(29.6)
		Approach	34.4	(34.8)	63.3	(44.8)
		Incident	36.1	(41.1)	56.9	(49.0)
		Consequen.	36.1	(36.7)	53.9	(47.4)
		Resolution	28.6	(41.7)	64.3	(43.6)
	CSA	Scene	18.6	(24.5)	77.5	(38.5)
		Approach	33.4	(28.3)	79.8	(36.5)
		Incident	39.6	(38.3)	81.8	(20.3)
		Consequen.	60.4	(36.1)	69.3	(34.5)
		Resolution	42.9	(39.5)	49.4	(37.9)
Not agitated- agitated	Neutral	Scene	4.2	(7.6)	29.3	(45.6)
		Approach	3.6	(5.0)	15.6	(23.8)
		Incident	3.4	(4.8)	30.6	(45.0)
		Consequen.	3.5	(5.9)	16.9	(22.0)
		Resolution	3.6	(5.5)	23.3	(19.0)
	Consens	Scene	19.5	(31.7)	47.1	(38.2)
		Approach	22.3	(32.6)	50.6	(39.6)
		Incident	19.5	(29.6)	39.5	(46.7)
		Consequen.	22.3	(33.1)	32.4	(45.7)
		Resolution	23.8	(35.3)	31.3	(46.3)
	CSA	Scene	21.2	(33.8)	68.0	(38.1)
		Approach	29.9	(43.7)	71.8	(25.1)
		Incident	25.6	(22.6)	72.8	(21.6)
		Consequen.	29.6	(31.8)	79.9	(23.1)
		Resolution	25.9	(31.5)	54.0	(30.4)

Not guilty-guilty	Neutral	Scene	2.6	(5.1)	7.6	(10.1)
		Approach	3.0	(4.7)	14.5	(23.7)
		Incident	9.9	(17.5)	13.5	(22.7)
		Consequen.	9.2	(14.3)	15.1	(25.0)
		Resolution	17.1	(21.6)	9.5	(11.2)
	Consens	Scene	8.5	(12.6)	29.0	(47.4)
		Approach	7.7	(10.2)	39.8	(45.6)
		Incident	4.6	(6.1)	35.6	(45.4)
		Consequen.	18.1	(26.1)	45.4	(48.6)
		Resolution	22.4	(34.2)	39.9	(45.4)
	CSA	Scene	12.2	(24.4)	69.0	(44.5)
		Approach	15.9	(20.0)	67.8	(44.1)
		Incident	66.6	(43.4)	83.0	(20.6)
		Consequen.	63.0	(37.5)	96.5	(2.9)
		Resolution	64.6	(39.0)	71.0	(27.8)
Not happy-happy	Neutral	Scene	81.1	(23.6)	38.4	(25.7)
		Approach	81.6	(22.4)	70.8	(24.0)
		Incident	77.8	(25.4)	49.9	(40.2)
		Consequen.	67.4	(26.1)	65.3	(22.2)
		Resolution	80.4	(24.3)	66.9	(46.1)
	Consens	Scene	73.8	(33.9)	64.8	(45.7)
		Approach	73.6	(43.4)	66.6	(45.9)
		Incident	84.6	(32.1)	69.6	(47.0)
		Consequen.	76.7	(34.2)	66.6	(45.9)
		Resolution	76.1	(37.0)	69.0	(46.5)

	CSA	Scene	66.8	(33.5)	37.8	(46.9)
		Approach	73.6	(32.9)	53.1	(40.5)
		Incident	75.5	(33.1)	54.8	(8.0)
		Consequen.	61.1	(39.9)	33.9	(25.9)
		Resolution	45.6	(33.1)	53.0	(3.0)
Not confident- confident	Neutral	Scene	80.9	(24.2)	60.5	(43.4)
		Approach	81.1	(23.7)	62.8	(27.9)
		Incident	80.7	(24.9)	68.9	(33.0)
		Consequen.	82.4	(24.2)	70.9	(31.5)
		Resolution	85.4	(20.6)	55.5	(41.2)
	Consens	Scene	65.9	(31.7)	64.0	(45.6)
		Approach	68.2	(31.5)	67.0	(45.8)
		Incident	76.9	(33.0)	69.3	(46.7)
		Consequen.	73.8	(33.3)	61.3	(45.8)
		Resolution	76.4	(36.7)	69.3	(46.7)
	CSA	Scene	62.1	(24.7)	33.0	(22.3)
		Approach	64.8	(29.2)	51.8	(34.1)
		Incident	66.6	(32.2)	40.5	(41.9)
		Consequen.	57.6	(37.1)	44.9	(41.5)
		Resolution	39.2	(30.0)	40.1	(23.5)

Not sex aroused-sex aroused	Neutral	Scene	2.2	(4.6)	3.8	(3.2)
		Approach	2.7	(3.8)	3.4	(2.4)
		Incident	8.6	(17.6)	2.9	(2.8)
		Consequen.	2.1	(2.5)	3.1	(2.2)
		Resolution	2.7	(3.7)	3.9	(3.3)
	Consens	Scene	56.1	(42.5)	64.3	(45.9)
		Approach	67.9	(27.8)	66.9	(45.7)
		Incident	63.9	(40.8)	75.1	(34.4)
		Consequen.	25.5	(35.0)	50.9	(51.5)
		Resolution	9.4	(11.7)	29.5	(45.2)
	CSA	Scene	16.1	(32.9)	49.4	(44.9)
		Approach	28.8	(31.2)	73.8	(27.1)
		Incident	52.9	(34.8)	89.6	(18.1)
		Consequen.	34.5	(35.4)	66.6	(36.0)
		Resolution	23.1	(34.6)	86.8	(22.9)
Not avoid sex-avoid sex	Neutral	Scene	62.7	(37.9)	53.0	(4.0)
		Approach	62.6	(37.2)	39.1	(26.1)
		Incident	69.6	(28.8)	27.1	(30.5)
		Consequen.	67.2	(30.0)	26.9	(28.8)
		Resolution	54.7	(42.6)	27.0	(30.1)
	Consens	Scene	34.9	(41.9)	33.1	(46.1)
		Approach	16.4	(26.3)	5.1	(6.7)
		Incident	10.9	(17.1)	28.8	(47.6)
		Consequen.	47.6	(39.1)	68.1	(43.4)
		Resolution	63.2	(37.9)	63.1	(45.8)

	CSA	Scene	33.6	(21.7)	80.8	(23.3)
		Approach	42.4	(32.3)	67.6	(42.9)
		Incident	36.1	(35.2)	56.4	(41.5)
		Consequen.	48.5	(35.3)	81.6	(22.1)
		Resolution	62.9	(34.6)	97.4	(2.1)
Not plan sex -plan sex	Neutral	Scene	14.2	(22.3)	2.8	(2.1)
		Approach	7.9	(16.8)	3.0	(2.2)
		Incident	8.6	(19.5)	3.1	(2.4)
		Consequen.	8.6	(17.0)	3.5	(2.4)
		Resolution	7.4	(15.8)	3.9	(3.2)
	Consens	Scene	51.1	(39.3)	65.3	(46.2)
		Approach	77.1	(34.0)	52.4	(52.2)
		Incident	65.8	(42.4)	51.4	(53.7)
		Consequen.	42.9	(43.3)	30.0	(45.9)
		Resolution	17.5	(36.7)	37.4	(45.6)
CSA	Scene	17.3	(24.0)	2.5	(1.8)	
	Approach	41.1	(46.4)	3.9	(2.6)	
	Incident	34.6	(44.0)	19.9	(22.5)	
	Consequen.	9.6	(15.8)	13.5	(17.4)	
	Resolution	8.8	(15.1)	23.3	(24.9)	
Not in control-in control	Neutral	Scene	93.7	(9.3)	81.0	(24.6)
		Approach	88.7	(18.1)	90.1	(9.4)
		Incident	90.2	(16.6)	67.6	(37.6)
		Consequen.	81.6	(21.1)	71.0	(38.1)
		Resolution	92.3	(9.3)	77.6	(26.2)

Consens	Scene	73.6	(33.1)	65.1	(46.1)
	Approach	74.6	(35.3)	68.6	(45.8)
	Incident	68.7	(34.6)	66.5	(46.3)
	Consequen.	71.5	(29.0)	60.8	(46.1)
	Resolution	73.8	(35.4)	67.0	(45.8)
CSA	Scene	72.6	(25.9)	47.3	(43.4)
	Approach	63.4	(32.8)	52.5	(40.2)
	Incident	59.6	(34.1)	52.3	(40.3)
	Consequen.	56.3	(28.3)	59.3	(43.2)
	Resolution	58.4	(36.0)	55.9	(41.9)
