

The Development and Validation of a Psychometric Measure of Current Sexual Interest

By

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Abstract

The aim of the thesis was the development and validation of a measure of current sexual interest, a need highlighted in a clinical setting (Akerman, 2008). Chapter 1 reviewed the current measures, evaluated their usefulness and highlighted the need for an accessible psychometric measure. Chapter 2 described the development of the measure highlighting the difficulties involved in assessing such an elusive entity, presenting findings from a small sample of men in custody in the UK.

In order to further validate the measure data was collected on other groups (men serving their sentence in the community in Texas, prisoners in less secure conditions in the UK described in Chapter 4 and students, Chapter 6) evoking discussion on the similarities and differences in sexual interest of such groups. As the findings evolved the need for a more objective measure was highlighted and so the Sex Offence Paralleling Behaviour Checklist was developed, allowing offence paralleling behaviour relating to risk, and observed by staff to be recorded.

The Case Study method is used to explore one case in depth in Chapter 5, presenting findings from both tools. Finally, Chapter 7 pulls together the strands of research and highlights where future research may be focused.

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Papers and conferences

During the course of my postgraduate study within the School of Psychology and College of Life and Environmental Sciences at the University of Birmingham, the following articles and conference abstracts were accepted for publication and/or presentation at conferences. Other authors listed advised on study design, data analysis and paper editing. However, I can verify that I am the main author, and others, my supervisors Anthony Beech and Darren Bishopp and collaborators (Leam Craig, Paul Hamilton and Jenny Hardy) are acknowledged for their contributions to the chapters and overall thesis.

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- Akerman, G. (2011). *Sexual offenders and offence-paralleling behaviour*. Paper presented at the 20th Annual DFP conference. University of Portsmouth. 22nd -24th June 2011.
- Akerman, G. (2011). *A fantasy modification programme developed to run in a democratic therapeutic community*. Paper presented at the Sexual Violence Conference University of Middlesex. 8th September 2011.
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CHAPTER 1

A systematic review of measures of deviant sexual interest and arousal

The aim of this chapter is to review and evaluate the measures of sexual interest and arousal which are currently available through undertaking a literature search.

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A Systematic Review of Measures of Deviant Sexual Interest and Arousal

Abstract

The focus of this review is the measurement of deviant sexual arousal in men who have committed sexual offences, with a view to finding the most effective at assessing current sexual interest. A comprehensive review of the available literature was undertaken in line with guidelines into best practice. The main body of this paper provides a systematic overview of measures of sexual arousal and sexual interest, in terms of physiological and cognitive measures. The strengths and limitations of these are discussed with consideration to cost and application of each. It is concluded that there is a need for a psychometric measure of current sexual interest; and that using a combination of measures that assess all aspects of sexual arousal is most effective, and mean it would be less open to faking responses.

Key words: Assessment of deviant sexual interest, sexual arousal, measures of sexual interest.

Introduction

There has been a great deal of debate around the concept and measurement of sexual arousal and sexual interest. Rempel and Serafini (1995) differentiated between sexual arousal (a purely physiological response comprising of a range of autonomic responses) and sexual desire (a psychological response involving anticipation, motivation, and imagery).

Renaud et al. (2010) reported that deviant sexual arousal is attributable to hypo arousal of temporal structures of the brain involved in the inhibition of sexual arousal and/or to activation of the orbitofrontal area, and hypothesize that deviant arousal may result from a failure by areas of the brain to recognize the body shape.

The need to develop a measure of deviant sexual arousal stems from the requirement to assess change following treatment (Akerman, 2008; 2010), and risk of further offending. Hanson and Bussière (1998) concluded that sexual deviance was a significant factor in sexual recidivism. Meta-analytic reviews (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005) consistently show that deviant sexual interest, (for example sex with children, or to include adult sexual coercion), are the strongest predictors of future offending. Hanson and Morton-Bourgon (2009) found sexual deviancy, sexual pre-occupation, poor self-control, grievance thinking, and lack of meaningful intimate relationships with adults to be the most important treatment targets. Therefore, it is vital to have an accurate measure of sexual arousal while being aware that not all those with deviant sexual arousal will act on them.

1.1. Understanding sexual arousal

Singer (1984) described sexual arousal as being divided into three sequential components. First the aesthetic response, an emotional response to noticing an attractive face or figure, leading to increased attention to the object, and then moving towards the object, followed by a genital response. Spiering, Everaerd, and Laan (2004) discussed sex as an emotion and noted that emotional reaction was based on the appraisal of stimuli involving memory, regulatory and attentional processes working together. They concentrated on the stage when attention was attracted and arousal had happened, using sexual and neutral stimuli on a categorization task, and noted how participants rated sexual arousal. They described cognitive processes of

memory regulation and attention. They stated that while explicit memory was accessible, implicit memory was not; and sexual memory was related to memories of sexual encounters, fantasies, attitudes towards and knowledge of sex. The study described attention as a 'prerequisite of consciousness' (p. 371) and it is required to consider the stimulus, and so that which is more arousing will attract more attention and if attention is not paid arousal will lessen. Their participants were men and women who responded to target words preceded by priming stimuli. They found that the response was slower when they were sexual rather than neutral words and this was the same for both men and women. They related this to the Sexual Content-Induced Delay (SCID; Geer & Bellard, 1996), which will be discussed in more depth later in section 2.2.4.

1.2. Defining 'deviant' sexual arousal

Measuring deviant sexual arousal is not straightforward. The *sexual preference hypothesis* (Freund & Blanchard, 1989) suggests that men who abuse children do so because they have a preference for sex with children, and those who rape women have a preference for coerced sex. As deviant sexual preference is deemed to be predictive of risk of further sexual offending, particularly in men who offend against children, (Hanson & Morton-Bourgon, 2004) it is important to have an accurate assessment of sexual arousal patterns. While Hanson and Morton-Bourgon's meta-analysis did not find a relationship between a sexual interest in use of violence and having a later conviction for sexual or violent offences, later research, (Knight and Thornton, 2007) did find that those who had been convicted of rape had a significantly higher and faster rate of reconviction. It is thought that the initial sexual response has been reinforced in a psychological way (through fantasy) or physically (through masturbation) and it becomes a preference. However, Seto (2008) found that in a sample of convicted child sex offenders only 50% could be diagnosed as paedophiles (defined as an enduring sexual preference for children) and makes the point that not all child sex offenders show deviant sexual preferences, and not all men showing deviant sexual preferences do actually offend against children, which makes the research into protective or inhibitory factors vital. Similarly, Janssen and Bancroft (2007) suggested that there was an interface between the psychological process and

genital response and highlighted the need to study both excitatory (erotic stimulus) and inhibitory (active suppression or distraction) factors.

Several studies have found no significant differences between men who commit rape and non-sexual offenders in terms of their sexual interests (e.g., Baxter, Barbaree and Marshall, 1986; Looman & Marshall 2005). Although offenders may have been convicted of offences this does not necessitate a preference for such behavior (Hanson & Morton-Bourgon, 2005).

Further, Graves (2009) noted the importance of clarifying terms such as deviance, interest, arousal, preference, and behavior so that all researchers and practitioners are referring to the same entity. So this will be discussed throughout this review but after much consideration and discussion for the sake of consistency and clarity deviance will be taken as sexual interest in sexual practices equated with a paraphilia (Ward & Beech, 2008). The term sexual arousal will be taken to mean aroused at the time of the assessment and sexual interest will be a more general interest, as indicated by fantasy or behavior.

It is suggested (Flak, Beech & Fisher, 2007) that fantasy is as important in the development of the preference and precedes deviant arousal and this will now be discussed further.

1.3. The use of measures of sexual fantasy as indication of deviant sexual arousal

For the sake of clarity here a sexual fantasy will be defined as any imagery that is sexually arousing or erotic to the individual, Leitenberg and Henning (1995). Early research into the link between sexual fantasy and offending (Schlesinger & Kutash 1981) used a projective technique (Criminal Fantasy Technique) to help predict possible future offending and understand more of the psychodynamic insights of the offenders. They showed cards depicting crimes and asked a group of drug users (who served as a control group) and a group of men who had committed sexual offences and asked them to describe what was happening. The men who had committed sexual offences described the scenes as sexual even when they were neutral and gave detailed accounts of their fantasy of what the card depicted. Flak, Beech and Fisher (2007) noted that ‘fantasy is being seen as important in the acquisition and maintenance of deviant interest’ (p.75). However, Stinson and Becker (2008)

comment that respondents may feel more able to discuss historical offences or sexual fantasies, but not as willing to acknowledge current ones out of fear of their level of risk being affected. Williams, Cooper, Howell, Yuille, and Paulhaus, (2009) suggested that the term sexual fantasy should include all imagined forms of sexual activities, whether they are deliberate or unintentional. Their research focused on non-offenders, and they cite prevalence rates for offenders.

Fantasy may serve a number of functions, to plan an offence; select the victim; stimulate sexual arousal; increase sexual activity; regulate the offender's mood state; escape reality; feel in control over threats; stimulate grandiosity and omnipotence (Carabellese, Maniglio, Greco, & Catanesi, 2011). A large body of research has demonstrated that people who have never participated in sexually deviant behaviour are likely to engage in deviant sexual fantasies (Leitenberg & Henning, 1995).

Ryan (2004) completed a comprehensive review of men who had committed sexual offences (date rape, marital rape, gang rape, serial rapists, rapist–murderers, and homosexual rape), including sexual thoughts from a non-offender sample of college students. She stated ‘Fantasy appears to have a significant role in rape, although there is very little research on some populations (e.g., date and marital rapists)’ (p. 589). Her review looked at rape myths, hyper sexuality, and sexually deviant thoughts and found that the men convicted of rape had masturbated more, used more pornography, enjoyed sex less, and had higher levels of sexual preoccupation. She questioned whether a major difference between men who rape and men who will not rape is in their willingness to manage their own sexual fantasies. Ryan also discussed ‘scripts’ which seem to be thought out scenarios, plots, actors, which may serve as plans of offending. She discusses the environmental and maybe unconscious cues, and suggested scenarios such as parties where there are drugs and alcohol, the victim being scantily dressed, being a previous sexual partner, using pornography, having a sexually explicit conversation, or being in isolated places as examples of this.

Gee, Devilly, and Ward (2004) noted that offenders report different types of fantasies at different stages of the offence chain, and they should recognize their content as a further method of assessing their emotional state and therefore a measure

of current risk. So if fantasies could be openly discussed they could provide an indication of sexual interest.

Graves (2009) discusses the difficulties in deciding what is deviant. This study found that in one college sample 21% of male college students admitted to having fantasies of sex with a child (half of them admitted to masturbating to these fantasies). So it is not clear if having the fantasy is enough evidence of possible offending, and whether masturbating to the fantasy increases the likelihood of offending, but masturbating, and particularly if paired with orgasm increases arousal (Laws & O'Neil, 1981).

Recent research (Williams, Cooper, Howell, Yuille, & Paulhaus, 2009) reported a court case (Colorado v. Masters, 2001) whereby the defendant who had no previous history of violence was accused of murder and the sexual mutilation of a female victim. The authors stated that the prosecutor's case relied largely on 'detailed depictions of murder and sexual mutilation' (p.198). During the trial an expert witness described research (not cited in the paper) linking violent sexual fantasies to behavior whereas one of the authors of the paper noted that there was no research showing a direct link between the fantasies and behavior. They then carried out research with a non-offender sample and found that the rate of any sexual fantasy was close to the rate of a deviant sexual fantasy and suggested that this inferred that those who had any sexual fantasy probably had a deviant sexual fantasy. They stated that their rates for non-aggressive deviant sexual behavior, such as fetishism or voyeurism were lower than offender samples. They reported that the fantasy-behavior rate was substantial but only 38% of those reporting fantasies reported carrying out the behavior, they stated that they could not infer a causal relationship. Stinson and Becker (2008) found that sexual fantasies correlated with offending behavior and that self-reported sexual fantasy alone significantly identified sadistic behavior.

Section 2 describes the results of the review of the measures of deviant sexual preferences.

2. Assessment of deviant sexual arousal

The assessment of sexual offenders has been researched for many years, using a wide range of assessment tools. We have examined the literature on the assessment of

sexual arousal, using a number of search terms, the details of the publications, websites and those contacted personally for data are attached as the Appendix. In addition secondary references, textbooks, and book chapters were also searched. Hence the sections cover: Physiological measures of deviant sexual arousal, indirect measures of deviant sexual interest, psychometric assessments, and combinations of measures

2.1. Physiological measures of deviant sexual arousal/interest

Some current measures of sexual interest include physiological measures, such as the polygraph, which measures physiological responses that are considered to be the product of lying such as changes in heart rate, respiration, and skin responses. So the polygraph does not detect lies, but physiological changes in response to carefully crafted questions. The most commonly used techniques are: the relevant/irrelevant technique, the control or comparisons question test, the directed lie test, and the guilty knowledge test. These are discussed fully (BPS, 2004; Gannon, Beech & Ward, 2008). The other well known physiological measure is the Penile Plethysmography (PPG) which measures genital arousal while viewing images or listening to audio stimulus. These will now be discussed in more detail. There are other physiological assessments of sexual arousal (see Kalmus & Beech 2005), but space precludes in-depth discussion of these.

2.1.1. Polygraph

There is extensive literature on the use of the polygraph and for the sake of brevity some of the uses and limitations will be highlighted now. While it is not a direct measure of sexual arousal it is used to assess veracity of offenders' accounts of their fantasies and behaviour. Other researchers, (Gannon, Beech and Ward, 2008; Grubin, 2010; Iacono 2008; O'Connell, 1998) give a more detailed explanation of the polygraph and this review concentrates on the test more commonly used for sexual offenders, the comparison question test (Abrams & Abrams, 1993), which relies not on lying but on other areas such as responses to questions relevant to their offending or control questions. The polygraph has been used in the assessment of post conviction sex offender testing (PCSOT) to assist in treatment and supervision of

offenders rather than to detect lying. Therefore, the information gained is to aid the client, rather than be confrontational. However, in the executive summary of this research Grubin (2006) noted that ‘over a third of tests resulted in information being passed on to the police’ (p. vii). Gannon, Beech and Ward (2008) commented that ‘sexual offenders being supervised in the community are extremely unlikely to notify supervising bodies if they feel they are engaging in high-risk behaviours that may jeopardize their freedom’ (p. 33).

Gannon, Beech, and Ward (2008) conclude that there ‘is reasonable evidence supporting polygraph use in some areas of risk assessment’ (p. 29). They warned against continuing to undertake studies with confounds clearly present (such as offers of immunity) and generally violating offenders’ rights, thus damaging the treatment alliance. They suggested devising a ‘water-tight research program involving the polygraph’ (p. 41). The British Psychological Society (2004) raised the point that typically polygraph tests are conducted when no corroborative evidence is available, or as Honts, Kircher and Raskin (2002) pointed out: ‘If there had been strong proof of guilt or innocence in the actual cases, polygraph tests would probably not have been conducted’ (p.452).

Cross (2001) commented that, ‘most knowledgeable scientists consider polygraph procedures as untested’ (p.195); Cross added, ‘The use of polygraph tests is advocated despite substantial differences in professional and scientific opinion about the validity of such techniques’ (p. 195). So there is extensive research into the use of polygraph, and it can increase the level of disclosure. However, in order to maintain ethical practice it is important that deception is not used to gain information. The veracity of the response cannot always be assessed because there may not be evidence of what is the actual truth of the situation, i.e. has the respondent had a deviant sexual fantasy or thought, and has he been sexually aroused by these. A more direct measure of sexual arousal will now be discussed.

2.1.2. The Penile plethysmograph (PPG)

The PPG measures changes in genital tumescence by penile circumference or penile volume while viewing images or listening to audio stimuli. One study (Janssen, McBride, Yarber, Hill & Butler, 2008) completed focus groups with men discussing

their sexual arousal. They found that whereas research into sexual arousal in men tended to emphasize erections, that the men in their study experience a wide range of physical, psychological, and behavioral indicators that characterize sexual arousal, 'Erection seems neither an adequate or sufficient criterion for sexual arousal in men' (p.255). However, the PPG is used extensively to assess sexual interest in males (Kalmus & Beech 2005).

A seminal piece of research (Abel, et al., 1983) found increased reporting of offences alongside the use of the PPG when they granted immunity from charges, and stated their participants admitted to numerous undetected and diverse offences, such as: voyeurism, child molestation and phone sex. However, as noted earlier, granting immunity can confound studies. Renaud et al. (2010) state that PPG has weak test-retest reliability, fails to discriminate between sexual interests, and is easily faked. Laws (1994) used both self-report, and PPG data, from men convicted of rape and who were participating in a prison-based treatment program. He found that they had a much higher incidence of past sexual offending against children, and sexually deviant arousal to children, than previous research and theory would have suggested. This study suggests that persons, previously identified only as rapists, may present a significant risk of sexual violence towards children, and so provides useful risk related information.

Laws (2009) described PPG as 'an art, because there are essentially no universally agreed-upon standards for performing the procedure' (p.9). He went on to state, 'Although the method is intrusive of privacy, and very time consuming, it works well if implemented in a relatively consistent fashion' (p.13). He questions whether what PPG measures-penile erection-is a valid measure of sexual interest or preference. He stated that penile erection is measured 'because we can' but it is an 'approximation of what we are seeking' (p.26). He pointed out that as we are unable to measure mental processes directly fMRI technology (Functional neuroimaging techniques are used to identify which brain regions are most active while completing specified tasks), helps access this. Laws concluded that although the PPG technology has not been systematically developed and standardized if it were to be and used alongside with fMRI and virtual reality (immersing in a virtual environment) it would be more valid.

However, given the point of PPG being that it is time consuming, and costly, this would have implications.

Stinson and Becker (2008) report that while the PPG provides an objective measure; and is able to differentiate pedophiles from adult offenders; it could not identify rapists as having a preference for coerced sexual interactions. However, 30% of the men in the sample did not show any clinically significant sexual arousal, either normal or deviant which identifies a further problem with the PPG. Kalmus and Beech (2005) summarize the main problems as: 1) lack of standardization of stimulus materials and procedures; 2) low test/retest reliability; 3) low response rates; 4) poor specificity or discriminate validity; and 5) it being easy to fake. They go on to question the theoretical underpinnings of the PPG sexual preference assessment.

There is also a debate about the construct and/or ecological validity of PPG measures revolving around the question to what extent PPG stimuli and procedures reflect real world phenomena of deviant sexual preferences (Laws, 2003; Marshall & Fernandez, 2003). Marshall (2006) questions the extent to which an office in a prison, or hospital, under test conditions would replicate arousal while influenced by stimulants such as adrenalin, drugs or alcohol and so how reliable such findings would be. In addition there is a lack of standardization across sites (high secure hospitals, and prisons) using PPG and other issues, such as availability or lack of erotic material to those incarcerated may affect results.

More recently (Lykins, et al., 2010) researched the difficulties associated with faking their responses. They examined the premise that participants who had an inconsistent diagnosis would respond less in the phallometric test situation, than those with consistent diagnosis. In addition they examined the consistency of responses over two tests. Their aim was to increase the reliability and validity of phallometric testing. They found that those with an inconsistent diagnosis responded less on both tests and less on the second test after controlling their response on the first one. Renaud et al. (2009) reported that up to 80% of participants who were asked to voluntarily control their erectile response were able to do so succeed in doing so through distraction techniques (such as not concentrating on the stimulus, or thinking of non-arousing images), which is difficult to detect, (Howes, 1998; Kalmus & Beech, 2005). Research has also shown that prior use of drugs, or alcohol can affect sexual

functioning, which in turn could affect response in PPG (Thornton, Finch, & Goesser 2007).

In summary, Gress and Laws (2009) describe the PPG as ‘excellent technology for measuring sexual interest’... However it is expensive, invasive, labour intensive, limited to males, and requires motivated and responsive participants (p.109). This said the PPG can aid risk assessment by highlighting previously undisclosed arousal. Given the difficulties associated with the use of PPG there is a need for more research into less intrusive, more easily applied and less easy-to-fake assessments. Other assessments of sexual interest involve the use of self-report or attentional measures; a selection of these will now be discussed further.

2.1.3. Eye tracking

Eye-tracking involves tracking eye movement while attending to stimuli to assess what is being attended to. The gaze and the time spent dwelling on the stimulus is recorded. This relates to Singer (1984)’s first stage, attending to the attractive stimulus. Chartier and Renaud (2008) suggest the use of oculomotor (eye tracking) patterns to assess positions of gaze, and suggest that it is less transparent than PPG. While this study was based on a small sample (10 participants) they did find differences between sexual offenders and non-offenders. Renaud et al. (2009) note that it would not be difficult to recognize that viewing time was what was being measured and once this was widely known, as with PPG, it would not be difficult to fake a response. They developed a virtual reality procedure in which the participant is immersed with computer-generated images, which are life size and animated. They use eye-tracking, (which is based on corneal and papillary reflections resulting from the lighting of the eye, using an infrared diode whose signal is picked up by a small video camera) and measure penile response. They are shown an adult female, female child, and a neutral figure, with a five-minute resting period between each stimulus. Their method allows them to address the problems associated with using real images of people, but this may have resulted in images that are not as attractive as a real one would be, and the neutral figure which would not seem to draw any attention. Also from accounts of men who have committed sexual offences many do not find naked bodies attractive, but prefer clothed one.

Renaud et al (2010) compared thirteen male sexual aggressors against children (SAAC) with 29 'non-deviant' men in an extremely complex study. The participants were immersed into virtual reality with virtual characters depicting adults (22 to 25 years old), children (10 to 13 years old) or sexually neutral characteristics. While viewing the stimuli the participants had their arousal measured using a PPG and their gaze was also tracked. They found that the SAAC group showed increased arousal to images of children. They noted that several members of both group were using medication, which may have affected the results.

In summary eye-tracking provides useful information as to what is holding the attention of the respondent but it is susceptible to being affected by use of medication and could be faked once respondents know what is being measured. Its use may be more informative when used alongside other measures, such as the PPG.

2.1.4. Startle eye response

The startle eye-blink response (also known as eye startle blink reflex, acoustic startle response or startle probe reflex) is an automatic response when unexpectedly startled, it is hypothesized that participants would show a decreased startle reaction if they are attending to an image they find sexually appealing Hecker, King and Scoular (2006). They go on to discuss how this relates to sexual stimulus, which they state is an appetitive emotion, evoking a pleasant emotional state. They asked participants to attempt to suppress their sexual interest through their thoughts, but still view the images on the second viewing of the images. They found no differences between the two indicating that 'cognitive efforts to suppress sexual interest in nude female images did not appreciably alter their spontaneous emotional reactions as measured by their startle eye blink reflexes' (p.214). They suggested that as it is measuring emotional response, not sexual arousal it would need to be used alongside a more direct measure of sexual arousal. They cautioned that using this technology on those who have been convicted of offences against children may cause them to react with 'anticipatory anxiety' in that they may view images as a threat given their circumstances. As anticipatory anxiety has been found to lead to a larger startle response (Bradley, Moulder & Lang, 2005), which may make it problematic to use with convicted offenders.

Hecker, King, and Scoular (2009) suggested that the strength of response while observing images could indicate whether they were sexually interested in the image. They describe how emotions originate from two sources, defensive (causes avoidance, withdrawal, escape, or attack), or appetitive (required for survival, causes lust, passion, affection). In relation to deviant sexual arousal Hecker et al discuss its use as a measure that is not easily controlled by the respondent, and any attempt such as looking away or closing the eyes would be observable. They go on to say that as the eye-blink measures the initial response (approach or avoidance) theoretically it could indicate emotional response to the stimuli as distinct from sexual interest or arousal.

Hecker, King and Scoular (2006) contend that the eye-blink can be used as a measure of the valence (emotional value associated with a stimulus) to the respondent. All of their respondents were self-reported heterosexual male college students who had never been convicted of a sexual offence, and so may be a particular sample, which is not necessarily generalisable. They found that adult women elicited high to moderate sexual interest, while images of children were rated sexually aversive. In the second phase of their study they paired text with the images, such as 'I want to have sex with you'. They excluded images of toddlers, both male and female, as they considered that it would be difficult to imagine those words spoken by a toddler. They found that the respondents showed a relatively large eye-blink when looking at what should have been uninteresting to them (males and prepubescent females). They surmised that the respondents had a 'negative emotional reaction when cued to think of them as potential sexual partners' (p. 212). Further they suggested that as the eye-blink startle is an unlearned response it is resistant to suppressing signs of sexual interest and so is useful to measure sexual interest. They also expressed their concern about the ethical and legal responsibility of using images to assess sexual deviancy. This is more generally overcome by using computer-generated images that are not real people.

Janssen, Vorst, Finn, and Bancroft (2002) used video clips depicting consensual explicit sexual activity and coercive, non-explicit sexual activity. The consensual clips involved mutual petting and the non-consensual one depicted no explicit sexual activity and so this may have affected the results. They found a reduced startle

response to consensual scenes compared to coercive, suggesting a less emotional response to coercive sexual scenes.

As Glasgow (2009) warns of the need to ensure that the images include those that would be attractive to the individual being assessed. He quoted one debrief interview in which the respondent stated that the images were ‘nice enough but not my type’ (p. 77). In summary the research into eye-startle responses is in its early stages and while it may be more difficult to fake it may not be valid if there is anticipatory anxiety and it is not clear that it is sexual arousal that is being measured.

Computer-based, viewing-time, and information processing measures will be discussed in the next section.

2.2. Cognitive measures of sexual interest

Given the difficulties discussed in measuring sexual arousal, via physiological methods, more recent research has concentrated on less direct ways to access sexual interest, largely drawn from the field of cognitive psychology. The role of information processing, described as ‘the tracing of a progression of information through several stages from stimuli to responses’ (Everaerd, 1995, p. 175), has been questioned in research into sexual arousal. In order to develop understanding of the role of cognition a number of measures have developed which are ‘defense penetrative’ (meaning the participants do not know what is being measured and so fake responses). These include viewing time measures (which measures the amount of time the respondent spends viewing a stimulus, linking this to what Singer (1984) suggested was the first stage of sexual attraction, attending to the object), Sexual Content Induced Delay –an attentional measure which suggests that if the stimulus has a sexual content the response will take longer-(SCID, Geer and Bellard, 1996) and Implicit Association Tests (IAT; e.g., Gray, Brown, MacCulloch, Smith, & Snowden, 2005), which assesses cognitions associated with sexual attitudes. Viewing time paradigms will now be discussed in more detail.

2.2.1. Affinity

Affinity is a computer-based viewing time measure developed by Glasgow, Osborne and Croxson (2003) which displays clothed images of 28 females and 28 males in age

categories, (small children, pre adolescents, adolescents and adults) and participants are asked to rate attractiveness of each image using the computer mouse and an on-screen slide. Worling (2006) administered it to 78 adolescent males and found that the deviance index was able to discriminate adolescents with child victims from those with victims from other age groups. Glasgow (2009) points out the need for caution when interpreting the data describing the case of a woman who responded to the items very quickly and produced a deviant profile and warned 'the human costs of misinterpretation of data pertaining to possible sexual deviance are very high' (p. 74). He stressed the importance of using appropriate stimuli for each respondent, likening it to flavors of ice cream, in that if a respondent is asked to rate preferences but their favorite one is omitted their responses would be less enthusiastic. He described the outcome measure as 'not one of absolute appetitive, but relative preference' (p.76). *Affinity* uses ipsative scores (subtracting the mean score of each individual from all scores of that individuals and so the z scores relate to that individuals' set of scores, rather than being 'normed' across a group of individuals) and assumes that all scores (including outliers) are valid, as these may be the most diagnostic of interest. In summary *Affinity* can be used with all level of intellect and does not use images of real people. However, the accuracy of the assessment relies on images that are attractive to the respondent being used. Further assessment of sexual interest using viewing time measures are described (Flak, Beech & Fisher, 2007, Flak, Beech & Humphreys, 2009).

2.2.2. The Abel Assessment of Sexual Interest (AASI,) and Abel Assessment for Interest in Paraphilias (AAIP).

The AASI (versions 1 and 2, Abel, Huffman, Warberg & Holland, 1998) was developed using visual reaction time while the time taken to view a stimulus is assessed. It was developed to measure what Singer (1984) described as the first stage of sexual arousal, the aesthetic response. Sachsenmaier and Gress (2009) highlight that what is being inferred is that sexual interest is a cognitive state and if it is correlated with sexual arousal can be used as a measure of arousal to a stimuli. They concluded that the lack of published psychometric information made it difficult to evaluate AASI with other measures and so it is more useful as a clinical tool rather

than risk assessment measure. Stinson and Becker (2008) reported that all of their participants demonstrated some degree of significant visual response on the AASI, but did not correlate with paraphilic behaviors, such as fetishism, frotteurism, and zoophilia. In addition the fact that viewing time is being measured is not disclosed to the respondent, means it involves deception, which may not feel appropriate to many researchers, or clinicians (Hecker, King, & Scoular, 2009).

Also, theoretical accounts are sparse (Imhoff, *et al* 2010). Imhoff et al noted that it is not clear what causes the prolonged time attending to sexually attractive images. They went on to research four possible reasons for this: (1) deliberately delayed responding, (which they explained by viewing time effects) could result from the controlled and intentional delay because the viewer is enjoying the stimulus; (2) attentional adhesion, is a delay in responding because of the automatic process of attention drawn toward presented sexually attractive stimuli. Imhoff et al suggested that the sexually attractive stimuli attracts the attention and distracts them from the task so delaying the response, similar to the theory underlying choice reaction time (CRT Wright & Adams, 1994). CRT is a measure which requires the respondent to indicate which category a presented stimulus belongs to. Wright and Adams assessed whether a sexual attraction to the stimulus interfered with cognitive activity. Imhoff et al posited that although deliberate delay and attentional adhesion are clearly distinct, they have not been explained fully so far and if the participant is finding the stimulus pleasant they will attend to it longer, prolonging viewing time to maintain the pleasurable state. (3) Focuses on Sexual Content-Induced Delay (SCID; Geer & Bellard, 1996; Geer & Melton, 1997), which suggests that being presented with erotic stimuli results in hesitation in responding. (4) Internal processes are automatically triggered by the sexual cues and schematic processes (Wiegel, Scepkowski, & Barlow, 2007) associated with identifying a potential mate. Therefore the research indicates there is a delay in responding but it is not shown conclusively what causes this.

The AAIP (Abel, 1995) uses self-report, viewing time and a questionnaire to assess sexual interest. Abel (1995) encouraged its use as a diagnostic measure of sexual interest into paraphilias, and in particular a sexual interest in children. In summary Fischer and Smith (1999) discuss the statistical properties of the AAIP describing it as

a 'promising instrument based on an interesting concept' (p.203) but stated that its reliability and validity for use with adults was weak.

2.2.4. Sexual Content-Induced Delay response time measure

Conaglen (2004) used the sexual content induced delay (SCID, Geer and Bellard 1996), measuring responding to sexual versus neutral words and at varying levels of sexual desire. Conaglen suggested that individuals with low levels of sexual desire could respond more slowly to sexual word cues than others and found that while sexual and romantic words could cause a slower response due to the emotion involved, the response to sexual words was significantly slower as compared with the romantic words, and so found support for the use of SCID. The results differed from Geer and Bellard (1996) who found sex differences in that females had a slower response when the target was sexual and the delay was present, but was reduced, when the target word was romantic. For men these delays, while in the same direction were smaller and failed to attain statistical significance. Congalen posited that those with lower levels of desire took longer to respond to the sexual words because they were less familiar or acceptable to them.

Santilla et al. (2009) assessed sexual interest using sexually explicit and non-explicit pictures shown to heterosexual, and homosexual, men, using information processing methods, choice reaction time and priming (that is presenting a stimulus subliminally). They expected a longer response time when heterosexual men were shown pictures of women then for homosexual men, but this was not the case. There was a longer response time for sexually explicit pictures, supporting the SCID effect. They concluded that CRT was a 'promising' (p.65) measure of sexual interest but were concerned about habituation (that is decrease in response following repeated measuring). They found no effect from priming in that they did not accelerate or decelerate reaction times.

So, viewing time measures have been discussed and while these may assess that time is spent attending to a particular stimulus there may be other reasons for the attention, for instance novelty, familiarity or their interest for the respondent. Israel and Strassberg (2009) stated that despite the robustness of the viewing time effect there seems to be virtually no empirical research on the underlying mechanisms.

Imhoff et al (2010) also noted that it may be faster to deny sexual attractiveness than confirming it and attending to the stimulus. Therefore they may need to be used in conjunction with a physical measure such as the PPG in order to verify that sexual attraction is involved.

2.2.5. The ‘Attentional Blink’ paradigm

The ‘attentional blink’ paradigm is based on a cognitive process described by Broadbent and Broadbent, (1987). Broadbent and Broadbent presented two images in close sequence and stated that the respondent correctly responded to either the target (first image) or probe (second image) but not both. They stated that attention was inhibited and so distracted from the probe. The AB is thought to increase when the first image has interest for the participant. The rapid serial visual presentation (RSVP) technique is also referred to as an ‘attentional blink (AB)’. This technique has been adapted to assess sexual interest. Beech, et al. (2008) found that men who had molested children were less accurate at reporting the second image when the first was of a child, rather than for instance an animal, they described this as the child having ‘an attention-capturing effect’ (p. 401). They found no difference between intra- and extra-familial offenders. Flak, Beech and Humphreys (2009) raise the point that an imprisoned sexual offender may feel anxiety while viewing an image of a child, due to the association with punishment, which may affect the results. They could also fake the response once they know what is being assessed.

Therefore, some cognitive measures of sexual interest have been developed but attention-based measures are not without their limitations, (habituation, novelty, outlying scores affecting the mean), and other extraneous variables (mood, age, cognitive ability, medication affecting sexual libido and so forth). Further, several researchers (Baumgartner, Scalora & Huss, 2002; Price & Hanson, 2007) noted that results may be affected if respondents have been subject to sexual abuse, so this too needs to be considered.

The review will now discuss measures that assess underlying attitudes as a measure of sexual interest.

2.2.5. Implicit Association Test (IAT)

The Implicit Association Test (IAT) has been developed from cognitive psychology in order to access cognitive processes that are not readily accessible. They are based on the premise that respondents may not have conscious awareness of the attitudes being measured and also may want to respond in a socially desirable manner. So if a person is asked to comment on their sexual attitudes they would need to be fully aware of them and then be willing to disclose the information. The IAT was devised as a means of accessing socially sensitive beliefs and has been found to be difficult to fake (Fiedler & Bluemke, 2005), and less susceptible to socially desirable responding (Gawronski, LeBel, & Peters, 2007). Ferguson and Zayas (2009) report that ‘even when people do not consciously perceive a given stimulus, they evaluate it’... ‘evaluation must by necessity be unintentional given that the person is unaware of the stimulus itself’ (p. 362). They conclude that this process is automatic and outside of the persons’ awareness, and should therefore be less easy to fake.

Gray, Brown, MacCulloch, Smith and Snowden, (2005) used the Implicit Association Test and found that child molesters had a stronger association between *child* and *sex* compared to *adult* and *sex* and the difference was ‘large’ ($d = .83$, Rice & Harris, 2005). In addition the IAT measure demonstrated high predictive validity in distinguishing between those who had offended against children and those who had not (AUC = .73). They reported that implicit measures of associations have accessed beliefs that are resistant to disclosure.

Gray and Snowden (2009) explain that as the beliefs may not be available on a conscious level to the respondent, self-report measures may not provide an accurate result, and so implicit measures provide a useful alternative. They state that ‘implicit tests predict future behaviors’ (p. 104). They suggest the use of images rather than words if there may be a problem with literacy. But as Glasgow (2009) noted the image used may not be attractive to the respondent and so the results may differ than if a descriptor is used, for instance teenage girl, when the respondent imagines this stimulus. Gray and Snowden describe the IAT as ‘an instrument with robust and reliable properties’ (p. 110) and state it is difficult to fake.

Unlike phallometric assessment, implicit measures are inexpensive, noninvasive, and simple to administer. Mihailides, Devilly, and Ward (2004) compared men who

had committed sexual offences against children, other offenders, and male and female students. They hypothesized that there was less difference between the two offender groups because they may both have higher entitlement beliefs. An alternative hypothesis was the age differences between the participants (Students aged under 20 years and offenders average age was approximately 15 years older) may have affected the responses.

Nunes, Firestone, and Baldwin (2004) found that IATs suggested that the child molesters viewed children as significantly more sexually attractive (or adults as less sexually attractive) than did the non-sexual offenders. They also found that the IATs were not significantly correlated with impression management. Later Nunes, Firestone, and Baldwin (2007) again used the IAT measure to examine cognitions related to child sexual abuse. They found that those who had offended against children perceived children to be significantly more sexually attractive compared to the non-sex offenders (medium effect size, $d = 0.66$). In addition they found that the IAT was significantly associated with risk of sexual recidivism. Babchishin, Kessous, and Nunes, (2008) found that the Sexual Attraction to Children (SAC-IAT) was not able to differentiate between groups (non-sexual offenders and child molesters).

Responses could be affected by motivation, as Hofmann, Gawronski, Gschwendner, and Schmitt, (2005) noted, when participants are motivated, (for instance if the topic is sensitive), whereas if the motivation is low, for instance colour preference they found a higher correlation between self-report and the IAT measure.

The IAT measure has recently been used to assess sexual interest in children (Banse, Schmidt, & Clarbour, 2010). As yet there does not appear to be an IAT developed to assess sexual arousal to coerced sex. Steffens, Yundina, and Panning (2008) found no evidence for the validity of the humiliation-erotic IAT and that offenders who were rated to be in danger of relapse by their therapists, and those rated to be exclusively pedophilic, showed an increased child-erotic association as compared to the other groups. Nunes, Ratcliffe, Babchishin, and Kessous (2008) found encouraging results that suggest IAT measured attitudes towards rape may be related to sexual coercion. This study used undergraduate students as participants and it is not known if having these attitudes affected their likelihood of offending.

Moreover, the IAT was reported as having high predictive validity in distinguishing between child molesters and non-sexual offenders ($AUC = .74$; Rice & Harris, 2005).

In summary, Gress and Laws (2009) note some difficulties with attention based measures, namely habituation, novelty, (attention is increased by the novelty of the stimulus), and outlying scores affecting the mean. In addition prompt characteristics, such as biological traits, facial characteristics, or perceived friendliness are as likely to attract attention as sexual interest. Mood states, such as depression could also affect sexual interest, and age could affect cognitive performance. Further volunteers may be affected by their interest in the research and so they may be a bias the results. Despite this Gress and Laws concluded that their 'foray into field of sexual interest has a good beginning' (p.95).

2.2.6. The Stroop test

Price and Hanson (2007) have advocated the use of a variation of the Stroop color-naming task (Stroop, 1935). The Stroop task shows words written in various colors and the respondents are asked to name the color of the word not the word itself. They are asked to respond as quickly as possible and ignore the meaning of the word. Stroop found that there was interference when a name for a color written in another color, for instance red written in green. He suggested that reading is an automatic process but colour naming is not, and so is more demanding of time and attention, thus delaying the response. One variation of this effect has been researched using emotional words (Ray, 1979), when it was suggested that respondents were further distracted by emotional words. Price and Hanson investigated this further and suggested that a longer time responding would indicate established (deviant) sexual cognitive schema. Price and Hanson replicated a study by Smith and Waterman (2004) who assessed sexual, violent and non-violent offenders using words associated with affect, aggression, and sex they found that sexual offenders had longer latency reaction times for sexually- themed words and violent offenders for aggression-themed words. In addition sexual offenders with more aggressive offences had a longer latency time for aggression- themed words.

Price and Hanson (2007) replicated and expanded the study in an attempt to differentiate between rapists and child molesters. However, they perhaps questionably

labeled a sexually mature individual as 14 years or older. Those who admitted offences against these so called sexually mature individuals were excluded if they admitted offences against the younger age group, but this was reliant on self-report and convictions, which may not be reliable. Price and Hanson also hypothesized that high-risk offenders would show significantly more schemas relevant to deviant sexual activities. Price and Hanson and Smith and Waterman 2004 found significant differences between sexual offenders and non-offender groups for the sexual bias score. However, even when findings from both studies were pooled there was no significant difference between sexual and other offenders on sex bias scores. They suggested that future research should devise thoughts and preoccupations for specific offenders or more narrowly defined groups. They also considered whether having been subject to sexual abuse could have affected the results, as this may have caused the affect. Interestingly the self-report questionnaire suggested that non-violent, non-sexual offenders reported the most deviant scores.

One strength of the Emotional Stroop is the speed of response makes it difficult to fake the response, as Smith stated that a 'human being cannot consistently control verbal or motor responses over an extended period of stimulus exposures without generating a data set looking unusual' (p.168). Smith noted the importance of using comparable words in the set, (he suggested the use of focus groups to generate appropriate words to particular groups) and using the same computer throughout in order to ensure consistent measuring. He encourages its use for initial assessment of sexual interest, and monitoring change, rather than a stand-alone measure.

Ó Ciardha and Gormley (2009) describe the pictorial Stroop test, reporting that this allows for manipulation of the images in terms of age, gender, ethnicity, and emotions portrayed. They carried out the research using both the Stroop and IAT and found limited correlation between the two, which given that they were quite different tasks (the Stroop used images of digitally developed people and was measuring sexual orientation and the IAT children as sexually attractive) may not be surprising. They found no interaction between homosexual and heterosexual men and their reaction times to adult males or females. It is not always clear what is holding the attention of the viewer, as Marshall and Fernandez (2000) found that viewers could spend a longer time observing highly arousing or interesting images, such as horror films or car

accidents. In summary the emotional Stroop has been validated with various categories of offenders and may be useful alongside more direct measures.

The following section examines psychometric instruments that assess deviant sexual interest.

2.3. Psychometric assessments

There are a number of psychometric assessments available which measure psychosexual aspects of sexual interest (Sexual Interest Cardsort Questionnaire, Abel & Becker, 1979, MSI I, Nichols & Molinder, 1984, MSI-II, Nichols & Molinder, 2000, The Multidimensional Inventory of Development, Sex, and Aggression, MIDSA, Knight, Prentky, & Cerce, 1994) is a computerized, self-report inventory) and personality traits associated with sexual offending (Minnesota Multiphasic Personality Inventory, MMPI, Kalichman, Szymanowski, McKee, Taylor, & Craig 1989). It is important that a psychometric test is standardized on the population in which it will be used; (in this case men who have been convicted of a sexual offence); and also provide information on a normative group (Craig & Beech, 2009). This group should be comparable in terms of social class, rather than a group who has no relation to the sample (for instance college students). It is also important that the test is not too transparent. Craig and Beech conclude that psychometric assessments may provide useful information, including that which helps assess the provision of supervision when the offender is released. The most relevant psychometric assessments will now be discussed further.

2.3.1. The Multiphasic Sex Inventory

Probably the most widely used psychometric measure of sexual behavior and thoughts is the Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984). This self-report questionnaire consists of statements about sexual activities, problems, and experiences. Kalmus and Beech (2005) stated that the measure was open to being faked, but is also able to identify when it is being faked. The MSI II (Nichols & Molinder, 2000) is the more recent version, which includes emotions, behavioral and sexual characteristics. In addition to deviant sexual behavior (child molest, rape

exhibitionism, voyeurism, harassment, internet solicitation of children and (possession of deviant pornography) it includes assessment of other sexual matters, (erectile dysfunction, premature ejaculation, fetishism, transvestism, libido, sado-machism and sexual addictions). The MSI II asks explicit questions about sexual thoughts and behavior, but is not time bound, questions asked in varied tenses, 'I have', 'I am' 'sometimes I have' thus making change difficult to assess.

The MSI II includes social sexual desirability scales, repeated and parallel items, suicide index, sexual knowledge and beliefs, sexual obsessions, dissimulation, molester, rapist, gender identity index, sexual orientation, treatment history, treatment attitudes, problematic history index and a lie scale. Schlank (1995) found MSI better suited (than Minnesota Multiphasic Personality Inventory, MMPI, Kalichman, Szymanowski, McKee, Taylor, & Craig 1989; Nagayama-Hall, Graham & Shepherd, 1991) for understanding the specific psychological constructs of sex deviance and was effective in distinguishing clinically different subtypes. Kalichman, Henderson, Shealy, and Dwyer (1992) found that the MSI had moderate to good internal validity, but that some sub scales (cognitive distortions, immaturity, sexual knowledge, and beliefs scales) may be assessing multiple dimensions. They also highlighted the possibility of denying or faking the respondents' true level of sexual deviance. Stinson and Becker (2008) found that the MSI-II Rape scale had the strongest correlation with rape behavior. However, they commented that the construction of the scales the details of the samples used and their sensitivity had not been published. With no published manual that includes development data, reliability and validity statistics, population characteristics and normative data, etc., it does not meet the published standards for use as a test. In addition the tool may not be used with participants with cognitive impairments or active psychosis, but may be still provide insight into sexual interest and how it relates to sexual behavior.

2.3.2 The Multidimensional Inventory of Development, Sex, and Aggression, MIDSA,

The MIDSA, (Knight, 2008) is a computerized, self-report measure revised from the earlier and extensively tested and revised Multidimensional Assessment of Sex and Aggression (the MASA, Knight, Prentky, & Cerce, 1994) which focused more

exclusively on adult rapists and became ‘cumbersome and complicated to administer’ (Knight, 2008 p.10). The MDSA has adult and juvenile participants in prison for sexual offences and a community sample who have not been convicted of any offences. The MDSA manual gives extensive information on the development of the scales and administration of the measure making it open for scrutiny. The responses are made using a computer as research (Gribble, Miller, Rogers, & Turner, 1999) suggests that this method generates more honest responding than interviewing. Further, the measure includes lie scales and assesses the time taken to respond, and if there are three successive quick responses the assessor is alerted. The program is programmed to decide which further questions to ask, based on responses, so being very responsive.

2.3.2 Psychometric questionnaires

The Wilson Sex Fantasy questionnaire (WSFQ, Wilson, 1978) is a 40-item self-report questionnaire that assesses four types of sexual fantasy: Exploratory (group sex, promiscuity), Intimate (oral sex, masturbation), Impersonal (sex with strangers, watching others), and Sadomasochistic (whipping, forcing sex) and an overall score and looks at active versus passive roles and aspects of sexual offending behavior. The items were developed from a range of publications (clinical, popular, and scientific). Baumgartner, Scalora, and Huss (2002) compared men who had offended against children and non-sexual offenders, and found that the men who had offended against children had higher scores on overall scales and on the Exploratory and Intimacy subscales. They discussed whether this may be a result of higher levels of sexual preoccupation, or possible links to their own sexual abuse and its affect on psychosexual development. It may be that non sexual offenders do not consider or discuss their fantasies in the same way that sexual offenders may be encouraged to do, for instance when engaging in treatment.

A recent addition to the Sex Offender Treatment Programme psychometric battery is My Private Interest Measure (Farren & Barnett, in prep; Williams, 2005). This 54-item scale measures a variety of sexual interest, with four subscales: sexual preference for children, obsessed with sex, preferring sex to include violence or humiliation and other offence-related sexual interests. This measure will not necessarily highlight

change over treatment as the items are all worded in the present tense and do not differentiate as to whether this has changed.

Kalichman, Henderson, Shealy, and Dwyer (1992) indicated that a psychometric measure of sexual interest would be of 'clinical and research value' (p.365). Kalmus and Beech (2005) describe other questionnaires and inventories. Psychometric self-report measures will now be discussed further.

2.3.3. Psychometric assessment of self-report

There is some evidence that self-report can provide a reliable assessment of sexual preference, as it may be easier to admit deviant behavior or thoughts in a questionnaire rather than in a face to face interview (Holland, Zolondek, Abel, Jordan & Becker 2000). Self-report can be gleaned through card sorts (responses to stimuli are rated in terms of attractiveness), clinical interview or questionnaires. However, there are concerns that participants would be under social and legal pressure not to disclose deviant sexual interest (Laws, Hanson, Osborn & Greenbaum, 2000). This study found that the self-report (using a card sort) 'was the only measure to significantly improve accuracy, once the other two modalities (PPG slides and audio) were considered' (p.1307). It was noted that the participants had all admitted to deviant sexual activity, as it may prove more difficult to have non-admitters involved in the research on a voluntary basis. The assessment differentiated for the gender of the object of sexual arousal, but not the age or preferred sexual activities. Laws et al advocated the use of their own card sort, (Laws, 1986); the Clarke Sex History Questionnaire (Langevin, Paitich, Handy, & Langevin, 1990), and the Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984), but also noted that the MSI is based on past behavior rather than current sexual interest. Stinson and Becker (2008) suggested that self-reported information regarding sexual interest and arousal may be problematic if the participant lacks insight into their own arousal.

Gray, Brown, MacCulloch, Smith, and Snowden (2005) describe self-report as 'far from ideal given the strong motivation of pedophilic offenders to disguise the impulse to offend and their sexual attraction to children' (p.304). Other researchers (Gannon, Keown, & Polaschek, 2007) question the use of self-report measures, as they found that men who had offended against children were more likely to report cognitive

distortions when attached to a bogus lie detector, suggesting that some child molesters are deceitful in their responses. Contrary to these assumptions, studies have found that higher risk offenders have lower social desirability as measured by both subscales of the Balanced Inventory of Desirable Responding (BIDR; e.g., Mills, Loza, & Kroner, 2003). Tong (2007) found a strong correspondence between self-reported sexual interest and physiological measures.

Banise, Schmidt and Clabour (2010) discussed the problems associated with measuring sexual interest and concluded that 'validity of direct self-report instruments of sexual interest is jeopardized by impression management and deliberate faking. The general problem of transparency in direct measures is all the more critical if disclosure of personal information is highly embarrassing, socially undesirable, or has legal implications, as it is commonly the case in forensic contexts' (p.320).

In summary Williams, Cooper, Howell, Yuille, and Paulhaus, (2009) concluded that self-report was the only way to assess sexual fantasies, and that socially desirable responding did not play a major role in participants responses. However current measures are not amenable to measuring change following treatment.

2.3.4 Card sorts

A card sort asks the respondent to rate the attractiveness or how arousing they find a stimulus.

Laws, Hanson, Osborn, and Greenbaum (2000) found card sort was able to discriminate between homosexual and heterosexual child sex offenders more accurately than the PPG (but it should be noted all of their participants were admitting their sexual preference). Holland et al. (2000) using the Sexual Interest Card Sort Questionnaire found high internal consistency and discriminative validity (Kalmus and Beech, 2005) in a group of men who admitted to paraphilias but was less robust when used with those who were not admitting their sexual interests (Haywood & Grossman, 1994; Hunter, Becker & Kaplan, 1995). Kalmus and Beech (2005) concluded that a card sort can be susceptible to denial or faking.

3. Using a combinations of measures

One way through which to ensure that the respondent is being consistent in their responses is to use a combination of measures, so that attitudes, physical arousal, and cognitive processes are studied.

Gannon, Keown, and Polaschek (2007) compared psychometric assessment (Bumby's MOLEST, Bumby, 1996) with self-reported beliefs assessed with fake polygraph. They found that participants had shown lower offence supportive beliefs than indicated on the polygraph.

The Sexual Interest Cardsort Questionnaire, (SI, Abel & Becker, 1979) is a self-report measure of deviant and non-deviant sexual interest. Initially it had 75 items but was shortened (SIS) to 45. Both show high levels of concurrent reliability and validity (Holland, Zolondek, Abel, Jordan, & Becker 2000). It was developed using behaviors that had been reported by offenders. The items seek response in the present tense (I'm...) therefore assessing current sexual interest.

Stinson and Becker (2008) used a combination of measures, the PPG, MSI-II, self-reported fantasies, and the AASI. They noted that self-report may be difficult due to the respondents' lack of insight, ability to monitor their own sexual arousal, poor cognitive ability, or comprehension. They also noted that although studies do not always report that they are using historical information, they do incorporate it, while noting its limitations. Stinson and Becker also note that behavior is not always a predictor of sexual interest and that people do not always act out their sexual interests. The authors interviewed participants about their sexual fantasies using questions such as 'have you ever fantasized about' and 'how often have you fantasized about?' and noted this involved past fantasies, suggesting that the PPG and AASI might yield more current information. They found a significant correlation between the MSI-II and self-reported fantasy. However, they found that the self-report measures from MSI-II addition did not always correlate with clinical interviews relating to self-reported fantasies.

Banase, Schmidt, and Clarbours (2010) compared the reliability and predictive validity of a combination of latency based measures. They introduced and tested the Explicit and Implicit Sexual Interest Profile (EISIP), comprising of four direct self-report measures of sexual interest, three Implicit Association tests (IATS) and four

viewing time measures. They found that the viewing time (VT) measures were more able to discriminate than the IATs and were more reliable, and had convergent and discriminate validity. They also found that the VT measures proved reliability and valid that is otherwise only known for direct assessment methods such as questionnaires. They found the reliability and validity of the IATs were moderate to satisfactory. They found it was strongly associated with the Screening Scale for Pedophilic Interests (Seto, Harris, Rice, & Barbaree, 2004) that is related to phallometric measures and reoffending.

Banase, Schmidt, and Clarbour (2010) reported that men who had acknowledged a sexual interest in boys also tended to be interested in men and this correlated negatively with interest in women. Viewing time for women did not correlate with the explicit measure. This may seem surprising given their comment in the discussion concerning whether there was a more generalised sexual preoccupation at a trait level, in a more dynamic state of sexual depravation i.e. in the prison setting.

Stinson and Becker (2008) found that the MSI-II Child molest scale correctly classified 91.7% of the cases in their sample. Using a backward stepwise logistic regression they found significant results with this scale and sexual fantasies, identifying 98.3% of cases. They also combined responses on the Psychopathy Checklist (PCL-R, Hare, 2003) with MSI-II Rape scale and identified 85% of the cases. They also comment that there is a need for more exploration with participants who show no deviant arousal and those who show no response to ascertain the variations.

Kalmus and Beech (2005) suggested the combination of the card sort and the Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984) provide the most cost effective way to measure sexual interest and allow for social desirable responding. Horvath and Brown (2004) used card sort tasks to ascertain perceptions of drug-assisted rape and sexual assault and to distinguish sexual practices in terms of legality, social approval, and consent. They concluded that 'the sorting task is an effective means of data collection for sensitive issues' (p.44). Laws, Hanson, Osborn, and Greenbaum, (2000) noted that questions concerning past behavior are more diagnostic than questions concerning preferences or fantasies, so this makes the assessment of change difficult.

Conclusion

This review was completed following guidelines of good practice (Fink, 2005; Hart, 2001; Rubin, 2008) and all search details are included as Appendix 1. The review has discussed the use of a wide range of measures of sexual arousal. The way that sexual arousal is defined, understood, recognized and assessed has been reviewed.

Difficulties in using the measures is discussed and center around how transparent the measure is and the likelihood of the respondent answering in an open manner either because they are anxious about how this could relate to their perceived risk and/or because they are not aware of their own sexual interest. A number of other issues can also affect responses. The respondents libido, anxiety performance, their ability to suppress sexual arousal during testing, the extent to which they fantasize, how comfortable they feel thinking about or discussing sexuality and how inhibited they are, to name a few. The use of physiological measures was discussed with questions raised about how to manage social desirable responding and what can be concluded if there is no response indicated.

The review has indicated that a more complete understanding of deviant sexual interest may be possible by complementing commonly used methods of sexual interest with implicit measures, which may help to overcome these difficulties.

Thornton and Laws (2009) describe important attributes of sexual interest assessment as: portable and easy in any setting, relatively inexpensive and difficult to fake, easy to implement, not labor intensive, easy to score and interpret, not physically intrusive, usable for males and females of any age and open to psychometric evaluation. This paper has discussed diverse ways of assessing sexual interest and it appears that using several measures together, as Banse, Schmidt, and Clarbours (2010) have, means it is less obvious what is being measured, and so there is less chance of socially desirable responding. Their EISIP battery provided a reliable and valid measure of sexual interest particularly with men who had offended against children, and discriminated from the non-offending control group. This helps to overcome the problems associated with reliance on any individual indirect measure, which may be influenced by numerous situational or personal factors (De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009). Therefore this appears to be the most effective way to assess this elusive factor that is so closely related to risk. The need for a

psychometric assessment of current sexual interest is highlighted as is the need for a measure of sexual interest in coercive sex. Price and Hanson (2007) suggested the use of criminal history, self-report, and plethysmography, while Stinson and Becker (2008) suggest the AASI and PPG as a possible combination of measures.

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CHAPTER 2

The development and validation of a psychometric measure of current sexual interest

The aim of this chapter is to explain how the measure of current sexual interest was developed, following the identification for the need for such a measure in the systematic review. The chapter goes on to present preliminary findings from a small sample of men in custody.

The development and validation of a psychometric measure of current sexual interest

One of the reasons deviant sexual interest has been researched and discussed is because of its link to sexual offences. However, it can be a difficult area to assess because it relies on a certain degree of insight on the participant's part, in terms of their own arousal, and their willingness to disclose it to others. The most up-to-date list of deviant sexual interests and behaviour can be found in the Diagnostic and Statistical Manual of Mental Disorders 5 (American Psychological Association, 2013). Kafka (2009) offers four categories of paraphilia: sexual interest in 1) non-human objects, 2) causing pain or suffering to the other, 3) children, 4) and/or non-consensual sexual activity. Kafka explains that there are two criterion for sexual interest to be deemed paraphilic: 1) that the interest is recurrent over a period of six months or more; 2) that the sexual urges, behaviour or fantasies cause clinical distress and have an adverse impact in social interactions, employment and other aspects of functioning. DSM 5 asserts that a paraphilia is not a psychiatric disorder unless it causes distress to the individual or harm to others, and attempts to differentiate between normative and non-normative sexual interests. The fifth edition of the DSM sparked wide debate over these matters (Frances, 2010), not least because of the lack of agreement on disorders and what constitutes normal sexual interest.

Smid, Van Beek, and Troelstra (2011) suggest that those who have no sexual interest in children are unlikely to sexually abuse a child, but having a deviant sexual interest does not automatically lead to sexual offending. They caution that men who combine an interest in deviant sex with sexual offending are at a higher risk of recidivism. In this chapter, for the sake of consistency and clarity, deviance will be

taken to mean sexual interest in practices which are considered paraphilic, that is rare, unusual or socially deviant in how they relate to persons, objects or activities (Bartels & Gannon, 2011; Beech & Harkins, 2012; Mann, Hanson, & Thornton, 2010; Ward & Beech, 2008).

Kahr (2007); Smid, Van Beek and Troelstra (2011); and Bartels and Gannon (2011) highlight the relatively common interest in illegal sexual interactions, but point out that the extent of the interest varies between those who go on to offend and those who do not. This chapter will investigate this further. Kahr (2007) described a number of sexual fantasies derived from his sample of 19,000 volunteers in Britain. These were collected via questionnaires and face-to-face interviews, and respondents reported a diverse range including use of dominance or submission, multiple partners, sex with children, family members, the use of objects, food, sex with animals, the use of humiliation, role-playing autoerotic asphyxiation, fetishism and sado-masochism. However, to the author's knowledge none of those questioned had committed criminal offences. Kahr hypothesised that those who had been sexually abused, or experienced other traumas, unconsciously incorporated these into their fantasy world. The pain they once experienced is thus converted into pleasure. Many had developed intricate and specific sexual fantasies and interests without making the link between the abuse and the fantasy. So while there is evidence that many fantasise about diverse sexual interests, it is not clear why some go on to offend.

There is wide discussion about what the terms hypersexual disorder, sexual preference, sexual arousal and sexual interest actually mean, and how they relate to sexual offending (see Chapter 1; Bartels & Gannon, 2011; Cantor et al, 2013; Smid, Van Beek & Troelstra, 2011; Thornton & Laws, 2009). Following the systematic

review in Chapter 1 it was thought to be important to develop a measure of current sexual interest, which could be easily administered and interpreted. The development of this measure will be described.

Devising psychometric assessments

It is difficult to assess change in a number of men who have completed sex offender treatment programmes with the current assessments available. Phallometric assessment tools or the services of a psychologist to administer them are not readily available, so for these men a psychometrically derived questionnaire is easier to administer and interpret. Psychometrics are concerned with measuring human attributes, including psychological traits (Kline, 1998) and assumes that the attribute is measurable and has a quantitative structure. The measure developed was designed to assess change over time. Beggs and Grace (2011) found that *change* in sexual interests and anger/hostility on psychometric measures predicted sexual recidivism, and added to the predictive assessment of risk. Therefore, the aim of this chapter is to describe the development of a measure of current sexual interest, then present preliminary findings including exploratory principal component analyses.

The psychometric measure of current sexual interest was developed using a number of methods. Thought was given to the role of attitudes, behaviour and fantasy in sexual interest, socially desirable responding and the wording of items (in terms of how sexually explicit they were).

Those who had committed sexual offences were interviewed using focus groups, as were staff who had worked with them. The Delphi Method (described later in the Chapter) was used to assimilate their views. These are described in more detail below.

Focus groups

The focus group method was used to derive items for the scale empirically. Focus groups are useful because they are thought to bring out information which may not emerge from individuals (Rubin, 2008). Ideas from one participant may not have occurred to another and so a discussion evolves. A number of authors (Janssen, McBride, Yarber, Hill & Butler 2008; Seal, Bogart & Ehrhardt, 1998 and Wilkinson, 2008) have discussed the use of focus groups to gather information on topics that are sensitive in nature. Smith, Flowers, and Larkin (2009) suggested the use of focus groups to generate appropriate words to particular groups. As the wording of the items is discussed this is an important aspect of the research.

Wilkinson (2008) stated that focus groups are well suited to the discussion of sensitive topics and may actually facilitate personal disclosure. Conversely it should also be noted that a focus group may restrain those who are naturally less outspoken but have an equally valid point of view, and so all individuals should be encouraged to add comments on a one-to-one basis or on debrief forms. Kitzinger (1995) pointed out that focus groups were useful because they do not discriminate against those who cannot read and write, and are more welcoming to those who do not feel comfortable in formal interviews, or who feel they have nothing of interest to say. Furthermore, it can be used as the method because it is the evolving discussion, rather than the individual questioning, which allows the experiences of the group members to be examined. The evolving discussion can encourage members to use their own vocabulary, tap into sub-cultural beliefs, generate their own questions and explore further avenues of discussion. Focus groups also tap into other forms of day-to-day communication (such as jokes, anecdotes, teasing or arguing) and so highlight areas

not discovered by other methods of data collection. These colloquialisms may help less inhibited group members break the ice.

Clearly there are some disadvantages to discussing sensitive issues in a group. Less confident members may find it difficult to offer alternative views or disclose sensitive information. Participants involved in this research are self-selected in the sense that they chose to take part, and were therefore thought to be comfortable discussing topics relating sexual arousal.

The Delphi Method

Rubin (2008, p.9) describes an evidence-based model in which the practitioner's expertise overlaps with research evidence, the client's preferences and actions. This model of triangulation was used to draw on the expertise of others to develop the instrument. The Delphi Method has been used for many years and in many settings (Hasson, Keeney & McKenna, 2000; Hsu & Sandford, 2007; Skulmoski, Hartman & Krahn, 2007; Tetley, Jinks, Huband, Howells & McMurren, 2012) to elicit the opinions of experts without the need for assembling them. This method is an iterative process which collects and distils the views of a group of experts who give their opinions without the pressure of others in their field commenting. This method allows the researcher to manage feedback and interpret data, and it offsets the shortcomings of group interactions, such as the influence of dominant individuals, noise and pressure to conform (Dalkey, 1972). There can be up to four opportunities to respond.

Method

Procedure

In order to ensure the measure is engrained in theory and practice and to gain a wide range of views as to what items should be included in the measure a number of people were approached. All of their responses were taken into consideration and the resulting measure was devised. A semi-structured interview was used in two prison groups (Appendix 2.1 also includes the information sheet consent form and debrief) and there was some additional discussion in these emerging areas. The focus group in one prison was tape-recorded to aid transcription, whereas at the other prison it was not recorded due to concerns expressed by the governor (concerning data protection and loss), so the responses were written down verbatim during the discussion. The men in the probation hostel were interviewed individually using the same subject areas (Appendix 2.2 also includes the information sheet, consent form and debrief). Much thought was given to the other measures currently available and as described in Chapter 1, the wording of the items so as to assess thoughts, fantasy, behaviour and urges. As with the development of the Multiphasic Sex Inventory (Molinder & Nichols, 1984) views from experts (in terms of research and practice) working in the field were taken into account (Appendix 2.3 also includes the information sheet, consent form, responses and debrief) via the Internet. Following discussion with one practitioner/researcher he agreed to comment on the development of the measure and to run two focus groups in Texas men who were attending his treatment programme in the community. They used the information sheet consent forms and discussion themes as per the UK focus groups and the discussion was noted during the session. Consideration was given to the need for items relating to a range of sexual interests

known to relate to risk. The responses from all perspectives were integrated and the emerging themes noted (Appendix 2.4). The views gathered were used to develop the draft psychometric measure described below.

Socially desirable responding and self-report

Given the nature of the discussion the need to minimize socially desirable responding (Williams, Cooper, Howell, Yuille & Paulhus, 2009) was considered. Paulhus (1991) has demonstrated that socially desirable responding (SDR) is not a univariate construct, but rather comprises of two kinds: self-deceptive positivity, in which the responder gives an overly positive representation of himself; and ‘impression management,’ in which the responder deliberately tailors his responses to his audience. Mann and Hollin (2010) acknowledge that while self-report measures are economical to administer, and more amenable to developing standardized scores, they may be subject to socially desirable responding. Mann and Hollin (2010) state that ‘sex offenders are often thought to be a population particularly susceptible to impression management’ (p. 848) and note that they may respond differently to research questionnaires rather than risk assessments.

The MIDSA manual (Knight, 2008) is a self-report instrument which Cohen and Swerdlik have (2005) suggested using, but this leaves itself open to problems, including memory lapses, defensive responding, duplicity, problems with reading and comprehension, lapses in attention and poor test engagement. Computer based responding is thought to encourage more honest answers (Gribble, Miller, Rogers & Turner, 1999), even though clearly it is still subject to the problems associated with self-reporting.

Attitudes and behaviour

The use of attitudes and behaviour as a measure of current sexual interest was also discussed. It has been suggested that holding attitudes or schemas that support offending could indicate the risk of carrying out such behaviour (Babchishin, Kessous & Nunes, 2008; Kalmus & Beech, 2005; Mann & Hollin, 2010) and that having behaved in a certain way in the past increases the risk of future behaviour (Hanson & Thornton, 2000). Mann and Hollin (2010) suggest that men who hold distorted views of women, for instance viewing them as deceptive, are at risk of misinterpreting ambiguous cues, for instance polite refusal as a 'come on.' With this in mind using a measure that is "defence penetrative" (meaning the participants do not know what is being measured) would be important.

Recruitment of focus groups in prison

Residents in two prisons were given details of the research and volunteered to attend the groups. The respondents' time in treatment was noted. It was considered that their participation in more treatment would perhaps lead to more insights, and that they would be more open about their own arousal states. There were two focus groups in prison in the UK (N = 5 in each), all of whom had been convicted of at least one sexual offence and undertaken a Sex Offender Treatment Programme (SOTP), and so were deemed to have some insight into their own offending. The offences included indecent assault, rape, sexual homicide and sexual assault. The group consisted of men who had offended against adults and/or children. Their age range was between twenty-four and sixty-five (mean 27 years).

US focus group

In order to gather a wide range of views two focus groups (N = 8 in Group 1 and 7 in Group 2) were run in Texas using the same semi-structured approach. These groups comprised of men who had completed the core training program (18+ months of treatment), and those who were undertaking the core group in a community setting. They were recruited through seeking volunteers from all groups who were in treatment. Their ages ranged from early 30s to mid-50s. They had all been convicted of one or more sexual offences, including indecency with a child, sexual assault, indecent exposure to a child and possession of images of child abuse.

UK community sample

In addition men who were residing in the national probation approved bail hostel were approached as it was considered that they may have different perspective and experiences compared to those who were incarcerated. Initially the Thames Valley Probation Service was approached with a view to running a focus group in the community. However, they expressed concerns that given the nature of the discussion it may be imprudent. Therefore, men who were resident in probation approved premises were approached. Three men agreed to be interviewed individually in the approved premises. Two of the men had served sentences for sexual offences and undertaken SOTP in prison; one man was on remand awaiting trial.

Staff working with men who had committed sexual offences

Details of the research were posted on several discussion forums for practitioners and researchers in this subject area (ATSA list serve, sex offender treatment providers).

Members of these sites were considered experts because membership required training credentials and corroboration of 2,000 hours of clinical experience. Known professionals in the field were also contacted via email. Sixteen experts responded and their experience ranged from two to thirty years ($M = 12.9$ years). Their responses were considered and developed into a questionnaire. This was re-circulated and experts were asked to comment on it and further revisions were made. The respondents were asked to suggest items for the measure and the time scale considered current, and their responses were assimilated into the developing measure (Round 1). The resulting measure was circulated to the respondents and again their comments were taken into account (Round 2). In order to prevent sample fatigue and subsequent risk of attrition (Hasson, Keeney & McKenna 2000) two rounds only were used in this study.

Construction of the scale

Following the focus groups and surveys all the data was assimilated and the test was constructed. Kline (2000) suggested that items should be written by a specialist in their field and improved by a psychometrist. After discussion it was decided that the best response method would be to seek a response that indicated sexual interest, with some items eliciting thoughts and behaviours based on their frequency (daily, weekly monthly). These were ordinal ratings and allowed recoding for yes/no response if the frequencies were too low. Schmidt, Gykiere, Vanhoeck, Mann, and Banse (2013) have suggested that sexual interest refers to *absolute* values, whether it is present or not, while preference refers to *relative*, one category being preferred over another. Therefore, this can be assessed through the responses on individual sexual interests. A

Likert scale was deemed most appropriate. Likert (1932) suggested that using statements to indicate agreement on a five or seven-point response choice was beneficial. The mean score is calculated to produce an evenly ranged set of responses that is normally distributed. A rating or adjective scale was used, in which the response was a description of the degree of agreement or the frequency of behaviour. Consideration was given to the number of items needed for a robust scale: ten-twenty in order to have sufficient bandwidth. One of the difficulties with using shorter scales is that they can be too sensitive, resulting in a statistical difference as a consequence of change on a single item.

In terms of construct validity there were a number of sexual interests being considered (attraction to children, interest in coerced and other deviant sexual preoccupations) due to these having been identified in the literature as indicative of deviant sexual interest and relating to the risk of future offending. Items were developed relating to these sexual interests, amongst others. The wording of the questionnaire was considered so that the meaning of each item was clear. Williams (2003) highlighted the need for questions shorter than twenty words in length, and that the average reading in the UK of twelve years would be an overestimation for the prison population. The Flesch reading ease scale rates text on a hundred point basis, the higher the score the easier it is to understand, with sixty to seventy being acceptable for literate adults. The Flesch score (calculated by Microsoft, 2002) was sixty-two. The reading score (calculated by Microsoft, 2002) was 8.7 meaning that a person aged twelve to thirteen years would understand it (Williams, 2003).

Development of the measure

Pilot 1

Once the draft questionnaire was developed it was sent to 21 practitioners who had offered to comment on it, and of these ten made suggestions which were incorporated (Current Sexual Interest Measure, CSIM, Appendix 2.5). The resulting measure, comprised of fifty-five items, was then piloted on a group of 50 adult male offenders who were resident in a prison-based therapeutic community.

The data was subjected to principal components analysis with oblique rotation to identify any underlying scales. The items were screened for their relevance to sexual preoccupation/interests with the items related to socially desirable responding removed from the analyses as they were not relevant. Given the small sample preliminary principal component analysis could only be used to aid test development, as the structure may alter with a larger data set and if applied to specific samples of sex offenders or violent offenders. Examination of the scree plot (using the Cattell method) suggested a five-factor solution. The resulting five-factor solution accounted for 64% of the variance. There was an underlying sexual interest scale, with the first factor being about **Sexual Preoccupation** (N = 17), which accounted for 28% of the variance, shown on Table 2.1 below. The second component had negative loading on items relating to what was deemed deviant sexual interest, and so was named **Disinterest in Deviant Sex** (N = 9) and this accounted for 13% of the variance. This is shown on Table 2.2. The third was **Sexual Interest in Children** (N = 4) and this accounted for 9% and is shown on Table 2.3. The fourth factor seemed to indicate **Intrusive Sexual Thoughts Including of Hurting Others** (N = 8) and accounted for 7%. The fifth factor indicated **Sexual Fantasy/Reminiscing** and accounted for 5% (N

= 6). The manner of scoring was considered. In the initial measure there was a range of response categories (daily, weekly, monthly not at all, very true-very untrue), and the response ‘don’t know’ was found to be unhelpful in the analysis.

Table 2.I. Component loading of the Current Sexual Interests Measure - **Sexual Preoccupation** (N = 17).

Component 1 Sexual Preoccupation	Component Loading
6. I have intrusive thoughts about sex often during the day	.80
51. I have had sexual thoughts about a person I saw on television, in a film, or magazine	.77
23. I have drifted into a daydream involving sex	.76
19. I have chosen to look for sexual images such as pornography, television programmes or films	.72
46. I have become sexually aroused at some time by thinking or fantasising about a particular person	.72
7. I have had sex or masturbated when I felt tense	.72
45. I chose to watch a television programme, knowing it had sexual content	.68
47. I have fantasised about the people who work in my current location	.62
18. I have had thoughts about a stranger approaching me for sex	.60
12. I have thoughts about sex that get in the way of what I am doing	.59
13. I have thoughts about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	.58
48. I have masturbated whilst fantasising in a sexual manner	.56
52. I have masturbated about thoughts of a sexually attractive person I have seen during the day	.53
37. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist	.53
42. I have been sexually aroused by something that I am ashamed to speak with others about	.51
16. I have found thoughts of sex getting in the way of my everyday life	.46
43. I have had sexual thoughts about watching others have sex	.45

Table 2.2. Component loading of the Current Sexual Interests Measure - **Disinterest**
in deviant sex (N = 9).

Component 2: Disinterest in Deviant Sex	Component loading
20. I have thought about sex with an animal	-.99
30. I have fantasised about killing someone during sex	-.99
5. I have used images of children to look at and masturbate to reduce tension	-.99
8. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under	-.97
29. I have been sexually turned on by hurting or humiliating other people	-.92
15. I have been sexually attracted to a child	-.81
14. I have got more excited about the thrill of hurting someone than the thought of sex itself	-.77
28. I have daydreamed about being sexually attacked	-.62
21. I have had urges to have sexual activity with a teenager	-.60

Table 2.3. Component loading of the Current Sexual Interests Measure - **Sexual**
Interest in Children (N = 4).

Component 3 Sexual Interest in Children	Component loading
15. I have been sexually attracted to a child	.54
3. I have had urges to have sexual activity with a child aged 12 or younger	.89
10. I have thoughts about having sexual contact with a child	.89
21. I have had urges to have sexual activity with a teenager	.43

Table 2.4 lists the item loading on the fourth component, containing eight items relating to having sexual thoughts about hurting others and past victims, and also being uncomfortable with thoughts of sex or sex being intrusive. Therefore the component was labelled Intrusive Sexual Thoughts Including Hurting Others.

Table 2.4. Component loading of the Current Sexual Interests Measure – **Intrusive**

Sexual Thoughts Including of Hurting Others (N = 8).

Component 4 Intrusive sexual thoughts including of hurting others	Component loading
31. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.	.90
17. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life	.71
2. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable	.58
32. I have had a sexual thought of offending but not become aroused	.54
39. When a female rejected or hurt me, I have got angry and thought about sex	.54
35. I have had sexual thoughts or fantasies about past victims	.53
42. I have been sexually aroused by something that I am ashamed to speak with others about	.50
14. I have got more excited about the thrill of hurting someone than the thought of sex itself.	.48

Table 2.5 lists the item loading on the fifth component, containing items pertaining to thinking and fantasising about sex including reminiscing over past loves. There are negative loadings on items relating to fighting the urge to masturbate and being aroused when others are frightened. The component was labelled Fantasy-Reminiscence.

Table 2.5. Component loading of the Current Sexual Interests Measure - **Sexual**

Fantasy – Reminiscence (N = 6).

Component 5 Fantasy/Reminiscence	Component loading
49. I have been aroused thinking of having sex with a previous partner	.53
11. I have had to fight the urge to masturbate	-.53
24. I have had sexual thoughts about lying in bed with my ex-partner	.52
27. I have become more sexually aroused at the thought that the other person was frightened	-.48
34. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason	.43
52. I have masturbated about thoughts of a sexually attractive person I have seen during the day	.42

Pilot 2

After this preliminary analysis the measure was revised. Thirteen redundant items were removed following an item-by-item analysis, assessing correlation if the items were deleted, if they lacked theoretical coherence, or if they had a low responding rate or were repetitive. This included nine which were thought to be related to socially desirable responding, and were considered unreliable. Two of the four items were considered to be ambiguous (40. It has been hard for me to stop a disturbing thought and 53. When my emotions were aroused it affected my thinking), as we could not be certain about whether sexual thoughts had caused the response. In addition, two items (22. I have thought about having sex with and then killing the other person and 42. I have been sexually aroused by something that I am ashamed to speak with others about) were thought too similar to other items. Every effort was made to seek a balance of items that related to thoughts, fantasies and behaviour. The revised scale (Appendix 2.6) was administered to a further 23 men. Due to the small sample size amalgamated data from all respondents is presented below.

Volunteers were sought in a prison-based therapeutic community by the researcher inviting participation at community meetings, and by placing posters on the walls of each wing. Demographic data was also collected on all the respondents, including those relating to risk, namely the Offender Group Reconviction Scale, (OGRS, Taylor, 1999) and Risk Matrix 2000 (RM2000, Thornton et al, 2003) in order to assess validity of the measure. Some respondents had completed the Multiphasic Sex Inventory (MSI, Molinder & Nichols, 1984) prior to treatment and the data was also used to assess validity. These measures will now be described in more detail.

Measures used for validation of CSIM

The Multiphasic Sex Inventory, Molinder and Nichols (1984).

This self-report questionnaire consists of 300 statements about past sexual activities, problems and experiences but is not time specific, in that the items do not ask if an interest or behaviour is current. It has twenty subscales, six of which assess the validity of sexual behaviour. It also contains a lie scale to assess socially desirable responding. Molinder and Nicholls (1984) report good test-re-test validity; however, it not has been reported whether it differentiates between different types of sexual offences.

My Private Interest measure (Farren & Barnett, in preparation; Williams, 2005)

My Private Interest scale (Farren & Barnett, 2014; Williams, 2005) is a measure used in the Sex Offender Treatment Programme psychometric battery. This fifty-four item scale was designed to measure four areas of sexual interest linked to sexual reoffending: 1) preoccupation with sex; 2) sexual interest in children; 3) preference for sex to include violence or humiliation; and 4) offence-related paraphilia. These four areas of sexual interest are highlighted in the sexual interests domain of the Structured Assessment of Risk and Need (SARN), the risk assessment tool used for those who have committed sexual offences used by the National Offender Management Service (NOMS).

The Offender Group Reconviction Scale OGRS

The OGRS was developed by the Home Office for use within the prison and probation service in England and Wales to predict re-offending based on static items,

namely age, gender and previous convictions. It yields a number which predicts the probability of any reconviction within two years of release. It was revised (OGRS-2 Taylor, 1999) to make predictions of a serious sexual or violent reconviction. OGRS-2 was used in this Chapter as it reports risk of future sexual and violent behaviour, whereas version 3 (OGRS-3, Howard, Francis, Soothill & Humphreys, 2009) reports general offending. OGRS-2 uses 10 static variables to calculate the score. The responses are assigned risk categories as discussed (Craissati & Sindall, 2009): no risk (a score of 0%), some risk (a score of 1-10%), moderate risk (a score of 11-16%), raised risk (a score of 17-25%) and high risk (a score of over 25%). The NOMS commissioning intentions discussion document 2013-2014 (2012) suggests that OGRS counts as a high quality predictor in terms of evidence.

Risk Matrix 2000 (Thornton, et al., 2003)

The Risk Matrix 2000 (Thornton, et al., 2003) is a risk assessment tool designed to predict sexual and nonsexual violent reconviction among men who have been convicted of a sexual offence. It classifies an offender into one of four groups based on some simple facts about his criminal and personal history. RM2000 is widely used in prisons, probation and mental health settings in the UK and consists of three scales: 1) RM2000/S is a prediction scale for sexual offending; 2) RM2000/V is a prediction scale for non-sexual violence engaged in by sex offenders; and 3) RM2000/C is a combination of the first two scales and predicts sexual or other violence. Barnett, Wakeling and Howard (2010) found that relative predictive validity for RM2000/S was moderate and large for RM2000/C and V at the two-year follow up period, and that RM2000/S moderately predicted relative risk of proven sexual offending for a

variety of subgroups of sexual offenders. Kingston, Yates, Firestone, Babchishin and Bradford (2008) found that Risk Matrix 2000 is able to predict recidivism at above chance levels, and exhibits medium to large effect sizes. Craig, Beech, and Cortoni (2013) report that the sexual and violent risk scales demonstrate good predictive accuracy. The sexual scale of the RM2000 uses seven static factors relating to demographic information and criminal history, 1) age they will be released; 2) number of convictions for sexual offences; 3) number of all criminal convictions; 4) having a male victim; 5) not being in a stable relationship; 6) having a victim who is a stranger; and 7) a non-contact offence. When the sum of these factors is coded an overall score is produced, so that the offender falls into one of four categories of risk of sexual reconviction: low, medium, high and very high.

Respondents on the Current Sexual Interest Measure

Sexual offenders

There were forty-nine respondents who had committed sexual offences. Their ages ranged from twenty-six to sixty-nine ($M = 44$ $SD = 10.23$). Their offences included: rape or attempted rape (30%), sexual assault (14%), murder with a sexual element (8%), murder (14%), robbery (8%), possessing sexual images (6%), attempted murder (2%), aggravated burglary (2%), manslaughter (2%), kidnap (2%), kidnap with sexual intent (2%), wounding with sexual intent (2%), arson (6%) and grievous bodily harm, GBH (2%).

Violent offenders

Twenty four violent offenders formed a comparison group. These were all men convicted of non-sexual criminal offences. They were comparable in that they had committed serious crimes and were participating in a therapeutic community, but did not have any convictions for sexual offences. The violent offender group had committed murder (39%), robbery (18%), aggravated burglary (9%), arson (9%), attempted murder (4%), GBH (4%), firearms (4%), wounding with intent (8%) and conspiracy to murder (4%). The age range of the violent offenders was 24 to 51 ($M = 35$ $SD=7.16$).

Analyses were conducted to explore correlations between the three measures (My Private Interests, Current Sexual Interest Measure and Multiphasic Sex Inventory) or their subscales, and their level of risk on the OGRS 2 and RM2000 using Spearman's Rho. Fifty men completed the MPI and CSIM and seventeen of them had completed the MSI. In order to compare the variability between the components and offence type, and anticipating that there may be some extreme scores in each direction, the Moses Test of Extreme Reaction (Siegel, 1956) was utilised. Kolmogorov-Smirnov's Z was used along with Mann-Witney to compare those who had committed sexual offences with those who had committed other violent offences.

At this stage of development some *a priori* hypotheses were devised on how subscales of these measures will relate to components of the Current Sexual Interest Measure (CSIM).

1. There would be a positive correlation between subscales on MPI
preoccupation with sex, sexual preference for children, preference for sex to

include violence or humiliation, and offence-related paraphilia, and items relating to relevant sexual interests on CSIM.

2. There would be a positive correlation between subscales of MSI and items relating to relevant sexual interests on CSIM
3. Those who are deemed higher risk on OGRS-2 will report more diverse or deviant sexual interest on CSIM.
4. Those who are deemed higher risk on RM2000 will report more diverse or deviant sexual interest on CSIM.

Furthermore, the hypotheses related to theories of sexual interest discussed in Chapter 1 were:

5. Those who have committed a sexual offence against a child would have sexual interests in children as measured on CSIM
6. Those who have committed sexual offences would have more deviant or diverse sexual interests than those who have committed other violent offences.
7. Those who have been sexually abused would have higher levels of sexual interests.

Results

Principal components analysis

The items were screened for their relevance to sexual interests and the items related to socially desirable responding were removed as they were not relevant. The Pattern Matrix indicated the unique contribution each item made.

The data from the 73 respondents was subjected to principal component analysis with oblique rotation to reach a structure and identify components. Again, given the small sample preliminary principal component analysis could only be used to aid test development. Other methods of analysis were considered (for instance parallel

analysis and Velicer's minimum average partial (MAP, Velicer, 1976), see O'Connor (2000) for description of these analyses but the decision to use a principal component analysis was based on having access to software and using those which are most widely recognised. Further, O'Connor (2000) commented that MAP tended to underestimate the number of factors identified.

Examination of the Scree plot (using the Cattell method) suggested a four-component solution was the most parsimonious. This solution accounted for 48.16% of the variance. Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 'mediocre' at .62. Bartlett's test of Sphericity, $\chi^2(741) = 2332.6$ $p < .001$. Table 2.6 lists the item loading on each component. The first component comprised items indicative of a range of sexual interests; seeking sexual images, using masturbation as a way of coping with stress, having intrusive thoughts and so forth, and was labelled **Sexual Preoccupation** (N = 15). It accounted for 22.69% of the variance. The second comprised of items relating to sexual thoughts, urges and fantasies about children, and so was labelled **Sexual Interest in Children** (N = 8). It accounted for 11.17% of the variance. The third component comprised of items which related to having sexual thoughts and arousal when hurting or threatening others; thinking about sex when angry, and being aroused by frightening others. Therefore, it was labelled **Sexual Arousal to Hurting Others** (N = 9) and accounted for 7.75% of the variance. The fourth component factor had negative loadings on thoughts of being hurt by others and intrusive sexual thoughts and so was labelled **Disinterest in deviant sex** (N = 7) and this accounted for 6.55% of the variance. While the items do not intuitively hold together, the first two are interesting in that they relate to having been sexually assaulted by another person. This will be considered further in the discussion.

Table 2.6. Component loading of the Current Sexual Interests Measure.

Item	Component			
	1	2	3	4
19. I have chosen to look for sexual images such as pornography, television programmes or films	.76	.06	-.04	.17
51. I have had sexual thoughts about a person I saw on television, in a film, or magazine	.74	.22	-.15	-.12
46. I have become sexually aroused at some time by thinking or fantasising about a particular person	.74	.11	.06	-.06
52. I have masturbated about thoughts of a sexually attractive person I have seen during the day	.72	.34	-.15	-.06
45. I chose to watch a television programme, knowing it had sexual content	.69	-.02	-.05	.20
48. I have masturbated whilst fantasising in a sexual manner	.61	.06	.09	-.07
18. I have had thoughts about a stranger approaching me for sex	.59	-.17	.09	-.37
49. I have been aroused thinking of having sex with a previous partner	.58	-.16	-.04	.05
23. I have drifted into a daydream involving sex	.57	.02	.18	-.12
43. I have had sexual thoughts about watching others have sex	.53	.05	.11	-.25

24. I have had sexual thoughts about lying in bed with my ex-partner	.48	-.13	.07	-.01
47. I have fantasised about the people who work in my current location	.46	-.01	.02	-.44
7. I have had sex or masturbated when I felt tense	.42	.37	.18	-.22
6. I have intrusive thoughts about sex often during the day	.39	.37	.14	-.30
10. I have thought about having sexual contact with a child	-.13	.87	-.17	.08
3. I have had urges to have sexual activity with a child aged 12 or younger	-.08	.84	-.18	.03
15. I have been sexually attracted to a child	.00	.80	-.08	.18
21. I have had urges to have sexual activity with a teenager	.41	.62	.09	.12
8. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under	.12	.53	-.01	-.00
11. I have had to fight the urge to masturbate	.08	.51	.18	-.27
12. I have thoughts about sex that get in the way of what I am doing	.26	.50	.21	-.17
16. I have found thoughts of sex getting in the way of my everyday life	.01	.43	.33	-.32
26. I have thought about forcing a partner to have sex when they don't want to	.01	.16	-.01	.10
14. I have got more excited about the thrill of hurting someone than the thought of sex itself.	.05	.00	.80	.05

31. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.	.07	-.12	.73	.13
29. I have been sexually turned on by hurting or humiliating other people	.01	-.07	.67	-.10
39. When a female rejected or hurt me I have got angry and thought about sex.	.12	-.02	.59	.13
27. I have become more sexually aroused at the thought that the other person was frightened	-.17	-.04	.53	-.07
13. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	.48	-.17	.52	.11
35. I have had sexual thoughts or fantasies about past victims	-.15	.22	.46	.12
2. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable	-.10	.39	.45	-.27
42. I have been sexually aroused by something that I am ashamed to speak with others about	.29	-.03	.45	-.42
32. I have had a sexual thought of offending but not become aroused	-.14	.31	.32	-.03
37. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist	.10	-.04	.24	.05
34. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason	-.01	-.17	-.18	-.84

28. I have daydreamed about being sexually attacked	.16	-.08	-.08	-.78
4. I have exposed myself hoping to be seen by another person	.02	-.04	-.16	-.67
25. I have had to fight sexual urges.	-.28	.33	.25	-.47
17. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life	-.13	.34	.36	-.40

Reliability

Test re-test reliability

Forty-three of the men repeated the CSIM approximately one month after the first pilot study. They were retested after a short time as this was done to test the CSIM, rather than see if there was a treatment effect. During that time none of the respondents had undertaken any work directly relating to sexual interest. Cronbach coefficient alpha indicated that the scale showed good temporal consistency ($r = .91$). While it is important that the questionnaire produces consistent results, its aim is to measure current sexual interest and so change over time should be expected in the long-term. It will be necessary therefore to ascertain which changes are attributable to the respondent and which to the measure.

Another aspect of reliability is that of internal consistency, the degree to which the items measure an underlying attribute. Cronbach's coefficient of reliability was .79 which was deemed high. The four components showed good internal consistency:

Cronbach alpha for Component 1 = .91; Component 2 = .80; Component 3 = .76 and Component 4 =.71.

Validity

Validity refers to the extent to which the measure assesses what it purports to. Content validity was considered by asking experts in the field to suggest and comment on the items (Kline, 1986). Construct validity was considered throughout in that items were included that demonstrated concepts involved in sexual interests. In order to assess concurrent validity the subscales on the CSIM were compared with other psychometric measures (My Private Interests (MPI) and the Multiphasic Sex Inventory (MSI) which measured sexual interest using Spearman's Rho. The findings are shown below in Table 2.7, and they indicate the correlation between the components of CSIM and the four subscales of the MPI. Please refer to Appendix 2.7 for the items in each subscale.

Table 2.7. Correlations between the subscales of the CSIM and MPI.

CSIM Components	MPI Child ^a	MPI Obsess ^b	MPI Viol ^c	MPI Other offence-related ^d
CSIM Preoccupied	.26*	.53**	.20	.44**
CSIM Child	.46**	.26*	.18	.12
CSIM Hurt Others	-.07	-.14	.06	.21
CSIM Disinterest in deviant sex	.45**	.34**	.27*	.46*

*p< 0.05 level ** p< 0.01 level

^a MPI Sexual preference for children

^b MPI Obsessed with sex

^c MPI Preferring sex to include violence or humiliation

^d MPI Other offence-related sexual interests

As stated previously comparison was made between the CSIM and the MSI. As the MSI contains subscales relating to a wide range of sexual interests those deemed most relevant to the items on the CSIM were considered. Table 2.8 shows the correlation between the CSIM and the relevant MSI subscales. Please refer to Appendix 2.8 for the items in each measure.

Table 2.8. Correlation between scores on CSIM and relevant MSI subscales.

CSIM Components	MSI Child Mol Fant ^a	MSI Obsess ^b	MSI Bond ^c	MSI Atyp ^d	MSI Rape ^e	MSI Rape Rape Fant ^f
CSIM Preoccupied	.20	-.54*	-.20	-.16	-.27	-.36
CSIM child	-.06	-.53*	.12	-.17	-.35	-.45
CSIM hurt others	.07	-.27	.13	.21	-.34	-.36
CSIM Disinterest in deviant sex	.05	-.32	-.16	-.02	-.30	.14

^a MSI Child Molest true subscale

^b MSI Sex Obsession subscale

^c MSI Bondage and Discipline subscale

^d MSI Atypical Sexual Outlets subscale

^e MSI Rape true subscale

^f MSI Rape deviance pattern (fantasy) subscale

In order to test the hypothesis that those who have committed more sexual offences would have more deviant sexual interests proxy measures of risk (i.e. OGRS 2 and RM2000) were used and correlated with the four components using Spearman's Rho. Results are presented below on Table 2.9.

Table 2.9. The correlation between CSIM, RM200, OGRS 2 and any reconviction.

CSIM Components	RM 2000	OGRS any conviction
CSIM Preoccupied	.58*	-.05
CSIM child	.59*	-.24
CSIM hurt others	.22	-.23
CSIM Disinterest in deviant sex	.39	-.03

*Significant at 0.05 level

Table 2.10 reports the mean scores on the CSIM in each RM2000 risk category for the 15 men who had RM2000 completed. It shows how the scores rise incrementally by risk category.

Table 2.10. Mean scores on CSIM for RM2000 by risk category

RM2000 score		Total for items on preoccupied scale 4 factor solution	Total for items on interest in sex with child scale 4 factor solution	Total for hurting others 4 factor solution	Total for not being sexually aroused by being hurt by others or intrusive thoughts 4 factor solution
Low	Mean	5.33	.00	.33	.00
	N	3	3	3	3
	Std. Deviation	2.08	.00	.58	.00
Medium	Mean	12.22	2.00	2.56	2.33
	N	9	9	9	9
	Std. Deviation	6.91	3.32	2.24	3.67
Very High	Mean	18.33	6.33	1.67	1.33
	N	3	3	3	3
	Std. Deviation	11.06	6.81	1.53	1.53
Total	Mean	12.07	2.47	1.93	1.67
	N	15	15	15	15
	Std. Deviation	7.97	4.19	2.02	2.99

Content validity refers to how well the test represents the behaviour of interest. In order to assess content validity correlations were carried out between the offence and the corresponding component scale. In order to fully explore the data The Moses Test of Extreme Reaction (Siegel, 1956), a non-parametric test which compares the variability of scores in two groups was used, as it could be anticipated that one group would have high and one group low scores on the measure. For instance, those who had no sexual interest in children may have found the items relating to sexual interest in children aversive. The Moses Test examines the spread of scores in each group and if the null hypothesis was true they would all be similar. There was a significant difference between those who had offended against children under 16 $p = .01$ in the Sexual Interest in Children component, and in the Sexual Interest in Hurting Others $p = .00$. There was no significant correlation between having committed sexual offences against children and the responses on the other two CSIM components (see Table 2.10). As one of the groups contained less than twenty-five, Kolmogorov-Smirnov's Z is also reported.

There was no significant difference between scores on the Sexually Preoccupied component between those who had committed sexual offences and those who had committed other violent offences as assessed on the Mann-Witney U test $U = .83$. Given the small data set Kendall's Tau was also analysed to measure correlation. There was a significant correlation between having committed rape ($n = 15$) and the Sexual Arousal to Hurting Others component $\tau = .41$ $p < .05$ and this relationship held true on Spearman's Rho $r = .54$ $p < .05$.

Like the My Private Interests measure there was no significant differences in the subgroups, but the men who had sexually offended against children showed a higher sexual interest in children.

In order to assess whether those who committed sexual offences would report more deviant sexual interests the means of the scores were compared. Table 2.11 shows the mean scores for those who had committed sexual offences and those who had committed other violent offences on the CSIM.

Table 2.11. Mean scores on CSIM for sexual and violent offenders.

		N	Mean	Std. Deviation	Std. Error
total for items on preoccupied scale 4 factor solution	sexual offence	49	13.10	8.38	1.20
	violent offence	24	13.54	9.77	1.99
total for items on interest in sex with child scale 4 factor solution	sexual offence	49	2.12	3.17	.45
	violent offence	24	1.43	2.79	.58
total for hurting others 4 factor solution	sexual offence	49	2.10	2.90	.41
	violent offence	24	1.42	2.60	.53
total for not being sexually aroused by being hurt by others or intrusive thoughts 4 factor solution	sexual offence	49	1.86	2.66	.38
	violent offence	24	1.29	2.20	.45

There was a significant correlation between having been sexually abused and physically abused ($r = .34$ $p < .01$) and a significant correlation between having been sexually abused and the Sexual Preoccupation component. Table 2.12 shows the correlation between having been physically and sexually abused on the CSIM components.

Table 2.12. Correlation between CSIM components and having been physically or sexually abused.

Component	Experienced Sexual abuse	Experienced Physical abuse
Sexual Preoccupation	-.31**	-.03
Sexual Interest in Children	-.04	-.04
Being Aroused by Sexual Thoughts of Hurting Others	-.28	-.01
Disinterest in deviant sex	-.06	.10

** P < .01

Discussion

The purpose of this chapter was to describe the process of developing a psychometric measure of current sexual interest. It was developed by seeking views from experts in the field and men who had committed sexual offences. A range of sampling methods was used, (survey, interviews and focus groups) in order to maximise access to a wide population of potential respondents. The resulting measure was administered to fifty adult male offenders and the results were analysed using principal component analysis. While the use of principal components analysis helps to guide the development of the scale some components can be over inclusive and not recognise the conceptual meaning of the items. Therefore, consideration was given to the clinical meaning of items included in components. Given the early stage of the development of the measure it is difficult to draw firm conclusions.

The measure was revised in light of findings and administered to a further twenty-three men. The outcome and difficulties will now be discussed.

A number of items were endorsed by very few people (e.g. thoughts about sex with children) and perhaps could have been excluded from the analysis. However, given their salience to the sexual interests of the population it was important to try and determine the relationship of these items to the overall structure of the scale. Few men endorsed the interest in children items, suggesting that there was only a handful of this sample group, even though more had offended against children. However, this result may have come about because the men were in an environment where there were few reminders of children thus lessening their current sexual interest. Alternatively, it could indicate that they were sexually preoccupied rather than had a specific sexual interest in children. On the other hand they may not only have had a sexual interest in children but may have offended for other reasons.

What also remains unclear is the extent to which men who have been convicted of abusing children are willing to admit their ongoing interest, even when it might not be detrimental for them to do so. While some did admit to thoughts or urges they did not acknowledge that they had used images of, or thoughts of children, to masturbate. The items relating to teenage girls may need to be made clearer, as having a sexual interest in a nineteen year old teenage girl would not be unusual, but having sexual interest in a thirteen year old would be. Furthermore, the setting in which this research took place could account for the high level of sexual fantasy.

The discussion is highly speculative at this stage given the small sample, nonetheless, it is of interest. The measure demonstrated construct validity in that at least the first three components related to areas of sexual interest. **Component 1**

contained items suggestive of general sexual interest, but also those which indicate sexual preoccupation. Given the context of the research, the length of time the men have been in prison and the age of the participants the items were more indicative of preoccupation. Use of masturbation to relieve tension, having intrusive thoughts and sexual interest using accessories had lower loadings, but they also loaded with other items. For instance the item 'I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints' loaded on Components 1 and 3. This item may seem more attractive to a respondent who thinks about sex a great deal and to one who is sexually aroused by causing pain. There was also a significant correlation between this component and having been sexually abused. Kahr (2007) suggested that those who have been sexually abused may overcome the trauma by making the experience pleasurable, and this drive may be outside of conscious awareness. It could also be considered that those who were in therapy and discussing such abuse may well have become more sexually preoccupied as a result of it being on their mind, or as a means of relieving tension.

Component 2 had the highest loading on items relating to children, but also included interest in teenagers and having intrusive thoughts. The wording of the items did not explain what these thoughts relate to. The item relating to teenagers may need clarification in order to assess whether this is for young teenagers, 13-16 or older teenagers, 16-19.

Component 3 contained items with the highest loading relating to being aroused by hurting/frightening/humiliating others, and past victims, using accessories and thoughts that the respondent was uncomfortable with. One item, 'I have been sexually aroused by something that I am ashamed to speak with others about' loaded on

Components 3 and 4. In relation to Component 3 this may indicate some dissonance on the part of the respondent in that they are aroused but ashamed to talk to others about the content. This may be linked to men who have been sexually abused.

Whereas just over half (50.7%) of this sample, report having been sexually abused cross-tabulation indicates that those who have not been sexually abused also report thinking of being kidnapped for sexual purposes or being sexually attacked. Possible reasons for this would require further exploration.

The responses in **Component 4** contain items that are of interest but at this stage it is not clear that they form a clinically sound scale. The items relate to **not** being sexually aroused or being kidnapped for sexual reasons, or being sexually attacked, as they contain negative loadings. This may be a group for whom sex is not an area of focus or who find the thought of such sexual interests abhorrent. However, as the scale is developed further analysis may well indicate whether this is sound or is merely an artefact of the remaining items.

The measure showed good test-retest reliability, indicating that the respondents were consistent in reporting their sexual interests over the month time span. The measure also had sound validity in terms of its comparison with similar measures. There were significant correlations between the CSIM and MPI subscales. Those scoring higher on the CSIM may have demonstrated a high level of sexual preoccupation in particular areas. In order to manage sexual interests this can be calculated by treatment providers, discussed with service-users and management techniques developed.

There were significant correlations between CSIM Sexually Preoccupied and Sexual Interest in Children and the MSI obsessed scale indicating good concurrent

validity of the CSIM. The items on the MSI obsessed scale enquire about sexual thoughts but do not specify what the thoughts relate to, so it may be that they are obsessive and relate to children. The items that relate to the fantasy of rape had a slightly higher correlation than those relating to rape. In the rape subscale the items relating to behaviour (for instance cruising, looking for someone to rape) rather than fantasies, which the men who are incarcerated would not have been able to undertake in the past six months. As stated previously the items on the MSI are not time bound and so this may be why there were no further correlations.

Two of the subscales were able to discriminate between high and low risk offenders as assessed by RM2000, namely the Sexually Preoccupied and Sexual Interest in Children components, which is encouraging. This relationship can be considered further as the use of the measure shows an increase to the risk of offending.

Some of the items suggested for the CSIM scale are extremely rare within the sample and thus might be highly idiographic. Only one person had thoughts about having sex with an animal and he also liked children and inflicting pain on others. As such, the factor appeared to tap into the interests of an individual with particularly deviant sexual interests. As one of the main aims of the development of the measure was to help identify and discuss such interests this may help it be discussed and management skills developed. This will be discussed further in Chapter 5.

It would be hoped that the measure could provide a springboard for discussing current sexual interests in a more open manner. This would help offenders while they were in custody so additional support could be provided to manage this. Once released any concerns could be raised with treatment providers without fear of being

returned to custody. The use of a yes/no response was considered, so that the respondent would not find it too difficult to make a choice, but as the measure would also be used to help inform risk assessment it was thought to be more helpful to have a more accurate idea of the intensity and frequency of the thoughts and fantasies.

Difficulties encountered in developing the measure

The process of developing the measure was not without problems, not least in assessing a concept as elusive as sexual interest, for which there is no clear definition and which can be highly sensitive to discuss. This is highlighted by the wide controversy sparked by the fifth edition of the DSM. As stated previously those who re-offend do not necessarily do so against the same victim group and so managing sexual interest alone may not prevent re-offending, but learning to manage this may help alleviate distress in the service-user, and prevent potential victims. Previous researchers (Bartels & Gannon, 2011; Crépault & Couture, 1980; Kahr, 2007; Williams, Cooper, Howell, Yuille & Paulhaus, 2009) found that non-offending samples also had deviant sexual fantasies. So it should not be unexpected that offenders who have not committed a sexual offence may think about doing so, particularly while incarcerated. Other difficulties included thinking about how to get men to volunteer to talk about such a private issue. There was also a concern that discussing this with men in the community could arouse them (thus risking further offending). However, it was also considered that discussion could lead to seeking help and advice from staff.

Even though every effort was made to develop a valid measure of current sexual interest this was not straightforward. Points for discussion evolved during the

collection of data, for example some practitioners raised the question of deception, but as the groups had already taken place they could not be asked for their views on the matter.

The manner of scoring was considered. In the initial measure there was a range of response categories (daily, weekly, monthly not at all, very true-very untrue), and the response, 'don't know,' was found to be unhelpful because it seemed unlikely that the respondent would not know what they were sexually interested in. Also its place in the range: 1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue) meant that it scored higher than very true. As with any scoring method comments were raised about having more response options, for instance 'occasionally.' This was not included in the measure initially, as research described above has indicated that many people have occasional sexual thoughts so it may not be indicative of risk. This will be considered further as the measure is developed.

The Delphi Method was thought to be a useful way to gain the views of a wide range of experts. While it informed discussions at a conceptual level it did not yield a definitive answer, because people have different ideas about what makes sexuality deviant. Sexual interests evolve through experiences and this means almost anything can become sexualised given the right circumstances or experiences. Consideration was given to all the points raised, and many of the items suggested as possible were integrated. The experts were self-selected and another group of individuals may well have given different responses. As there was a limit to what could be assessed in terms of sexual interest (notwithstanding the diverse range of sexual interests identified) the CSIM may appear similar to other measures currently in use. However, the focus of its development was on it being used to assess current sexual interest and

to be empirically derived, which has hopefully been achieved, despite the identified limitations.

Gender of the researcher

The author of this study was a female psychologist who worked in a therapeutic prison. Babchishin (unpublished manuscript) found that consent rates differed based on the gender of the researchers, with the female researcher having a higher consent rate (65%; forty-four of sixty-eight) than the male researcher (41%; thirty-four of eighty-four). Some of those asked to take part knew the researcher, so this may also have influenced their choice. The focus group carried out in the US was with a male researcher. Both researchers were known to the participants but it is not known if their gender or the fact they were used to discussing such issues with them made a difference. The TC group knew the researcher, but the prison focus group did not and appeared to respond in an equally open manner. The men in the hostel were asked how they felt talking to a researcher they did not know about such an intimate subject and they responded, "I've got used to talking about it" "You explained that you had experience of groups" "you were easy to talk to".

Limitations of the study

A number of limitations should be acknowledged and warrant discussion. The sample was self-selected and consisted of men who, overall, were comfortable discussing topics related to their sexual arousal. The samples in each group were also small and so may not be generalised. The ratio of items on the CSIM and the number of participants also needs to be considered. As stated previously, the small sample means

that preliminary principal component analysis can only be used to aid test development as the component structure may alter with a larger data set and if applied to specific groups of people who have or have not offended. The researcher gathered the data via focus groups. While this method may aid discussion and disclosure there are some disadvantages. For instance, as the group members were self-selected some may have had a particular point to make, whereas the quieter members may not have felt confident enough to offer alternative views.

In relation to the men interviewed in the probation hostel, two had undertaken treatment and one was on remand awaiting trial. Those who had completed programmes showed more insight into their sexual interests, and the man who had not showed less. This may have been due to his anxiety about discussing the topic, and fear that information given may have been used in his conviction.

The subjects discussed in the first focus group (in the US) were limited to those identified as pertinent at the time, so more questions were asked in the UK focus groups. Further topics emerged from the expert responses, for instance relating to sexual sadism and expressive aggression, and these could not be addressed to the offender groups, but only asked of the experts. The topics discussed evolved alongside the research.

Further development of the CSIM

The items generated will be developed into a psychometric measure through an iterative process of item identification, testing, revision and re-testing (Knight, 2008). As further data are collected on this and other groups of men (for instance adult males in the community who are non-offenders, men who have been released from custody having served their sentence, or who have served community sentences, and adult

offenders in other custodial settings) further analysis will be needed to monitor the component structure and ensure it remains consistent. It will also be considered that the measure contains fewer items relating to more general sexual interests, which would balance the items relating to deviance. Tests need items which many people say yes to at one end, and also items which pick up rarer interests.

The CSIM may have created a distorted scale which only picks up more extreme sexual interests. Some items may be irrelevant to those who are not interested in sex with children. One option would be to tailor the CSIM to different groups – for sexual interest in adults and children – and a combination questionnaire for crossover offenders. Further items could be developed which are indicative of more mainstream sexual interests and of consensual sex, so as to develop a continuum of sexual interests. It may also be useful to include a clinical checklist of known or admitted sexual interests for the practitioner to refer to, and vignettes or scenarios which could be used as items.

While completing the measure the men indicated that it was difficult to recall exactly how many times they had thought about a certain subject in the last six months. Further they commented that completing the measure in the community may have helped them to discuss the subject more candidly with their offender manager or treatment provider.

Future uses of the CSIM

The scale was developed using terms which indicated that the respondents had thought or fantasized about doing something, rather than actually acted. The scale is for use with men in prison and so the respondents are unlikely to have actually carried

out any sexual behaviour in the last six months. However, for a community sample the scale could include other items, for example ‘I have beaten a woman or girl while I was having sex with her’ or ‘I have accessed internet pornography for sexual purposes.’

Further research could also investigate the link between current sexual interests in secure settings and how it links to past offending behaviour (known as offence-paralleling behaviour); through the development of an objective checklist for staff to assess the accuracy of the CSIM (see Chapter 3). In addition further research could compare the findings on the CSIM with other measures of sexual interest in order to explore its validity. Further research will develop baselines of what people have actually done in the past, and whether the measures/scales will tap into whether they still think about it. This will then be tested on larger populations of sex offenders and non-offenders, as suggested by Smid, Van Beek, and Troelstra (2011), in order to compare findings with a normative sample (see Chapter 6). A list of items could be developed to cover the spectrum of interests (age, gender) and behaviours (e.g. anal sex vs. oral) and sexual orientation, which may influence the availability of sex in prisons for homosexual bisexual men or men who just have sex with other men when they are in prison but who are otherwise heterosexual.

Data will be collected on the resulting measure and once it has been validated it can be used to assess change following treatment and help assess the risk of reoffending and treatment needed on release into the community. This should be a collaborative process with involvement of the service-user and treatment provider.

CHAPTER 3

Exploring Offence Paralleling Behaviours in Incarcerated Offenders

The aim of this chapter is to explore how offence paralleling behaviour can be assessed in custody and how it relates to risk. It explains how the Sex Offence Paralleling Behaviour Checklist was developed as a means of helping staff be more aware of what constitutes offence paralleling. The checklist also enables change to be assessed objectively, alongside self-report using the Current Sexual Interest Measure. This chapter was published in a book describing international policies on imprisonment and the challenges faced by those managing incarcerated people.

CHAPTER 3

Exploring Offence Paralleling Behaviours in Incarcerated Offenders

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Exploring Offence Paralleling Behaviours in Incarcerated Offenders

Abstract

This chapter aims to develop an understanding of what constitutes Offence Paralleling Behaviour in a custodial setting, how it relates to current levels of sexual interest, and how it may predict risk of future offending. Two groups of men, one group convicted of sexual offences, and one comprised of men who have committed other violent offences, all located in a prison-based therapeutic community, volunteered to participate in research to help validate a newly developed psychometric measure of current sexual interest. Potential Offence Paralleling Behaviours were considered, with the intention of being able to assess seriousness of such behaviours based on empirically developed risk factors (Hart et al, 2003, Hanson and Harris, 2000, 2001, Mann, Hanson and Thornton, 2010). Examples of such were sought from file information, self-report and staff observations. It was predicted that those who had exhibited OPB would score higher on the newly developed Current Sexual Interest Measure (Akerman, Bishopp, & Beech submitted). Five cases in each group were explored in more detail in order to examine the relationship between self-reported and exhibited behaviour. In relation to these case studies, preliminary findings indicated that the men are self-reporting their sexual interests on the Current Sexual Interests Measure in a way that is largely consistent with their observed offence paralleling behaviour. It is suggested that it is possible to identify the behaviours highlighted as predictive of risk in the custodial setting, and so more systematic case management plans can be developed.

Introduction

Cognitive-behavioural treatment for sexual offending is a major undertaking in the UK, and North America, with various studies indicating some effectiveness of treatment (see Hanson et al., 2002; Lösel and Schmucker, 2005). It is of note that higher risk individuals are more likely to re-offend than lower risk individuals regardless of treatment (Friendship, Mann, and Beech, 2003). Risk here is typically measured using a number of historical, static (unchangeable) items, such as: previous offence history (commission of sexual/general offences); victim type (unknown/unrelated); and age (where being young is indicative of higher risk).

Hanson, Helmus, and Thornton (2010) report a four-year proven sexual re-offending rates ranging from 0.7% in the low-risk group to 27.3% in the very high-risk group.

Barnett, Wakeling and Howard (2010) note that while the use of static measures provides a risk of future offending of a group, they do not provide information for treatment of an individual or help develop risk management plans. However, there are a broad range of risk factors, the addressing of which may be useful in treatment, these are *dynamic* (changeable) risk factors. These have been broadly grouped into: (1) *stable dynamic* (psychological) risk factors that include: deviant sexual interests, pro-criminal attitudes, [poor] interpersonal functioning. Researchers (Marshall, 1993, Ward, Hudson and McCormack, 1997) have also identified intimacy deficits and poor emotional/behavioural regulation (Thornton, 2002) as dynamic risk factors; (2) *acute* (behavioural) risk factors, such as: victim access, hostility towards others, substance abuse, sexual preoccupation, and rejection of supervision (Hanson and Harris, 2001). There is strong research evidence for a relationship between these dynamic risk factors, such having enduring [deviant] sexual interests, and sexual preoccupation and

subsequent sexual recidivism (Hanson and Morton-Bourgon, 2005), as well as behavioural indicators of risk (Hanson and Harris, 2001). Dynamic risk is assessed using tools such as the Risk of Sexual Violence Protocol (RSVP, Hart, et al, 2003); Sexual Violence Risk -20 (SVR-20, Boer and Hart, 2009), and the Spousal Assault Risk Assessment guide, (SARA, Kropp, Hart, Webster and Eaves, 1995)¹. The Structured Assessment of Risk and Need (SARN, Webster et al 2006) combines static (RM2000, Thornton et al 2003), and dynamic risk factors. Some authors, (Boer & Hart, 2009; Craig, Browne, Stringer, & Beech, 2005) highlight the difficulties of generalising to all sexual offenders and the differences in laws across countries. Treatment is typically targeted at identified dynamic risk factors (Harkins and Beech, 2007). But in order to make the treatment offered as effective as possible it is important that those offering treatment have a full analysis of how such risk factors were put into operation, as well as identifying whether they again become active in that individual (Mann et al., 2010).

One way of examining whether risk factors are again becoming active is to examine potential offence paralleling behaviours (OPBs). This analysis is described by Daffern et al. (2007) as the way a person interacts with others in a way that is ‘functionally similar to behavioural sequences involved in previous criminal acts’ (p. 267). Jones (2004) describes this process identifying ‘any form of offence related behaviour (or fantasised behaviour) pattern’ (p.38), and hence can be seen as one indicator that offending-related behaviour prior to the offending is still present (albeit less obvious due to the constraints of the custodial setting).

¹ See Craig and Beech (2009) and Rettenberger and Hucker, (2011) for a review of measures.

Jones (1997, 2004, 2010, 2011), and Daffern, Jones and Shine (2010), have written extensively on OPB, suggesting a range of possible problematic behaviours which could be evident within a therapeutic environment. Named *therapy interfering behaviours*, these could include: the use of threats, not attending group sessions; colluding with distorted thinking with other offenders, or talking about non-relevant issues.

All of these factors could indicate that the individual is not actively engaged in the process of change. Those who are early in their therapy, or at a particularly critical part, in terms of exposing long-repressed emotions, can also feel ambivalent and ask to leave treatment, fear emotional closeness, or could have problems with ‘authority figures’, all of which would hinder their progress. Jones (2010b) proposes that these ‘skills’ help the individual to continue with OPBs in subtle ways but is similar to those methods used to evade detection for their sexual offending, therefore they are indicative of on-going risk. Akerman (2011, 2012) described OPB in a forensic TC setting, commenting that the environment provides an opportunity to observe behaviour that constitute dynamic risk factors.

Hence, the current chapter explores the link between OPB and a newly developed psychometric measure of dynamic risk (specifically current sexual interest). For this study the files of the men who had completed the Current Sexual Interest Measure were examined to see if those who had self-reported thoughts, feelings and urges had demonstrated any OPBs.

Examples of OPBs

As for the types of OPBs that were looked for, these were broadly grouped around the types of risk factors reported on and described by Mann, Hanson, and Thornton

(2010) as empirically identified ‘psychologically meaningful risk factors’. Mann, Hanson, and Thornton described their relationship to risk and this study will seek relevant examples of these in a prison setting. Those that may be observed or spoken of in treatment, include: (1) *Sexual preoccupation*- described as an abnormally intense interest in sex that dominates psychological functioning using sex to define self, or as self-medication; (2) *Sexualized violence* - described as an interest in sadism or a preference for coercive sex over consenting sex; (3) *Paraphilias*-described as rare, unusual, or socially deviant sexual interests in persons, objects, or activities; (4) *Offence-supportive attitudes*-defined as beliefs that justify or excuse sexual offending in general; (5) *Lack of emotionally intimate relationships with adults*; (6) *Lifestyle impulsiveness*-defined as poor self-control, lack of meaningful daily routines, irresponsible decisions, and limited or unrealistic long-term goals; (7) *Poor problem solving*-this involves cognitive difficulties in generating and identifying effective solutions to the problems of daily living; (8) *Resistance to rules and supervision*-this would include rule-breaking and opposing external control; (9) *Grievance/hostility*-the feeling that the world is hostile and wanting to hurt others as a result; (10) *Negative social influences*-spending time with anti-social rather than pro-social people; (11) *Hostile beliefs about women*-viewing women as untrustworthy and malicious; (12) *Lack of concern for others/ callousness*-showing a tendency to engage in instrumental rather than affectively warm relationships; poor empathy; and a lack of sympathy for others being selfish, cynical, and willing to be cruel to meet their own needs; (13) *Lack of empathy*; (14) *Sexualized coping*-using sex to cope with negative affect or stress; (15) *Social skills deficits*; (16) *Lack of motivation for treatment*.

Davies, Jones, and Howells (2010) suggest assessing what change has occurred and been maintained on an individual basis. They cautioned that clinicians may give a biased response, as they will have an interest in change having occurred and highlighted the need for independent assessment. The private nature of behaviour relating to current sexual interest makes assessment of it problematic. Therefore, it is limited to observation of behaviour and self-report. Davies et al suggested using psychometric measurement, self-report and staff observations.

The Study

Setting

The research took place at HMP [REDACTED], which houses category 'B' (medium secure) and Category 'C' (lower security) offenders. The prison comprises of six democratic therapeutic communities (including the assessment unit) housing up to 235 adult men who are typically more damaged, disturbed and dangerous than the average inmate (Shine and Newton, 2000). The facility is accredited by the Correctional Services Advice and Accreditation Panel² of the UK, which is designed to address holistic change with a focus on risk, and by The Consortium of Therapeutic Communities, which is part of the Royal College of Psychiatrists' Centre for Quality Improvement³.

Such a democratic Therapeutic Community (TC) is a setting in which the community itself is considered to be a large part of the agent of change; and in which

² The Correctional Services Advice and Accreditation Panel is a non-statutory body that helps the Ministry of Justice to develop and implement high quality offender programmes. Its main work is to accredit programmes for offenders.

³ The Consortium of Therapeutic Communities is a standards-based quality improvement network for national and international therapeutic communities.

psychotherapy takes place to help to develop understanding of the effects of formative experiences, which have lead to anti-social views.

Residents

Residents volunteer to engage in assessment for suitability, and subsequent treatment for a minimum of 18 months. Further criteria for assessment of suitability to engage in long-term therapy include:

- Having reduced their security category from the highest (Category A) or off the 'E' (those deemed at high risk of trying to escape) status for a minimum of 6 months.
- Meets 'drug free' criteria (no positive drug tests within 6 months of referral).
- No diagnosis of major mental illness.
- Accept responsibility for offence/is not appealing against conviction.
- No self harm within 2 months of referral.

Campling (2001), Daffern, Jones, and Shine, (2010), Jones (1997), Rehabilitation Services Group (2010), Shuker and Sullivan (2010), among others, described how the TC provides the opportunity to spend time in a pro-social environment in which ways of relating are different from their past experiences. The view is that interacting with others in a different manner can become the norm. Akerman (2010) described how the model is applied to working with men who have committed sexual offences and how the model is reliant on a strong treatment alliance and paying constant attention to the dynamics of the setting. The residents' behaviour in that setting would be an

indication of how they behave in the outside world and their behaviour in their therapy group (usually eight people) could mirror their behaviour in their family setting. Offence paralleling behaviour relating to sexual interests would also be expected and the identification and assessment of this behaviour is the focus of this chapter.

Measure Used in the Study

Current Sexual Interest Measure

The Current Sexual Interest Measure, (CSIM) is a newly developed psychometric measure of current sexual interest. The measure was developed when there was a need to monitor change after treatment, and when completing the Fantasy Modification Programme (Akerman, 2008). Following a systematic review (Akerman & Beech, 2011) the CSIM was developed with views from a range of perspectives, those of offenders in the UK and USA and experts working in this arena. The Delphi method was used to collect the views of practitioners who have experience of working with men who have committed sexual offences. The psychometric measure was developed, the practitioners were asked to comment on it and resulting revisions made. Thought was given to the role of attitudes, behaviour, and fantasy in sexual interest, socially desirable responding, and the wording of items (in terms of being sexually explicit).

Procedure

The research was described in all community meetings and those who volunteered gave their names to the Wing Psychologist. They were given an information sheet and consent form. Fifty adult offenders completed the Current Sexual Interest Measure

(described more fully in previous chapter) alongside other measures: E-Stroop (Price & Hanson, 2007, Price, 2011); My Private Interest measure (Farren & Barnett, 2014), and the Multiphasic Sex Inventory (MSI I, Nichols & Molinder, 1984); as Akerman and Beech (2011) concluded along with others, (for instance Stinson & Becker, 2008) that while there was a need for a psychometric measure of current sexual interest it was also preferable to use a combination of implicit and explicit measures.

At the first session they completed the CSIM, and 2 E-Stroop assessments using Smith and Waterman (2004) and Price, (2011) stimuli, and the My Private Interests scale (Farren & Barnett, in prep.). Further discussion on the findings from these measures is reported elsewhere (in Chapter 2). At a second session 43 of the men repeated the CSIM in order to assess test re-test reliability. In order to assess any examples of OPB individual files were examined and wing psychologists interviewed.

Participants

Thirty men who had committed sexual offences whose ages ranged from 29 to 60 ($M = 46.0$ $SD = 8.06$) were included in the study, their current offences included: rape/attempted, rape ($N = 11$); murder ($N = 2$); sexual assault ($N = 6$); murder with a sexual element ($N = 4$); robbery ($N = 2$); possession of indecent sexual images of children ($N = 2$); kidnap with sexual intent ($N = 1$); manslaughter ($N = 1$); wounding with sexual intent ($N = 1$). Twenty violent offenders formed a comparison group whose age range was 24 to 65 ($M = 37.0$, $SD = 10.9$). These were all men convicted of non-sexual criminal offences, who had never been convicted of a sexual offence, and also volunteered to participate. They were comparable in that they had committed serious crimes and were participating in a therapeutic community. The range of

offences for this group included: murder ($N = 5$); aggravated burglary ($N = 2$); robbery ($N = 5$); arson ($N = 3$); attempted murder ($N = 1$), grievance bodily harm ($N = 2$), firearms offences ($N = 1$) and wounding with intent ($N = 1$). The responses of a number of these will be compared with those of the men who committed sexual offences in order to assess differences and similarities.

Results in Relation to CSIM

The draft measure contained 55 items. Exploratory Factor Analysis of the data indicated the main factors were Sexual Preoccupation, Deviant Sexual Interest, Sexual Interest in Children, Intrusive Sexual Thoughts including of Hurting Others, and Fantasy/Reminiscing. Further analysis explored the links between the CSIM and the other measures but space precludes full description in this chapter. These are available in Chapter 2. These preliminary scales produced a good internal and test re-test reliability, and construct validity. Superfluous items were removed from the measure following analysis and further data is currently being collected with men who have committed sexual offences and are undertaking treatment in the community in Texas, USA and with other participants at HMP [REDACTED].

In order to assess if the participants were carrying out any sexual offence paralleling behaviour (as identified by Mann, Hanson and Thornton (2010)) Wing Psychologists were interviewed seeking examples of such behaviour.

Table 3.1 below shows the risk factors identified by Mann, et al and the actual behaviour observed in the TC.

Not all those who completed the CSIM were demonstrating OPB but Table 3.1 shows some examples of risk related behaviour, which Beech and Craig (2012);

Hanson and Morton-Bourgon (2005) and Mann et al. (2010) identified as indicative of on-going risk. It can be seen that examples of all of the risk factors outlined by Mann et al. (2010) were found in the files of those who had committed sexual offences. In order to establish behaviour in the TC is actually offence paralleling a thorough functional analysis is required and space precludes a detailed description of each of the participant's behaviour, but here are some examples of OPBs.

Table 3.1. Examples of risk factors identified by Mann, Hanson and Thornton (2010) and examples of OPB behavior

Empirically derived risk factors	Examples of behaviours observed or spoken of by sexual offenders in TC
Sexual preoccupation	Excessive discussion of sex Sexualising female staff stalking staff Producing drawings of offence related images Brushing against a female visitor Excessive masturbation Described having 3-4 sexual fantasies in half hour period Sexualising non-sexual situations Use of pornography Seeking sex in prison
Sexual preference for	Seeking images of children Seeking sex change to a 'girl' to enable abuse

prepubescent or pubescent children	Watching childrens' television
Sexualised violence	Exposure (of genitals) to female members of staff Describing masturbating about female staff knowing it is non-consensual Describing films including sexually violent scenes
Paraphilic interest	Masturbating to an image of an animal Interest in particular (non-sexual) parts of a females' anatomy
Offence-supportive attitudes	Non-disclosure of offence related thoughts and fantasies Minimising offence-related behaviour (i.e., saying 'I persuaded her (the victim) to have sex' Viewing women as untrustworthy Espousing sexual entitlement/rape myths/child offence supportive beliefs
Lack of emotionally intimate relationships with adults	Emotionally withdrawn Being unsupportive and unforthcoming to others Describing feeling lonely Unable to resolve conflict Mistrustful of others Referring to sex as example of relationships

Lifestyle impulsiveness	Leaving therapy impulsively Missing sessions Not making plans for future/aimless Leaving community-based jobs without notice Creating chaos around them Sensation-seeking Reckless-not managing health, sentence, medication use, smoking Not wanting to work Poor emotional control Explosive outbursts
Poor problem solving skills	Inappropriate use of prescription medication Over working or avoiding work Using self-harm as a coping strategy Jumping to conclusions Not developing strategies through experience/repeating same mistakes Viewing world as hostile-assuming hostile response Not considering consequences Not generating options Poor conflict resolution Poor moral reasoning Low of locus of control
Resistance to	Seeming to be doing the right thing but in the

rules and supervision	background breaking rules Acting out by flooding the landing, attempting to strangle another resident Seeking medical support to get what he wants
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Empirically derived risk factors	Examples of behaviours observed or spoken of by sexual offenders in TC
Grievance/hostility	Acting in a negative manner towards female staff Describing hostile interactions with women Abusive phone calls/letters to partners Poor perspective taking Ruminating in hostile manner-recalling past events in hostile manner
Negative social influences	Anti social behaviour towards others, for instance bullying, colluding, being threatening towards others. Forming negative subgroups.
Hostile beliefs about women	Distorted thinking Being suspicious and mistrustful of female staff Thoughts that females ‘belong’ to men objectifying them Domineering females
Lack of concern for others/	Minimising offending Not offering support to others when they are

callousness	<p>distressed</p> <p>Seeking attention for self</p> <p>Putting own needs above those of others</p>
Lack of empathy	<p>Demonstrating lacking of empathy for others in the community</p> <p>Poor perspective-taking</p>
Sexualized coping	<p>In build up to offending becoming withdrawn and in TC withdraws and exposes self to staff</p> <p>Collusive and minimising of impact of fantasy</p> <p>Using fantasy as a coping strategy</p> <p>‘brushed’ against a female member of staff when angry</p>
Social skills deficits	<p>Being emotionally withdrawn,</p> <p>Isolating self,</p> <p>Lack of awareness of social interacting</p> <p>Standing too close</p> <p>Talking over others.</p>
Lack of motivation for treatment	<p>Not attending group sessions</p> <p>Participating but not engaging with work</p> <p>Threatening to leave</p>

*In order to protect anonymity the actual part is not described.

From this information, and in order to further validate the CSIM, a checklist, the Sexual Offence Paralleling Behaviour Checklist (SOPBC) was developed and data

was collected for five men who had and five men who had not committed sexual offences.

The five men who had committed sexual offences were chosen for being at various stages of treatment and demonstrating degrees of OPB. The five violent offenders were chosen to match as far as possible by age and stage of treatment, as it would be considered that men of different ages think about sex at different rates and those at different stages of therapy could show more or less OPB.

The average age for the men currently at [REDACTED] who have committed a sexual offence is 43 years (Range 21-68 years SD= 9.54 years). The mean age of violent offenders is 36.66 (range 21-65 years old, SD= 10.25 years).

The mean length of stay for men who had committed a sexual offence is 24 months (0 - 98 months SD= 20.03) and for men who had not committed a sexual offence is 21 months (range of 0 - 107 months SD= 18.97).

Sexual Offence Paralleling Behaviour Checklist

The data was collected on file information and staff interviews in order to evaluate if self-reported behaviour was consistent with what had been observed. Hanson (personal communication) suggested that any example of behaviour that constitutes OPB for the individual should be scored equally on the checklist.

The checklist is divided into what previous researchers, (Beech & Craig, 2012; Mann et al 2010; Hanson, & Morton-Bourgon, 2005) described as broad categories of problems, Domain 1 deviant sexual interest including sexual preoccupation (sexualised behaviour), Domain 2 distorted cognitions supportive of sexual offending (offence supportive attitudes), Domain 3 problematic socio-affective functioning (associates and relationships) and Domain 4 self-regulatory problems (general

behaviour). It is attached as Appendix No. 3.2. The men who have committed sexual offences are discussed in more detail. It was found that the men who had committed violent offences demonstrated behaviour in domains 2, 3, and 4, but not domain 1 i.e. displayed offence supportive beliefs, problems with socio-affective functioning and self-regulatory difficulties. We will now provide more detail on five men who had committed sexual offences.

Case Studies

Mr. V

Mr. V had committed previous sexual offences and had been imprisoned for a further sexual offence, and had completed several sex offender treatment programmes. He had been in treatment and completed the Fantasy Modification Programme but continued to carry out OPB.

It was reported that he had a high level of sexual preoccupation and had been seen masturbating in the presence of a member of staff after, he stated, being reminded of a female who had humiliated him when he was in social services care.

Mr. W

A female who was known to Mr. W sexually abused him as a teenager. This led to him having hostile views of women and being sexualised and secretive. He was highly sexually preoccupied in the time leading up to his offending and held hostile, offence-supportive attitudes towards women. He had several sexual partners, offended against two females during one of his offences, and committed several offences prior to arrest. He had described how this offending happened when he felt under stress due to the threat of his previous offending coming to light. Earlier in his time in the TC he

appeared sexually preoccupied as he spoke about sex frequently, using banter and telling sexual jokes.

He also possessed a great deal of pornography. OPB behaviour included him producing drawings of a previous sexual partner in a sexual pose and having objects placed inside her. Further, he showed hostile, suspicious views towards female staff. Mr. W had completed treatment including the Fantasy Modification Programme (Akerman, 2008), and while he still reported having offence related thoughts, they were less often in the previous six-month period as he prepared to leave treatment. It would be important to monitor this as he transfers to a less secure setting and towards release.

Mr. X

Mr. X described committing rape when he felt angry and belittled. He offended once against his partner and on another occasion against a woman who was slightly known by him when he felt humiliated by her. His OPBs had been evident over several months. In the TC he became angry when challenged by a female member of staff; he purposefully committed frotteuristic behaviours by rubbing against her. On another occasion he 'brushed' against a female visitor to the wing when he felt angry that he was excluded from a social activity. He admitted to masturbating when he was angry and using sex as a way of managing emotions. In the TC he frequently made use of the Samaritans phone. Although these calls were confidential there was concern that they could be used for masturbatory purposes, as he had made obscene calls in the past. Mr. X still has a higher self-reported score and is demonstrating OPB and would therefore be deemed too risky to make a progressive move.

Mr. Y

Mr. Y described developing sexual interest in a particular part of a females' anatomy when this was paired with comfort as a child. He gained further enjoyment by having constant access to the stimuli and used it as a grooming tool and way of gaining trust in potential victims in offending. In the TC he frequently described feeling aroused when he felt angry or slighted by female staff and would talk at length about having observed their body parts and the pleasure he gained in the discomfort caused. He was deemed to be highly sexually preoccupied and described masturbating frequently during the day. Mr. Y was still reporting offence-related thoughts and fantasies and this was reflected in his scores, but they had reduced in the two years he had been in treatment. He would need to consolidate his progress.

Mr. Z

Mr. Z committed several sexual offences one soon after release from sentence for first one. He describes feeling highly sexually preoccupied and using sexual fantasy as a way of coping. He has exposed himself to female staff on a number of occasions, and particularly when feeling stressed. Prior to this he had been a prolific self-harmer. Mr. Z still has a higher self-reported score and has been demonstrating OPB and would therefore need to develop self-management skills prior to having reduced risk sufficiently to be deemed suitable to progress.

The five men discussed above had the Sexual Offence Paralleling Behaviour Checklist (SOPBC) completed on them and five men from the control group were used as a comparison. The results for the checklist are shown in Table 3.2.

Table 3.2 shows the scores CSIM and the SOPBC for five men who have committed sexual offences and five who have committed violent offences.

The relationship between the CSIM and SOPBC were investigated using Pearson product-moment correlation coefficient. There was a large correlation $r = .687$ $p = .028$. An independent t-test was conducted to compare responses on CSIM, SOPBC, age and time in therapy for the two groups, those who have, or have not, committed a sexual offence.

Table 3.2. Case study scores on CSIM and SOPBC

Participant	Total score on CSIM ^a range 0-132	Total score on SOPBC ^b range 0-117	Total score on CSIM ^a For matched violent offender	Total score on SOPBC ^b For matched violent offender
Mr. V	52	40	15	11
Mr. W	24	20	24	2
Mr. X	53	59	12	16
Mr. Y	25	59	17	24
Mr. Z	33	11	18	2

^a Current Sexual Interest Measure.

^b Sexual Offence Paralleling Behaviour Checklist.

The mean score for the SOPBC for men who had committed a sexual offence was 36.8 (SD 20.9) and for those with no sexual offence 7.4 (SD 6.1), indicating that those who had committed a sexual offence were still exhibiting sexual OPB.

The mean total scores on CSIM for men who had committed a sexual offence were 37.4 (14.22) and for those with no sexual offence 17.2 (4.38), again indicating that those who had committed a sexual offence were self-reporting fantasies and behaviour which was offence related. There were differences between the responses on the CSIM $t(4.77) = 3.03$ $p = .005$ and for SOPBC $t(4.67) = 3.02$ $p = .02$ for the two groups.

As Levene's test for equality of variance was $p = .05$ or less, (SOPBC 0.016, CSIM, 0.005) equal variance was not assumed and so the 2-tailed significant level were reported. There was no significant difference between the two groups on age $t(7.71) = .50$, $p = .63$ or time in therapy, $t(8) = .71$ $p = .5$. For men who had committed a sexual offence the mean age was 42.4 (SD 11.84) and for men who had not committed a sexual offence 39 (SD =9.75). Finally in terms of time in therapy the mean time in months for men who had committed a sexual offence was 34.4 (SD =23.73) and for men who had not committed a sexual offence $M = 26.4$ (SD= 8.73). As noted previously, the mean length of stay for men who had committed a sexual offence is 24 months and for men who had not committed a sexual offence is 21 months so both groups of men had been in therapy for a longer than the average period of time.

Conclusion

This Chapter has explored links between observed behaviour using behaviour identified as psychologically meaningful risk factors, linking these to OPB, and self-reported sexual interest, using the newly developed Current Sexual Interest Measure and Sexual Offence Paralleling Behaviour Checklist. The data on the CSIM was explored using Factor Analysis and the factors could be conceptualised as containing cognitive, motivational, behavioural and physiological components. In relation to the

case studies, preliminary findings indicate that the men are self-reporting their sexual interests in a way that is largely consistent with their behaviour as reported by staff. This may be because they are told that their responses will not be used in treatment or risk assessment and so future participants may not be as forthcoming if they thought it may affect them being released to less secure conditions or to the community. However, as it was found that they were self-reporting and exhibiting similar behaviour it is encouraging of the use of the CSIM to assess and discuss risk.

There were indications that behaviour related to sexual interests is still evident in custody, indicating on-going risk.

The men who had not committed sexual offences also demonstrated behaviour indicative of on-going risk, that is behaviour in the offence supportive attitudes, associates and relationships and general self-regulatory problems, but there was little indication of sexualised behaviour. This may be because staff did not routinely look for and record such behaviour, or that these men did not discuss their sexual interests. Through identifying potential OPB for each individual a checklist for treatment providers was developed and future research will involve collecting data on both measures and assessing inter rater reliability on the SOPBC.

Future Research

Davies, Jones, and Howells (2010) suggest that assessing whether individual change is *statistically significant* by using the reliable change index (RCI), which allows the individuals change score to be monitored over time and assess if change in score is due to chance. For instance $RCI = (\text{post-test score} - \text{pre test score}) / \text{standard error of measurement}$. In relation to the five case studies described the respondents' self-

report produced scores in line with their perceived level of risk. This should be monitored by assessing if change is *clinically meaningful* by asking the individual what changes they have noticed and asking the staff similar questions. In order to evaluate whether the change is *relevant* evaluators should return to the initial formulation and assess whether the identified goal of treatment has been achieved. For instance if the resident is less sexually preoccupied, challenging offence supportive attitudes, associating with pro-social peers, and managing problems appropriately.

In order to monitor on-going current sexual interest it would be useful to use the CSIM on a regular basis and assess if the change has been maintained as described above, particularly when progressing through the sentence and to being released into the community, to assess that the change is stable. A further study is currently collecting data from men in treatment on licence in the United States of America. So responses in that setting will give further information on that group of men. Given the nature of the study the difficulty in verifying information was discussed and attempts made to gather evidence from a range of sources in order to make a more accurate assessment of current and future risk is recommended.

The obvious limitation of the study is the small sample, but conversely this does allow for more in-depth discussion of the cases. A further benefit of completing research in an environment where behaviour is observed and spoken about as a matter of course is that staff are routinely aware of examples of such.

Such open dialogue should help to encourage the discussion of risk and how it can be effectively managed with both parties; the service-user and treatment provider. It should also aid the ethical rehabilitation of service-users as the treatment would be tailored to their individual needs rather than a generic model applied.

CHAPTER 4

Exploring the Current Sexual Interests of Men Who Have Committed Sexual Offences and Are on Probation in the Community in Texas, USA and Three Groups of Offenders Who Are Incarcerated in the UK

Chapter 4 presents data collected on a sample of men who have committed sexual offences and are serving their sentences in the community in Texas, to assess the usefulness of the measure on that population. In addition data was collected on a group of men serving their sentence in a lower category of prison in the UK. This is compared to that reported in Chapter 2.

Exploring the Current Sexual Interests of Men Who Have Committed Sexual Offences and Are on Probation in the Community in Texas, USA and Three Groups of Offenders Who Are Incarcerated in the UK

Introduction

A great deal of research into sexual offending is carried out on men who are incarcerated for such offences Duwe (2012). Duwe suggested that those in custody can be a helpful group of potential participants, because any data collected on them could be used to help understand first time offending and prevent recidivism. Furthermore, those in custody could then be targeted for treatment to prevent further offending. However, it could be argued that the most important group of offenders to carry research out on would be those in the community as they are in a much better position (in terms of opportunity) to re-offend. The focus of this Chapter was to assess the current sexual interest of men serving their sentence on probation and to ascertain if these were similar or different to those of men incarcerated for their offences. Arguably, if the men could discuss their current sexual interests and gain help to manage them they would be less likely to re-offend.

That said, measuring the risk of recidivism could prove difficult, because gaining accurate crime rates is problematic. Pepper, Petrie and Sullivan (2009) discuss difficulties associated with gathering accurate rates of offending and highlight that there are a number of chances for error in recording crime, including measurement error (individuals are not likely to accurately report their own offending, either under or over reporting) and administrative error in recording data.

Helmus, Hanson, Thornton, Babchishin and Harris (2012) discussed the difficulties in predicting absolute re-offending in a group of those who had sexually offended

previously and identified the trend in lower rates of offending. More recent data supports this, indicating a reduction in sexual offending against women (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). While it is not clear what is contributing to this apparent reduction in re-offending, Finkelhor and Jones (2006) attribute the reduction in sexual offending against children to a diverse range of factors, including the legalisation of abortion, economic growth, more social welfare, and the psychiatric use of medication, some/all of which may impact on sexual violence towards women. In addition those who have been convicted of sexual offences face increased monitoring and registration, and more access to treatment, which should reduce the likelihood of further offending.

Repeat sexual offending understandably causes much concern and so identifying who will and will not offend is the focus of research (Duwe, 2012). Craig, Beech and Cortoni, (2013) highlighted that deviant sexual interest is one of the strongest predictors of sexual recidivism. Various researchers, (e.g., Hanson, Morton-Bourgon, Helmus & Hodgson, 2009; Ward & Beech, 2008) found sexual deviancy, sexual pre-occupation, poor self-control, grievance thinking, and lack of meaningful intimate relationships with adults to be the most important treatment targets. Seto (2008) found that paraphilic interests tended to co-occur, and paedophiles are more likely than men in the general population to engage in other paraphilic behaviours, for example sexual preoccupation. Furthermore, meta-analyses (for instance Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Mann, Hanson, & Thornton, 2010) have shown that deviant sexual interest in or preference for sex with children, are the strongest predictors of future offending. Therefore, along with sexual interests it is important to consider all these factors. That said Schmidt, Mokros and Banse (2013) and Seto

(2008) noted that only between 25% and 50% of those who had offended against children exhibited deviant sexual preferences for children, even though the behaviour would suggest it.

Management of offenders

The differences in sentencing policies between the UK and various states in the USA mean that men could serve their sentence in prison in the UK and in the community in USA. Parole is used in the USA (and UK) as a means of community supervision applied if released from prison before the sentence has expired. There is also wide variation between states in the US, so this chapter will concentrate on the state of Texas, where these data were collected.

Lieb, Kemshall and Thomas (2011) discuss the ways by which those who have committed sexual offences and been released into the community are managed. They report that the uses a broader range of policies in USA, whereas those used in the UK are more offender-specific. Both use other means of management, such as polygraph, electronic monitoring and protection orders in order to prevent further offending.

Management of those on probation and parole in the US

There are marked differences in how men on probation for their offences are managed in the UK and the USA, and between states in the USA. One main difference being that most men in the USA fund their own treatment while on probation. Failure to pay their weekly fee (35\$ to \$60 per session in Texas in 2014) could result in them being excluded from the treatment group and ultimately taken to court and serving their sentence in custody. Offenders in the USA are required to pay the probation division

monthly supervision and administrative fees for each month they are required to report to their parole or probation officers, payable as instructed by the officers. They are also required to pay for counselling for their victims.

Those on probation and parole are overseen by Community Supervision Officers (CSO's). Some of the standard conditions for those on probation in USA and UK include: no use of alcohol; no contact with others on community supervision; no access to computers; no contact with children (including avoiding places they are likely to be), and remaining employed. The probationers meet with their Probation Officer once a week and potential rule violations are discussed. They may also be subject to urinalysis, unannounced visits to their home or work (once a month), and quarterly polygraphs, in which they will be asked about rule violations. Exemptions may be requested, and are sometimes granted. For example, if an offender targeted a particular age group of child, and their own child is outside of that age range they may (or may not) be allowed contact with their own child. These conditions are similar in USA and UK.

Management of men on probation in the UK

There have been a number of changes to how those who have committed sexual offences are managed in the community in the UK (McCartan, 2013). The current policy in the UK involves governments becoming more conservative in their response to sexual offending (with increased and more punitive sentences) while also investing in more community engagement and involving members of the community (including volunteers and charitable organisations) in reintegration of offenders being released from custody. The idea being that those in custody come from and return to the

community and to prevent issues involved in predicting risk, for instance social isolation. This view is supported through research, (Maruna, 2013). McCartan explains that the partnership between government, offender and the community also aims to inform society about the realities of offenders and offending, in order to be better able to detect, prevent, and report further offending. There are a wide range of treatment programmes available to assist in this aim.

Programmes in the UK for those who have committed sexual offences

There are a group of sex offender treatment programmes (SOTPs) available to those in custody in the England and participants are allocated based on their level of risk and need. The SOTPs are usually completed after a general cognitive thinking skills programme. The suite of programmes is comprised of: The Core, Extended, Rolling and Better Lives and Becoming New Me programmes.

The Core Programme (helps understand how and why they committed the offence, develop empathy for victims and develop relapse prevention skills), the Extended Programme, E-SOTP (targets high and very high risk men who have successfully met the treatment targets of the Core programme. E-SOTP covers 4 areas; recognising and modifying patterns of dysfunctional thinking, emotional regulation, intimacy skills and relapse prevention), the Rolling Programme (this is a less intensive level of treatment with more emphasis on relationships skills and attachment styles deficits, participants join and leave at different times so it is deemed to be rolling), the Better Lives Booster Programme (for those who have completed treatment and to practise individual skills and maintain change, the Healthy Sexual Functioning programme (helps participants develop healthy sexual functioning, and manage offence-related

sexual interests. Modules include developing a more healthy sexuality, patterns in sexual arousal, behavioural strategies for promoting healthy sexual interest and relapse prevention).

The Becoming New Me programme covers work addressed on the Core programme and is for those with social or learning difficulties. Full details are available via the National Offender Management website and are currently being updated. There are also programmes (C-SOGP, TV-SOGP and the N-SOGP⁴) for those serving community sentences based on developing victim empathy, challenging cognitive distortions, increasing risk management, and developing relapse prevention plans. Details of the programme for those in US are discussed below.

The sex offender treatment programme in Texas

One of the groups of men taking part in this study was on probation in Texas. Treatment providers on the programme require participants to admit to their offence in group (unless they pass an instant offence polygraph stating it did not happen). They use that admission to build their understanding of how their thoughts and behaviour led to their offence and how to avoid that in the future. Treatment will proceed even with a polygraph sustaining a claim of innocence so the offenders can still comply with court-ordered treatment. Those offenders who pass the polygraph while claiming innocence have their treatment adapted to their circumstances. Treatment is likely to be shorter, and since the program is designed to build skills

⁴ The Central Sex Offender Groupwork Programme, the Thames Valley Sex Offender Groupwork Programme, and the Northumbria Sex Offender Groupwork Programme, respectively. The name of each programme reflects where the programme was developed.

through psycho-educational/cognitive-behavioural techniques, they are receiving much the same treatment as those on alternative programmes.

There is some variety in the work each treatment provider undertakes with their probationers, although they should comply with the standards set by the statutory body whose job it is to manage those who provide treatment and reduce recidivism of sex offenders and to enhance public safety (Council on Sex Offender Treatment, 2011). This document explain terms, the qualifications required to provide treatment and quantifies the amount of hours required on each aspect of treatment (e.g. assessment, sexual assault victim related training, use of polygraph and PPG), but does not describe what the treatment would involve in detail. Therefore, the work undertaken can be reliant on those providing the treatment. The majority of licensed treatment providers are Master's level counsellors (LPC's), rather than Doctoral level psychologists. In order to work with those who have committed sexual offences practitioners are required to hold another mental health license and to be a Licensed Sex Offender Treatment Provider (LSOTP) in order to work with offenders around sex offences.

The council on sex offender treatment states that they suggest the use of cognitive-behavioural techniques and should be 'based on empirical research with regard to favourable treatment outcomes and are professionally accepted in the field of sex offender treatment and the treatment of juveniles with sexual behaviour problems'. They describe offence-specific treatment as a 'long-term comprehensive set of planned treatment experiences and interventions that modify sexually deviant thoughts, fantasies, and behaviour and that utilize specific strategies to promote change and to reduce the chance of re-offending' (p. 7). This is in contrast to the UK,

where those in treatment may undertake some bespoke one-to-one work but the programmes are accredited and run along much the same lines throughout the prison and community settings.

The typical probationer in the treatment facility where the Texas population came from is managed in collaboration with the 'containment team' (comprised of treatment staff, probation staff, police and so forth). Initially the probationer undertakes a period of pre-treatment assessment, where as other treatment providers in Texas may rely on interview alone. The assessment includes:

- Psychosexual Interview (usually 1 1/2 to 2 hours)
- Wechsler Abbreviated Scale of Intelligence (WASI, Weschsler, 2008), an assessment of general intelligence administered face to face
- Repeatable Battery of Assessment for Neuropsychological Symptoms (RBANS, Randolph, Tierney, Mohr, & Chase, 1998) an instrument designed to detect neuropsychological problems.
- Wide Range Achievement Test (WRAT, Jastak, Wilkinson - Wilmington, & Jastak, 1984), a test designed to screen for academic level
- Personality Assessment Inventory (PAI, Morey, 1991), an assessment of personality and emotional functioning.
- Inventory of Risk, Needs and Strengths (IORNS, Miller, 2006), a self-report measure used to assess needs and risks of those on probation while they are under supervision.
- Multiphasic Sexual Inventory II (MSI, Nichols, & Molinder, 2000) described in Chapter 2.

- Abel Assessment for Sexual Interest (AASI, Abel, 1995), a computer administered assessment of sexual interest as well as sexual history.
- Static 99R (Hanson & Thornton, 2000) an actuarial risk assessment tool.

Following assessment the probationer begins treatment in an Orientation Group, which lasts about two months. This enables them to acclimatize to groups and how they function and teaches the terminology of the treatment programme. They then transfer to the Core Group. The client may stay in Core Group anywhere from two to five years, depending on the needs of the client and their ability to make good progress in the treatment program. The Core group work, meet weekly and go through a maturation process. This provides the opportunity to be with others who have made the same mistakes and discuss the problems associated with being on probation, to talk about their offences, and to look deeply into themselves and figure out what happened to them. The treatment model uses cognitive-behavioural techniques and discussion on healthy sexuality, using ideas from Ferrara (2009) among others. Orientation and Core Groups are weekly groups with between four and ten group members attending.

Once the group members have been in treatment for some time they can earn the privilege of having a chaperone allocated to them and considered a part of the containment team. They are loved ones, usually a spouse, sibling, or parent and on some occasions a friend. When the probationer is with the chaperone, they are allowed to go to places he would otherwise not be allowed. For example the birthday party of a relative, a ball game, or other places where children could be found. The chaperone has to be approved by the treatment team and the Community Supervising Officer. If the group member has asked that his wife be a chaperone, but is

considered to be too submissive to stand up to him, this would not be permitted. The chaperone would be someone who knows the offender well, and who is able to withstand bullying or manipulation. The chaperone is taught about sex offenders in general, going over similar material included in the treatment programmes. The group member must teach the chaperone about how he had deceived people in the past in order to offend and fully disclose to the chaperone what he did to the victim(s). This may well be the first time the probationer has confessed his role in the offence to his spouse. These are assignments which the probationer works on with his chaperone and brings to the group. The group may make him adjust the assignments and bring them back again until they are satisfied that he is fully disclosing, not minimizing, and has covered all of his manipulations and bullying techniques. The group member and chaperone will meet with the treatment provider together to discuss the homework assignments. In order to earn the privilege of having a chaperone the group member would have to have progressed far enough in treatment to be able to be honest about their actions and to have insight into the details of their offending behaviour.

When the CSO and the treatment provider feel the group member has progressed sufficiently to have a chaperone, the training begins. The process can be paused at any point that the CSO and /or treatment team are not convinced the Chaperone will do his or her job. There may be conflict within the containment team and no further progress will be made until all are convinced the offender qualifies for the privilege. Once treatment has completed, the group member may go before the judge and request chaperone privileges. The judge usually relies on the CSO's opinion, and if the CSO is in agreement, the group member is granted the privilege and the new restrictions are set down in their probation rules. The privilege can be revoked at any

time if the group member violates any of his rules. If the chaperone allowed the group member to be alone with a child or go into an area not specified in his rules, the containment team can revoke the certification of the chaperone, and the group member loses all privileges.

This sounds similar to other initiatives in which those in the community provide support, for instance Circles of Support and Accountability (Bates, Williams, Wilson and Wilson, 2014), which trains members of the public who volunteer to help integrate those being released from prison, having committed sexual offences back into the community.

In addition, the programme includes an intervention to support reunification between the probationer and his children. That involves individual and couples sessions as well as a progression of homework assignments and polygraphs. The probation officer must also be involved in the decision-making process.

There are three levels of transitional groups that the clients may move into, once Core Group is completed, so that the clients can be transitioned from weekly support to bi-monthly, monthly, to quarterly, before being released from treatment, probation, or deferred adjudication. The probationer is subject to polygraph testing, testing for HIV/AIDS and must provide Deoxyribonucleic Acid (DNA) samples. Should they not participate (for example miss sessions, not complete homework, etc.) their Probation Officer will be informed.

After two to three years they will progress to alternate week, and finally monthly group, to help them transition from a highly structured environment to the unstructured situation they will face once they have completed probation. Whereas in the UK much thought is given to the ‘over-treatment’ of offenders, such that they

would not be given excessive treatment, the Texas model functions as a psycho-educational one. State board rules for Licensed Sex Offender Treatment Providers specify that a sexual offender would not be deemed 'cured', and all work is in collaboration with the supervising officer and judge as a containment team until the end of their sentence. In UK low risk men (as assessed on Risk Matrix 2000, Thornton et al, 2003) would not be given such high doses of treatment.

A quick word about convicted non-offenders in Texas

Recent Texas Legislature has decided that for those who have committed particular felony sexual offences, the only way they will be put on Probation is to enter a guilty plea. If they are convicted following a plea of innocence they cannot be placed on Probation. A probationer could serve 10 years on probation and be mandated by the court to undergo treatment while in the community. As a result, there are a few instances in which the programme must work with an "offender" who may actually be innocent of his charges. All probationers undergo an Instant Offence polygraph to assist with reducing the minimization and denial that often accompanies the probationers into treatment. There is the rare occasion when the probationer will pass an instant offence polygraph stating it did not happen. Treatment will proceed even with a polygraph sustaining a claim of innocence so the probationers can still comply with court-ordered treatment. Those probationers who pass the polygraph while claiming innocence have their treatment adapted to their circumstances. Treatment is likely to be shorter, and since the program is designed to build skills through psycho-educational/cognitive-behavioural techniques, it is much like the standard programme.

Further development of the Current Sexual Interest Measure

While considering the development of the CSIM thought was given to the need for inclusion of items relating to more appropriate sexual interests and fantasies so as to provide a scale which did not relate to deviant sexual interest alone. This would allow the option of agreeing to more generally acceptable sexual interests and to enable the measure to be used to assess change following treatment. To this end 5 items were added. The items were deemed to be reflective of behaviours/fantasies that are common in the general population. Consideration was given to the wording of the items in terms of being understood by the client group, and clear in what age group was being discussed. These items were:

- I have fantasised about consensual oral sex with a woman/man (over 16yrs)
- I have fantasised about consensual vaginal sex with a woman (over 16yrs)
- I have fantasised about consensual anal sex with a woman/man (over 16yrs)
- I have fantasised about dominant/submissive role play with a consensual partner
- I have fantasised about consensual sex with more than one partner at the same time (e.g. a threesome)

As with the previous measure items had possible scores of 0=Not at all, 1=Monthly, 2=Weekly, and 3=Daily.

Therefore, the focus of this chapter is to explore whether men serving probation in the community in Texas are similar or differ from those in custody in the UK.

Some *a priori* hypotheses for these analyses include:

1. Men serving their sentence in the community would have less deviant sexual interests to those in custody
2. Those who have committed a sexual offence against a child would have sexual interests in children on CSIM
3. Men who have offended against children would have more diverse sexual interests

4. Those who have committed sexual offences would have more deviant or diverse sexual interests than those who have committed other violent offences.
5. Those who have been sexually abused would have more diverse sexual interests.

Method

Participants

There were four groups of men in the current study, one serving community sentences for sexual assaults (on adults and/or children) in Texas, two serving custodial sentences in the UK for sexual offences and one for other violent offences. The samples will be described below.

Texas group

There were 53 respondents in the Texas sample whose ages were recorded in ranges; 2 aged under 21 (4%), 11 were 21-30 (21%), 16 were 31-40 (31%), 13 were 41-50 (25%), and 11 over 51 (21%). The group consisted of men whose offences included Indecency with a child (49%) Sexual assault (24%) aggravated sexual assault (8%) possession of child abuse images (4%) indecent exposure to a child (7%) and aggravated sexual assault on a child (8%).

UK Sex offender groups

Residents in a prison housing men who had committed sexual offences were approached and asked to complete the measure. It was given out during a period in which the men were locked in their cells and collected when they were opened later.

A total of 111 residents completed and returned the measure, of which 106 met inclusion criteria and were used for analysis. Inclusion criteria were; having indicated full consent; no abusive responses; and critically- having been in custody more than six months, as this chapter compares those in custody in the UK with those in the community in the USA it was important to ensure the responses referred to their time in custody. The data relies on accurate self-report, which can be problematic when questions are left unanswered. Approximately half of the respondents were aged 51 or older (n= 42, 52%), whereas those aged 41-50 was the second largest group (n=16, 20%), 13 (16%) individuals were aged 31- 40, 8 (10%) were aged 21-30 and only 2 respondents (2%) were aged under 21. This is more representative of the Sexual Offender prison population, who are older on average than other offenders.

Fifty six men (69%) indicated having committed sexual offences prior to their index offence. Many individuals indicated having committed a combination of offence types- (e.g., both contact and non-contact sexual offences against both genders or against both adult and child victims). Twenty nine men (36%) admitted to having possessed indecent images of children. Index offences reported included: contact sexual offences against a child victim (n=36; 44%), non-contact sexual offences against a child victim (n=21, 26%), contact sexual offences against an adult victim (n=29; 36%), non-contact sexual offences against an adult victim (n=4; 5%), violent offences (n=3; 4%), recall (n=2; 2%) or a non-sexual crime (n=2; 2%). Contact sexual offences included making indecent images, indecent assault, rape, and attempted rape, offences concerning the use of a webcam and paying for sexual services. Non-contact offences included exposure, voyeurism, internet offences, and possession and distribution of indecent images. Respondents were also asked about

past violent offences. Four (5%) had adult male victims of violence (ranging from 1-10 victims), five (6%) had male victims aged Under 16 (range= 1-2 victims), sixteen (20%) reported having adult female victims of violence (range= 1-5 victims) and five (6%) had committed violent offences against female victims under 16 years old (range= 1-6 victims).

Sexual Offenders group as described in Chapter 2

There were 49 respondents who had committed sexual offences whose ages ranged from 26 to 69 ($M = 44$ $SD = 10.23$). Their offences included: rape or attempted rape (30%), sexual assault (14%), murder with a sexual element (8%), murder (14%), robbery (8%), possessing sexual images (6%), attempted murder (2%), aggravated burglary (2%), manslaughter (2%), kidnap (2%) kidnap with sexual intent (2%), and wounding with sexual intent (2%), arson, (6%) grievous bodily harm, GBH (2%).

Violent offenders

Twenty four violent offenders formed a comparison group. These were all men convicted of non-sexual criminal offences. They were comparable in that they had committed serious crimes and were participating in a therapeutic community, but did not have any convictions for sexual offences. The violent offender group had committed murder (39%), robbery (18%), aggravated burglary (9%), arson (9%), attempted murder (4%), GBH (4%), firearms (4%), wounding with intent (8%), and conspiracy to murder (4%). The age range of the violent offenders was 24 to 51 ($M = 35$ $SD=7.16$).

Procedure

Men who were in treatment in Texas were approached as to their willingness to participate in the research developing the Current Sexual Interests Measure (CSIM). Data were collected by a research assistant who is not involved in their treatment in order to encourage open responding and all data were completely anonymised. They were given the CSIM while attending for treatment so as not to impede on their time unduly.

As stated previously data were collected from those in custody in a lower security prison in the UK. This group consisted of inmates in a Category C prison specialising in the treatment of men who had committed sexual offences. The CSIM questionnaire booklet, consisting of an information sheet, consent form, questionnaire items and debrief within a sealed envelope was distributed to all 840 inmates in the establishment by those collaborating in this research with the help of wing staff. Distributing the questionnaires to each cell aimed to allow them to be completed voluntarily and confidentially. The questionnaires were collected from the wing comments boxes, the psychology department and wing staff. One man asked for help completing the measure, and this was given. The data was compared to that described in Chapter 2.

As discussed in previous chapters the Current Sexual Interest Measure was analysed using Principal Component analysis and was found to have three clear components and one which maybe indicative of disinterest in deviant sex, but was not a clear component. Component 1 contained items indicating sexual preoccupation, referred to as 'Sexual Preoccupation'. Component 2 had the highest loading on items relating to children, but also included interest in teenagers, and having intrusive

thoughts. It was referred to as ‘Sexual Interest in Children’ as although the term ‘teenager’ is used it is thought that those responding would associate this with younger teenagers, rather than 18/19 year olds. Component 3 contains items with the highest loading on those relating to being aroused by hurting/frightening/humiliating/ others, and of past victims, using accessories and thoughts that the respondent is uncomfortable with. This component is referred to as ‘Being Aroused by Sexual Thoughts of Hurting Others’. The responses in Component 4 contains items are of interest but at this stage it is not clear that they form a clinically sound scale. The items relate to **not** being sexually aroused by being kidnapped for sexual reasons, or being sexually attacked as they contain negative loadings. Therefore, as the scale is developed further analysis may well indicate whether this is sound or is merely an artefact of the remaining items. This component is referred to as ‘Disinterest in deviant sex.’

Results

Texas group

Those with convictions for offences against children under 16 indicated sexual preoccupation with a correlation with the Sexually Preoccupied component of the CSIM, but not with sexual interest in a child component as shown on Table 4.1 below. Those with convictions for offences against children under 16 had correlations with the sexual interest in a child, hurting others, and not having a sexual interest in deviant sex components, but these were not significant.

Table 4.1 Correlations between having committed an offence against a child and the four components.

CSIM Components	Committed an offence against child under 16	Significance 2-tailed
CSIM Preoccupied	.04	.73
CSIM Child	.01	.96
CSIM Hurt Others	.03	.84
CSIM Disinterest in deviant sex	.06	.63

τ^a Kendall's Tau was used for the correlation due to the small sample size.

There was a significant correlation between the men having been physically and sexually abused $r = .68$, $p < .05$. There was no correlation between having experienced sexual abuse and the components as seen on Table 4.2 below.

Table 4.2 Correlation between CSIM component scores and having experienced sexual or physical abuse.

CSIM Components	Sexual abuse	Physical abuse
CSIM Preoccupied	-.09 (.47)	-.11(.35)
CSIM Child	-.07 (.60)	-.06 (.61)
CSIM Hurt Others	-.04 (.49)	.11 (.40)
CSIM Disinterest in deviant sex	-.01 (.93)	-.07(.60)

τ^a Kendall's Tau was used for the correlation due to the small sample size. Significance two-tailed in brackets.

Comparison of the 4 groups

One-way between-group ANOVAs were carried out to measure the means in each group. Levene's test of homogeneity of variance was significant and so the non-parametric Kruskal Wallis test was carried out. There was a significant difference in the Sexual Interest in Children component as shown on Table 4.3 below.

Table 4.3 Analysis of variance between scores as assessed by Kruskal Wallis.

CSIM Components	Distribution of scores
CSIM Preoccupied	.01
CSIM Child	.38
CSIM Hurt Others	.15
CSIM Disinterest in deviant sex	.27

Table 4.4 shows the mean, standard deviation and standard error scores for the 2 UK groups who had committed sexual offences, the UK violent offenders and the US sample. It indicates that while there was no significant difference between the groups those who had committed violent offences scored lower on the sexual interest in children component.

Table 4.4. Mean scores on CSIM for UK and US sexual offenders and the UK violent offenders.

		N	Mean	Std. Deviation	Std. Error
total for items on preoccupied scale 4 factor solution	UK sexual offence	49	13.10	8.38	1.20
	UK violent offence	24	13.54	9.77	1.99
	US Sexual offence	53	6.26	6.34	.87
	UK sexual offence 2	106	9.17	8.71	.87
total for items on interest in sex with child scale 4 factor solution	UK sexual offence	49	2.12	3.17	.45
	UK violent offence	24	1.43	2.79	.58
	US Sexual offence	53	1.28	1.80	.25
	US sexual offence 2	106	2.57	4.11	.40
total for hurting others 4 factor solution	UK sexual offence	49	2.10	2.90	.41
	UK violent offence	24	1.42	2.60	.53
	US Sexual offence	53	.89	1.22	.17
	UK sexual offence 2	106	1.9	3.37	.33
total for not being sexually aroused by being hurt by others or intrusive thoughts 4 factor solution	UK sexual offence	49	1.86	2.66	.38
	UK violent offence	24	1.29	2.20	.45
	US Sexual offence	53	1.08	1.76	.24
	UK sexual offence 2	106	1.72	2.75	.27

In order to assess the relationship between the gender and number of victims and the components of the CSIM a correlation was carried out, as shown on Table 4.5 below. A significant correlation was found between having female victims of the current offence and the Sexually Preoccupied component.

Table 4.5. Correlation between the CSIM and the number of victims of current or previous offences.

CSIM Components	Number of previous male victims	Number of previous female victims	Number of male victims of current offence	Number of female victims of current offence
CSIM Preoccupied	.07	.13	-.00	-.23**
CSIM Child	-.05	.08	-.06	.04
CSIM Hurt Others	-.03	-.01	-.05	-.09
CSIM Disinterest in deviant sex	-.12	.06	.03	-.07

As the description of the participants shows there is a wide age range and so in order to examine if a relationship exists between the age of the respondents and their scores on the CSIM a correlation was completed using Kendall's Tau, as shown on Table 4.5 below.

Table 4.5 Correlation in responses compared with age using Kendall's Tau

CSIM Components	Age
CSIM Preoccupied	-.18**
CSIM Child	.00
CSIM Hurt Others	.03
CSIM Disinterest in deviant sex	-.06

Discussion

The aim of this chapter was to develop understanding of the current sexual interests of those in custody in the UK compared to those serving a community sentence in Texas. The Current Sexual Interests Measure was administered to each group and their scores analysed.

The first *a priori* hypothesis was based on the assumption that those serving a sentence in custody would have committed more serious sexual offences. Therefore, those serving their sentence in the community would have less deviant and diverse sexual interests. This appeared to be the case, as those in Texas had lower mean scores on all 4 components of the CSIM. The results suggest that the men in the community reported very little current sexual interest, which may have been a result of their conviction, or they felt less able to be open about their sexual interests. If this were the case it would be disappointing but may not be surprising given their circumstances. Every effort was made to enable open disclosure, in that a research assistant who was not involved in treatment collected the data and they were informed

that their responses did not impact on their treatment or perceived level of risk. Part of the purpose of the development of the measure was to aid service-users to disclose and discuss their sexual interest in order to gain help with its management, should that be required, so the lower level of reporting of sexual interests was a concern.

Alternatively, they may in fact have less diverse or deviant sexual interests and be benefiting from the treatment provided. It may be that the shock of conviction of a sexual offence and the on-going consequences has affected their sexual interest, or their willingness to disclose it, even to themselves.

Those in the Texas sample who had committed an offence against a child under 16 reported sexual interest in children on the CSIM and reported more diverse sexual interests, but there was not a significant correlation with being sexually preoccupied. Again given the low response rate these findings are viewed with caution. It is noted that 51% of the UK sample reported having a child victim of sexual offences as well as adult victims indicating diverse sexual interests.

Those who self-reported having been sexually abused also indicated that they had more diverse sexual interests, in that their scores correlated with Sexual Interests in Children, in Hurting Others and Disinterest in Deviant Sex.

There was a significant correlation between age and the Sexually Preoccupied component, but not the other components. Hanson (2001) reported that sexual offenders are generally older than other offenders and significantly older than the general population. The mean age of the violent offenders was 35 years, while the 3 groups of men who had committed sexual offences consisted of the majority of older men.

Limitations of the study

Two of the groups (the US and second UK sample) provided demographic information, where as for the original group this was collected by researchers. This meant that there was missing data in the former two groups. One example was not completing the consent form. It could be assumed that having voluntarily completed the measure implied consent, but it was considered best practise not to do this and so that data was not analysed. In order to overcome the problem of missing responses missing values were replaced with mean, as deleting pair wise would not have provided sufficient data. It should therefore be acknowledged that this procedure lowers the standard deviation and so could lead to significant results, which may otherwise not be significant (Field, 2005).

All of the men in the sample were in or had been in treatment so they may be responding in a different manner from those who had not gained insight into their sexual interests or offending.

Further data will be collected in order to complete further Principal Component Analyses to verify the current structure and with those who have not known to have offended in order to have a more diverse sample.

CHAPTER 5

Treating Child Sex Abusers: A Person Centred Approach.

The aim of chapter 5 is to apply case study methodology to assess the application of both the Current Sexual Interest Measure and the Sex Offence Paralleling Behaviour Checklist to an individual who has committed a sexual offence. Recently, Thornton (2013) has highlighted the importance of managing offence related sexual interest, and sexual preoccupation, which he defined as involving compulsive interest in impersonal sex, (masturbation, excessive use of pornography and frequent casual sex) and using sex as a means of coping, for instance by using sex to release tension, and could also involve diverse sexual interests, including those defined above as deviant. Thornton reported that changing sexual interests was difficult and they should be viewed as ‘enduring vulnerabilities that must be managed’ (Thornton 2013, p.62). This is acknowledged in this chapter, which explains that by looking in-depth at a case which is more unusual and intriguing, knowledge of offending can develop and evolve. This chapter was published in a book which explored the use of case study in treating those who have committed sexual offences.

CHAPTER 5

Treating Child Sex Abusers: A Person Centred Approach.

Akerman, G., Craig, L.A., Beech, A.R. (2014). Treating Child Sex Abusers: A Person Centred Approach. In D. T. Wilcox, T. Garrett & L. Harkins (Eds.) *Sex Offender Treatment: A Case Study Approach to Issues and Interventions* (pp. 65-84). UK: Wiley-Blackwell

Treating Child Sex Abusers: A Person-Centred Approach

Introduction

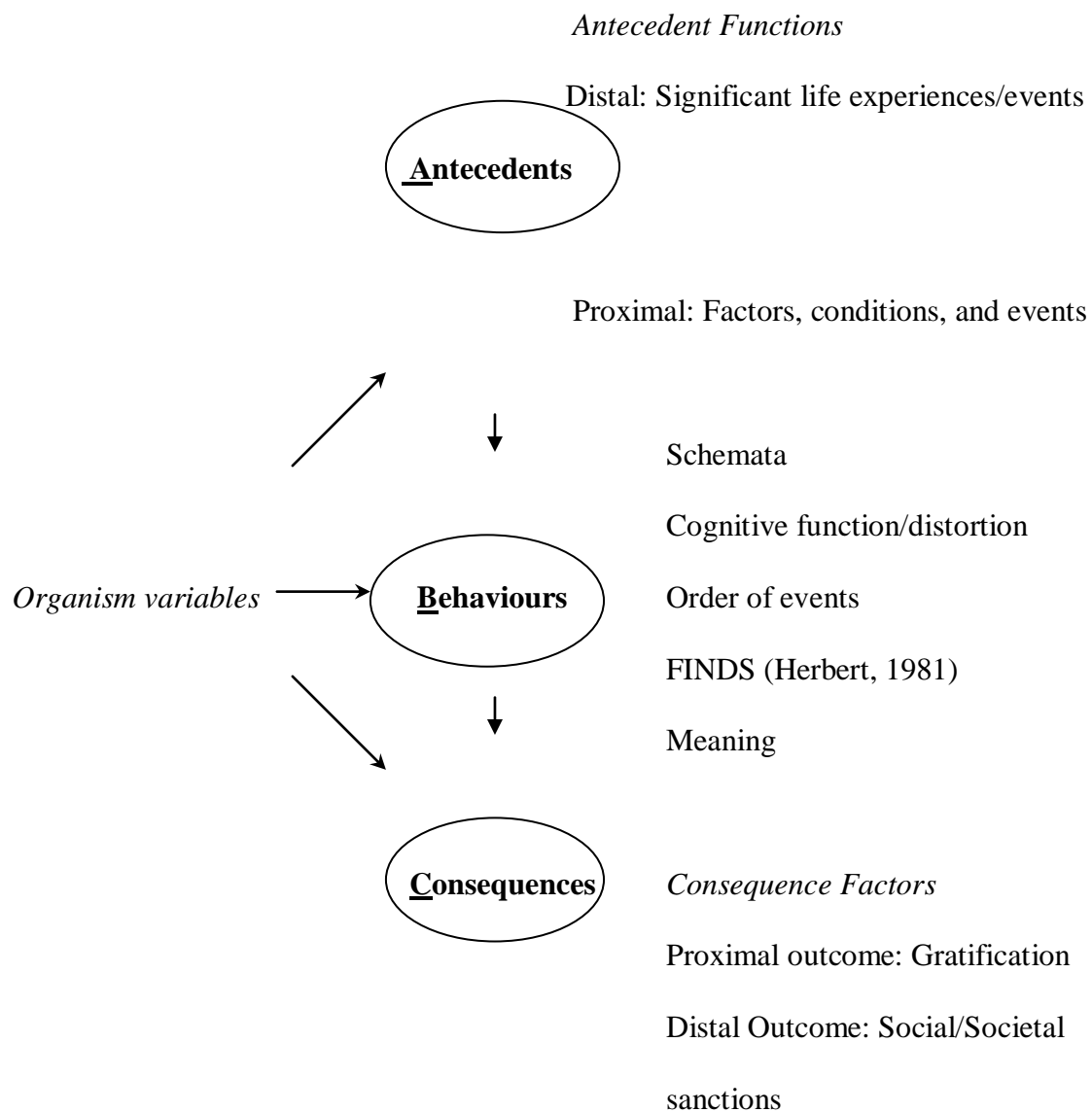
The aim of this chapter is to examine the role of sexual fantasy in offending through the presentation of a case study. The authors have drawn on the rich fantasy life of Mr. P and the current literature on case study as a method, alongside assessment and treatment of sexual interest to measure risk and manage current sexual interest. Adult sexual offender assessment is often used to inform estimations of risk potential as well as treatment need and risk management options for those offenders in the community. While these are, of course, paramount, such assessment information can be of limited value unless it is drawn into a detailed understanding as to the function of the offending for that individual. The use of actuarial risk assessment scales (ARAS) can potentially inform on levels of reoffending, and act as proxies to psychological vulnerabilities (Beech & Ward, 2004), but do not inform a greater understanding as to what leads an individual to commit offences, such as their motivations and the reinforcing elements of their offending. Hence, ARAS are based on historical information that cannot be changed. Dynamic risk assessment attempts a more holistic understanding as to the factors which are important to an individual's risk of reoffending, and which are seen as more amenable to change. The recent direction in sex offender assessment is towards combining actuarial, dynamic, and detailed formulation together as a manner of clearly understanding risk and what may be unique to each offender (see Ireland & Craig, 2011). Such an approach to assessment aims to draw together a detailed understanding as to what led the individual to commit the offence/s, the identifying of potential future triggers and destabilizers, the factors

that may be maintaining such unhelpful behaviours, as well as an understanding of potential protective factors for the individual (see figure 5.1).

Figure 5. 1

Antecedents, Behaviour, and Consequences Model

(Adapted from Craig, Browne & Beech, 2008: reprinted with permission)



In many ways it attempts to tell the offender's story, from developmental influences to clinical presentation, in order to identify clear areas for treatment and to support the individual in managing their risk and to enhance their potential for a life that is offence free. It is important to stress that "case formulation" and "functional assessment" are often used interchangeably in the literature, and refer to the same principle. Henceforth, formulation will be used in this chapter.

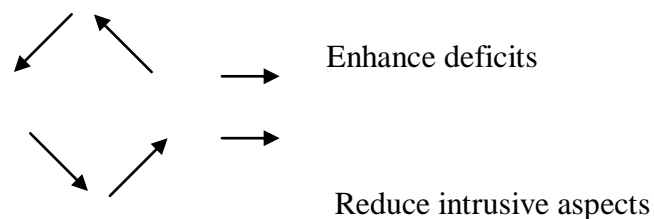
Butler (1998) suggested that formulation should be used to test hypotheses and relate theory to practice. Eells (1997) further defines case formulation as a way of developing understanding of how the problems (psychological, interpersonal, and behavioural) began, developed, and were maintained. Therefore, the key aspects of formulation are hypotheses as to a person's difficulty, in this case sex offending, while referring to relevant theoretical models. The most important factor is to arrive at this formulation collaboratively, in a way that is understood by the client. Such a formulation is then used to inform treatment by identifying key areas of change for the individual (Tarrier & Calam, 2002).

Figure 5.2 illustrates the importance of examining all aspects of functioning in order to develop a robust case formulation.

Figure 5.2 Psychological Assessment Model (from Craig & Stringer, 1999 and Ireland & Craig, 2011: Adapted from Lee-Evans, 1994 and Herbert, 1981)

Integration of Formulation on:

- Formative experiences
- Innate capacities/abilities
- Situational events
- Behavioural sequences



Explanation of Behaviour

- Areas of intervention
- Risk of repeating behaviour

Butler (1998) offers a detailed description as to the purpose of formulation. This includes the need to clarify the hypotheses with the client through careful questioning by the professional. The hypotheses should be developed early on in the assessment to facilitate a greater level of understanding as to the client's problems, both in the client and the professional, and to identify the key factors in the individual's problematic behaviours. Butler argues that formulation can assist in determining the most crucial

factors, as opposed to what may initially be felt to be of importance. Formulation can also help to consider the possible barriers and challenges to an individual when engaging in later therapies. For example, if triggers for an individual's offending are more likely during periods of inadequacy, then a later intervention would need to consider any possible areas which may trigger such feelings of inadequacy during the therapy, and to put supportive mechanisms in place should this occur. In doing so, this reduces the risk of inadequacy affecting the ability to successfully engage and make progress during the intervention work. As such, a detailed formulation can contribute towards assessing the best potential methods and interactions, which may increase the prospect of a more successful outcome.

Individual formulations often take the form of case studies and synthesize the core problems of the client, such as their sexual offending. They aim to show how the client's difficulties relate to one another through drawing on appropriate theories and scientific ideas. Additionally, they attempt to explain how an individual has developed such difficulties, which can assist with intervention planning. Importantly, all formulations are open to revision and reformulation (Johnstone & Dallos, 2006). Following this, it should be noted that a useful formulation should link theory to the assessment of the risk of further offending.

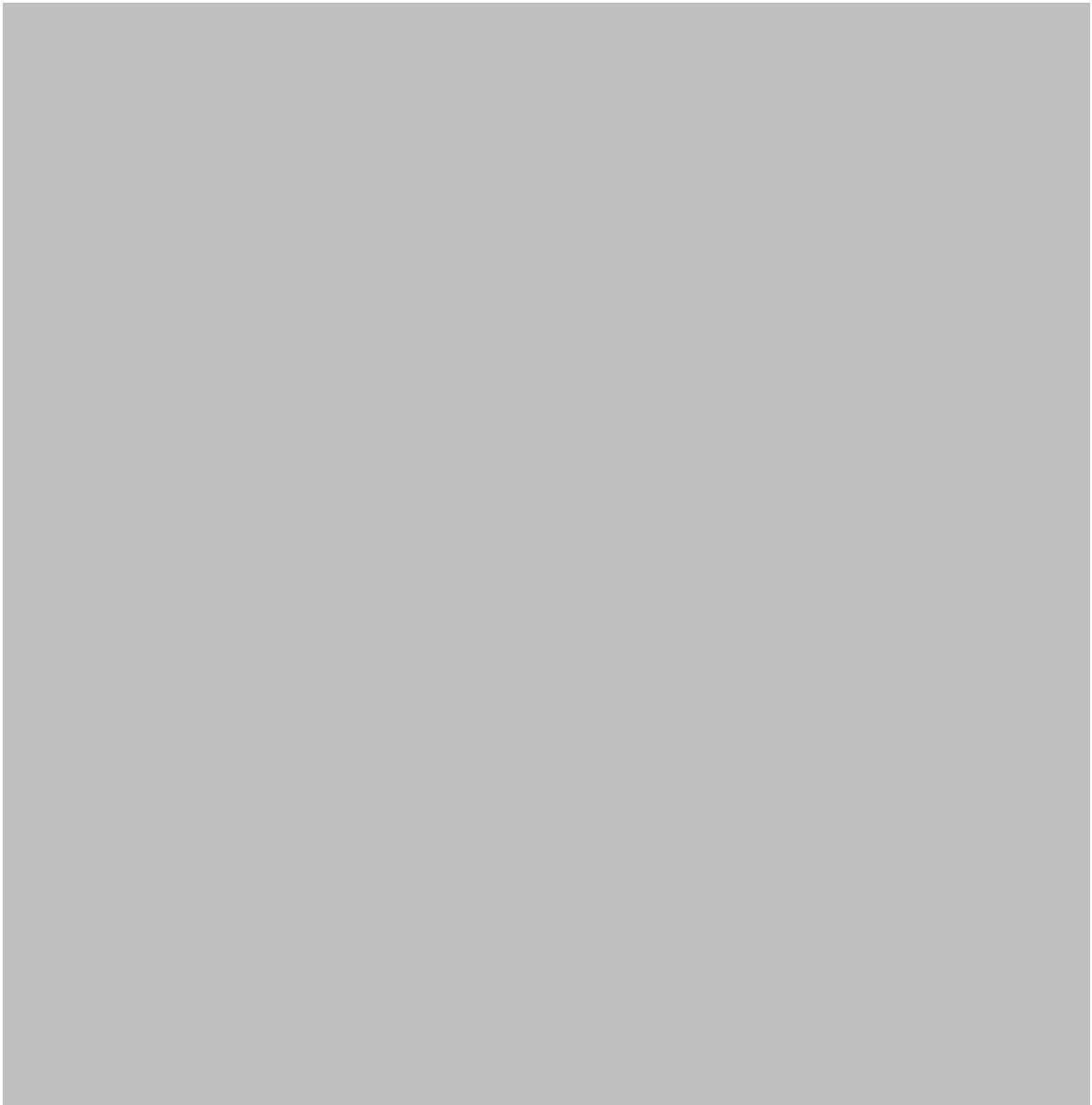
Johansson (2003) highlights the importance of selecting a case study where the information available is rich, critical, revelatory, unique, or extreme. Case study methodologies encourage the use of triangulation of data in order to improve the credibility of a qualitative study (Frechtling & Sharp, 1997; Patton, 1987). This technique of data analysis allows for the comparison of various types and sources of data gained throughout the study in order to achieve consistency of results. Frechtling

and Sharp (1997) defined triangulation as the attempt to get “a fix” on a phenomenon by approaching it via several independent routes. Patton (1987) described triangulation as comparing observational data with interview data; thus comparing what people say in public with what they say in private. Patton highlighted the need to assess the consistency of what people say over time and compare the perspectives of people who may have different points of view. Furthermore, information should be validated through interviews, checking program documents, and other written evidence that can corroborate what interview respondents report.

Case Introduction


In this chapter, we offer a case formulation of Mr. P using triangulation of data as described above and through linking his case information to the literature. Mr. P was arrested and convicted of possessing indecent images of children and incitement to commit a sexual offence (inciting others to kidnap). He had discussed his fantasies of sexually abusing a child with other men via the Internet and had gone as far as trying to buy chloroform. He was sentenced to an Indeterminate Sentence for Public Protection, a sentence whereby the court sets the minimum term of imprisonment an offender must serve before being eligible to apply for release to the Parole Board. Mr. P’s accounts of past and present behaviour were examined and analysed by comparing the records available from the court, his work on the Core Sex Offender Treatment Programme (CSOTP) and post program information, his psychometric information from CSOTP and induction for his current intervention and recent treatment information, and interview. In addition, his self-reported current sexual interests and observations made by staff where Mr. P is located are reported.

Personal history

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Psychosexual development

A solid gray rectangular area intended for information regarding psychosexual development. It is positioned below the personal history section and spans the width of the page.



The role of sexual fantasy

Leitenberg and Henning (1995) defined a sexual fantasy as any imagery that is sexually arousing or erotic to the individual and is deemed more elaborate than a fleeting thought. Kahr (2007) added that the fantasy would produce pleasurable mental and/or physical sensations. Through his work in psychotherapy and undertaking the British Sexual Fantasy Research Project with 19,000 respondents, Kahr (2007, p. 11) described how sexual fantasies can both provide immense pleasure and feelings of shame, anxiety, guilt, and confusion, and should they be used for masturbation and result in orgasm, they can be seen as “masturbatory paradox.” He

suggested that sexual fantasies could serve a number of purposes, including wish-fulfilment, trial action (experiencing a new thought or action), self-comfort and medication, discharge of aggression, mastery of trauma, defence against intimacy, and defence against negative mood states. Bartels and Gannon (2011) discuss the role of sexual fantasy in offending, highlighting the links between sexual fantasy, managing mood, and risk. Quayle, Vaughan, and Taylor (2006) suggest that sexual deviation can be a form of self-medication used to avoid anxiety, loneliness, or depression, thus reducing stress. As such, Mr. P being placed in a war zone may have triggered the use of sexual fantasy to manage anxiety, fear, and boredom.

Kahr (2007) also described fantasy as a means of managing aggression, discussing the Abu Ghraib Syndrome, alluding to the way in which American soldiers humiliated a group of Iraqi prisoners, including stripping them naked, posing them in humiliating sexual positions, and forcing them to eat food not permitted in the Muslim diet. Kahr draws on psychotherapeutic theories to understand and explain such behaviour, suggesting that the soldiers are overcoming their own trauma in the situation by inflicting their feelings onto their captives. However, although Mr. P was familiar with this story he reported no conscious awareness of such trauma, stating that his time in Iraq was rather mundane and that he yearned to be on the frontline with those “kicking the doors in.” Interestingly, although he painted a picture of monotony, carrying out routine tasks behind a safe perimeter fence, he also recalled being “scared stiff.” As such, it does not appear to be in his conscious awareness that he is using fantasy to escape fear, but this term is informative.

Offending history

Mr. P had no criminal convictions prior to his arrest. His high level of risk-taking is indicated by his use of a public computer to engage in conversations about, and ultimately trying to purchase, chloroform. His conversations with other web users related to drugging and kidnapping girls aged 7 or 8 years old, having sex with teenage girls, and encouraging others to do the same. The owner of the Internet café reported the activity to the police. Following his arrest, Mr. P was found in possession of 30 indecent images on his laptop. Twenty-three of the images were at Level 1 (Nudity or erotic posing with no sexual activity) on the Sentencing Advisory Panel scale (SAP; Sentencing Guidelines Council, 2007). The SAP rating systems were created in Ireland and used in the United Kingdom to categorize the severity of images of child sex abuse, and thus used in the sentencing of offenders in a UK court of law. One was at Level 3 (Non-penetrative sexual activity between adult(s) and child (ren)); five at Level 4, (Penetrative sexual activity between child (ren) and adult(s)) and one at Level 5 (Sadism or bestiality). Beech, Elliott, Birgden, and Findlater (2008), highlight that there is little research into the relationship between categorization of indecent images of children and the offender's risk of reoffending.

Mr. P had visited a chat room called "teen girls for older men." He acknowledged that he did chat to 16- or 17-year-olds, "but just chit chat." He told a psychiatrist at the time of his trial that he had five or six orgasms per day, indicating a high level of sexual preoccupation. Mr. P stated he had no intention of carrying out his plans but was interested in how far his Internet contact fantasies would go, and he was "fuelling" his fantasies. Long, Alison, and McManus (2013, p. 388) surmise that if an offender is looking for images in particular age-ranges this would indicate preference

in that area, referring to an “anchor point” representing the prominent interest of the offender.

During chats online, Mr. P stated “I offer a kidnap service” and that he wanted to drug and kidnap a 7–8-year-old child. In a discussion with another man (Mr. Q) in the chat room they spoke of two young girls who lived next door to Mr. Q and how they might drug them for the purpose of sexual assault. Mr. P suggested that Mr. Q should “grab them as they walk home.” In conversation with another man (Mr. R), he asked if Mr. R would pick a girl up so they could “both do her,” stating he could get to Mr. R’s home in two and a half hours. Mr. P refers to the use of chloroform, “just grab and chloro her and do what we want with her.” Mr. P’s images are described as featuring naked and semi-naked girls aged between 6 and 15 years; one girl aged between 10 and 12 was being digitally penetrated while bound and blindfolded. The file names clearly indicated content, for example, “Anita 7 yr gives her uncle a nice blowjob.” Therefore, it would be difficult to claim that the content is a surprise. He had used search terms “chloroform” and “chloroformed girls.”

Risk assessment

Mr. P’s risk potential and treatment needs were assessed using the Structured Assessment of Risk and Need (SARN; Thornton et al., 2003). The SARN is a research-guided multi-step framework for assessing the risk presented by a sex offender and provides a systematic way of going beyond static risk classification. Deviance is defined in terms of the extent to which the offender’s functioning is dominated by the psychological factors that contribute to his offending – high deviancy means that the dynamic risk factors underlying offending are relatively

intense and pervasive (Thornton, 2002). These are based on potentially changeable, but relatively stable psychological factors, organized into four domains: sexual interests, offence supportive attitudes, relationships (socio-affective functioning), and self-management.

Mr. P was assessed as low risk on the RM2000/S using the Risk Matrix 2000 (Thornton et al., 2003), a measure of static risk. His dynamic risk factors were identified from the treatment files and interviews as follows.

Sexual interests domain

1. Obsession with sex: Mr. P role-played with his wife, including her dressing as a nurse, air hostess, etc. He also suggested a threesome to her, which he stated she had agreed to, but they had not done. Mr. P stated that he used chat rooms while on operational tours, but these discussions have not been accessed. He was spending increasing time on the computer and risk-taking by using a public computer.

2. Sexual preference for children: Mr. P took little responsibility for possession of the images blaming a virus for them being on his laptop, even though he had used terms such as “child porn fetish” in search engines. One discussion he had with Mr. S involved Mr. S asking, “how low age would you go to fuck,” to which Mr. P replied “eight up.” In discussion about sex with young girls, Mr. P stated the youngest girl he had had sex with was “fifteen, but want younger.” In discussion about a 7-year-old girl, Mr. P suggested “hold back and follow if she goes down an alley alone and then grab and kidnap and have fun.” Mr. P acknowledged that he had used the search terms “teen pics” and was interested in girls in

uniform. Mr. P denies ongoing fantasy in this area, but as described previously it is difficult for an offender to acknowledge such a fantasy to him- or herself, let alone to a treatment provider (Akerman 2010, 2011, 2012; Akerman & Beech, 2013; Dowdswell, Akerman, & “Lawrence”, 2010). Further, Mr. P’s incarcerated circumstances can also affect the nature and content of his fantasies. Mann, Thornton, Wakama, Dyson, and Atkinson (2010, p. 124) noted that, “a prison, a confined environment where no children are present produces few triggers for this propensity, and manifestations consequently are less likely, or may be weaker.”

3. Preferring sex that includes violence and humiliation: This item was indicated by Mr. P being aroused by images of abduction and coercion, and discussing this with others. He acknowledged feeling excited by fantasies of violence for many years, including scenes of kidnap, abduction, and torture, and having begun research as to how to carry these plans out. He acknowledged that these plans would have probably led to rape had he not been caught, and that he had used these fantasies to distract himself from negative aspects of his life. He had role-played a sexual attack on his wife (he states this was with her consent) indicating an escalation from fantasy to reality. He also stated he and his wife engaged in spanking, raising the dilemma of respondents gaining sexual pleasure through hurting others. While in custody, Mr. P had tried to order films containing scenes of torture and kidnap, namely Saw III, Hostel, Kiss the Girls, The New York Ripper, and The Cell 2, which depicts a serial killer kidnapping and torturing victims until they beg to die, indicating ongoing interest. He demonstrated a lack of insight into this link with his offending in thinking he could watch horror films and censor them himself.

4. Other offence-related interests: This item includes both the interest in kidnap and in teenage girls, which Mr. P has not discussed in-depth to date.

Relationships domain

1. Feeling inadequate: The inadequacy cluster includes low self-esteem, feeling lonely, and believing others have control over what happens to you. Mr. P has stated that he feels different from others around him. Although he thought that the army would provide him with a sense of belonging, instead he experienced difficult emotions linked to his position and level of acceptance. He described himself as “just a subordinate” and felt helpless to change his circumstances and “outcast” and “isolated” in the army.

Self-management domain

1. Impulsive unstable lifestyle: Mr. P was deemed to have had an unstable lifestyle, even though he had a secure job and relationship, because he had moved frequently in his job, was in debt, and made impulsive decisions.

2. Poor problem solving: Mr. P responds emotionally and feels overwhelmed by emotions, particularly negative ones, using fantasy to escape.

3. Out-of-control emotions and urges: Mr. P referred to feeling “like the Incredible Hulk” at times and described the anger building in him as like a “monster” and a “beast,” released only by “going into a war zone where you can release all your anger through your gun.” In CSOTP he felt distracted by this anger, which made it more difficult to make full use of the program. It would be useful to ascertain what evoked this anger.

Following treatment in the Core Sex Offender Treatment Programme (which helps participants develop understanding of how and why they committed the offence, develop victim awareness, and develop meaningful future goals), Mr. P's treatment needs still included his sexual interests, emotional management, and relationship skills. In terms of risk reduction, recent research (Wakeling, Beech, & Freemantle, 2013) reported that those who showed clinically significant change in the four domains of the SARN, so that their scores were in the "normal range" in psychometric tests after treatment, were reconvicted at a significantly lower rate than those whose scores were not. Further, those who were deemed "changed" overall on three of the four risk domains were reconvicted at a lower rate than those who were deemed not to have changed on these domains.

Case conceptualisation

At present, Mr. P is undertaking treatment at HMP [REDACTED], a prison-based therapeutic community (TC), which houses Category B (medium secure) and Category C (lower security) offenders who have volunteered for treatment. The prison is comprised of six democratic therapeutic communities (including the assessment unit) housing up to 235 adult men who are typically more damaged, disturbed, and dangerous than the average inmate (Shine & Newton, 2000). The facility is accredited by the Correctional Services Advice and Accreditation Panel (a non-statutory body that helps the Ministry of Justice to develop, implement and accredit the quality of treatment programmes) of the UK, which is designed to address holistic change with a focus on risk, and by The Community of Therapeutic Communities, (a standards-based quality improvement network of national and international therapeutic

communities) which is part of the Royal College of Psychiatrists' Centre for Quality Improvement. During the course of treatment it will be important for Mr. P to be able to discuss the content of his sexual fantasies. Wood (2013) stated that the escalation of sexual fantasy is evident in those using the Internet to access images, as external censorship is removed, leaving the user in a more infantile state. Wood explains that the Internet can expose more primitive, previously unconscious fantasies, more raw, infantile and taboo (id-driven). Sexual interests become normalized, as the user will always find someone else with similar interests, thus, without needing to leave their home or risk exposing their interest publicly, they are invited (by drop-down menus) to sample limitless images. As there is no censorship (or super-ego) to say no, the options are boundless.

Wood (2013) notes that perversions (in psychodynamic terms) are defined on the basis of the behaviour, rather than the behaviour itself, asking what purpose it serves. Psychodynamic theory suggests that behaviour defends the user against anxiety and depression. Wood highlights that escalation is almost always towards younger adults or children, and becomes more violent as habituation takes hold, rather than the other trajectory. In Mr. P's case it will be important to understand when his feelings of anger started and if the increase in sexual preoccupation served to defend him from these feelings. In discussion with Mr. P he was unsure as to the basis of these fantasies. He recalled struggling to get a girlfriend when he was at school and girls laughing at him when they heard he "fancied" them. It is interesting that Mr. P's fantasy of being more powerful and dominant developed at a time when he felt "scared stiff"; his psyche may have returned to other times when he felt powerless, such as the loss of his father, being bullied, and not being successful with girls, all of

which happened when he was a teenager. The fantasies that Mr. P described contained components to overcome powerlessness, such as being dominant. It could be hypothesized that by tying someone up, he could prevent them leaving, thus overcoming the loss of his father. Kahr (2007) described several case studies in which the basis of sexual fantasies could be traced back to incidents of trauma in the person's history. It could also be hypothesized that the death of his father and Mr. P's inability to resuscitate him could be re-enacted in a scenario where he sedates another but is able to rouse them. Therefore, it may be useful for him to express his underlying emotions relating to this event and assess his sexual fantasies once he has done this.

As he has not acknowledged adverse feelings about the bullying, rejection by girls, loss of his father, or his state of fear in war zones, it may be that his fantasies become a defence at such times, a means of alleviating his negative mood states. He stated that his wife was aware of the discussions he was having on the Internet and she was not willing to role-play the kidnap fantasy. He had promised her he would not carry out the things he had talked about in chat room discussions, but said "I may have been going to break that promise."

Barriers to treatment and how to overcome them

One barrier to treatment could be Mr. P's lack of understanding of his offending. It is known that those who offend via the Internet may distance themselves from the impact of offending by their view of their own behaviour (Henry, Mandeville-Norden, Hayes, & Egan, 2010). The use of cognitive distortions, such as "I did not see them as a person" and "I did not see the abuse," distances the image-viewer from contact

offending (Akerman, 2003; DeLong, Durkin, & Hundersmarck, 2010). Mr. P has yet to acknowledge the impact of his inciting others to abuse children in order to produce images. Mr. P described discussions in the chat rooms: “I didn’t care,” “I didn’t think I was harming anyone,” “It [the Internet] was better, easier, more exciting, allowed me to talk to others so I didn’t think I was doing anything wrong . . . Now I do. It didn’t dawn on me I was talking about children. I might have been fuelling someone else’s fantasies and they might have done it,” “I created victims in the images, and telling men to kidnap the girls,” “I don’t know how it changed; I didn’t change it on purpose. My wife was very young looking, she was old enough, legal but it made me go for it. I didn’t have an attraction to children at the time. In the conversation it changed, I had never discussed kidnapping children before yet I offered to go and help. I don’t know if I would have – I’m glad I was arrested. I know I was ordering chloroform, there was a possibility I would have gone and helped those people.” He stated he was not preoccupied with thoughts of the Internet when he was away from it, but acknowledged his preference was for girls aged 13 to 18 in school uniform. Although he has not acknowledged this, the decision for his wife to live with his mother may have been to allow him free time to pursue his sexual interests on the Internet. It may also have related to his motives of his wife being “very young looking but . . . old enough.” Akerman (2003) encourages the use of role play to place the perpetrator in the role of the victim at different stages of their life, for instance, when informed by the police that their images are on the Internet and cannot be removed, when they travel abroad, aware that people throughout the world could have viewed the images, and when they have their own children. Quayle et al. (2006) suggest the

use of mindfulness techniques to make associations between viewed images and contact offending clearer.

Treatment implications for Mr. P

In order to assess current risk, Mr. P's offence paralleling behaviour (OPB) is examined and discussed as a means of assessing change and thus reducing risk. Several authors give definitions of OPB, for example, Akerman (2011, 2012), Akerman and Beech (2013), Genders and Player (1995), Jones (1997, 2004, 2010, 2011), and Shine and Morris (2000). Jones (2004, p. 38) described it as "any form of offence-related behaviour (or fantasized behaviour) pattern that emerges at any point before during or after an offence. It does not have to result in an offence it simply needs to resemble, in some significant respect, the sequence of behaviours leading up to the offence." Emphasis is placed on the *sequence* of behaviours rather than on individual behaviour, such as acting in an aggressive manner. However, it is also noted that in addition to individual or internal traits in the sequence of behaviours precipitating an offence, the environment has a role to play when considering OPB and access to the sequence of factors that precipitated an offence. Therefore, behaviour within the confines of prison may well be less obvious than that in the community. It will be important to find out what precipitated Mr. P's increased sexual preoccupation and how it may be manifested in a different environment.

Davies, Jones, and Howells (2010) suggest assessing what change has occurred and been maintained on an individual basis. However, they caution that clinicians working in treatment with the service-user may give a biased response, as they will have an interest in change having occurred. They highlight the need for independent

assessment; to this end, a checklist, the Sexual Offence Paralleling Behaviour Checklist (SOPBC) was developed by Akerman and Beech (2013) in order to provide an alternative to self-reporting. The measure is based on a range of risk factors identified as based on sexual interests (Mann, Hanson, & Thornton, 2010; Marshall, 1993; Ó Ciardha, 2011; Ward, Hudson, & McCormack, 1997), holding offence-supportive cognitions (Gannon, Keown, & Polaschek, 2007; Mann & Beech, 2003; Mann & Hollin, 2010; Maruna & Mann, 2006; Ó Ciardha, 2011; Ó Ciardha & Gannon, 2011), and self-regulation problems (Ireland & Craig, 2011; Ward, Hudson, & Keenan, 1998).

In order to formulate Mr. P's ongoing risk, his current OPB is calculated on the relevant domains as identified on SOPBC (shown on Table 5.1) by staff working with him in treatment:

- Sexual interests domain: using sexual banter, sexualising non-sexual situations, using pornography excessively, writing to a number of women in a sexual manner, and alluding to offence accounts.
- Displaying offence-supportive attitudes: minimizing his offending.
- Having negative associates.
- Self-regulation problems: missing groups, impulsivity, failing to make plans for the future, and poor emotional control.
- Poor relationship skills.

Table 5.1. Mr. P's scores in SOPBC domains.

SOPBC domain	Score (range in brackets)
Sexualised behaviour	10 (0-33)
Offence-supportive attitudes	9 (0-15)
Associates	4 (0-9)
Relationships	14 (0-15)
General behaviour	11 (0-27)
General coping	2 (0-15)

There was no evidence that he showed poor coping techniques in terms of use of medication, self-harm, or excessive use of the gym, paralleling his time prior to offending. Therefore, as described above, Mr. P continued to demonstrate behaviour linked to ongoing risk, albeit less obvious, within the confines of prison.

Course of treatment and assessment of progress

Mr. P participated in ongoing research using the newly developed Current Sexual Interest Measure (Akerman, Bishopp, & Beech, 2014). The CSIM is a psychometric measure developed through gathering a wide range of views of those with a knowledge of sexual offending, including perspectives of offenders, researchers, and academics working in the field in the UK, US, and Canada. The measure contains items relating to a wide range of sexual interests. Preliminary findings indicate a structure of four factors: sexual interest in children, hurting others, sexual preoccupation, and, in one case, lack of interest in hurting others. The measure asks for the relevance of each item for the participant in the past 6 months. A group of 49

men who had committed sexual offences and were in treatment (including Mr. P) completed the measure. Table 5.2 shows Mr. P's scores on the CSIM components. The Mean score and SD for the group are shown in brackets for comparison.

Table 5.2. Mr. P's scores on CSIM

CSIM components	Total of items on preoccupied component	Total of items on sexual interest in children component	Total on aroused by hurting others component	Total on disinterest in deviant sex component
Score	8 (M= 13.36, SD 8.72	0 (M=2.12 SD 3.17	3 (M=2.12 SD 3.02)	1 (M=1.82 SD 2.65)

Mr. P's profile indicated ongoing sexual preoccupation and sexual interest in hurting others; these would form the focus of treatment. His poor problem solving and emotional control, lack of self-agency, and interpersonal skills can be addressed within the TC, as these are core skills developed in a TC program. In order to manage his sexual interests he could be assessed for the Fantasy Modification Programme (FMP; Akerman, 2008), or when he transfers to another establishment for the Healthy Sexual Functioning Programme (HSFP; Operational Services and Interventions Groups, 2012). Like the TC model, both programs aim to help participants identify strengths in line with the Good Lives Model (Ward & Gannon, 2006) and set goals to develop weaker areas. The FMP and HSFP help participants develop their understanding of the role of fantasy in their life and develop the skills, knowledge,

and competency to gain their primary goals in an acceptable manner in prison and on release. Each program also develops intimacy skills and teaches behavioural modification techniques in order to reduce offence-related arousal.

Problems encountered

The main barrier to care has been the extent to which Mr. P denies aspects of his sexual arousal. For instance, he finds it difficult to acknowledge a sexual interest in children and yet admits that he has spent time fantasizing about and discussing abducting and sexually abusing a child. At interview, he stated “I didn’t have an attraction to children at the time, but I had images. One image of a girl tied to a chair was arousing. I didn’t want to be attracted to children. I wish I could cut it out. In the conversation [on the Internet] I didn’t care, I moved to children. I never discussed kidnapping children before. I offered to go and help – I don’t know if I would have. I’m glad I got arrested.” He also possessed and traded images of children being abused, some at the highest level of seriousness. He admits that he still has offence-related fantasies and so, by instructing him on behavioural methods of managing deviant sexual arousal, he could apply these skills to the fantasies of children. However, this would rely on his being willing to give these fantasies up, requiring him to develop alternate methods of managing emotions. Given society’s view of those who offend sexually against children it would follow that those who have sexual fantasies about doing so would need to use cognitive distortions such as “I am not doing them any harm,” or deny having such fantasies to reduce the dissonance. They would need a supportive and encouraging environment in which to discuss current sexual interest.

Follow-up

Having completed treatment, Mr. P's ongoing risk can be assessed through his responses on the CSIM, the views of staff on SOPBC, and through interview. As he develops more trust in those supporting him in treatment and personally (for instance, having frank discussions as to his risk with his partner), robust relationship and intimacy skills can be followed up throughout the remainder of his sentence and on release.

Conclusion

This chapter discussed the incarceration of an individual based on their discussion of fantasy rather than actions. Further, it addressed the difficulties implicit in requesting an individual to identify and divulge these most intimate sexual fantasies in a prison setting, knowing that society (and they themselves) find these sexual fantasies abhorrent. Various methods of assessment have been considered and the importance of collaboration with the client in order to develop an accurate case formulation is emphasized. Clinicians are encouraged to consider how difficult it would be to disclose such information to others, thus developing empathy for the client in order to help achieve the goal of helping the client to manage their risk. This chapter emphasizes that in order to assess current sexual interest; data needs to be gathered from a range of sources in addition to self-reporting through triangulation in order to assess ongoing risk.

Acknowledgement

Sincerest thanks to Mr. P for being so willing to discuss something he finds so shameful and abhorrent, in the hope that it would, as he put it, "help someone else."

CHAPTER 6

Further Validation of the Current Sexual Interest Measure through Exploring Current Sexual Interests in a Student Population.

This chapter examines the use of the measure on a student population, to assess whether those who have not been convicted of sexual offences have different sexual interests from those who have. The chapter used a computer-based survey to enable a larger number of people to respond and to assess whether answering in such an anonymous manner would enable more open disclosure of sexual fantasies. There is also exploration into the role of being touched sexually without consent on sexual interest.

Further Development of the Current Sexual Interest Measure through Exploring Current Sexual Interests in a Student Population.

In order to explore the similarities and difference in current sexual interest in groups of people who have not offended, university students were approached to complete the measure. This enabled the exploration of a number of issues namely, collecting data from a female and male non-offending sample, and through collecting the information via the computer-based Current Sexual Interest Measure, (CSIM), all of which will be discussed below. In addition there will be discussion on the development of sexuality and the interaction between having been touched sexually without consent and responses on the CSIM.

As described in Chapter 2 previous research (for instance Bartels & Gannon, 2011; Gee, Devilly & Ward, 2004; Kahr, 2007; Ogas & Gaddam, 2012; Williams, Cooper, Howell, Yuille, and Paulhaus, 2009) have discussed the sexual interests of non-offending groups and this chapter will add to the emerging findings. Further data relating to the sexual interests of those who have not offended will be presented and discussed in order to add to this body of knowledge. It is noted that it is possible to become sexually aroused by almost any stimuli, and this has been discussed since the early days of studying sexuality. Person (2005) stated that Freud's (1905) work exploring the diversity of sexual interest was published during an 'explosion' of interest in sexuality 'focussing on masturbation, homosexuality, and deviance, with little attention given to normal sexuality' (p.1257). It seems that little has changed in this regard in that there has not been a great deal of research into the range of sexual interests in the non-offending population. Freud suggested that the sexual drive and Libido, was the life force underpinning all drives. He likened the release of sexual

tension to sating hunger. Freud had developed Plato's concept of Eros (sex drive) and proposed that we are driven by basic drives that require cathartic release. He viewed the sexual drive as a major component of the development of personality and that conflict within sexuality was at the centre of neuroses, suggesting that such dissonance could be resolved through the sexual drives.

Kahr (2007) described case studies presented when the study of sexual interests was in its infancy, and initially focussed on those who were mentally ill. This was based largely on the work by Krafft-Ebing (1886), reporting that male sexuality was much more powerful than that of females, whose role it was to contain male aggression and developing through the work Freud (1905) published with his clients. Freud suggested that it was a male drive to subjugate women and overcome the resistance of the female object and that the male libido was stimulated primarily through the female resisting. Freud posited that rape happened when a female unconsciously accepted an attack. He suggested that the woman was in control because she chose to resist, an idea that persisted through the twentieth century. Therefore, much responsibility was put on females to manage the males' aggressive sexual drive. Later, feminist researchers (for instance Brownmiller, 1975) challenged this view, but condemned men for their innate violence. More recently, Donat and D'Emilio (1992) suggested that negative stereotypes of female sexuality such as through media presentation of women as sex objects, in film, advertising and pornography perpetuate female stereotypes and encouraged women to overcome societal pressure to be submissive.

Even then it was recognised that acting on a sexual fantasy was not as pleasurable as may have been imagined and maintaining it as a fantasy was preferable. The

‘normal’ and ‘abnormal’ erotic impulses and desires were more widely discussed by Freud and others throughout the evolution of the research, developing understanding of sexual interests and how they evolve. Kahr (2007) contends that despite the fact that we live in a sexualised era, very little is known about the origins of sexual interests and preferences although it is generally believed that sexual interest evolves from the conditioned response of pleasure in experiencing orgasm, which Freud explained was the pleasure principle guiding the Id in action. This can include abusive sexual interactions, as discussed below.

Levin and Berlo (2004) describe how sexual arousal involves both physical and mental aspects, discussing the arousal of those who are not consenting to sexual interactions and how that is manifested. Kahr (2007) contends that those who have experienced a traumatic event in their childhood may well develop sexual interests related to this, but it may well be outside of their conscious awareness. However, there is little research into the impact on the recipient of trauma who does not go on to offend.

Sexual interests in a non-offending sample

Recently, Ogas and Gaddam (2012) discuss extensive research carried out by examining searches made via Internet search engines and explain the development of sexual interests and the scope of this. They depicted the diversity of sexual interests as evidenced by what people are searching for and reported that 2.5 million adult sites were blocked by the filtering software CYBERSitter, highlighting the growth in pornography as use of the Internet grew. Groups who show an interest in sexualised violence are common, depicting bondage and discipline, dominance and submission,

sadism and masochism (BDSM) Larue et al (2014). Donnelly and Straus (1994) stated that over half of their sample of college students (61%) reported being sexually aroused while fantasising about BDSM. Others, (Bartels & Gannon, 2011; Kahr, 2007; Leitenberg & Henning, 1995) have discussed the problems with labelling some fantasies as 'deviant' as this infers that they are out of the normal spectrum, whereas as this does not always appear to be the case as evidenced by the amount of interest shown. Marshall (2007) proposed that paraphilic sexual interests lay on a continuum from normal to deviant.

Previous research into sexual attitudes found that those in the general non-offending population can indicate interest in rape or sexual aggression and/or rape supportive beliefs, (Abbey, Wegner, Pierce, & Jacques-Tiura, 2012; Calhoun, Bernat, Clum, & Frame, 1997; Helmus, Hanson, Babchishin & Mann, 2013), as well as sexual interest in children (Gannon & O'Connor, 2011; Kahr, 2007). This Chapter will further this discussion.

Seto, Kingston and Bourget (2014) describe the prevalence of paraphilias in the non-offending population and reported a study (made up of participants who had been randomly selected in Sweden) and 3.1% acknowledged at least one incident of having been sexually aroused by exposing their genitals to others and 7.7% who had been aroused by spying on others having sex. Beier, et al (2009) presented their innovative attempts to encourage self-referral from those acknowledging sexual interest in children and so relied on a self-report survey and found that 4% admitted having had sexual contact with a child, 9% having sexual fantasies of children, and 6% admitted masturbating to these. They reported that 808 men responded to their media campaign that identified themselves as in need of help for interest in sex with children. They

highlighted that this was in contrast to the “Stop It Now!” campaign in the UK and Ireland, which received twice as many calls over the same length of time. However, the “Stop It Now!” campaign in the USA had only 99 such men (Tabachnick & Dawson, 2000; www.stopitnow.org; Richard, 2003). Beier et al (2009) reported that they expected self-report of sexual offending to be minimised for obvious reasons, but concluded that given the distance many of the participants had travelled to take part in the study they were experiencing a high level of distress and motivation to seek help and suggested the need for research into the motivation of such participants.

Calhoun et al (1997) studied an opportunistic sample of men who lived in a rural area in Georgia and were taking part in a larger research study, in order to develop norms other than college samples. They found that 22% of the sample had used sexual coercion (defined as ‘attempting to or engaging in sexual intercourse, oral or anal intercourse or penetration by objects subsequent to the use of verbal menacing pressure and or continual arguments’ (p.328)) and that those who reported being more sexually aggressive were more sexually promiscuous, sexually aroused to depictions of rape and held positive views of the use of violence towards women. Crépault and Couture (1980) described sexual fantasies and found 15% of the men included had fantasised about humiliating a woman, 11% incorporating physical violence and 30% fantasised of raping women. This was consistent with Malamuth, Haber and Feshbach (1980), who found 16-20% of the men in their study, had a sexual interest in rape. McConnaghy (1993) reported that 10 - 15% of women reported being coerced and then enjoying sexual activity, suggesting that some degree of coercion may be arousing. Barron and Kimmel (2000) reported that 40% of pornographic media contained violent elements with bondage being the most common in 25%.

Richters et al (2008) explained how they used a telephone survey to collect data and found that 2% of male and 1.4% of females reported having engaged in sadistic or masochistic activities in the previous 12 months. Neutze et al (2010) highlighted the importance of developing understanding of offending and cautioned that by only using those who have been convicted to study sexual interest in children may underestimate offending rates and so prevent the identification of risk factors associated with sexual offending. However, their study did not contain a group who had been convicted of sexual offences.

Sexual fantasy

Person (1998) described sexual fantasy as an amalgamation of genital (and other parts of the body) sensations, associated with memories, story lines internalised from the culture, reaction formations, emotions, and the longing for sexual gratification that make the subjective sense of desire so compelling (p. 225). It remains unclear how sexual thoughts and fantasies are differentiated. Renaud and Byers (2001) described sexual cognition in a fairly broad way; as fleeting sexual thoughts or images, elaborated sexual fantasies, thoughts that are experienced as intrusive and sexual thoughts and fantasies which are engaged in deliberately. Gee, Ward, Belofastov and Beech (2006) and Wilson and Jones (2008) differentiate between fleeting thoughts and actively engaging in sexual fantasies. This lack of clarity can make the assessment of such issues problematic. This Chapter will refer to sexual thoughts as those which are fleeting and naturally occurring and fantasies as those more elaborate images, which are actively engaged in. Describing sexual fantasies also relies on the

ability to introspect and develop awareness of their content, which is not always straightforward and may take time to develop (Nosek, Hawkins & Frazier, 2011).

Carabellese, Maniglio, Greco, and Catanesi (2011) conclude that aggressive sexual fantasies about women stimulate feelings of grandiosity and omnipotence and in the minority of cases, may lead to sexual offending. What is of interest here is what happens with the majority. Carabellese et al suggested that in the build up to a first sexual offence fantasies could be quite general, but after the first offence and leading up to relapse they may be more specific in terms of actions, victim type, etc. Therefore, it would be important to develop understanding of this and develop fantasy management strategies through treatment. Kahr (2007) describes a range of possible reasons for sexual fantasies, and as stated above they may well be used to overcome (or cope with) previous trauma.

Gender differences

There is not sufficient space in this thesis to discuss the research associated with the terms ‘gender’ and ‘sex’ and the many theories of psychosexual development and differentiation. Stoller (1979) defined female and male as sex and femininity and masculinity as gender. Person (1980) suggests that gender precedes and shapes sexuality. Please refer to Person (2005) for an eloquent explanation of the facets involved in defining gender (and transgender) and sexuality, and for her explanation of, and expansion of the early work of the pioneers in the study of sexual interests. To prevent confusion with the topic of this thesis the term gender will be used, while recognising the points raised by others.

Woodard and Diamond (2009) describe the efforts made to measure sexual arousal in women and how this had previously fallen behind measuring sexual arousal in men. They illustrate the physiologic measures used at present (including vaginal photoplethysmography and thermistors, assessing blood flow, volume, and pressure, lubrication, muscular changes and neural responses via functional magnetic resonance imaging, fMRI and Positron Emission Tomography (PET)) and conclude that given the complexity of female arousal means that other data needs to be collated, such as sexual history, physical examination and validated questionnaires.

So how does each gender develop their understanding of sexuality? Wiederman (2005) and Gagnon and Simon (1973) described the development of social scripts relating to sex as comprised of what is considered to be normal and can provide ways to act, think and behave in any given situation. However, it is not always clear that all parties involved are following the same scripts, have the same expectations and so forth. Wiederman discusses how males and females view their genitals, are informed about sex by their parents, and how the risks involved in sexual interactions contribute to differing scripts for males and females. He also considered how this may be a surprise to young men in particular, thus leading to confusion on their part.

Given the proliferation and availability of pornography in the modern culture this could well cause difficulties in sexual interactions (see Ogas & Gaddam, 2012 for a wider discussion on this topic). Harnish, Bridges and Rottschaefer (2013) found gender differences in the extent to which male and females inferred sexual intent during interactions, calling this the *oversexualisation effect*. It is noted that the research primarily focuses on heterosexual interactions. They found that those who were not in committed relationships and held hostile views to women were more

likely to misperceive friendly cues. They did not report the age of their participants, but stated that the majority were in their first year of a college. They reported that males tended to misinterpret sexual intent more than females. Fisher and Walters (2003) had found a link between those who were hyper-masculine (that is exhibited exaggerated male stereotypical behaviour) were more likely to sexualise non-sexual interactions. Previously, Jones and Barlow (1990) asked undergraduate students to record their sexual thoughts, urges, and masturbatory fantasies on a form and found that women reported fewer than five sexual thoughts per day, while men reported fewer than eight thoughts per day. It was suggested (Fisher, Moore & Pittenger, 2011) that while this was a methodologically sound method of recording the data, it may have been difficult to accurately report each incident, as the form may not have been discreet or portable. They also found that women's erotophilia (participants' comfort with sexual themes, sexual behaviour, and erotica, Fisher *et al.*, 1988) was more closely related to the frequency of their sexual cognitions than their gender.

Chivers (2005) reported that females tended to be non-specific in their arousal, being aroused by males, females and/or both. Fisher, Moore and Pittenger (2011) describe sex differences in male and females and found less difference than may have been previously thought. They asked participants to record thoughts about sex, food, and sleep (as a means of disguising the purpose of the study) and found that while men thought more about sex than women, they also thought more about food and sleep, described as 'needs-related cognitions'. They questioned whether men were more likely to label thoughts and women more likely to conceptualise thoughts in a different manner. They found that men thought about sex approximately once an hour while awake, much less than the every seven seconds previously presented in popular

culture. Fisher, Moore and Pittenger (2011) found that their use of a tally system of counting actual thoughts indicated that men did think about sex more than women. However, when asked to retrospectively estimate how often they thought about sex there was a larger gender difference.

Imhoff and Schmidt (in press) examined gender differences between males and females by asking what behaviour they would engage in and manipulated the state of arousal. They found that when aroused, both males and females would estimate their likelihood of engaging in sexually coercive behaviour higher, whereas previous studies (for example, Macapagal, Janssen, Fridberg, Finn, & Heiman, 2011; Ruiz-Díaz, Hernández-González, Guevara, Amezcua, & Ågmo, 2012) failed to find such gender differences. Imhoff and Schmidt discussed the increased likelihood that those who are sexually aroused would engage in deviant online behaviour, would be more drawn to sexual stimuli and make riskier decisions. Imhoff, (2012) reported that when sexual arousal was induced it led to being drawn to younger sexual partners. As with the current study they chose university students as participants.

Chivers, Rieger, Latty, and Bailey (2004), who recruited their participants via an alternative urban newspaper, found that heterosexual females were aroused by images of males and females, whereas homosexual males were attracted to males and heterosexual males to females and concluded that female arousal patterns were organised differently to males. This view was shared by Ogas and Gaddam (2012) who concluded that males and females experience sexual arousal differently. Earlier, (Heiman, 1977) had found that females self-reported higher sexual arousal in response to audiotapes of female-initiated sexual interactions as compared to audiotapes of

male-initiated activity. It should be noted that Heiman's sample were undergraduates and so were younger, their mean age was 19 years.

Petersen and Shibley Hyde (2010) completed a meta analysis of 834 studies and seven large national data sets with data comprising of more than 1,000,000 participants and found that there was more similarity between males and females than may have been expected, but reported a medium effect size for differences in rates of both engaging in masturbation and attitudes towards pornography. Furthermore, they found that the cultures with higher levels of gender equality reported smaller gender differences for sexual behaviour than cultures with less gender equality. They reported that that gender differences (in terms of behaviours and attitude) decreased with age, but did not expand on this further. The Petersen and Shibley Hyde sample was comprised of 37% adolescents, 40%, young adults (39.9%), and 1% older adults. Petersen and Shibley Hyde suggested the use of computer-based methods and diaries to collect data to increase accuracy of results.

Computer-based responding

Birnbaum (2004) reviewed data collection via the internet and highlighted possible difficulties, such as higher drop-out rates, multiple responding, and a problem inherent with much research, in that the participants are self-selected and so may not be representative of the population being studied. Parks, Pardi, and Bradizza (2006) compared data collected via telephone interviews and the Internet and found that completion rates were higher and costs lower collecting data via the Internet. Morrison-Beedy, Carey and Tu (2006) also discussed the various methods for collecting data related to sexual interest. They suggested that computer-based methods

provide more privacy having used audio computer-assisted self-interviews (ACASI). However, they did comment that respondents can generally recall behaviour for the previous 1-2 month period, but longer than that may rely on estimation or considering the respondents general behaviour. Durant, Carey, and Schroder (2002) concluded that young women would be less likely to respond in an open manner to questions relating to sensitive behaviour and so would be less likely to respond than young males in face to face interviews. Therefore, it was considered that accessing students via email and presenting a link to a computer-based version of the CSIM would be the most cost-effective manner of gaining responses, and would afford the respondents the option to participate at their leisure and in private.

Effects of being touched sexually without consent

Much research has explored the interaction between having experienced sexual abuse in childhood and its effect on later sexual interactions (Kahr, 2007) and links to offending in females (Kaplan & Green, 1995; Nathan & Ward, 2002) and males (Beauregard, Lussier & Proulx, 2004; Jespersen, Lalumière & Seto, 2007; Lee, Jackson, Pattison & Ward, 2002; Neutze, Seto, Schaefer, Mundt, & Beier 2010; Ogloff, Cutajar, Mann & Mullen, 2012; Reavis, Looman, Franco & Rojas, 2013; Simons, Wurtele & Durham, 2008; Whitaker et al, 2008) to name a few. There is less known about those who are touched sexually without consent and do not go on to offend. Child sexual abuse is defined by the American Psychiatric Association (APA, 2007) as including showing pornography to a child, engaging in sexual talks with a child, undressing or masturbating in the presence of a child, as well as more intrusive physical acts, such as fondling, oral sex, or penetration (APA, 2007). Levin and Berlo

(2004) discussed the affect of being sexually stimulated without consent, and what the resulting arousal means. They describe how it is possible to be disgusted by the physical arousal they experience to scenarios they would not choose to be aroused by, for instance seeing a family member naked. They explain the process of arousal stemming from physical stimulation of the genitals, or stimulation of any of the senses or by fantasy. Koss, Gidycz and Wisniewski (1987) reported that 50% of females in college reported having experienced some degree of sexual aggression during their life and 25% of male college students acknowledged having committed an act of sexual aggression, varying from coercion through physical threats to rape. Kaplan and Green (1995) found that nine out the 11 females in their sample who had committed sexual offences had experienced sexual abuse whereas five of the comparison group of 11 were abused but did not commit sexual offences. Reavis et al (2013) found that convicted sexual offenders were more likely to report having experienced sexual abuse compared to others in the general criminal population. Although earlier research (Hindman & Peters 2001) had suggested that once the polygraph test was used to assess the validity of such claims that the rate of reporting decreased. Beauregard, Lussier and Proulx, (2004) reported that those who had experienced an inappropriate sexual environment in childhood reported higher use of pornography and deviant sexual fantasies as they grew up through childhood and adolescence.

Ogloff et al (2012) carried out a long term follow-up study in Australia and reported that 30% of children acknowledged having experienced some form of sexual abuse with between 5 and 10% being described as severe. They followed-up substantiated cases of male and female child sexual abuse and found that those who had been victims of sexual abuse were statistically more likely to be victims of further

sexual and/or violent crimes. Furthermore, 24% (87 males and 70 females) went on to be convicted of an offence, compared to 6% of the control group and the general population. The majority of the offences were sexual, violent or breaches of conditions. In psychodynamic terms it is of interest that those who had their own boundaries breached went on to find it difficult to maintain societal boundaries. They found that the males in the study were significantly more likely to be convicted of a sexual offence, but not the females. The strongest effect was found in males sexually abused when aged 12 or over, regardless of the severity of the abuse. The possible explanations for this were not discussed in that study but it may well be that those involved developed psychosexual difficulties in understanding the use of power in sexual encounters, confusion about what appropriate relationships are and so forth at a time when they are entering and experiencing puberty, highlighting the importance of appropriate interventions for victims of abuse. Importantly, it should be considered that while 77% of the sample did not go on to offend in any way, child sex abuse victims were five times more likely to go on to be charged with any offence, have higher numbers of convictions, more which resulted in custodial sentences and continued into older age. Recent findings (Nunes, Hermann, Malcom, & Lavoie, 2013) found more specifically that within their sample of those convicted of sexual offences, those who had been abused at a younger age (under 16) offended against younger victims and showed more indications of paedophilic interests. They found that those who had been offended against by a male also showed higher levels of paedophilia. This may be because the abuse is shaping their sexual interests. Having been abused by a female was more predictive of recidivism. Nunes et al also examined the relationship between the victim and abuser and found that the closer the

relationship the higher rate of re-offending. They concluded that child sexual abuse predicted higher rates of re-offending in those in the high risk category, but not in the low risk category.

Recently, Levenson, Willis and Prescott (2014) reported that in excess of two thirds of their respondents described having experienced at least one adverse event before they turned 18 years (Centers for Disease Control and Prevention, 2013) and having experienced one such event doubled the risk of experiencing further adverse events, (Dong, Anda, Dube, Giles, & Felitti, 2003; Dong et al., 2004). Much of the research described highlights how the sexual abuse can occur in dysfunctional and disorganised settings and can occur alongside other neglect and physical abuse and so it can be difficult to tease out the impact of each individual negative experience. The current study explored any possible relationship between having been touched sexually without consent (which Kahr, 2007 refers to as inappropriate sexual contact) and sexual interest.

This Chapter will explore a number of hypotheses:

- Those who have committed sexual offences will have more diverse levels of sexual interest than students
- Those who have been touched sexually without their consent will show sexual interest in more diverse interests
- The components found to be relevant to the offending sample would differ from those found in the student population

Procedure

Method

In order to further validate the Current Sexual Interest Measure (CSIM) comparison will be made with the data described previously (Chapters 2 and 4) and the revised CSIM. The CSIM was revised to increase data relating to more common sexual fantasies and interests, (as indicated Bartels & Gannon, 2011; Kahr, 2007) and highlighted in Chapters 2 and 4. It is proposed that such items could highlight change following treatment, from offence-related to more consensual interests, one of the aims of the development of the measure. It is acknowledged that those involved in earlier data collection may also have had these sexual interests but not been asked to comment on them, thus producing a distorted picture. The items added to represent more mainstream sexual interests were:

- I have fantasised about consensual oral sex with a woman/man (over 16yrs)
- I have fantasised about consensual vaginal sex with a woman (over 16yrs)
- I have fantasised about consensual anal sex with a woman/man (over 16yrs)
- I have fantasised about dominant/submissive role play with a consensual partner
- I have fantasised about consensual sex with more than one partner at the same time (e.g. a threesome).

One item was removed for this study (Item 32. I have had sexual thoughts or fantasies about past victims) due to this population.

In addition a number of items relating to general sexual behaviour in the community were added to keep up-to-date with common sexual practices/interests as identified in research previously identified. Furthermore, as stated in Chapter 4 it is hoped that the inclusion of more general sexual interests will improve the measure so that it shows change following treatment. These items were:

Non deviant sexual interests

- I have had consensual oral sex with an age-appropriate woman/man (over 16yrs)
- I have had consensual anal sex with an age-appropriate woman/man (over 16yrs)
- I have had consensual vaginal sex with an age-appropriate woman (over 16yrs)
- I have used internet pornography to masturbate to women/men

Sexual preoccupation

- I have watched other people having sex
- I have had sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.
- I have asked a partner to dress up as a schoolgirl/boy during sex

In order to assess further sexual behaviour possible in the community but not in custody further items relating to deviant sexual interests were added:

Deviant sexual interest

- I have developed a sexual obsession about a woman / man / child and used the internet or other means to keep tabs on them
- I have engaged in sexual activity that I am ashamed to speak with others about

- I have accessed pornography that involves underage teenagers (aged 13-15)

Sexual interest in children

- I have accessed pornography that involves children (aged 12 or under)

Sexual activities including of hurting others

- I have used the internet to access/ masturbated to violent pornography or simulated rape
- During sex I have been more aroused by my partner being afraid of me than by the sex itself
- I have shared naked pictures / videos of someone with others without their consent or knowledge

Therefore, the resulting CSIM had a total of 68 items (please see Appendix 6.1 showing the paper version of the online assessment).

As described in Chapter 2 and Chapter 4 there was consideration of wording of each item in order to enable those with an average reading age to understand what is being asked of them. The Flesch score (calculated by Microsoft, 2002) was 72, with a score above 60 deemed acceptable for literate adults, and the Flesch-Kincaid grade level (calculated by Microsoft, 2002) was 7, meaning a person aged twelve and above should understand it (Williams, 2003).

In order to access the most respondents, and for ease of responding this was done in a computer based format, as it was thought that respondents could complete the measure at their leisure, in privacy and without having to give the replies face to face with a researcher. Gribble, Miller, Rogers, and Turner (1999) encourage the use of computer-based responding as it is suggested that respondents answer in a more

honest manner to computers rather than to interviewers. However, it is considered that this is not a fail-safe method and may result in research bias (under or over-reporting) and may also result in missing data.

A link to the CSIM survey (<https://www.surveymonkey.com/s/F2TJRBM>) was sent to 24,000 students via email (although it is noted (Birnbaum, 2004) that it was 'bad manners' to do so), as this was considered to be the most productive way to access the students and 2045 students responded and 1863 completed the measure, 1157 females and 706 males. The information sheet, consent form and format of the measure and debrief are Appendix 11 as they would appear in paper form, but they were presented via the Internet.

The current study also developed understanding of the impact of being touched sexually without consent, as a further means of exploring the development of sexual interest; as most previous research has been undertaken on those who have offended. Consideration was also given to the nature of the participation, (in that it was computer-based) and if feelings were evoked by recalling such events there may not be sufficient support available. The debrief form contained information where participants could seek support should it be required.

Age will be a factor correlate given that the majority of the student population were in the 21-30 category whereas those on custody were older (majority in the 31-50 range). There may also be evidence of lack of insight or thought given to their sexual arousal. Six students sent comments relating the measure. These included suggestions for improving it, for instance having a response category of occasionally, and the suggestion of other sexual interests which could be included.

Demographic information was collated, including the age of the respondent, (presented in Table 6.1) and who they were attracted to sexually (Tables 6.2 and 6.3). The frequency that the females and males report having sexual fantasies is reported in Figures 6.1 and 6.2.

The data were also analysed using principal component analysis in order to explore the components relevant to the student respondents. For the female students missing values were replaced with the mean, as deleting pair wise would not provide sufficient data. It is acknowledged that this could result in an artificial scale. However, it was deemed important to analyse the data created, but the findings need to be viewed with caution. As noted previously the second prison sample and the US sample completed their own data and this resulted in missing data, but in this case there was still a large amount of missing data as the respondents chose not to answer all questions. The male students had their means excluded list wise as this produced the most reliable outcome. Oblique rotation was applied due to the expectation that the components would be related and in order to maximise the spread of factor loading and thus help the interpretation of the clusters. Loading above .298 is considered significant for a sample of 300 and .21 is deemed significant for a sample of 600 (Stevens, 1992, cited in Field, 2005 p.637).

Participants

In order to continue to validate the CSIM university students were chosen, as previous research (Petersen, & Shibley Hyde, 2010) indicated that students could be expected to show the most diverse sexual interests. It is noted that Fisher, Moore and Pittenger (2011) reported that this population was the most common sample used in such research. 706 (34%) males and 1157 (57%) females participated and 188 (9%) did not

respond to the question, ‘what is your gender’. As stated previously respondents did not complete all questions. Their ages ranged from 21 to over 51 and will be presented in more detail in Table 6.1.

Table 6.1. Age range of students.

Age range	Females		Males	
	N	%	N	%
21-30	1069	92	625	86
31-40	38	4	39	8
41-50	16	2	23	3
51+	9	1	7	1
Missing	25	2	12	2
Total	1157	100	706	100

Results

Table 6.2 shows the gender to which the students reported being attracted to.

Table 6.2. Gender to which students are attracted to.

Gender attracted to	Females		Males	
	N	%	N	%
Males	919	79	75	11
Females	70	6	565	80
Males and females	157	14	56	8
Missing	11	1	10	1
Total	1157	100	706	100

Table 6.3 describes the age and gender to which respondents are attracted to in more detail.

Table 6.3. Gender and age to which students are attracted.

Age and gender attracted to	Females		Males	
Female	N	%	N	%
6-12	0	0	1	.1
13-15	4	.3	17	2
16-18	27	2	139	20
18-25	211	18	381	54
26-50	127	11	282	40
51-65	4	.3	32	5
65+	0	0	7	1
Male				
0-5	0	0	0	0
6-12	0	0	0	0
13-15	4	.3	2	.2
16-18	48	4	20	3
18-25	587	51	57	9
26-50	418	36	31	5
51-65	36	3	6	.9
65+	7	.6	3	.4

N.B. Respondents had the option of choosing more than one category.

Figure 6.1 Pie charts showing frequency of male students' sexual fantasies

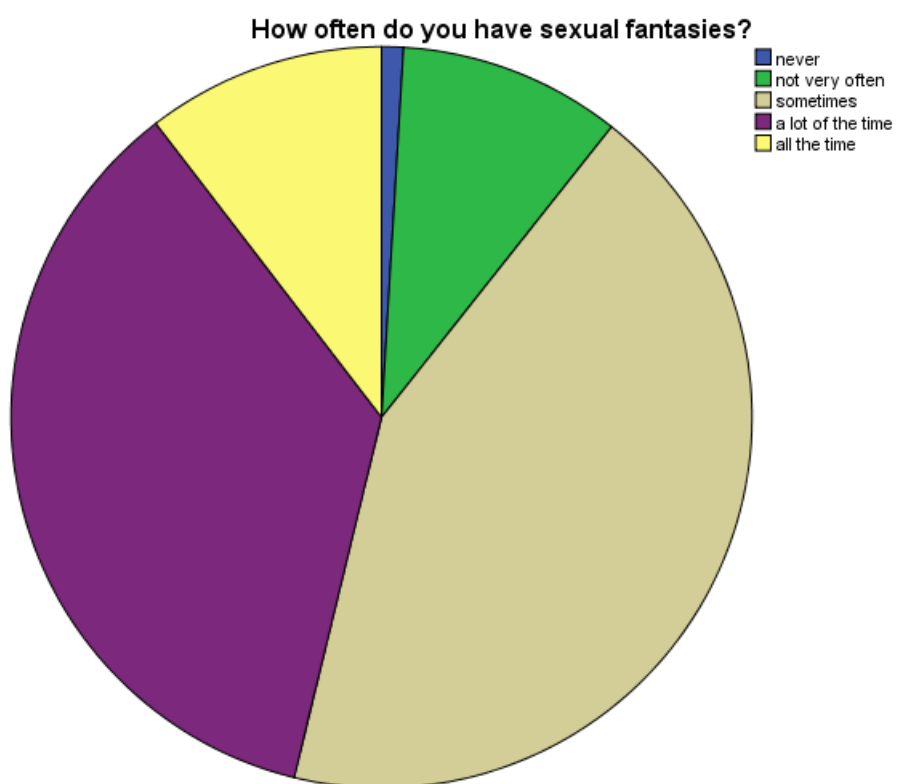
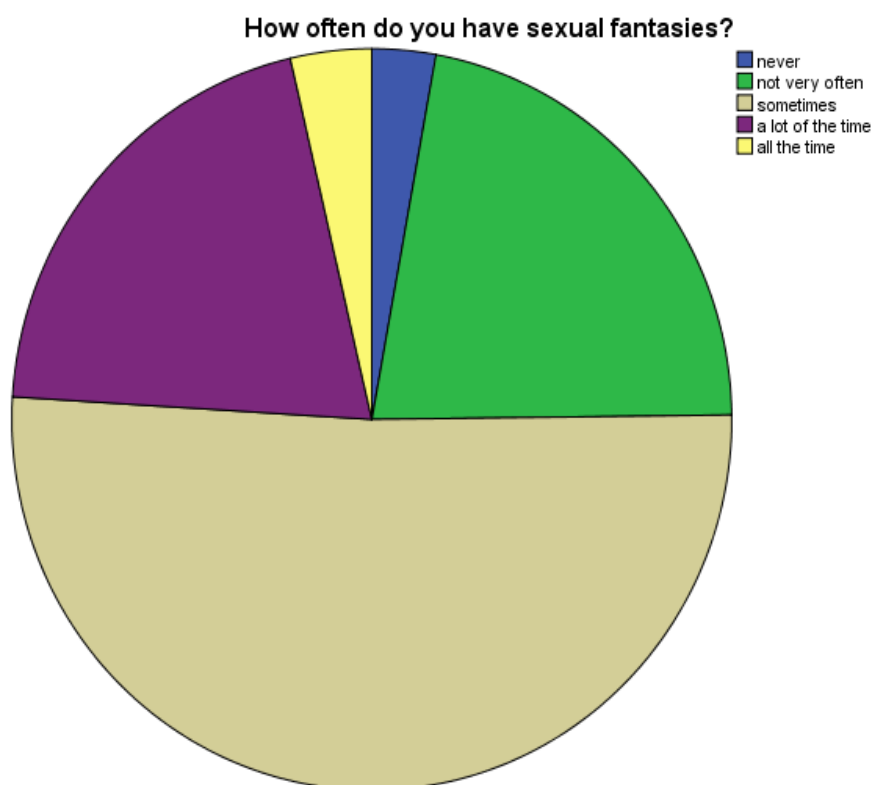


Figure 6.2 Pie chart showing the frequency of female students' sexual fantasies



Principal components analysis was completed on the female data. 3 components were identified which accounted for a total of 29.23% of the variance. Kaiser-Meyer-Olkin Measure of Sampling Adequacy was ‘great’ at .89. The scree plots and eigenvalues were considered and although there were more components identified with eigenvalues greater than 1 (as recommended by Kaiser, 1960) the items did not form theoretically sound components. Reliability analysis was also assessed and is described below.

Table 6.4 shows the first component identified for the female students. This component accounted for 19.91% of the variance. The eigenvalue was 13.34. It comprised of 6 items relating to general sexual interest and was called General Sexual Interest.

Table 6.4. Component 1: General Sexual Interest for Female Students.

Item	Component 1	Alpha if item deleted
I have used internet pornography to masturbate to women/men (over 16yrs)	.79	.81
I have chosen to look for sexual images such as pornography, television programmes or films.	.72	.80
I have had sex or masturbated when I felt tense	.57	.84
I have masturbated whilst fantasizing in a sexual manner.	.55	.84
I have had sexual thoughts about watching others have sex.	.47	.83
I have fantasised about consensual sex with more than one partner at the same time (e.g. threesome)	.39	.83

Cronbach’s coefficient .85; Mean score was 8.8

Table 6.5 shows the 2nd component for the female students. It contains 5 items and accounts for 5.25% of the variance. The eigenvalue was 3.52. The items in the

component relate to being aroused when the sexual partner is being hurt or frightened. It is called Sexual Interest in Hurting Others for Female Students.

Table 6.5. Component 2: Sexual Interest in Hurting Others for Female Students.

Item	Component 2	Alpha if item deleted
During sex I have been more aroused by my partner being afraid of me than by the sex itself	.86	.81
When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy	.85	.79
I have become more sexually aroused at the thought that the other person was frightened	.66	.78
I have got more excited about the thrill of hurting someone than the thought of sex itself.	.64	.74
I have been sexually turned on by hurting or humiliating other people	.51	.77

Cronbach's coefficient .82; Mean score .04

Table 6.6 shows the items forming component 3 for the female students. This component accounted for 4.07% of the variance (eigenvalue 2.72) and contained 6 items relating to engaging in diverse sexual acts in deviant sex and feeling uncomfortable with this. It was called Discomfort with Diverse Sexual Interest for Female Students.

Table 6.6. Component 3: Discomfort with Diverse Sexual Interest for Female Students.

Item	Component 3	Alpha if item deleted
I have gone too far sexually when a partner was too young	.88	.64
I have shared naked pictures / videos of someone with others without their consent or knowledge	.54	.60
I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life.	.53	.60
I have approached a stranger for sex	.40	.58
I have engaged in sexual activity that I am ashamed to speak with others about	.34	.67
I have engaged in consensual sex with more than one partner at the same time (e.g. threesome)	.32	.63

Cronbach's coefficient .66; Mean score was .09

As with the female students the male students' data was subject to principle component analysis. Missing data was deleted list wise in order to produce components. Examination of the scree plot and pattern matrix indicated that there were 2 components, which accounted for a total of 29.05% of the variance. Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 'great' at .86.

Table 6.7 shows Component 1 for the male students, which contained 5 items, accounted for 21.24% of the variance and had an eigenvalue of 14.23. The items related to sexual interest in the use of accessories, domination and/or domination and being sexually attacked and was called Sexual Interest in Domination/Submission for Male Students.

Table 6.7 Component 1 Sexual Interest in Domination/Submission for Male Students.

Item	Component 1	Alpha if item deleted
I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	.68	.69
I have daydreamed about being sexually attacked.	.65	.79
I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.	.63	.77
I have fantasised about dominant/submissive sexual role play with a consensual partner	.62	.73
I have had sex with accessories such as leathers, whips, handcuffs, sharp things, restraints	.42	.77

Cronbach's coefficient .80; Mean score was .59

Table 6.8 showing Component 2 for the male students. This component contained 5 items, had an eigenvalue of 5.23 and accounted for 7.81% of the variance. The items related to being sexually aroused when their partner was not consenting and was called Sexual Interest in Hurting Others.

Table 6.8. Component 2 Sexual Interest in Hurting Others for Male Students.

Item	Component 2	Alpha if item deleted
When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy	.73	.84
I have got more excited about the thrill of hurting someone than the thought of sex itself.	.72	.82
I have been sexually turned on by hurting or humiliating other people	.65	.83
I have become more sexually aroused at the thought that the other person was frightened	.64	.79
During sex I have been more aroused by my partner being afraid of me than by the sex itself	.44	.84

Cronbach's coefficient .86; Mean score was .10

The mean scores for the 4 items (When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy; I have got more excited about the thrill of hurting someone than the thought of sex itself; I have been sexually turned on by hurting or humiliating other people; I have become more sexually aroused at the thought that the other person was frightened) that overlapped on all groups (UK sexual and violent offenders featured in Chapter 2; US sexual offenders and the second group of UK sexual offenders, located in less secure conditions, reported in Chapter 4, and the male and female students) were calculated and shown on Table 6.9.

Table 6.9. Mean scores for the 4 items relating to sexual interest in hurting others
for the 6 groups.

Group	Mean	N	Std.Dev
UK sexual offenders	.34	50	1.02
UK violent offenders	.87	23	.29
US Sexual offenders	.19	53	.14
UK sexual offender group 2	.28	105	1.33
Male students	.45	414	.83
Female students	.18	756	1.37

In order to assess whether students report having been touched sexually without their consent they were asked if this had happened. Table 6.10 shows the frequency for females and 6.11 shows the frequency for males.

Table 6.10. Frequency of females having been touched in a sexual manner without consent.

Category	Frequency	%
not at all	335	29.0
once/occasionally	388	33.5
Monthly	18	1.6
Weekly	11	1.0
Daily	3	.3
Total	755	65.3
Missing	402	34.7
Total	1157	100

It should be noted that again there is a high level of missing data, and that a third of the females reported being touched at least once without consent.

Table 6.11. Frequency of males having been touched in a sexual manner without consent

Category	Frequency	%
not at all	300	42.5
once/occasionally	102	14.4
Monthly	2	.3
Weekly	1	.1
Daily	4	.6
Total	409	57.9
Missing	297	42.1
Total	706	100.0

It should be noted that again there is a high level of missing data and that less than half of the males who responded reported never having been touched without consent.

The touching varied from being ‘groped in clubs/pubs’ for males and females, to prolonged abuse by family members or others in authority, such as teachers. The list of incidents is Appendix 6.2. Although firm conclusions can not be reached from individual cases, as noted by Kahr (2007) there appears to be a relationship between the sexual interests the students report and what they have experienced in terms of non-consensual sexual touching. For instance:

- One female reported having been raped on 3 occasions and not reporting it and her sexual interest was in being ‘tormented’.
- Another female reported having been touched and finding it, ‘funny due to the surprise, didn't bother me’ and her sexual interest was in ‘delivering pleasure’
- Another female stated she had ‘been sexually abused when I was a child and sometime during my adult years’ and her sexual interest was in ‘being beaten, spat on, forced and hurt during sex. I also want to be dominated and forced to perform sex acts and my hair pulled while doing oral sex’

- One female noted 'It's f***** rancid cus it's ALWAYS middle age beardy men that kiss my neck or face and I want to vomit on them and crush their scrotum. However, I have had other cuter, younger and face fluffless guys grope me, making me feel uncomfortable. However, it's only ever because they didn't ask first, in most cases whilst I wouldn't sleep with most guys, I'm happy to be touched and kissed (though only by feminine guys and girls)... AND DEFINITELY NOT BY MIDDLE AGED BEARDY MEN!!!' Her sexual interest are diverse, she stated they were in 'blood (the more the merrier... It's my biggest turn on and most of my sex involves cutting people with the sharp edge of disposable lancets), seeing peoples veins through their skin (especially on the breasts), watersports, biting, bondage, being fucked whilst unconscious, extreme penetration (i.e., fisting) and razor rash (I love being tied up and having people stroke razor burns, it's my favourite pain)... And yes, I am one of those debaucherous (sic) perverts your mother warned you about. However safety is a number one and I would never do anything I have not been taught how to do safely, i.e. RACK (Risk Aware Consensual Kink)'
- One female reported 'When I was 7-8 a girl abused me' and her sexual interest is in 'Using a strap on to have penetrative sex with a man'
- One female stated 'When I was 15 my boyfriend at the time forced me to let him touch my vagina/engage in oral sex with him' and her sexual interest is in 'being raped'
- One female described being touched without consent on her 'upper body when I didn't want to go any further with the person, had to force them off, but it

seemed to make them want to try harder. I was scared' and her sexual interest is in 'reluctance from myself, with a made up person'.

- One female reported having been forced into prostitution, and that her sexual interest was in 'Being submissive and violence against me in a sexual way'.
- One female reported having a sexual interest in her boyfriend, but reported having been touched as a child without her consent, 'When I was a little girl it happened all the time, and it was without my consent for a while. Sometimes with teachers, sometimes with other children in my class (my first memory of it is around 3 years old), men my father worked with, family members, people who knew my mum/dad but I didn't know (so I'd call them "strangers" but they were just people who had access to me). After a while I built up a dependency on that sexual contact, and started actively looking for people who would do that stuff to me. Now I'm older than 16 years old I feel like my life is over because I'm not that "special little girl" any more. I can only be raped, it's not a bad thing to look at or touch me in a sexual way. You don't get pity or shocked faces if you talk about it. When you get used to being "Lolita" it is very hard to adjust to life without that power... I guess I use the word "power" because if you are actively aware of it as a child, and the effect you can have on certain people, then that's what it is. Now I get extremely jealous of other people who have been abused or raped because I feel like it was my territory and mine alone. I have a lot of mental health problems though. Like... a lot.'
- A male respondent described his sexual interest in 'cheating on my partner with someone I know' and reported being touched without his consent 'I have

had my drink spiked before and have woken up to discover I had sex with someone whilst not remembering it’.

- Another male respondent reported his sexual interest in ‘Dominating but WITH consent, via wrestling, bondage, dominantrix’ and described having been touched ‘In secondary school, there was two incidents of older girls (students) touching me inappropriately’.

The students listed diverse sexual interests not mentioned on the CSIM. These are listed in Appendix 6.3. Given the diversity of the sexual interests acknowledged it would be difficult to develop a measure which covers all the interests.

In order to assess whether there was a relationship between having been touched sexually without consent this variable analysis was undertaken using Spearman’s Rho and the components. Findings for the male students and is shown in Table 6.12 and for female students in Table 6.13.

Table 6.12. The relationship between having been touched without consent and the 2 male components for male students.

Component	N	Spearman’s Rho
Component 1 Sexual Interest in Domination/Submission for Male Students.	404	.16**
Component 2 Sexual Interest in Hurting Others for Male Students	403	.15**

**significant at .01 one-tailed

Table 6.13. The relationship between having been touched without consent and the 3 female components for female students.

Component	N	Spearman's Rho
Component 1: General Sexual Interest for Female Students	742	.12**
Component 2: Sexual Interest in Hurting Others for Female Students	745	.11**
Component 3: Discomfort with Diverse Sexual Interest for Female Students	737	.18**

**significant at .01 one-tailed

Discussion

This Chapter gathers further data on the CSIM from students, including female respondents for the first time. The hypothesis that those who have committed sexual offences will show more diverse levels of sexual interest than students was explored, but as the measure had developed since the data on male offenders was collected there were items included for the students which had not been included in the original measure this proved problematic. The findings may also be explained by the students being more open about their sexual interests and feel more able to disclose them in the anonymous manner provided. It could also be that some were answering in a random manner or in order to shock.

The hypothesis that the students would have different components to the previous groups was supported. The findings for the students provided a different component structure from the offending groups. It is noted that the original measure was not developed for females. In order to assess whether the components found to be relevant to the offending sample differed from those found in the student population the items in each component were considered.

The female students had 3 components, one relating to general sexual interest, which is encouraging. One of the aims of including more mainstream sexual interests was to develop such a scale to help assess change for those in treatment. The mean score was 8.8, indicating a high level of interest. However, the items did not form a scale for the male students. So the items may be of more interest to females than males. The second component contained items suggesting sexual interest in hurting others, findings which differ from Larue et al, (2014) who found both direct and indirect measures indicated masochistic rather than sadistic interests in their female sample. However, they noted that the picture they used depicted women in the role of victims and so this may well have affected the results. Their stimuli also depicted heterosexual interactions, whereas 14% of the females in this study reported being attracted to both males and females. The mean score was .04, indicating a lower level of sexual interest in this component. Component 3 suggested a diverse sexual interest, but feeling uncomfortable with this. The items which form the component, 'I have gone too far sexually when a partner was too young'; 'I have shared naked pictures / videos of someone with others without their consent or knowledge'; 'I have approached a stranger for sex'; and 'I have engaged in consensual sex with more than one partner at the same time (e.g. threesome)'; are legal but may evoke dissonance with the female students involved, as the component also contained the items, 'I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life'; 'I have engaged in sexual activity that I am ashamed to speak with others about'. The mean score for the third Component was .09 so higher than that of Component 2.

Given that the original measure was not developed for females the findings are highly speculative.

The male students showed sexual interest in domination/submission, which Ogas and Goddam (2012) describe as very common, stating that while sexual domination sites are common for males, sites discussing submission are even more popular, maintaining a majority male audience. These findings support those of Larue et al (2014) who reported that 66% of their sample being affiliated to the BDSM scene and 33% of their sample fantasised about non-consensual violence. Two of the items relate to the use of accessories, 'I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints'; 'I have had sex with accessories such as leathers, whips, handcuffs, sharp things, restraints', while others relate to being dominated, 'I have daydreamed about being sexually attacked'; 'I have had thoughts or fantasies about being kidnapped by someone for a sexual reason' and one is ambiguous as to which position they prefer, 'I have fantasised about dominant/submissive sexual role play with a consensual partner'. The mean score was .59.

Along with all the groups the male students demonstrated sexual interest in hurting others. The male students' component relating to Sexual Interest in Hurting Others was comprised of 5 items. 4 of these items had been in the male offenders' component relating to sexual interest in hurting others. The remaining item 'During sex I have been more aroused by my partner being afraid of me than by the sex itself' had been added in the later revision and men in custody would not be expected to have had sex in the past 6 months. The mean score was .10, indicating a higher level of sexual interest to this component.

In order to assess the level of sexual interest the six groups were compared. The male students had the highest mean score on the 4 items which overlapped in all 6 groups, these being, 'When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy'; 'I have got more excited about the thrill of hurting someone than the thought of sex itself'; 'I have been sexually turned on by hurting or humiliating other people'; and 'I have become more sexually aroused at the thought that the other person was frightened'. This may be because they are being more open in their responding, or that as has been stated previously (Bartels & Gannon, 2011; Kahr, 2007; Leitenberg & Henning, 1995) those in the general population also have high levels of sexual interest in what previously might have been considered to be deviant. The female students also had a component relating to sexual interest in hurting others, with an overlap of 4 items with the male students and those in custody. 2 of the items on that scale for the men in custody related to feeling uncomfortable or ashamed about their sexual thoughts, which did not feature with the male or female students. It may be that those in custody feel uncomfortable because of what they have done to others, or because of being convicted. The males in custody's component also contained the deleted item (I have had sexual thoughts or fantasies about past victims). Both the male and females component relating to sexual interest in hurting others included the newly added item, 'During sex I have been more aroused by my partner being afraid of me than by the sex itself,' suggesting that the fantasy is being enacted. The component for the males in custody also contained the item 'when a female rejected or hurt me I got angry and thought about sex' which did not feature in either the male or female students' component.

The student components also contained additional items relating to accessing sexual images via the Internet, an option not included in the original CSIM, and also not available to men in custody. The items were included to aid the development of the measure and did feature in the components.

Respondents were asked ‘At any time in your life have you been touched in a sexual manner without your consent?’ in order to assess whether those who have been touched in a sexual manner without their consent would show sexual interest in more diverse interests and how the findings would correlate with the components. It was extremely helpful that many students were willing to disclose intimate details of such touching. Two thirds of the female students reported having been touched sexually without their consent, in excess of that reported by Koss, Gidycz and Wisniewski (1987)’s (who found that 50% of females in college reported having experienced some degree of sexual aggression during their life). Larue et al (2014) reported that 13% of their sample reported having been sexually abused, with women reporting four times more than men. It is not clear why that might be and whether a randomised sample would have produced a different outcome. There were significant relationships between all the components and having been touched without consent for the male and female students. This would suggest that having been touched without consent interacts with sexual interest. However, further conclusions could not be made without seeking further information as to the extent of the sexual touching, the age at which it happened, (as much research finds an effect for having been abused at a younger age, as discussed below) and the impact on the individual concerned. The details of having been touched and their sexual interests were illustrated in the results section and appear to support Kahr (2007)’s view that sexual interests can serve to

ameliorate previous trauma albeit on an unconscious level. It is noted that being touched sexually without consent may well be very different from sexual abuse, but acknowledge that each person could respond differently to either event.

It was noted that several students reported having been touched without consent on more than one occasion, and others reported on-going abuse. These findings were in line with recent research (Levenson, Willis & Prescott 2014; Ogloff et al 2012) which found having experienced one adverse childhood experience doubled the chance of further such events, although given the lack of detail provided in this study such associations are tentative at this point. Although not a focus of this thesis, it would be useful to develop the data collected in this study to include more information about what the abuse the students suffered entailed, at what age, and how it affected their sexual interest in the long-term.

The findings are revealing in terms of the females involved, but as stated there is a scarcity of research relating to female sexuality and so these findings may help to add to this body of knowledge and discussion at this stage is speculative. Ogas and Gaddam (2012) discussed female fantasies of being coerced into sex and stated that 'arousal is not consent' highlighting that the apparent loss of control is not actual. Several female students reported having 'rape' fantasies. However, this may be 'rape' with the 'victim' being in control of who undertakes the actions and how this is done, rather than in offending when it is without consent. Kahr (2007) discusses this popular fantasy and also emphasises how the females concerned want the act on their terms and recognise that it is a fantasy that they do not want enacted. Several female students reported having a sexual interest in spanking, and Kahr (2007) reports that this is a popular sexual fantasy and extrapolating from his responses he estimated 18%

of British men and 7% of British women fantasise about spanking others and 11% of men and 13% of women fantasise about being spanked. He reported that some but not all recalled being spanked in childhood.

One aspect of the development of the measure was the inclusion of age-appropriate sexual interest, but these did not feature in the students' components.

In line with previous findings (Chivers, 2005) some females reported being non-specific in their sexual arousal, with 6% being attracted to other females and 14% being attracted to males and females. In contrast 11% of the males reported being attracted to other males and 8% of the males reported being attracted to males and females. The items had been worded so it would be possible for males or females to respond. Although as noted one item ('when a female rejected or hurt me I have got angry and thought about sex') was included to explore whether men were using sex as a means of managing anger.

One of the aims of the chapter was to assess the use of the CSIM for those in the community, as some of the items would not be relevant to those in custody, for instance accessing internet images, and having consensual sex with a female/male. That said it is recognised that such behaviour may occur, albeit against prison rules. The findings suggest that the CSIM does have scales relating to general sexual interests, (in relation to female students), which is encouraging and makes its use more widespread.

It is acknowledged that it is difficult to assess the validity of the CSIM with the student group as there is no such measure to compare it to.

Further research

As commented (Fisher, Moore and Pittenger, 2011) in order to get a precise assessment of current sexual interest it may be necessary to keep a more accurate measure, such as noting thoughts as they arise, and what they are in response to, for instance the extrinsic or intrinsic stimuli. Morrison-Beedy, Carey and Tu (2006) described contemporaneous self-report as the 'gold-standard' of data collection and so further research could compare accuracy of recall by assessing sexual interests using both questionnaires and data collected at regular intervals during the 6 month period. However, this would have to be balanced with the impact on the participants involved in terms of time and effort and the possible impact on the amount of sexual thoughts that collecting such data could have, in that it could become preoccupying.

The students who contacted the researchers commented that they would have like the opportunity to comment in categories such as 'very often, often, sometimes, occasionally, rarely, never', but such categories would need to be explained in order to ascertain accurate responding. It would also be important for future versions of the measure to keep pace with available technology through which sexual images could be accessed.

Like previous researchers (Imhoff & Schmidt, in press) this chapter relied on students as participants. The mean age for Imhoff and Schmidt's sample was 29, whereas Chivers et al chose to recruit via an advertisement in a newspaper. Their male participants were aged 32 and the females 26. The majority in this study were in the 21-30 age range. Further research could assess whether similar results would be found with younger and older groups. The student group in this sample may not have given much thought to their sexuality or their sexual thoughts and fantasies and so

responded without much consideration. Future research could repeat the measure 6 months later and assess the extent to which the interest changed (at an age when it might be expected to) and whether increased insight would affect the results.

Previous research, (Heiman, 1977) has concluded that sexual arousal can not be accurately assessed by self-report alone and should include physiological measures and so further research could calibrate the physical and cognitive reports of arousal on non-offending participants. Larue et al (2014) used a range of indirect (IAT and Viewing Time) measures and direct (Violent Sexual Interest Questionnaire) measures and so these could be used alongside the CSIM in order to further validate the measure. They recruited from BDSM interest groups online and recruited from dating websites as their comparison group. This may have resulted in groups who were confident and familiar with discussing sexuality online, and so may have been more self-aware and able to report their sexual interests in an open manner. The CSIM could be assessed with such respondents and the results compared to those presented previously.

Petersen and Shibley Hyde (2010) found that the cultures with higher levels of gender equality reported smaller gender differences for sexual behaviour than cultures with less gender equality. The demographic information collected in this chapter did not include ethnicity and so that hypothesis could not be explored. However, further research could attempt to develop that avenue of research.

Further research could also be undertaken collecting data on females who have committed sexual offences to see how this compares to the female students' sexual interest as well as developing a version of the measure which would be more relevant to all aspects of female sexuality.

CHAPTER 7

The Development and Validation of a Psychometric Measure of Current Sexual Interest: The Story So Far and the Next Steps.

Chapter 7 discusses the complete thesis drawing together the findings in the previous chapters and highlights areas for future research.

The Development and Validation of a Psychometric Measure of Current Sexual Interest: The Story So Far and the Next Steps

Introduction

This concluding chapter reviews the development and validation of the Current Sexual Interest Measure and the Sexual Offence Paralleling Behaviour Checklist, commenting on the development and revisions. The limitations implicit in each chapter and suggested areas of future research is also discussed.

The systematic review completed in Chapter 1 was completed in as full and thorough manner as possible but it is acknowledged that given the wide range and variety of information available some may have been missed. Every effort was made to include material found after completion of the chapter into later chapters. Chapter 1 concluded that there was the need for a combination of measures but lack of space has precluded a full discussion of measures which could be used alongside the psychometric measure developed through the thesis. This is an area of research which is expanding rapidly and so it is noted that there is much new information relating to assessing sexual interests since the publication of Chapter 1, see for instance Babchishin, Nunes and Hermann, (2013), and Snowden, Craig and Gray, (2011), describing the use of Implicit Association Test; Helmus, Ó' Ciardha, and Seto, (2014), evaluating the use of the Screening Scale for Paedophilic Interests; Fromberger et al (2011) tracked eye movement while looking at sexual stimuli and found that men who described themselves as heterosexual spent more time looking at the sexually images of females and looked towards those images before the alternatives offered. Perkins, Merdian and Bailey, (2014), described implicit measures of sexual interest in children; Schmidt, Imhoff and Banse (2014) describing

Viewing Time as a measure of sexual interest and Wincze and Carey, (2012), discussed dysfunction in sexual arousal, to name a few. However, there is still no other psychometric measure of current sexual interest reported. Therefore, it remains difficult to evaluate change in sexual interest over time and following treatment.

Deviant sexual interest remains the strongest predictor of sexual recidivism (Hanson & Morton-Bourgon, 2004, 2005) and is deemed to be extremely resistant to change, and so while it is hoped that a psychometric measure will encourage open dialogue between those being assessed and the treatment provider, it is acknowledged that such interest is very resistant to change. The need to use a range of methods which are not too transparent to evaluate sexual interest remains and is commented on as the thesis develops. This is particularly important if it is to be used to accurately assess current sexual interest and used to make decisions such as if someone could be safely released from custody.

The Current Sexual Interest Measure (CSIM) described in Chapter 2 was developed in collaboration with experts in all aspects of sexual offending, including those who have committed such offences. Individuals in a wide range of settings were consulted, ranging from those awaiting trial for a sexual offence to those who had received, researched or provided many years of treatment. It is acknowledged that while every effort was made to include a diverse range of views those who offered opinions were self-selected and so may demonstrate a bias. As the measure was publicised and presented further opinions and views were supplied, thus adding to the richness of the data. The small sample is highlighted as the major limitation of Chapter 2 and therefore a larger sample should be assessed and further analysis completed in order to further validate the measure. This means that the components

identified through the principal component analysis may need to be reanalysed with a bigger sample.

The CSIM was able to discriminate between high and low risk men as assessed alongside the Risk Matrix 2000 (RM2000, Thornton et al 2003) and responses on the CSIM correlated with convictions, indicating face validity. In addition the CSIM correlates with the Multiphasic Sex Inventory (Nichols & Molinder, 1984) and My Private Interest measures (Farren, & Barnett, 2014). As the thesis developed the measure was revised to make it applicable for those in a range of settings for instance for those in custody (see Appendix 7.1), for those in the community (Please see Appendix 7.2) and to reflect more diverse sexual interests. The use of a psychometric measure of current sexual interest can help on-going assessment as a person ages, thus adding to the knowledge of how sexuality changes with age and through maturity. Recent research (Hanson, Harris, Helmus, & Thornton, 2014) have highlighted the importance of assessing the change in risk once there has been a time at risk when no further offending has occurred. Therefore, it is hoped that the measures developed in this thesis can add to that data.

A great deal of thought and consideration was given to including a wide range of sexual interests but as the thesis developed it was highlighted how difficult this proved to be given the diversity of sexual interest expressed by those consulted. Therefore, those that were known to be related to risk of sexual offending were represented in the original CSIM, but it was considered that this may produce a deviant profile due to the lack of more mainstream sexual interests. With this in mind the measure was revised to include such items and described in later chapters.

The use of case studies and clinical experience was fundamental to illustrating the development and utility of the Current Sexual Interest Measure (CSIM) and Sexual Offence Paralleling Behaviour Checklist (SOPBC), as described in Chapter 3. Such collaboration and consideration for the individual being assessed remains integral and is at the heart of the use of the two measures. Current thinking in the treatment of those who have committed sexual offences encourages an individual approach that is evidence-based (Mann, 2014; Marshall, 2014). Discussion of such a personal and at times shame-inducing interest relies heavily on a therapeutic alliance between all parties and as this develops those involved become more aware and develop their understanding of the interest and how it can be managed.

The development of the SOPBC to be used alongside the CSIM should increase its validity and usefulness. Using the two measures alongside static and dynamic assessment of risk helps to develop a sound knowledge of what treatment is required. It may seem counterintuitive to develop a checklist when offence paralleling behaviour (OPB) is very individual. However, it was deemed important that the behaviour commented on would be that which is known to be related to risk and so the psychologically informed risk factors described guided its development. Therefore, given the importance of assessing what is relevant OPB for each person it would be vital to have developed a sound formulation of the individual being assessed prior to its use and to have a priori thoughts about what would be expected to be observed given this formulation. Furthermore, observing the pattern of OPB over time should add to the evidence of sustained change in behaviour, one of the aims of the thesis.

Having had the chapter published, presented and used the measure some changes were made to the SOPBC in order to increase its application and accuracy. More details as to how the SOPBC should be scored were provided to aid the user. There was a slight change and clarification in the description of the time variable. For instance consideration was given to the meaning of the term ‘regularly’ which could be misleading. Therefore, it was replaced with ‘habitually’ and as with the other terms this was explained. The revised SOPBC is attached as Appendix 7.3.

Recently there have been a spate of convictions for historic sexual offences in the UK in addition to those committed via the Internet and so assessing the current risk of a man who has been convicted of an historic sexual offence is clearly required. Using the self-report CSIM and current behaviour witnessed by staff, by means of the SOPBC, should increase confidence in such an assessment.

The CSIM has been tested with differing groups, those in custody having committed sexual or violent offences, on license for sexual offences and students who have no record of offending. It showed good test-retest reliability and appeared valid when assessed alongside similar (though not time-bound) measures. The aim of the development of the measure was to help assess current sexual interest that was problematic in order to highlight treatment need and progress. Throughout the thesis it has been highlighted that recognising and assessing sexual interest can be very complex. Sexual interest can have physical and psychological aspects and is used to provide pleasure, in addition to manage mood and aid coping with difficulties. In order to understand all aspects of sexuality it is necessary to for the individual discussing it to develop insight into it, how it developed and how it changes over time and circumstance. Once this is achieved there is also the stumbling block of

overcoming social desirable responding and being able to disclose frankly. Therefore, completing a measure without insight is problematic, in addition to the complication of being able to be open and frank in responses. Furthermore, repeatedly asking respondents to complete what may seem intrusive measures over a period of time in order to assess change could be deemed ethically invasive. Therefore, the use of the measure to inform risk and treatment need would need to be considered carefully.

It is assumed that those who have committed sexual offences have deviant sexual interests, but this has not always been shown to be the case, given the diversity of sexual interests shown by those who have not offended (Bartels & Gannon, 2011; Baxter, Barbaree & Marshall, 1986; Kahr, 2007; Larue et al 2014; Looman & Marshall, 2005). Therefore, it appears that it could be the extremity of the interest or the lack of self-control that differentiates between those with the sexual interests and go on to offend. Experience in treating those who have been convicted of sexual offences has shown that each has a different trajectory to the offence and response to it. So it follows that each would have individual needs as to how to manage the sexual interest which is proving to be a problem. It is hoped that the two measures can help provoke discussion between the respondent and treatment provider.

As stated above, research (Kahr, 2007; Larue et al 2014; Ogas & Gaddam, 2012), highlights the wide-range of sexual interests in those in the community at large. One measure could not possibly account for or assess this diversity but it is hoped that the CSIM can be adapted to include individual sexual interests without undermining its validity. One of the aims of developing the measure was to help develop understanding of sexual interests in order to treat those which are causing problems.

Understanding how the sexual interest can be developed through therapy, but if the aetiology is not clear management of the interest alone may be necessary.

The relationship between sexual interests and having been touched sexually without consent has been discussed briefly; and would benefit from further exploration. Kahr (2007) has highlighted a possible link between trauma and sexual interests and this relationship can be examined further through interview alongside the use of the CSIM. This thesis explored several aspects of this relationship, but as the focus was on the development of the measure rather than how the sexual interest formed, focus remained on the former.

A range of methods to collect data have been used in this thesis. Methods such as focus groups, the Delphi method, face to face interviews, completing the measure in the presence of the researcher, or in the privacy of their own living space and via computers were used and the efficacy of each described and evaluated. The use of case studies was important as a practitioner and this approach to examining an individual was discussed and the benefits and costs of this considered. Each method provided opportunities and limitations and so it proved useful to use a wide range of modes to gather as much data as possible.

Future directions

The CSIM has been tested on various groups and has been deemed valid, but given the small sample size the results need to be viewed with caution. Future research could develop a version for use with particular groups, such as young people who are coming to the attention of Social Services or Youth Offending teams in order to intervene before an offence has been committed.

It will be important to continually evaluate the research relating to current sexual interest and ways through which it is expressed. For instance the proliferation of digital means of accessing explicit sexual material has made it much more easily available and this would need to be monitored and its effects assessed.

Future development of the measure would include assessing its use for females who have committed sexual offences, building on the findings from female students.

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Appendix 1. 1. Searches completed for systematic review

ATSA Conference proceedings 2002,2004,2005,2006, and 2007

ATSA Forums all available online as of 24.05.09

ATSA website copied all relevant papers available on-line 25.05.09

California Coalition on sexual offending web site 24.07.09

<http://www.sexual-offender-treatment.org/> 26.08.09

<http://www.csom.org/pubs/pubs.html> 26.08.09

<http://www.homeoffice.gov.uk/science-research/> 26.08.09

<http://www.hmprisonservice.gov.uk> 26.08.09

<http://www.indiana.edu/~sexlab/> 27.08.09

http://www.sexhelp.com/resources_books.cfm 29.08.09

Archive of sexology [http://www2.hu-](http://www2.hu-berlin.de/sexology/Entrance_Page/Online_Library/online_library.html)

[berlin.de/sexology/Entrance Page/Online Library/online library.html](http://www2.hu-berlin.de/sexology/Entrance_Page/Online_Library/online_library.html) 29.08.09

<http://soraf.cyzap.net> 04.09.09

my.csa.com.05.09.09

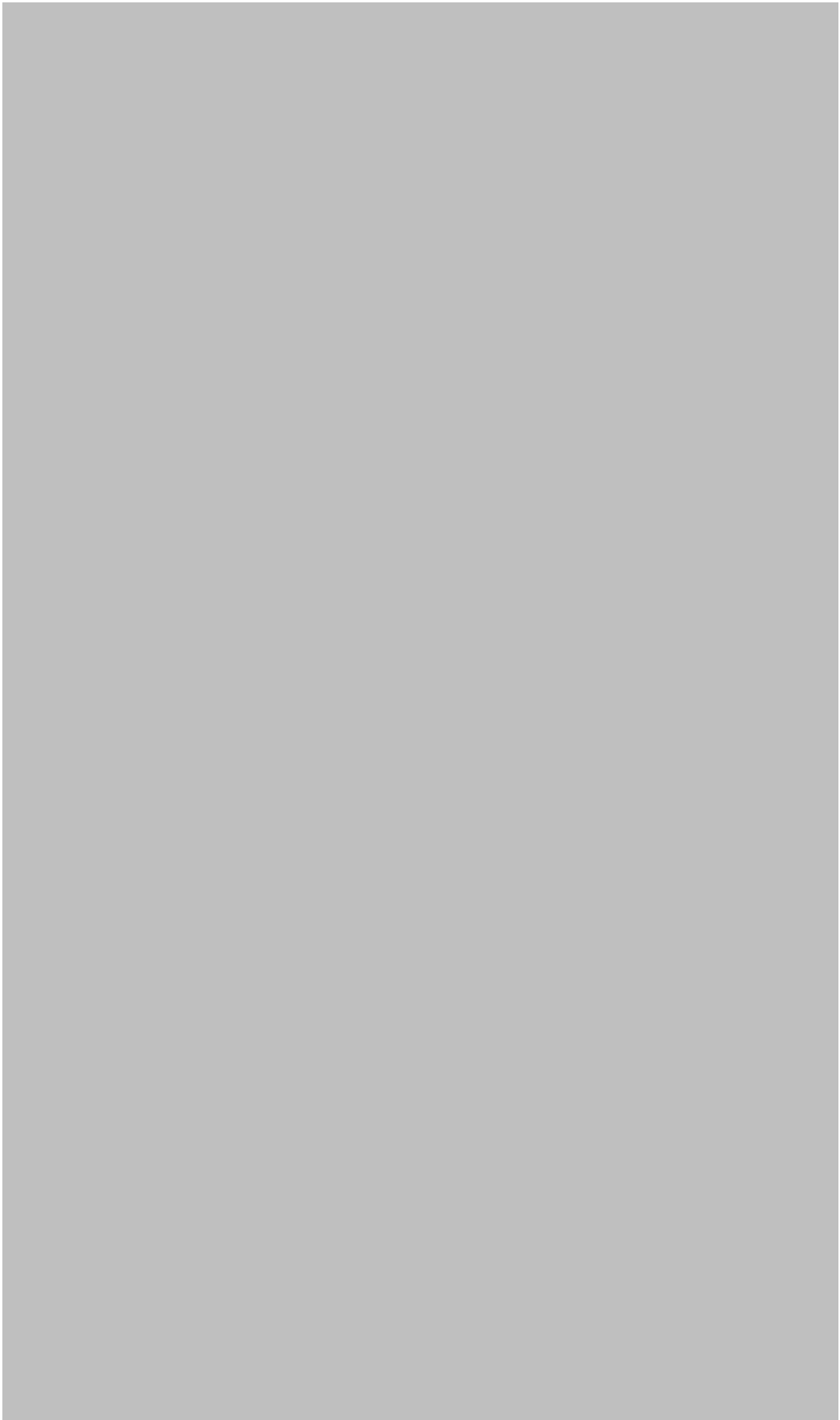
Journals

Aggression and Violent Behavior; American Psychologist; Behavior Modification; Behavior research and Therapy; Child Maltreatment; Crime and Delinquency; Criminal Justice and Behavior; Criminal Justice Review; Criminal Justice Policy Review; Cross Cultural Research; International Journal of Forensic Mental health; International Journal of Offender Therapy and Comparative Criminology; Journal of Applied Behavior Analysis; Journal of Interpersonal Violence; Journal of Psychoanalytic Association; Journal of Psychopharmacology; Journal of Social and Personal Relationships; Journal of Sociology; Perspectives on Psychological Science: A Journal of the Association for Psychological Science; Personality and Social Psychology Bulletin; Sexualities; The Family Journal; The Prison Journal; Trauma; Violence against Women; Violence and Abuse; Probation Journal;

Email contact:

[REDACTED]

[REDACTED]







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Research Study Information Sheet **Developing and validating a measure of current sexual interest**

I (Geraldine Akerman, contact details below) would like to invite you to take part in this research study. It is the first part of a larger piece of research and is detailed below. Before you decide to participate you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Please feel free to ask if there is anything that is not clear or if you would like more information.

The purpose of this study is to develop a measure of current sexual interest. Your participation in this study will be used to aid its development through discussion of what you think is relevant in such a measure. The data collected will be added to that collected from others (experts in the field of sexual interest, and men serving their sentences in the community) to create the measure. **The discussion is for research purposes only and will not relate to your treatment or assessment of risk.**

You have been invited to participate in this study because it is important to have a variety of people involved in order to ensure that the measure is accurate in measuring current sexual interest.

Your participation in this study is completely voluntary and you do not have to take part if you do not wish to. I will describe the study to you in full and ask you to sign a consent form to show you have agreed to take part in this study, and to show that the information that I have collected today may be used for research purposes.

You may decline participation at any point without providing a reason, and without penalty.

If you decide to take part in this research study, you could undergo the following procedures:

- 1) You could participate in a group discussion to help develop the measure
- 2) You could complete the newly developed measure
- 3) You could complete other measures in order to help in the validation of the measure.

Benefits

The research will help to develop a measure of current sexual interest, thus helping in risk assessment and the need (or not) for further treatment.

Risks

Some of the discussion involves words of a sexual nature, and may make you feel uncomfortable. Although this is necessary to include in this research study, remember that you are free to withdraw from the study at any time. If these word stimuli cause you discomfort, feel free to ask the researcher for a referral to a source of support.

Debriefing

Upon completion of this study you will be provided with a debriefing form that will explain to you again what the purpose of this study is. Contact details of the principal investigator will be provided on this form in case you have any further questions or concerns regarding this study.

Further information and contact details:

Primary Investigator:





Topics for discussion in focus groups with offenders.

My name is Geraldine Akerman and I have worked in the prison service for eleven years. I understand that what is being discussed is private and personal to you but can I assure you that having worked in therapy for this amount of time means that I have discussed these issues many times and so feel comfortable doing so. I understand that you may find it difficult to talk about these issues in a group and so please feel free to put any relevant thoughts you have in writing to me, or ask to speak to me after the group finishes. This focus group is part of a bigger piece of research which will develop and test a measure of sexual interest, which can be used at the start and on completion of treatment in order to aid the process of risk assessment. This should help users to identify when there is an increase in the risk of offending and seek help at such times. The discussion may feature all types of sexual thoughts and fantasies, attitudes and lifestyle choices. Finally, I would appreciate it if you could suggest questions that could be used on a questionnaire that would generate responses that could identify problematic sexual arousal and indicate increased risk of offending.

Fantasies:

Thinking about the sexual fantasies you have had in the past can you identify those which were more likely to lead to acting them out?

How long would you tend to have these prior to offending?

Which types of fantasies do you find the most disturbing?

Arousal:

What signs do you identify as those relating to sexual arousal?

What can trigger this arousal? E.g. sights, smells, sounds, tastes, interactions? Mood (for instance depression, boredom, anxiety, guilt, shame, frustration, stressful life events)

Is the arousal affected by use of pornography or seeing sexual images?

Behaviour:

What behaviour would you identify as indicative of being at risk of acting on offence related sexual arousal?

What might others see?

How long would you consider would be long enough to think you were no longer at risk of acting on the sexual arousal? For instance 6 months/1 year/longer?

Suggested items for measure:

Some other measures use sexually explicit language; does this affect how you respond?

Has the extent or content of your sexual fantasies caused you to feel upset or bad about yourself? Has it caused you significant problems in relationships, work, social life?

Finally, could you suggest questions that could be used on a questionnaire that would generate responses that could identify problematic sexual arousal and indicate increased risk of offending.



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Debriefing sheet

Thank you very much for taking the time to take part in this study. Your views are valued as they will help to develop an accurate measure of sexual interest.

This study is important because it is part of the development of a measure of current sexual interest, which will help with the assessment of risk and of further treatment need.

If the discussion has raised any issues for you please feel free to talk to the researcher, with wing staff, your personal officer, or with your therapy group.

Should you decide to withdraw from the study you can request that responses are destroyed. This should be done within one month of your participation, as once the data has been analysed it will not be possible to extract individual results.

Once again thank you for your participation.

Geraldine Akerman
Senior Forensic Psychologist



Appendix 2.2 Research information sheet, consent form topics for discussion for interviews with men in the community, consent forms and debrief.

Research Study Information Sheet
Developing and validating a measure of current sexual interest



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I (Geraldine Akerman, contact details below) would like to invite you to take part in this research study. It is part of a larger piece of research and is detailed below. Before you decide to participate you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Please feel free to ask if there is anything that is not clear or if you would like more information.

The purpose of this study is to develop a measure of current sexual interest. Your participation in this study will be used to aid its development through discussion of what you think is relevant in such a measure. The data collected will be added to that collected from others (experts in the field of sexual interest, and men serving their sentences in the community) to create the measure. **The discussion is for research purposes only and will not relate to your treatment or assessment of risk.**

You have been invited to participate in this study because it is important to have a variety of people involved in order to ensure that the measure is accurate in measuring current sexual interest, and to be able to compare the results collected here to other groups of individuals.

Your participation in this study is completely voluntary and you do not have to take part if you do not wish to. I will describe the study to you in full and ask you to sign a consent form to show you have agreed to take part in this study, and to show that the information that I have collected today may be used for research purposes.

You may decline participation at any point without providing a reason, and without penalty.

Benefits

The research will help to develop a measure of current sexual interest, thus helping in risk assessment and the need (or not) for further treatment.

Risks

Some of the discussion involves words of a sexual nature, and may make you feel uncomfortable. Although this is necessary to include in this research study, remember that you are free to withdraw from the study at any time. If these word stimuli cause you discomfort, feel free to ask the researcher for a referral to a source of support.

Debriefing

Upon completion of this study you will be provided with a debriefing form that will explain to you again what the purpose of this study is. Contact details of the principal investigator will be provided on this form in case you have any further questions or concerns regarding this study.

Further information and contact details:

Primary Investigator:

Participant Number:



Topics for discussion in focus groups with offenders in the community.

Demographics of the group to include: Length of time in treatment, age, sentence details and in therapy.

In addition to discussion with offenders (Appendix 1) I would ask about behaviours available to men in the community, for instance: have you participated in cybersexual activities, (sexual contact via the Internet, and/or using webcams), telephone sex, strip clubs, pornography, one night stands, massage parlours (including sex), brief impersonal affairs? What would you consider to be a usual amount of time spent in these interactions? Would you consider the time you spend excessive or problematic?

Appendix 2.3. Research information sheet, consent form and survey for expert
Respondents.



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Research Study Information Sheet
Developing a measure of current sexual interest

I (Geraldine Akerman, contact details below) would like to invite you to take part in this research study. Before you decide to participate you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Please feel free to ask if there is anything that is not clear or if you would like more information.

The purpose of this study is to design a psychometric measure of sexual interests. To help with this I would like to gather information (through seeking the views of expert practitioners) about what you think is relevant to help in the assessment of sexual interest. Your participation in this study will help to develop the measure of sexual interest. You will not be identified in the research but what you tell me will help me develop the measure.

You have been invited to participate in this study because it is important to have views from a range of sources (offenders, staff and expert practitioners) in order to ensure that the measure is accurate in measuring current sexual interest.

Your participation in this study is completely voluntary and you do not have to take part if you do not wish to. I will describe the study to you in full and ask you to sign a consent form to show you have agreed to take part in this study, and to show that the information that I have collected today may be used for research purposes.

If you decide to take part in this research study, you could undergo the following procedures:

- 1) You could suggest relevant sexual interests you consider important to include in such a measure and propose wording for such items

- 2) You could comment on the measure once it is designed if you consent to being contacted for this purpose

Benefits

The research will help to develop a measure of current sexual interest, thus helping in risk assessment and the need (or not) for further treatment.

Risks

Some of the discussion involves words of a sexual nature, and may make you feel uncomfortable. Although this is necessary for this research study, remember that you are free to withdraw from the study at any time. If these word stimuli cause you discomfort, feel free to ask the researcher for a referral to a source of support.

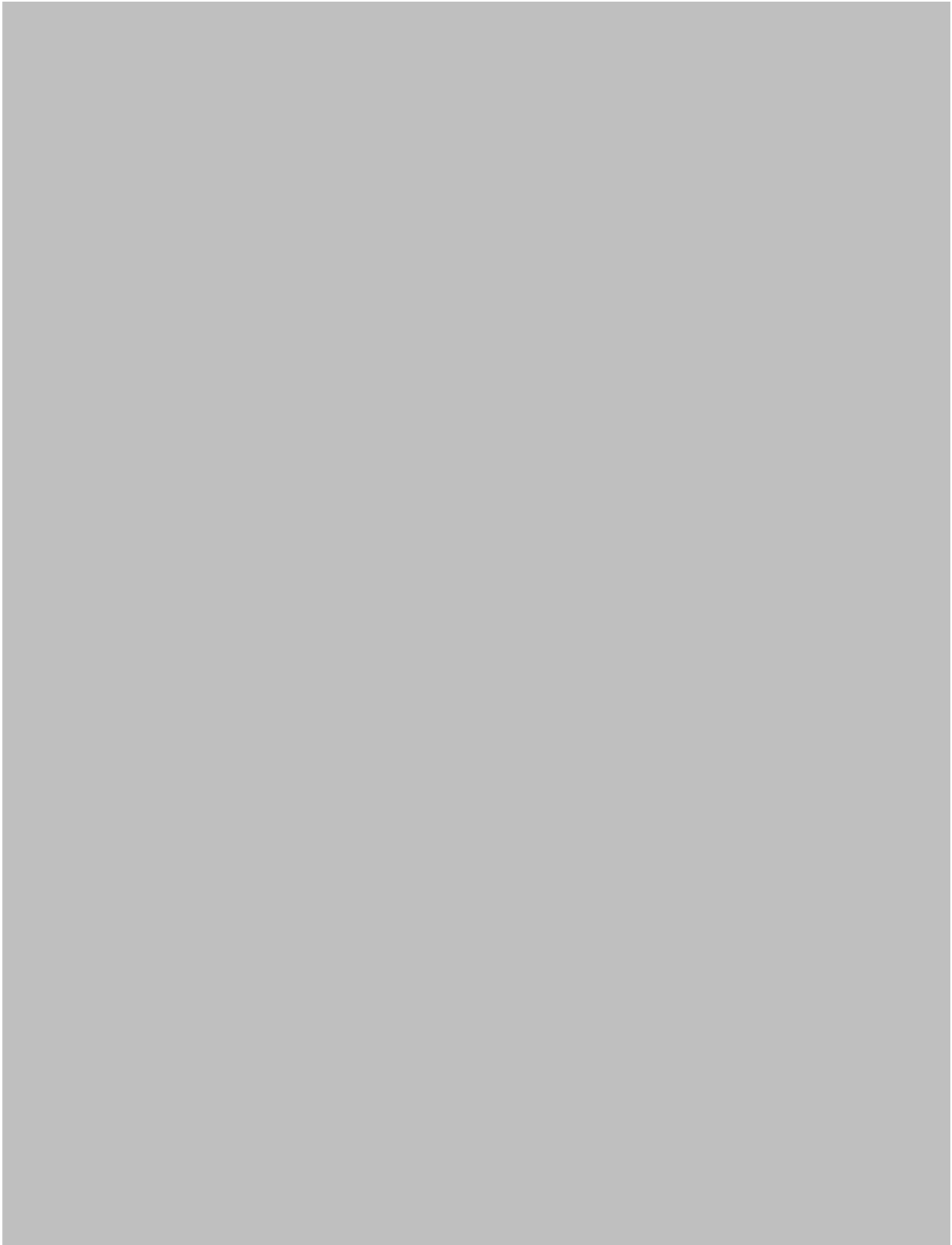
Debriefing

Upon completion of this study you will be provided with a debriefing form that will explain to you again what the purpose of this study is. Contact details of the principal investigator will be provided on this form in case you have any further questions or concerns regarding this study.

Further information and contact details:

Primary Investigator:





Appendix 2.4. Amalgamated responses from the focus groups and survey.

The results are written in line with guidelines for reporting results from focus groups (Kitzinger, 1995; Wilkinson, 2008) who suggested that the researcher should draw together, compare themes and highlight discriminatory views, giving attention to minority perspectives. As was the case on several occasions, similar comments were made in each group and so a summary and any new perspectives are reported here.

Questions evoking responses about the content of arousal

The experts were asked about how to approach the question of arousal and had a varied view. Some suggested that the use of crude language could be arousing to some men, but to some (particularly men who had offended against children and viewed them as consenting) would be offensive. Their responses included how the items might be worded and offered a choice of scenarios:

- “What arouses you that you are ashamed to speak with others about?”
- “Questions that don’t necessarily make a connection to offending would be useful e.g. do you ever have thoughts that you think are unhealthy, thoughts that make you feel uncomfortable, thoughts that you would like to change? You could also ask whether they have ever acted on these thoughts.”
- “I also think it’s useful to ask questions that distinguish between having had a sexual thought about something offence related and having been physically aroused to this.”
- “One way for me to become sexually aroused is: 1) if I have thoughts or fantasies that include certain items of clothing; 2) if I have thoughts or fantasies that include children who have not developed physical features like adults; 3) if I have thoughts or fantasies that include watching someone who doesn’t know I’m watching them; etc.”

In relation to the increased risk of sexual offending a series of true/false questions was suggested: “I am more likely to sexually offend if:”

- I have been drinking or doing drugs
- I have been watching pornography
- I am upset about something
- I am feeling lonely
- I am in the presence of people who are similar to my victims (age, gender, body type, etc)
- I feel hopeless about my life
- I have financial problems
- I feel generally ‘stressed out’
- I am ignoring my supervision obligations (meeting with parole officer notification of address change)
- one of my friends or family members ends their relationship with me
- I can’t talk to someone about my problems

The use of explicit language within items was discussed. The importance of using words that are familiar to the responding group was highlighted, while being aware that some may be offended by the use of explicit sexual language. There were mixed views about this. The consensus in the US group was that the men felt offended by explicit language. Among the comments was that they thought the explicit language: “would distract the focus from the form to the person administering the form.” Some felt it was demeaning, e.g:

- “They think we think like that.”
- “We think the writer is “getting off” to the language.”

- “It was disturbing. I felt something twist in the pit of my stomach.”
- “It actually put thoughts into my head.”
- “It was shocking.”
- “We’re supposed to be learning healthy thoughts.”
- “You’re sick.”

However, the men in prison in the UK said “it was fine to use such language,” as if they felt they were “distanced” and at times they didn’t understand the words used.

- “If you don’t use the correct words you used when you offended it’s not real.”
- “I had no strong feelings about the wording.”
- “Sometimes found the use of words such as “cock” amusing.”
- “I did not find the use of explicit language offensive.”

The men in the hostel agreed that they were not affected by the wording.

Practitioners also had a varied view;

- “I have used scenarios/vignettes in the past, for example, “You see a child undressing through their window and they don’t know that you can see them. How does this make you feel, what might you be thinking, and what might you do?” You then encourage them to write as much as possible in response to these statements. You might get answers along the lines of, “I would feel horny,” or “I would feel sexually excited,” (probably not these words!). You would then be using their own language/words to create items for a questionnaire such as, “if I saw a child undressing I would feel horny.”

- “The important thing is to use the language they use themselves. So if they refer to actual sexual acts in crude terms, so would you.”
- “I have previously found that explicit measures cause some clients discomfort. For example, some clients find items on the MSI difficult to answer. Furthermore, where questions are very explicit in their content, it is my experience that some clients can offer favourable responses or can see the purpose behind the question. As such a measure of desirability is helpful.”
- “A statement saying what the instrument measures and explaining that not all people have the same sexual experiences and that sexual interests and arousal patterns vary a great deal between individuals.”
- “Sexually explicit to a point, I would refer to the Abel-Becker Card Sort as a good example in my opinion of wording. The exception would be for items that would pull for sadism — those need to be pretty explicit including the suffering of the victim and the arousal of the perpetrator to the victim suffering. I’ve seen some sadists not respond to scenarios until they were made more explicit.”
- “Could get at philias, like sadism, in the more graphically worded cases”
- “I really think this is so different depending on the individual. Some men report that graphic sexual language is offensive and inhibiting (e.g. in PPG assessments) and therefore would prefer the use of less explicit language whereas others report that the language or stimuli was nowhere near to the extent of their sexual thoughts at the time. There is also the issue that different people use different terminology therefore if you opt for one word for something, this may not be the term that all offenders would use. Generally, the more explicit the language gets the more specific it gets and therefore possibly

the less applicable it becomes to all offenders? We generally try to teach and encourage the use of appropriate language therefore perhaps the less explicit language is better. In addition, I presume the aim of the measure is not to trigger current arousal (as it might be in a PPG) therefore I think there is less need to use explicit language.”

- “Explicit language doesn’t work in the beginning of therapy. There must be some honesty and trust before someone will want to consider answering sincerely”
- “Would be less inclined to use your first example. For example, one person can be f***** his daughter, but the next guy wouldn’t use those words, because he may be making love to her, or teaching her about sex. It maybe a cognitive distortion but that is how many think. Keeping neutral can capture so much more.”
- “Would not encourage more explicit material as too controversial or might be gratuitous or arousing in its own right.”
- “Maybe such explicit language may actually serve as a means to get respondents into a more impulsive, less self-reflective mode, but I know of no previous validity evidence.”
- “I think that using very explicit language can have the effect of increasing sexual arousal for the clients. I think that both the examples above could do this. I would be more focussed on the use of subtle language.”
- “Language should be clear enough and avoid as much lingo as possible while asking plainly so that the respondent may understand. Explicit language may create a more negative response and may cause some offenders to continue

responding, in particular when they are untreated and also when the item describes an offence that is different to what they have committed.”

- “Some men might find the innocuous wording less offensive; others might become aroused by the more explicit wording and answer more honestly. I would probably use a mixture of levels of explicitness. Be aware, though, that a lot of therapists would be reluctant to use a very explicit measure, as they can be a sensitive lot.”
- “I’ve used both explicit (e.g. SIPS) and less explicit items and I’m torn. I generally prefer the less explicit because they seem less disturbing to different types of offender; e.g. a rapist might become angry when reading explicit details about child sexual abuse.”
- “I don’t know which is more effective but it’s an interesting empirical question. Although the more explicit would probably get higher arousal ratings (just like a pornographic video would get higher PPG responses than audio recordings read in monotone), if the focus is on relative interests (e.g. amount of attraction to children relative to attraction to adults), then the absolute arousal to each item may not matter that much.”
- “The effect of the wording would depend on the individual client. Some clients may find the sexually explicit language easier to relate to and others may not. It would be best to be individualised.
- “The wording should be toned down, but depends on your purpose. Explicit wording is necessary only if you want to sexually arouse someone as a result of reading the words. Even mild wording will sexual arouse some offenders.”

- “It might make some difference, but I don’t think the clinician or researcher has a genuine choice. It is necessary to preserve the decorum of one’s own role. I would not use slang.”
- “I have no idea but I imagine it would be easier for offenders to answer in a desirable way to the second type of question but they may get more aroused to the first type which may influence their answers? Is it possible to have a mix of wording in the measure at the start and analyse the differences once it’s been used for a while?”

Style of questions

The style of items was discussed and the consensus among practitioners was that they should be raised in the context of a therapeutic relationship and be respectful.

- *“Be respectful and compassionate.”*
- *“Clear and direct questions asking about personal thoughts and feelings.”*
- *“Have an attitude of acceptance (versus automatic condemnation of) deviant sexual interests ... most important to be non-judgemental.”*
- *“If you are pissing them off what is the point?”*
- *“Focus on the individual not victims.”*
- *“Recognise that sexual offenders will continue to fantasise about illegal acts and do not be alarmist about this.”*
- *“Therapist qualities such as honesty, empathy and firmness/fairness are helpful.”*
- *“Giving clients context for their treatment, i.e. "you are a member of a big club," "many people have struggled with these sort of issues" and even throwing*

out numbers of people who have committed offences or been victimised according to surveys.”

- *“Being a part of either group is something that many share.”*
- *“Letting people know that many people struggle with disclosure, that it can be a gradual process, and that they may discover things along the way.”*
- *“Forewarning people about instances in which they may be tempted to not disclose, to “fight” with the information as it is unveiled and processed with others.”*
- *“You would need someone with good therapeutic skills, e.g. motivational, non-judgemental to encourage open and honest responding. There would also need to be a strong therapeutic relationship established between the patient and the therapist in order for the client to feel safe to disclose such sensitive information.”*
- *“Treatment relationship with clinician. Safe treatment environment. Offender’s recognition that he has engaged in a sexual offence. Offender has developed a sense of victim awareness. Offender ‘buying’ into treatment.”*
- *“These are each elements related to the treatment experience and acceptance of treatment, and in most cases prerequisites for open and honest reporting ... There are not many objective reasons for a sex offender with a paraphilia to be truthful. The truth would mostly harm him, especially in the USA.”*
- *“A measure people can complete themselves with questions worded in a non-threatening way that “normalise” the issues being discussed.”*
- *“If you have good rapport and you then ask them to fill out a questionnaire, then it might work.”*

Time frame for assessing current sexual interest

As the focus of this research was the development of a current measure of sexual interest what would constitute current was discussed. Generally having sustained behaviour for six months was taken as an indication; however, the consensus with the US group was that “6 months is way too short ... the 1st year was like kindergarten, I didn’t really get into treatment until the second year.”

The offenders in the UK groups suggested that this item should be tagged to treatment not time. Where are they in treatment? Beginning, middle, or end? Other considerations were that the group felt that avoiding inappropriate thoughts was an ongoing practice, just being in their current situation (on probation, in treatment) changed things. They suggested not asking “How long?” but rather, “how are they dealing with it? Are they using their escape methods and other tools?” They were aware that they would need to cope with their problems daily for rest of lives. They felt it might be dangerous for them to think there is a time they will no longer be at risk, no longer need to practice their tools. Other comments included:

- “Six months was too short.”
- “After getting caught I was in shock for a year and did not fantasise but they started again.”
- “It’s not too short if it’s genuine, but it’s unlikely they are telling the truth.”
- “You’d need to know what they’d replaced it with.”
- “They’ve reduced but I still have them, so how do you manage them?”

The practitioners suggested:

- “For a measure of current deviant sexual interest I would tend to use thoughts/acts within the past month.”
- “Six months.”
- “I think again this varies from individual to individual and it depends on whether their offence related arousal is state or trait based. For some men, the reduction in sexual thoughts may be closely linked to the environment they are in and therefore you could hypothesise about the sorts of situations and environments that might be likely to trigger arousal again. For other men they genuinely only experience sexual thoughts under certain circumstances, and when certain triggers are present. There is also a great deal of research about how sexual interests tend to be stable over time and I think it is more about management rather than removal of offence related thoughts. The absence of sexual thoughts for a period of six months may indicate better ability to cope with these thoughts, and may therefore contribute to a decision for progression but you couldn’t necessarily conclude a reduced risk of recurrence of thoughts because changes to context and circumstance/environment could easily trigger these again.”
- “I would consider two months to be a significant period.”
- “I think it makes sense to conceptualise this by differentiating stable-dynamic from acute-dynamic. So, acute would be in the last month. Stable-dynamic would be up to a year.”
- “I will never believe that one can change their sexual interest. I think whatever answer you get will be an outright lie.”
- “I would consider six monthly periods feasible in assessing such change.”

- “Not having a sexually arousing thought about a child over the past six months may be more indicative of the fact that they have not seen or had access to someone they find attractive/arousing. However, a six month period seems sensible.”
- “Three month increments would give some indication. Six months is an arbitrary DSM-IV criteria but may not be enough to assess risk as these are self reports.”
- “Six months would probably be adequate, but you’re relying not only on honesty but on accuracy of memory as well, so you’re really asking a lot. I’m not sure you would get much valuable information from such questions.”
- “I’d use a one month time frame. Ideally, one could model how quickly such interests typically change to identify the optimal time frame.”
- “Sometimes they may still have the thought but it is about letting it go rather than acting on it or masturbating to it (mindfulness).”
- “Current” is not measured as "current and stable," and measured not the first time reduced deviant sexual is reported or measured but that is the base line for re-measurement six months later.”
- “This is very age-dependent. Young men think about sex constantly, so going a week without a sexual thought would be remarkable.”
- “If thoughts are related to different mood states and triggers would the recent circumstances of the offender be relevant? Maybe ask about context at the time of completion. Maybe staff could use the measure if they started to be concerned about someone again?”

- “However, "current" means at least six months of stable change, however that is measured; hence, measures should be with evidence that sexual arousal is diminished and seek re-testing six months later (and at points in between).”

One practitioner also highlighted the need for multi-modal testing:

“Use of phallometry will help establish actual changes, although this may involve learning to suppress arousal rather than actual reductions, and/or the effects may not be long-lasting. If the participant said he has not had a sexual thought about a child in six months, how can you know this is true? Possible use of polygraph measures as well.”

Most practitioners agreed that six months was generally recognized as current.

The relevance of sexual fantasies and mood

We discussed whether having offence-related fantasies seemed to be indicative of risk. The US group stated that those of “hurting the victim” were the “most bothersome” and the mood which could trigger them included feeling “invincible,” “depressed” and “isolated”. The UK prison groups agreed that offence-related fantasies were the most dangerous for them and they tended to be triggered by moods such as boredom, loneliness, depression, isolation, moodiness or being fed up. One man added “fantasy of life, a medicine, escapism.” They discussed fantasies in an open manner but did not link them directly to offending as some said they had fantasised for several years before offending and “these had not led to offending.” Two men in that group highlighted the role of the Internet and how this made images much more accessible. “I used photographs from the internet to fantasise over” and then “I was bathing the child for two years without any problems and looking at

images on the Internet, then fantasy became reality ... the Internet rekindled interest from childhood.”

Feeling “out of control” seemed particularly salient. Several men described feeling out of control and using fantasies to make themselves feel better. “If I feel in control fantasies do not take a hold of me”, “in fantasy I put myself in powerful situations, if I’m in a negative space I use fantasy to be in control.” “In fantasies the other person is submissive and I am in control.”, “If there is nowhere else to go I use fantasies to feel good about myself.” “If you are having fantasies you are going to act on them.”

The difference between fantasy and reality was discussed:

- “I would have fantasies of consensual sex, but later in the day of raping a stranger.”
- “In my fantasies the other person was the instigator, in fact they were children, which makes it wrong.”
- “The woman didn’t play her part she wasn’t friendly so I turn violent.”
- “I go out to meet someone to meet my sexual needs but it’s not happened so it turns violent, but I wanted fear.”
- “In my fantasy it was to grab them to have sex, once I’d penetrated them they’d enjoy it.”
- “In porn women are moaning and squirming, but they don’t in reality.”

They noted that having the fantasy took them “one step closer to offending.” “I had a fantasy and acted on it.” Although one man said he never had offence- related

fantasies prior to offending. They also mentioned using drugs and alcohol as disinhibitors and to “avoid reality”. Furthermore, “I wanted a relationship so I went out to meet someone and got drunk and it turned to sex and violence.” “I wanted to punish them, frighten them, force it on them, so they’d enjoy it.”

The men spoke about looking for images for their fantasies. “I wanted to get images for fantasies and so went places where teenage girls were a step closer to offending.” “When I got away with my offences I used them for fantasy “storing up the images.” “I would go out looking for boys, “like an obsession or preoccupation.” They described seeking pornography and watching television seeking sexual and rape scenes. “I could read porn without feelings but couldn’t watch a rape scene. In the past I’d get pleasure from that.” “My first thoughts of offending came from porn.” Others described sexual preoccupation, having orgies, picking up many women, shared sex.” Other cognitive distortions used consisted of “I’m not hurting anyone” (with fantasies) “but you need to reinforce them and go out and look, it’s too late then.” This appeared to link to Finkelhor's (1984) steps to offending, having the motivation to abuse, overcoming internal inhibitors, overcoming external inhibitors, and finding the opportunity. Offence-supportive attitudes also provided a motivation to abuse, as they noted entitlement beliefs, having witnessed violence to women in childhood or pornography, resulting in it being normalised and holding negative views towards women, for instance “being deceived” or “used” feeling “hatred” or “seeking revenge” towards them.

The time between having the fantasy varied, one man stating he had them ten years prior to his offence and another not having them at all. One man mentioned “having fantasies for ages, able to act on them, got a buzz that led to more fantasy and

wanting to expand what I could do, push boundaries in reality and fantasy.” “Initially I had fantasies but didn’t know how to offend but fantasies ruled my life.”

The use of masturbation was discussed and the UK prison groups agreed that masturbating to offence related fantasies “reinforced” them.

Other issues relevant to offending were discussed, they included mood, not being in an intimate sexual relationship and not having a sexual outlet.

- “I couldn’t be honest about my past.”
- “I wanted to open up but was scared I would lose her.”
- “Me and my wife weren’t having sex.”
- “It was dangerous that I bottled things up.”
- “Not having someone to talk to when you have problems.”

Other triggers were discussed, such as smells, the countryside, which aroused a man who enjoyed sex in the open. “I would not go to work and go to look for someone to rape.” Others spoke of “boys in shorts,” females in “short skirts or low tops.” Others mentioned a particular perfume or aftershave. Another thought they should be asked “What triggers fantasies?”

The practitioners gave a wide range of responses:

“I like the Abel-Becker Card Sort scenarios in terms of gathering info on sexual fantasies. If I had to make up questions, I would start any sexual fantasy question with ‘I have become sexually aroused at some time by thinking or fantasizing about (fill in the blank).’ I would preface this section by indicating that it does not matter how long ago, or how often, or how much they enjoyed or detested the fantasy in the end, but

that it is common for people to report more than one type of sexual fantasy or thought, and that thoughts or fantasies do not necessary lead to behaviours.”

“Do you feel sexual arousal or tension in situations that you may find embarrassing?

I also think it’s useful to ask questions that distinguish between having had a sexual thought about something offence related and having been physically aroused to this.”

“Phrase items in a way that assumes at least some deviant interests and arousal.”

“I am not convinced that what you are asking can be done but I would steer more in the direction of behaviours that could lead to arousal. For example do you coach, put yourself in places where you have access to children? How much internet to you use? What do you look at? If I was to look at your Internet cache, what would I find? Do you baby sit? Ever been married, or lived common law.”

“Do you continue to have sexual thoughts about children, do you “indulge” them e.g. dwell on them in your mind, masturbate to them.”

“What fantasies are you ashamed to speak with others about?”

“Again I think questions around Internet use would be invaluable here. I think asking straight out always would help here.”

“I would generally try to avoid using the word fantasy because I think many offenders are fearful of what this may imply if they admit to having sexual fantasies. I try to use the term sexual thoughts to encompass all types of sexual thinking from fleeting thoughts, to more well developed stories or scenarios.”

“In addition to asking about actual sexual behaviour and fantasy (e.g. how many times have you had sexual contact with ... ? how many times have you fantasized

about having sexual contact with ... ? I usually ask: Who are you most sexually attracted to? (Women, men, girls, boys, all of the above, women and men, girls and boys, women and girls, men and boys. Do you get sexually turned on by hurting or humiliating other people? (Yes / no).”

Socially desirable responding

The experts gave a range of responses with reference to socially desirable responding suggesting the use of lie scales and assurance that responses will be treated respectfully.

- “You might be able to put in a lie scale and compensate in some ways, though. To be honest, our unit no longer uses such measures, as they are too transparent and easily faked. What’s more, they don’t really measure treatment change. At best, they can measure whether the man has learned the correct answers.”
- “Well, I think the only way you would get honest responding on a self-report measure is if it were anonymous and could not be used against the respondent. Since that is impossible in your parameters, I don’t think you can get honest responding.”
- “The need to assure respondents that they will not be judged for their responses, as they would be concerned that their risk would be perceived to be higher if they disclose deviant sexual fantasies. There is also the concern that this would result in them being put on a long waiting list for a treatment programme (such as the Healthy Sexual Relationships Programme run in the UK).”

- “Maybe emphasizing that the more honest they are about their interests, the more quickly and thoroughly any deviant interests can be identified and addressed in treatment. If such interests could be reduced then this would not only reduce their likelihood of reoffending, but also facilitate quicker and greater liberty for the offender (e.g. parole, less onerous conditions and level of supervision).”
- “It may also be helpful to have many response options including extremely high frequency options. For example, if the question, “how many times have you masturbated while thinking about girls under 12 years old?” had response options ranging from "never" to "100 times or more" this may elicit more honest responses than a more restricted range of response options (e.g. never vs. ever). The high number presented may "normalize" the fantasy/fantasy in question and make respondents feel more comfortable endorsing something other than ‘none’ or ‘never’ while still staying at the low end of the scale. For example, when we ask offenders, ‘how many girls under the age of 12 have you had sexual contact with when you were at least 5 years older than them?’ the response options were ‘one, two, three, four, five, six, seven, eight or more, to none.’”
- “The best strategy is to study the existing questionnaires. There are questionnaires by Abel, Langevin, and Freund, covering various paraphilias in their various aspects.”
- “Self-report questionnaires are useful only if the offender is honest. This is such a broad question though, it’s difficult to answer. Examples that would indicate deviant arousal and ideation:
-I’m hurting the person

- I'm having sex against their wishes
- I'm having sex with a child
- I'm going to kill this person
- I'm hold this person against their wishes, and for as long as I want to
- Use of drugs to render unconscious or unable to resist
- I would like to live out this sexual fantasy in reality"

The Prison groups also commented on repeated questions (as measures of consistent responding). Several men commented on the question, "do you love children?" by stating that they did not know how to reply as they loved their children and family but did not want to say that if it was deemed wrong. One went as far as to say that one question affected how he viewed the rest of the psychometrics.

Discussion on the use of deception

In order to overcome the problem of socially desirable responding some practitioners suggested the use of deception on the part of the researcher.

- "It is in the very interest of risk assessment to estimate the degree of sexual deviance that be interpreted as a risk. And it is in the very interest of the respondent to appear as a risk-free candidate. If anything, indirect measures may do the job, but currently none seem to be fake-proof."
- "Straightforward questions are the best don't forget frequency memories of past abuse are powerful fantasies."
- "No direct experience with offenders and very sceptical about the possibility to "seduce" an offender to incriminate himself."

- “Questions that don’t necessarily make a connection to offending would be useful e.g. do you ever have thoughts that you think are unhealthy, thoughts that make you feel uncomfortable, thoughts that you would like to change? You could also ask whether they have ever acted on these thoughts.”
- “I think it will be important to ask questions that are not too specific, but rather ask questions that reflect the nature of the area of interest. That is, when very specific questions are used, clients may not feel that they full fill each aspect and therefore answer negatively.”
- “Transparency is an issue, but maybe:
 ‘I often find myself thinking about sex when I should be concentrating on something else.’
 ‘I sometimes think about getting revenge through forcing someone to have sex with me.’
 “For a lie scale, you might consider ‘I often notice developing teenage girls at the swimming pools.’ If he says no, he either never swims, is gay, or is lying. Change it to developing teenagers and gay is no longer an option. An item like, I sometimes find developing teenagers sexually attractive, should get a yes from most honest males.
- “I think this will be very different depending on the fantasy. There could perhaps be millions of different fantasies depending on the individual. Is the measure looking at a particular focus of fantasy, i.e. against children, adults, sadist sexual interests? I think this will impact on the development of the questions;

- “I could, such as ‘I sometimes fantasise about staff in my current unit’, or ‘I sometimes think about forcing an unwilling partner,’ but I don’t know why a man would endorse such items.”
- “How often do you experience sexual fantasies?”
- “Have you ever experienced fantasies about non-consenting sex? Have you ever experienced fantasies regarding children and sex?”
- “What are the themes to your sexual fantasies?”
- “How often do you masturbate whilst fantasising in a sexual manner?”
- “How often do you think about sex?”
- Sex with child (pre-adolescent)
- Sex with young adolescent
- Sex with animal
- Sex against wishes of other
- Sex and physical harm
- Sex and sadism
- Sex and murder
- Sex and items of clothing
- Sex and control
- Voyeurism
- Tricking someone into sexual rendezvous (through Internet, for instance)
- Use of drugs to control
- Kidnapping”

Attitudes and behaviour

In relation to attitudes and behaviour it was suggested:

- “It would be useful to ask whether the individual has ever been in a situation that they think was inappropriate sexually, or that made them feel uncomfortable. Perhaps asking them whether they have ever engaged in a behaviour that links to their sexual thoughts.”
- “What attitudes [behaviours] do you have to [engage in] that can get you into trouble?”
- “I think this will need to be specific to the focus of the measure.”
- “Have your sexual interests affected where you live? Your sleep patterns? How much time do you spend per day having sexual thoughts or fantasies?”
- “Your best bet here would be to assess items related to dynamic risk factors which don’t obviously connect to increased risk. For example, you might consider:

‘I am interested in model train sets.’

‘I enjoy role playing or war games.’

‘I would prefer to watch an animated movie than a drama,’ that sort of thing.

That might tap into emotional identification with children.

“For sexual preference, you might try:

"I generally find little girls whiny and annoying."

"Adult women are more vindictive and nasty than younger women."

"I prefer male bodies without body hair."

Those questions are somewhat less obvious than, "I find small boys sexually attractive," but you might be able to find patterns in the responses.

For real fun, you might try multiple choice questions:

Lightning McQueen is:

A A rally driver from the 70s

B A stripper

C A talking corvette

The correct answer is C, and knowing that would imply some ID with children.

Some lifespan issues on those questions, but you could update them every few years.”

- “You could try to make some of the items from static and dynamic risk scales into questions. For example: What is the longest time you have lived with a sexual partner (for example, a wife, girlfriend, or boyfriend)? (1 month, 6 months, 1 year, 2 years, 3 years, 4 years, 5 years, 6 years or longer, never lived with a sexual partner).”
- “What are your views regarding how much children know about sex?”
- “Some more questions regarding children as sexual beings. Also questions about views of women and rape, and attitudes towards violence and sex, partner swapping, sexual orgies, promiscuous sex, use of heavy pornography, frequent use of pornography, internet sexual chat rooms, bondage, mutilation and sex.”

Some practitioners asked helpful, thought-provoking questions:

- “Are your items descriptive T/F or Likert scale?”
- “First sexual fantasy? Typical sexual fantasy? Most arousing sexual fantasy? Any sexual fantasy that involves sexual activities that are not considered to be legal?”

- “I like the items on the Bumby rape and child molest scales for attitudes.”
- “See Circles of Support Dynamic Risk Review.”
- “So it might be worth doing a mixture of things to see whether any biases occur with the different methods.”



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Debriefing sheet

Thank you very much for taking the time to take part in this study. Your views are valued as they will help to develop an accurate measure of sexual interest.

This study is important because it is part of the development of a measure of current sexual interest, which will help with the assessment of risk and of further treatment need.

If the discussion has raised any issues for you please feel free to talk to the researcher, with hostel or group treatment providers, or your probation officer.

Should you decide to withdraw from the study you can request that responses are destroyed. This should be done within one month of your participation, as once the data has been analysed it will not be possible to extract individual results.



Appendix 2.5. Information sheet, consent form and CSIM.

Research Study Information Sheet



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Developing and validating a measure of current sexual interest

I (Geraldine Akerman, contact details below) would like to invite you to take part in this research study. It is part of a larger piece of research and is detailed below. Before you decide to participate you need to understand why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Please feel free to ask if there is anything that is not clear or if you would like more information.

The purpose of this study is to test a newly developed measure of sexual interest against other measures of sexual interest. Your participation in this study will be used to see whether the new measure actually relates to sexual interest. The data collected will be compared to the responses of different types of offenders (i.e., sexual and non-sexual offenders). There are a number of measures for you to complete. If you do not wish to complete them all you are able to withdraw at any stage. **The results of the assessments are for research purposes only and will not relate to your treatment or assessment of risk.**

You have been invited to participate in this study because it is important to have a number of people involved in order to ensure that the measure is accurate in measuring current sexual interest, and to be able to compare the results collected here to other groups of individuals.

Your participation in this study is completely voluntary and you do not have to take part if you do not wish to. I will describe the study to you in full and ask you to sign a consent form to show you have agreed to take part in this study, and to show that the information that I have collected today may be used for research purposes. You may decline participation at any point without providing a reason, and without penalty.

If you decide to take part in this research study, you could undergo the following procedures:

- 1) You could complete the newly developed measure
- 2) You could complete other measures in order to help in the validation of the measure.

Benefits

The research will help to develop a measure of current sexual interest, thus helping in risk assessment and the need (or not) for further treatment.

Risks

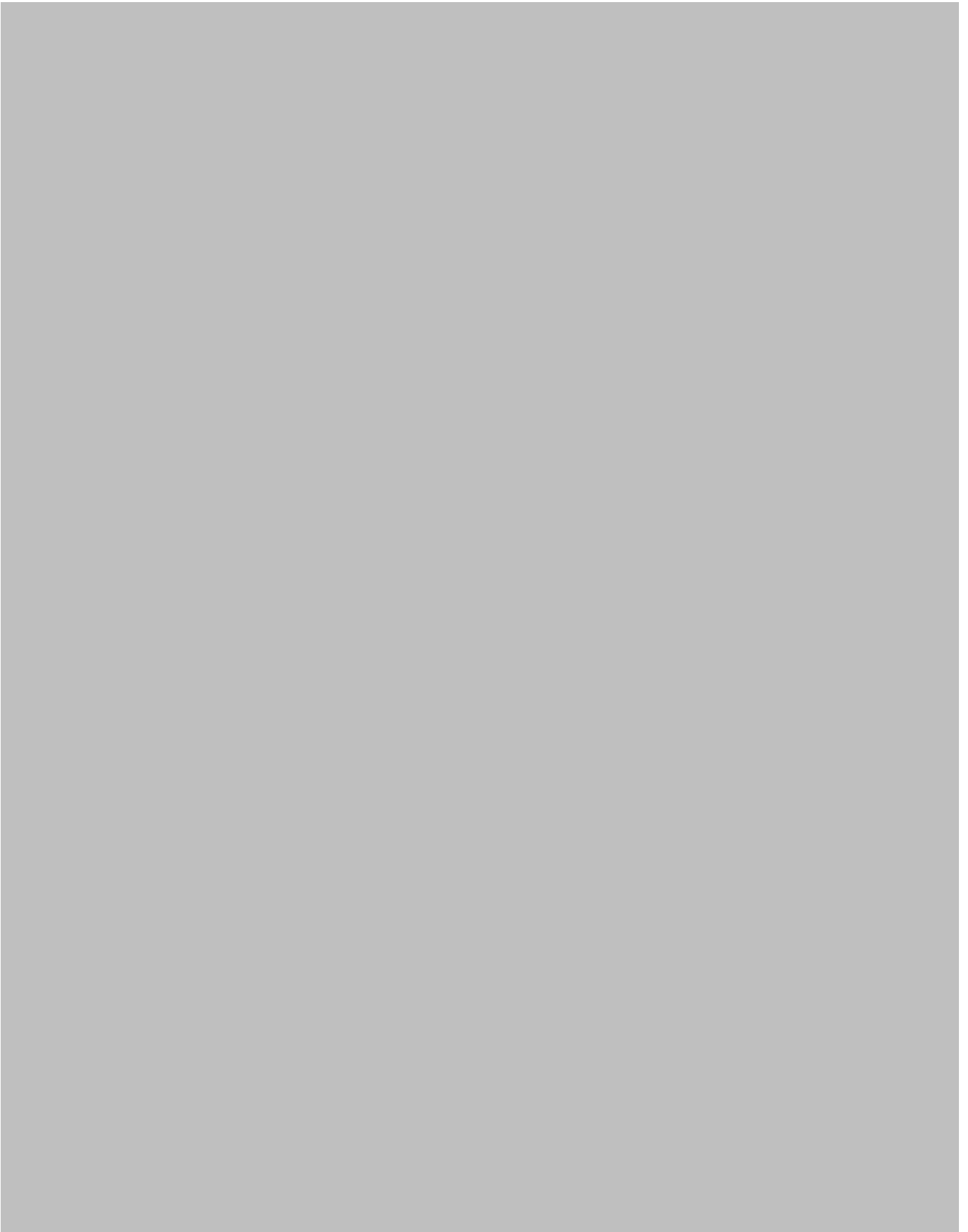
Some of the discussion involves words of a sexual nature, and may make you feel uncomfortable. Although this is necessary to include in this research study, remember that you are free to withdraw from the study at any time. If these word stimuli cause you discomfort, feel free to ask the researcher for a referral to a source of support.

Debriefing

Upon completion of this study you will be provided with a debriefing form that will explain to you again what the purpose of this study is. Contact details of the principal

investigator will be provided on this form in case you have any further questions or concerns regarding this study.





Current Sexual Interest Measure

Thank you for agreeing to participate in this research. The aim of the research is to develop understanding of sexual thoughts, interests, and arousal. Your responses will not impact in any way on your treatment or risk assessment and will be used for research only. Your name and number is required to compare your responses on this and the other assessments that are being completed as part of the development of this measure.

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal. It is usual for people to think about sex regularly. It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement.

If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

It would also be appreciated if you could write any comments you have about completing the questionnaire, for instance how easy or difficult you found it, how long it took, if any of the questions were difficult to understand. This will help in the further development of the questionnaire.

In the past six months:

1. It was hard for me to break my bad habits

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

2. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable.

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

3. I have had urges to have sexual activity with a child aged 12 or younger

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

4. I have exposed myself hoping to be seen by another person

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

5. I have used images of children to look at and masturbate to reduce tension

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

6. I have intrusive thoughts about sex often during the day

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

In the past six months:

7. I have had sex or masturbated when I felt tense
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
8. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
9. I have not always been honest with myself
 - 1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue
10. I have thought about having sexual contact with a child
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
11. I have had to fight the urge to masturbate
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
12. I have thoughts about sex that get in the way of what I am doing
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
13. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
14. I have found thoughts of sex getting in the way of my everyday life
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
15. I have been sexually attracted to a child
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
16. I have found thoughts of sex getting in the way of my everyday life
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
17. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
18. I have had thoughts about a stranger approaching me for sex
 - 1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all
19. I have chosen to look for sexual images such as pornography, television programmes or films

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

In the past six months:

20. I have thought about sex with an animal

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

21. I have had urges to have sexual activity with a teenager

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

22. I have thought about having sex with and then killing the other person

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

23. I have drifted into a daydream involving sex

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

24. I have had sexual thoughts about lying in bed with my ex-partner

1) At least daily 2) Weekly 3) Monthly 4) Not at all 5) does not apply

25. I have had to fight sexual urges.

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

26. I have thought about forcing a partner to have sex when they don't want to

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

27. I have become more sexually aroused at the thought that the other person was frightened

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

28. I have daydreamed about being sexually attacked

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

29. I have been sexually turned on by hurting or humiliating other people

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

30. I have fantasised about killing someone during sex

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

31. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

32. I have had a sexual thought of offending but not become aroused

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

33. When I have sexual thoughts, I get sexually excited

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

In the past six months:

34. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

35. I have had sexual thoughts or fantasies about past victims

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

36. I have sometimes told lies if I had to

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

37. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

38. There have been occasions when I have taken advantage of others

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

39. When a female rejected or hurt me, I have got angry and thought about sex.

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

40. It has been hard for me to stop a disturbing thought

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

41. I have sometimes got upset if I didn't get my own way

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

42. I have been sexually aroused by something that I am ashamed to speak with others about

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

43. I have had sexual thoughts about watching others have sex

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

44. I sometimes tried to get even rather than forgive and forget

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

45. I chose to watch a television programme, knowing it had sexual content

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

In the past six months:

46. I have become sexually aroused at some time by thinking or fantasising about a particular person

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

47. I have fantasised about the people who work in my current location

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

48. I have masturbated whilst fantasising in a sexual manner

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

49. I have been aroused thinking of having sex with a previous partner

1) At least daily 2) Weekly 3) Monthly 4) Not at all 5) Does not apply

50. I am a safe driver when I drive over the speed limit

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

51. I have had sexual thoughts about a person I saw on television, in a film, or magazine

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

52. I have masturbated about thoughts of a sexually attractive person I have seen during the day

1) At least daily 2) Weekly 3) Monthly 4) Some times 5) Not at all

53. When my emotions were aroused it affected my thinking

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

54. I have stolen things

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue

55. I have done things that I don't tell other people about

1) Very true 2) Somewhat true 3) Don't know 4) Somewhat untrue 5) Very untrue



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Debriefing sheet

Thank you very much for taking the time to take part in this study. Your views are valued as they will help to develop an accurate measure of sexual interest.

This study is important because it is part of the development of a measure of current sexual interest, which will help with the assessment of risk and of further treatment need.

If the discussion has raised any issues for you please feel free to talk to the researcher, with wing staff, your personal officer, or with your therapy group.

Should you decide to withdraw from the study you can request that responses are destroyed. This should be done within one month of your participation, as once the data has been analysed it will not be possible to extract individual results.

Once again thank you for your participation

Geraldine Akerman
Senior Forensic Psychologist



Appendix 2.6. Revised CSIM

Pilot Current Sexual Interests Measure

Thank you for agreeing to participate in this research. The aim of the research is to develop understanding of sexual thoughts, interests, and arousal. Your responses will not impact in any way on your treatment or risk assessment and will be used for research only. Your name and number is required to compare your responses on this and the other assessments that are being completed as part of the development of this measure.

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal by **circling which applies to you**. It is usual for people to think about sex regularly. It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement.

If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

It would also be appreciated if you could write any comments you have about completing the questionnaire, for instance how easy or difficult you found it, how long it took, if any of the questions were difficult to understand. This will help in the further development of the questionnaire.

In the past six months:

1. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable.

0) Not at all 1) Monthly 2) Weekly 3) Daily
2. I have had urges to have sexual activity with a child aged 12 or younger

0) Not at all 1) Monthly 2) Weekly 3) Daily
3. I have exposed myself hoping to be seen by another person

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the past six months:

4. I have used images of children to look at and masturbate to reduce tension

0) Not at all 1) Monthly 2) Weekly 3) Daily

5. I have intrusive thoughts about sex often during the day.

0) Not at all 1) Monthly 2) Weekly 3) Daily

6. I have had sex or masturbated when I felt tense

0) Not at all 1) Monthly 2) Weekly 3) Daily

7. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under.

Not at all 1) Monthly 2) Weekly 3) Daily

8. I have thought about having sexual contact with a child.

0) Not at all 1) Monthly 2) Weekly 3) Daily

9. I have had to fight the urge to masturbate.

0) Not at all 1) Monthly 2) Weekly 3) Daily

10. I have thoughts about sex that get in the way of what I am doing.

0) Not at all 1) Monthly 2) Weekly 3) Daily

11. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.

0) Not at all 1) Monthly 2) Weekly 3) Daily

12. I have got more excited about the thrill of hurting someone than the thought of sex itself.

0) Not at all 1) Monthly 2) Weekly 3) Daily

13. I have been sexually attracted to a child.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the past six months:

14. I have found thoughts of sex getting in the way of my everyday life.

0) Not at all 1) Monthly 2) Weekly 3) Daily

15. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life.

0) Not at all 1) Monthly 2) Weekly 3) Daily

16. I have had thoughts about a stranger approaching me for sex

0) Not at all 1) Monthly 2) Weekly 3) Daily

17. I have chosen to look for sexual images such as pornography, television programmes or films.

0) Not at all 1) Monthly 2) Weekly 3) Daily

18. I have thought about sex with an animal

0) Not at all 1) Monthly 2) Weekly 3) Daily

19. I have had urges to have sexual activity with a teenager.

0) Not at all 1) Monthly 2) Weekly 3) Daily

20. I have drifted into a daydream involving sex.

0) Not at all 1) Monthly 2) Weekly 3) Daily

21. I have had sexual thoughts about lying in bed with my ex-partner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

22. I have had to fight sexual urges.

0) Not at all 1) Monthly 2) Weekly 3) Daily

23. I have thought about forcing a partner to have sex when they don't want to.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the past six months:

24. I have become more sexually aroused at the thought that the other person was frightened.

0) Not at all 1) Monthly 2) Weekly 3) Daily

25. I have daydreamed about being sexually attacked.

0) Not at all 1) Monthly 2) Weekly 3) Daily

26. I have been sexually turned on by hurting or humiliating other people.

0) Not at all 1) Monthly 2) Weekly 3) Daily

27. I have fantasized about killing someone during sex

0) Not at all 1) Monthly 2) Weekly 3) Daily

28. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.

0) Not at all 1) Monthly 2) Weekly 3) Daily

29. I have had a sexual thought of offending but not become aroused.

0) Not at all 1) Monthly 2) Weekly 3) Daily

30. When I have sexual thoughts, I get sexually excited.

0) Not at all 1) Monthly 2) Weekly 3) Daily

31. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.

0) Not at all 1) Monthly 2) Weekly 3) Daily

32. I have had sexual thoughts or fantasies about past victims.

0) Not at all 1) Monthly 2) Weekly 3) Daily

33. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the past six months:

34. When a female rejected or hurt me, I have got angry and
thought about sex

0) Not at all 1) Monthly 2) Weekly 3) Daily

35. I have been sexually aroused by something that I am ashamed to speak
with others about.

36. I have had sexual thoughts about watching others have sex.

0) Not at all 1) Monthly 2) Weekly 3) Daily

37. I chose to watch a television programme, knowing it had sexual content.

0) Not at all 1) Monthly 2) Weekly 3) Daily

38. I have become sexually aroused at some time by thinking or fantasizing
about a particular person.

0) Not at all 1) Monthly 2) Weekly 3) Daily

39. I have fantasized about the people who work in my current location.

0) Not at all 1) Monthly 2) Weekly 3) Daily

40. I have masturbated whilst fantasizing in a sexual manner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

41. I have been aroused thinking of having sex with a previous partner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

42. I have had sexual thoughts about a person I saw on television, in a film,
or magazine.

0) Not at all 1) Monthly 2) Weekly 3) Daily

43. I have masturbated about thoughts of a sexually attractive person I have seen
during the day.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the past six months:

44. I have had sexual thoughts about

.....

Please write any sexual interest not previously mentioned on this measure

0) Not at all 1) Monthly 2) Weekly 3) Daily

Thank you for taking the time to complete this questionnaire. Please feel free to comment on it, for instance how long it took to complete, how you felt about the wording of questions or any that you found difficult to respond to.



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Debriefing sheet

Thank you very much for taking the time to take part in this study. Your views are valued as they will help to develop an accurate measure of sexual interest.

This study is important because it is part of the development of a measure of current sexual interest, which will help with the assessment of risk and of further treatment need.

If the discussion has raised any issues for you please feel free to talk to the researcher, with wing staff, your personal officer, or with your therapy group.

Should you decide to withdraw from the study you can request that responses are destroyed. This should be done within one month of your participation, as once the data has been analysed it will not be possible to extract individual results.

Once again thank you for your participation

Geraldine Akerman
Senior Forensic Psychologist



Appendix 2.7. Items on the MPI subscales (taken from Farren and Barnett,
unpublished) which correlate with the CSIM components

Sexual interest in children

- 18. I start to feel turned on when I think about having sex with a child
- 17. I feel turned on thinking about when a child touches my penis
- 16. I feel turned on thinking about a child giving me a blow job (oral sex)
- 8. I feel turned on (sexually excited) when I think about having sex with a child
- 1. I have sexy thoughts about a child/ren
- 53. Sometimes it is hard to stop myself touching a child
- 50. I like looking at pictures of naked children
- 3. I have sexy thoughts about boys
- 15. I have had sexy thoughts about girls

Preoccupation with sex

- 51. I can't stop thinking about sex
- 41. Sex is on my mind all the time
- 38. I am always thinking about sex
- 20. I can't seem to get sex out of my mind
- 45. Sex is one of the main activities in my life

Interest in sex featuring violence and/or humiliation

- 31. I like forcing someone to have sex when they don't want to
- 21. I like to hurt my partner when I am having sex
- 54. I like humiliating or putting my partner down when I am having sex
- 39. I like scaring partners when I am having sex so that they beg me to stop
- 7. I prefer sex when it is violent
- 28. I like pressing myself up against strangers
- 14. I have sexy thoughts about kidnapping people so that I can have sex with them

- 11. I feel turned on when I think about hurting someone during sex
- 43. I like phoning up people and frightening them
- 32. I have thoughts about raping someone
- 36. I have had thoughts about killing someone when I am having sex
- 42. I like being hurt during sex
- 46. I like tying people up when I am having sex
- 48. I would like to be tied up and forced to have sex
- 12. I enjoy sex when my partner is also enjoying themselves
- 19. I like to use objects when I am having sex (like leather, whips, handcuffs)

Other paraphilic sexual interests

- 25. I would like to have sex with an animal
- 30. I like wearing certain things when I am having sex
- 49. I get turned on thinking about human excrement (poo)
- 27. Secretly I like to dress in women's clothes
- 29. I like secretly watching others (peeping)
- 22. I would like to have sex with a dead body

Appendix 2.8. Items on MSI subscales which correlate with the CSIM components

MSI Child Molest true subscale

- 2. I have had desires to have sexual activity with a child
- 4. I have been attracted to boys sexually
- 13. I have manipulated a child for pleasure
- 23. I have reached orgasm when molesting a child
- 33. Sometimes I am sexually attracted to children
- 41. I have had to fight the impulse to touch a child sexually
- 62. I have become sexually excited over the thought of having sexual activity with a child
- 66. I have been sexually attracted to little girls
- 72. At times when I have hugged and held a child I have become sexually stimulated
- 83. I have molested more than 5 children
- 91. I have fantasised about having sex play with a child
- 96. It would peak my interest to learn that a child is curious about sex
- 130. As an adult, I have tickled and wrestled with little girls
- 138. I have molested more than one child
- 162. As an adult I have “horse played” around and played “bottom grabbing” with a boy or boys
- 167. I have touched a child’s genitals in a sexual way
- 188. Children have liked me and have wanted to be with me
- 217. People have commented about my love of children
- 234. I have made sexual penetration of a child with an object, my tongue, my finger or my penis.
- 252. Sometimes I have hung around schools and playgrounds just to watch some of the children at play
- 263. A child has performed oral sex on me
- 281. I have liked to bathe children and then dry them off and help them get dressed
- 285. A child has touched my penis in a sexual way
- 288. I have performed oral sex on child

MSI Sex Obsession true subscale

- 22. I think about sex 80% of the time
- 50. I need sex or masturbation daily to reduce tension
- 70. I have not been able to stop myself from looking at others in a sexual way
- 82. I have to fight the impulse to masturbate
- 94. It seems that everything I do and everywhere I go I am constantly thinking about sex
- 101. I am too easily sexually excited
- 107. Sexual worries are on my mind a lot
- 110. I wish thoughts about sex did not bother me
- 127. I know I am different than other people because sex is on my mind so much
- 146. If I did not fantasise about sex I could not maintain my erection
- 154. I often drift into daydreams about sex
- 185. I don't like to think about sex as much as I do
- 193. I am obsessed with sex
- 214. I regularly have several orgasms in one day
- 223. I have daydreamed about sex so much that I have masturbated or had sex once a day or more
- 249. I have been told that I am preoccupied by sex
- 255. There have been times when thoughts about sex have almost driven me crazy
- 279. I have to fight sexual impulses continually
- 286. I can not seem to keep my mind away from thoughts about sex
- 300. I need help because I am not able to control my sexual behaviour

MSI Bondage and Discipline subscale

- 25. I have used leathers, whips, handcuffs, sharp things, etc. in sexual encounters
- 142. The thought of being spanked is sexually exciting to me
- 171. I have got excited over thoughts of tying someone up and having sex with them
- 201. I have tied someone up during a sexual encounter
- 262. I would like to be tied up and made to have sex
- 289. I could get sexually excited by being tied up

MSI Atypical Sexual Outlets subscale

- 25. I have used leathers, whips, handcuffs, sharp things, etc. in sexual encounters
- 137. I like to look at sexually attractive women
- 163. I have called up persons I did not know just to frighten them with dirty words and thoughts
- 180. I have purposefully hurt someone during a sexual encounter
- 245. I have stolen women's underclothes
- 267. I have beaten a person during a sexual encounter
- 274. I have attempted to have sex with dead body
- 296. I have fantasised about killing someone during sex

MSI Rape true subscale

- 8. I have used peeping to find the right set up and person to rape
- 17. I have forced my sex partner to have sex when they did not want to
- 24. I have attempted rape or raped more than 10 times
- 93. There have been times while exposing that I have had thoughts of what it would be like to rape someone
- 121. The thought of overpowering someone sexually has been stimulating to me
- 133. I have attempted rape or raped at least one time
- 155. There have been times when I have been afraid of what I might do sexually
- 161. I have found it highly exciting to go cruising for someone to rape
- 168. I have found it pleasurable to force a person to have sex
- 181. I would interest me to learn a woman would want to be raped
- 186. The thought of raping someone has excited me
- 192. I have cruised for persons to rape
- 211. I have sometimes daydreamed about what it would be like to sexually attack someone
- 216. I have fantasised about raping someone
- 221. I have had to fight the impulse to rape

227. Just before I raped, I became so excited that nothing else mattered
243. I have masturbated to the thought of raping someone
250. Sometimes I have cruised parks, parking lots or lonely streets looking for someone to have sex with
264. I have been accused of purposely hurting someone in a sexual encounter
278. I got the idea of raping when burglarising flats or houses
290. I have become so mad that I physically hurt a person for not letting me have sex

MSI Rape deviance pattern (fantasy) subscale

93. There have been times while exposing that I have had thoughts of what it would be like to rape someone
121. The thought of overpowering someone sexually has been stimulating to me
155. There have been times when I am afraid of what I might do sexually
181. I would interest me to learn a woman would want to be raped
186. The thought of raping someone has excited me
211. I have sometimes daydreamed about what it would be like to sexually attack someone
216. I have fantasised about raping someone
243. I have masturbated to the thought of raping someone

Appendix 3.1

Pilot Questionnaire

Thank you for agreeing to participate in this research. The aim of the research is to develop understanding of sexual thoughts, interests, and arousal. Your responses will not impact in any way on your treatment or risk assessment and will be used for research only. Your name and number is required to compare your responses on this and the other assessments that are being completed as part of the development of this measure.

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal by *circling which applies to you*. It is usual for people to think about sex regularly.

It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement. If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

It would also be appreciated if you could write any comments you have about completing the questionnaire, for instance how easy or difficult you found it, how long it took, if any of the questions were difficult to understand. This will help in the further development of the questionnaire.

In the Past Six Months

1. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the Past Six Months

2. I have had urges to have sexual activity with a child aged 12 or younger
0) Not at all 1) Monthly 2) Weekly 3) Daily
3. I have exposed myself hoping to be seen by another person
0) Not at all 1) Monthly 2) Weekly 3) Daily
4. I have used images of children to look at and masturbate to reduce tension
0) Not at all 1) Monthly 2) Weekly 3) Daily
5. I have intrusive thoughts about sex often during the day.
0) Not at all 1) Monthly 2) Weekly 3) Daily
6. I have had sex or masturbated when I felt tense
0) Not at all 1) Monthly 2) Weekly 3) Daily
7. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under.
0) Not at all 1) Monthly 2) Weekly 3) Daily
8. I have thought about having sexual contact with a child.
0) Not at all 1) Monthly 2) Weekly 3) Daily
9. I have had to fight the urge to masturbate.
0) Not at all 1) Monthly 2) Weekly 3) Daily
10. I have thoughts about sex that get in the way of what I am doing.
0) Not at all 1) Monthly 2) Weekly 3) Daily
11. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.
0) Not at all 1) Monthly 2) Weekly 3) Daily
12. I have got more excited about the thrill of hurting someone than the thought of sex itself.
0) Not at all 1) Monthly 2) Weekly 3) Daily

In the Past Six Months

13. I have been sexually attracted to a child.

0) Not at all 1) Monthly 2) Weekly 3) Daily

14. I have found thoughts of sex getting in the way of my everyday life.

0) Not at all 1) Monthly 2) Weekly 3) Daily

15. I have had frequent and intense sexual thoughts, urges, and behavior which have caused significant problems for me in personal, social, work, or other important areas of my life.

0) Not at all 1) Monthly 2) Weekly 3) Daily

16. I have had thoughts about a stranger approaching me for sex

0) Not at all 1) Monthly 2) Weekly 3) Daily

17. I have chosen to look for sexual images such as pornography, television programmes or films.

0) Not at all 1) Monthly 2) Weekly 3) Daily

18. I have thought about sex with an animal

0) Not at all 1) Monthly 2) Weekly 3) Daily

19. I have had urges to have sexual activity with a teenager.

0) Not at all 1) Monthly 2) Weekly 3) Daily

20. I have drifted into a daydream involving sex.

0) Not at all 1) Monthly 2) Weekly 3) Daily

21. I have had sexual thoughts about lying in bed with my ex-partner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

22. I have had to fight sexual urges.

0) Not at all 1) Monthly 2) Weekly 3) Daily

23. I have thought about forcing a partner to have sex when they don't want to.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the Past Six Months

24. I have become more sexually aroused at the thought that the other person was frightened.
0) Not at all 1) Monthly 2) Weekly 3) Daily
25. I have daydreamed about being sexually attacked.
0) Not at all 1) Monthly 2) Weekly 3) Daily
26. I have been sexually turned on by hurting or humiliating other people.
0) Not at all 1) Monthly 2) Weekly 3) Daily
27. I have fantasized about killing someone during sex
0) Not at all 1) Monthly 2) Weekly 3) Daily
28. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.
0) Not at all 1) Monthly 2) Weekly 3) Daily
29. I have had a sexual thought of offending but not become aroused.
0) Not at all 1) Monthly 2) Weekly 3) Daily
30. When I have sexual thoughts, I get sexually excited.
0) Not at all 1) Monthly 2) Weekly 3) Daily
31. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.
0) Not at all 1) Monthly 2) Weekly 3) Daily
32. I have had sexual thoughts or fantasies about past victims.
0) Not at all 1) Monthly 2) Weekly 3) Daily
33. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist.
0) Not at all 1) Monthly 2) Weekly 3) Daily

In the Past Six Months

34. When a female rejected or hurt me, I have got angry and thought about sex

0) Not at all 1) Monthly 2) Weekly 3) Daily

35. I have been sexually aroused by something that I am ashamed to speak with others about.

0) Not at all 1) Monthly 2) Weekly 3) Daily

36. I have had sexual thoughts about watching others have sex.

0) Not at all 1) Monthly 2) Weekly 3) Daily

37. I chose to watch a television programme, knowing it had sexual content.

0) Not at all 1) Monthly 2) Weekly 3) Daily

38. I have become sexually aroused at some time by thinking or fantasizing about a particular person.

0) Not at all 1) Monthly 2) Weekly 3) Daily

39. I have fantasized about the people who work in my current location.

0) Not at all 1) Monthly 2) Weekly 3) Daily

40. I have masturbated whilst fantasizing in a sexual manner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

41. I have been aroused thinking of having sex with a previous partner.

0) Not at all 1) Monthly 2) Weekly 3) Daily

42. I have had sexual thoughts about a person I saw on television, in a film, or magazine.

0) Not at all 1) Monthly 2) Weekly 3) Daily

In the Past Six Months

43. I have masturbated about thoughts of a sexually attractive person I have seen during the day.

0) Not at all 1) Monthly 2) Weekly 3) Daily

44. I have had sexual thoughts about.

Please write any sexual interest not previously mentioned on this measure

0) Not at all 1) Monthly 2) Weekly 3) Daily

Thank you for taking the time to complete this questionnaire. Please feel free to comment on it, for instance how long it took to complete, how you felt about the wording of questions or any that you found difficult to respond to.

Appendix 3.2

Sexual Offence Paralleling Behaviour Checklist

Instructions for Completion

Please complete this form as a multi-disciplinary team so as to gather information from a range of viewpoints. It requests information relating to prison-based behaviour exhibited during the last 6 months, which may parallel behaviour prior to offending. It will be used to inform current risk assessment.

Name of offender	Date of birth Prison number
Names of those completing assessment	Date
Sexualised behavior Does he: Initiate or involve him self in sexual banter? Sexualise staff? Seek particular staff? Attempt to groom staff? Sexualise non-sexual situations? Use pornography excessively (include inappropriate materials such as women's magazines, pictures/books relating to children, catalogues)? Frequently allude to his depositions/accounts of offences? Write to a number of different women/men (depending on sexual orientation) in sexually explicit manner? Try to touch staff inappropriately? Seek visits from children other than his own? Please refer to any relevant information/sexual interests relating to this individual. For instance interest in a particular victim group, part of the body, or objects.	Examples and rating 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often
Offence-supportive attitudes Does he: Speak of offence-supportive beliefs? Minimise his offending? View females as untrustworthy/unequal to him? Minimise harm to children/adult victims? Have pictures of victims?	Examples and rating 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often
Associates Who does he associate with? Does he: Have friends with similar offences? Get suspected of grooming or sexually	0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often

assaulting/having sexual encounters with other offenders?	
Form a negative/collusive sub group?	0)Never 1) Occasionally 2) Regularly 3) Often
Relationships Does he: Relate well to others? *	0)Often 1) Regularly 2) Occasionally 3) Never
Show support/trust/empathy?*	0)Often 1) Regularly 2) Occasionally 3) Never
Put his own needs aside? *	0)Often 1) Regularly 2) Occasionally 3) Never
Resolve difficulties with others?*	0)Often 1) Regularly 2) Occasionally 3) Never
Isolate him self when upset?	0)Never 1) Occasionally 2) Regularly 3) Often
General behaviour Does he: Miss group sessions?	0)Never 1) Occasionally 2) Regularly 3) Often
Fail to make plans for or consider future?	0)Never 1) Occasionally 2) Regularly 3) Often
Create chaos around him self?	0)Never 1) Occasionally 2) Regularly 3) Often
Miss work?	0)Never 1) Occasionally 2) Regularly 3) Often
Have explosive outbursts?	0)Never 1) Occasionally 2) Regularly 3) Often
Other poor emotional control?	0)Never 1) Occasionally 2) Regularly 3) Often
Blame others for his problems?	0)Never 1) Occasionally 2) Regularly 3) Often
Not abide by rules?	0)Never 1) Occasionally 2) Regularly 3) Often
Have hobbies relating to his offending, e.g. making soft toys, learning about the internet, watching age inappropriate TV programmes, Home and Away, Neighbours, Skins, etc.	0)Never 1) Occasionally 2) Regularly 3) Often
General coping Does he: Misuse medication?	0)Never 1) Occasionally 2) Regularly 3) Often
Self-harm?	0)Never 1) Occasionally 2) Regularly 3) Often
Work excessively?	0)Never 1) Occasionally 2) Regularly 3) Often
View others as hostile?	0)Never 1) Occasionally 2) Regularly 3) Often
Make excessive use of gym/exercise?	0)Never 1) Occasionally 2) Regularly 3) Often
Any other relevant information?	0)Never 1) Occasionally 2) Regularly 3) Often

*Scoring reversed.

Appendix 6.1

Student Information Sheet

You are being asked to take part in a research project into current sexual interests and any unusual sexual interests. The questionnaire will ask you questions about your current sexual thoughts, fantasies and behaviours (e.g. masturbating). Please be aware that some of the questions will ask about a wide range of types of sexual thoughts and behaviours, some of which are extremely sensitive - for example, concerning children or violence. The reason we are asking you these questions is so that we can use your answers as a comparative, typically sexually active population against a forensic population. That is, we need the answers of 'normal people' to compare with our offender data. This is why the questions may appear somewhat extreme at times. However, your data will be extremely useful as we try to understand the connections between various sexual interests.

The questionnaire will take approximately 15 minutes to complete.

What will happen?

You will be asked to complete the consent form and the questionnaire. There will be instructions to help answer the questions.

Do I have to take part?

You decide whether you want to take part or not. There are no benefits to taking part other than helping with research.

You do not have to answer questions which make you feel uncomfortable, though it would be helpful for the research if you answered as many questions as possible.

There are no right or wrong answers. We are interested in what you have to say.

Please answer honestly.

What happens to the questionnaire I fill in?

Your responses are anonymous and confidential and cannot be traced back to you at all (for example the IP address is not retained)

Only I and other members of the research team named below will see the data. It will be password protected and stored safely.

I will write up several reports and presentations at the end of this study. These reports will mention the responses of the sample as a whole rather than individual participant's answers.

What happens if I do not want to take part anymore?

If you change your mind and do not want to take part any more, you have 1 month to withdraw your data through contacting me with your identifying code which you will create later. Your questionnaire will then be destroyed and all your data deleted.

What support is available after the questionnaire?

If you feel you might need some support because the questionnaire has raised any issues, please contact NTU counselling at one of the addresses below:

http://www.ntu.ac.uk/apps/student_services

[http://www.ntu.ac.uk/student_services/health_wellbeing/counselling/Online Counselling](http://www.ntu.ac.uk/student_services/health_wellbeing/counselling/Online_Counselling)

If you want to speak to a helpline, the NTU Nightline service is available from 7pm to 8am 0115 951 4985

Alternatively, you can call **Brook** (The sexual health charity for young people under 25 offering confidential advice). Helpline: 0808 802 1234, Mon-Fri 11am-3pm

Get Connected confidential helpline and on-line support for young people on any subject. Helpline: 0808 808 4994 www.getconnected.org

NAPAC (National Association of People Abuse in Childhood) supports adults who have been abused in any way as children. Helpline: 0800 085 3330
www.napac.org.uk

Stop it now: confidential advice about sexual thoughts or attraction to children or teenagers Helpline - 0808 1000 900 www.stopitnow.org.uk



Student Consent Form:

What are you agreeing to?

I have read the above information and I consent to participate:

I consent ☐

I confirm that I am 18 years old or over ☐

Please write an identity number below, do not write your name.

A number is used rather than your name because this keeps your answers confidential.

You will need this number if you later decide you would not like to take part in the study anymore.

Please write an identity number here (4 numbers of your choice)

.....

Please make a note of this number now, so that if you wish to withdraw your data at any point before the deadline date you can contact Belinda Winder (using details at the end of the survey) with this, and your data will be destroyed.

Questionnaire to Student Sample:

Thank you for agreeing to participate in this research. The aim of the research is to develop understanding of sexual thoughts, interests, and arousal. Your responses will be anonymous and confidential and will be used for research only.

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal by **indicating which applies to you**. It is usual for people to think about sex regularly and there are a wide range of sexual fantasies and behaviours. It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement.

If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

It would also be appreciated if you could write any comments you have about completing the questionnaire, for instance how easy or difficult you found it, how long it took, if any of the questions were difficult to understand. This will help in the further development of the questionnaire.

Please answer the following questions:

1. What is your age?

21-30

31-40

41-50

51 and older

2. Which gender are you sexually attracted to? *(Please indicate a gender)*

Female

3. Which age group are you sexually attracted to?

than one age and gender)

Females:

65+ year olds

Males:

65+ year olds

4. **How often do you have sexual fantasies?** *(Please indicate the answer)*

All the time

statement describes you.

In the Past 6 months....	Not at all	Monthly	Weekly	Daily
5. I have had thoughts about sexual things that I think are	0	1	2	3

unhealthy, or make me feel uncomfortable.				
6. I have fantasised about consensual vaginal sex with a female over 16yrs	0	1	2	3
7. I have had urges to have sexual activity with a child aged 12 or younger	0	1	2	3
8. I have had sex with accessories such as leathers, whips, handcuffs, sharp things, restraints	0	1	2	3
9. I have exposed myself hoping to be seen by another person	0	1	2	3
10. I have had consensual oral sex with an age-appropriate woman/man (over 16yrs)	0	1	2	3
11. I have used images of children to look at and masturbate to reduce tension	0	1	2	3
12. I have intrusive thoughts about sex often during the day.	0	1	2	3
13. I have used internet pornography to masturbate to women/men (over 16yrs)	0	1	2	3
14. I have had sex or masturbated when I felt tense	0	1	2	3
15. I have shared naked pictures / videos of someone with others without their consent or knowledge	0	1	2	3
16. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under.	0	1	2	3

17. I have thought about having sexual contact with a child.	0	1	2	3
18. I have had to fight the urge to masturbate.	0	1	2	3
19. I have gone too far sexually when a partner was too young	0	1	2	3
20. I have thoughts about sex that get in the way of what I am doing.	0	1	2	3
21. I have fantasised about dominant/submissive sexual role play with a consensual partner	0	1	2	3
22. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	0	1	2	3
23. I have got more excited about the thrill of hurting someone than the thought of sex itself.	0	1	2	3
24. I have been sexually attracted to a child.	0	1	2	3
25. I have used the internet to access/ masturbated to violent pornography or simulated rape	0	1	2	3
26. I have found thoughts of sex getting in the way of my everyday life.	0	1	2	3
27. I have engaged in sexual activity that I am ashamed to speak with others about	0	1	2	3
28. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important	0	1	2	3

areas of my life.				
29. I have approached a stranger for sex	0	1	2	3
30. I have had thoughts about a stranger approaching me for sex	0	1	2	3
31. I have chosen to look for sexual images such as pornography, television programmes or films.	0	1	2	3
32. I have fantasised about consensual anal sex with a woman/man (over 16yrs)	0	1	2	3
33. I have thought about sex with an animal	0	1	2	3
34. I have had urges to have sexual activity with a teenager (16 or under).	0	1	2	3
35. I have engaged in consensual sex with more than one partner at the same time (e.g. threesome)	0	1	2	3
36. I have drifted into a daydream involving sex.	0	1	2	3
37. I have had sexual thoughts about lying in bed with my ex-partner.	0	1	2	3
38. I have had to fight sexual urges.	0	1	2	3
39. I have been sexually aroused by an animal	0	1	2	3
40. I have thought about forcing a partner to have sex when they don't want to.	0	1	2	3
41. I have become more sexually aroused at the thought that the other person was frightened.	0	1	2	3
42. I have daydreamed about being sexually attacked.	0	1	2	3

43. I have developed a sexual obsession about a woman / man / child and used the internet or other means to keep tabs on them	0	1	2	3
44. I have been sexually turned on by hurting or humiliating other people.	0	1	2	3
45. I have fantasized about killing someone during sex	0	1	2	3
46. I have asked a partner to dress up as a schoolgirl/boy during sex	0	1	2	3
47. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.	0	1	2	3
48. I have had a sexual thought of offending but not become aroused.	0	1	2	3
49. When I have sexual thoughts, I get sexually excited.	0	1	2	3
50. I have had consensual anal sex with an age- appropriate woman/man (over 16yrs)	0	1	2	3
51. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.	0	1	2	3
52. I have fantasised about consensual sex with more than one partner at the same time (e.g. threesome)	0	1	2	3
53. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist.	0	1	2	3
54. When a female rejected or hurt me, I have got angry	0	1	2	3

and thought about sex				
55. During sex I have been more aroused by my partner being afraid of me than by the sex itself	0	1	2	3
56. I have been sexually aroused by something that I am ashamed to speak with others about.	0	1	2	3
57. I have had sexual thoughts about watching others have sex.	0	1	2	3
58. I have gone too far sexually when a partner was unwilling	0	1	2	3
59. I chose to watch a television programme, knowing it had sexual content.	0	1	2	3
60. I have watched other people having sex	0	1	2	3
61. I have become sexually aroused at some time by thinking or fantasizing about a particular person.	0	1	2	3
62. I have fantasized about the people who work in my current location.	0	1	2	3
63. I have had consensual vaginal sex with an age-appropriate woman (over 16yrs)	0	1	2	3
64. I have masturbated whilst fantasizing in a sexual manner.	0	1	2	3
65. I have been aroused thinking of having sex with a previous partner.	0	1	2	3
66. I have gone too far sexually when a partner was	0	1	2	3

incapacitated (for example drunk or drugged)				
67. I have had sexual thoughts about a person I saw on television, in a film, or magazine.	0	1	2	3
68. I have masturbated about thoughts of a sexually attractive person I have seen during the day.	0	1	2	3
69. I have fantasised about consensual oral sex with a woman/man (over 16yrs)	0	1	2	3
70. I have accessed pornography that involves children (appears to be aged 12 or under)	0	1	2	3
71. I have accessed pornography that involves underage teenagers (appears to be aged 13-15)	0	1	2	3
72. I have had sexual thoughts about Please write any sexual interest not previously mentioned on this measure..... 	0	1	2	3

	Not at all	Once/occasionally	monthly	weekly	Daily
73. At any time in your life have you been touched in a sexual manner without your consent?					

Please comment if you would like to

Please answer the following questions, selecting ‘True of me’ or ‘False of me’ as appropriate:

I have never intensely disliked anyone	True	False
No matter who I’m talking to, I am always a good listener	True	False
There have been occasions when I took advantage of someone	True	False
I am always willing to admit when I have made a mistake	True	False
I sometimes try to get even rather than forgive and forget	True	False
There have been occasions where I felt like smashing things	True	False
I sometimes feel irritated by people who ask favours of me	True	False
I have never felt that I was punished without cause	True	False
I sometimes think when people have had a misfortune they only got what they deserved	True	False
I have never deliberately said something that hurt someone’s feelings	True	False

Debrief

Thank you very much for taking the time to take part in this study. Your views are valued as they will help to develop an accurate measure of sexual interest.

This study is important because it is part of the development of a measure of current sexual interest, which will help with the assessment of risk and of further treatment need.

If the discussion has raised any issues for you please feel free to talk to the researcher, or contact one of the numbers below.

Should you decide to withdraw from the study you can request that responses are destroyed. Please contact one of the researchers below and give your unique number. This should be done within one month of your participation, as once the data has been analysed it will not be possible to extract individual results.

Once again thank you for your participation

If you feel you might need some support because the questionnaire has raised any issues, please contact NTU counselling at one of the addresses below:

http://www.ntu.ac.uk/apps/student_services

http://www.ntu.ac.uk/student_services/health_wellbeing/counselling/Online_Counselling

If you want to speak to a helpline, the NTU Nightline service is available from 7pm to 8am 0115 951 4985

Alternatively, you can call Brook (The sexual health charity for young people under 25 offering confidential advice). Helpline: 0808 802 1234, Mon-Fri 11am-3pm

Get Connected confidential helpline and on-line support for young people on any subject. Helpline: 0808 808 4994 www.getconnected.org

NAPAC (National Association of People Abuse in Childhood) supports adults who have been abused in any way as children. Helpline: 0800 085 3330 www.napac.org.uk

Stop it now: confidential advice about sexual thoughts or attraction to children or teenagers Helpline - 0808 1000 900 www.stopitnow.org.uk

Appendix 6.2. Incidents of being touched without consent.

Several female students mention being touched/groped while in nightclubs, e.g.:

- This always happens in nightclubs and is somehow condoned. It is quite frankly emetic that this sort of groping is allowed to go on, and even the feminists seem oblivious to it, although that is probably because they are more interested in brutally murdering unborn children.
- Men in clubs touch girls' bums or boobs a lot. They tend to get a slap.
- Groped in clubs by gross men, not consensual but wouldn't describe as a big deal or as rape

Several mention more than one incident:

- It was sexual abuse when I was a child and sometime during my adult years
- I have been sexually assaulted by a stranger and also raped by an ex boyfriend
- At age 7 I was sexually abused by an older cousin, at age 12 I was again sexually abused by my mothers' ex-partner.
- Raped once and sexually harassed
- As a child I was molested by a family member, as a teenager I was molested by a youth worker and as an adult I was molested by an older woman in a position of authority.
- Twice as a child by different adults
 - From the age of 3 by family members and then taken to strangers till I was 10
 - Been grabbed in nightclubs and assaulted in the street
 - Raped at age 13 and 16. Once by a teacher and once when I was drunk at a party

Several mention on-going abuse:

- Every few months
- 3 times under the age of 12

- I was sexually abused by my uncle between the ages of 2 and 5
- Touched weekly – ‘no longer a problem’
- Actually twice but I have chosen the option 'once/occasionally' because it's closer to the real answer of twice
- Weekly for one year
- Sexually harassed for about 6 months by a classmate when I was 15 (same age)
- Forced prostitution

Others describe one-off incidents

- I was violently grabbed on my chest by a boy when we were both aged 15, I was humiliated and angry that he felt it was in any way ok for him to do that
- In school. Boy touched me. He was the same age as myself at the time (about 13-14)
- I was raped when I was 23
- On a night out, at work by a colleague
- A man on the tube in London touched me inappropriately as we were standing, as the tube was so busy
- Groping from strangers
- With another child a few years older than me - I didn't know it wasn't right at the time
- Men groping my bum when I didn't want them to
- Made to touch someone else.
- Forced oral sex
- I was abused as a child (several mention this)
- It's fucking rancid 'cus it's ALWAYS middle age beardy men that kiss my neck or face and I want to vomit on them and crush their scrotum. However I have had other cuter, younger and face fluffless guys grope me, making me feel uncomfortable. However it's

only ever because they didn't ask first, in most cases whilst I wouldn't sleep with most guys, I'm happy to be touched and kissed (though only by feminine guys and girls)...

AND DEFINITELY NOT BY MIDDLE AGED BEARDY MEN!!!(capitalised by respondent)

- When I was 7-8 a girl abused me
- It's happened but not more than once by that particular person
- My manager
- A drunken lesbian friend was clearly interested in me and we kissed and she felt my breasts but I immediately regretted it as I am not attracted to women at all
- In the subway when I was about 10 years old
- I was 16 and a 42 year old man I thought I could trust forced himself on me, and touched me inappropriately. Luckily I managed to get away before things escalated further.
- Sexually harassed by a male of 16
- When I was 15 my boyfriend at the time forced me to let him touch my vagina/engage in oral sex with him
- Assaulted by an ex.
- Told an ex-partner I would like him to stop having sex with me but was pressured to continue after saying no twice, been kissed by someone in a nightclub without consent, had my thighs and bum touched without consent also.
- Being groped inappropriately whilst dancing in a club, my leg being stroked/squeezed by an older man on the bus, this happens a lot to women on public transport I've noticed but isn't always enough to make an official complaint about
- Sexually assaulted
- Upper body when I didn't want to go any further with the person, had to force them off, but it seemed to make them want to try harder. I was scared.

- A man stuck his hand up my skirt in a club
- I was 14, the boy was about 16/17 and took me "somewhere private" and touched me even though I pushed his hands away.
- Men groping
- As a child
- An attempt of sexual abuse when I was 12 but I reported and was left alone
- Student halls, I reported it, they told me to tell police but they wouldn't let me move rooms
- I was violently grabbed on my chest by a boy when we were both aged 15;
I was humiliated and angry that he felt it was in any way ok for him to do that.
- Former partner
- Just groping, even after I said to stop.
- I was around 5 maybe 6yrs old he was 16 or 17. He made me touch him and he touched me. He threatened to tell my parents if I didn't keep it to myself called him self my boyfriend.
- Ex co-workers
- Older man grabbing leg and kissing me as I was trying to drive
- When I was a teenager (13/14) someone my age made sexual advances on me which I didn't want
- Occasionally groped on a night out.
- I was very drunk and said no
- Raped
- A guy led me away from the people I knew to a private space and forced me to kiss him
- Whilst asleep and whilst drunk
- Crowded place

- A number of times over a period of years when I was younger
- I lost my virginity without my consent.
- I've been groped by men in my work place
- Attempted rape
- A boy in my halls lay naked on top of me and refused to get off whilst groping me.
- Inappropriately touched by a man in the street.
- Father figure, friend of family
- I actually went to the police about this matter, the guy got 2 years in prison and was put on the sex offenders list for 10 years
- Bum/boob grope
- On nights out but I made it stop
- Attacked when I was 14 by a man ... he was scared off when other people came around so didn't get further than trying to undress me.
- A 40 year old gym instructor when I was 14
- By a male at school in classroom aged 14
- Despite saying no - degrading and made me lose confidence in myself
- I was touched at 12 by a boy a couple of years older than me who insisted he loved me
- Once
- Inappropriately groped by family member
- Domestic abuse by ex
- Previous managers whilst moving past in small gaps e.g. behind bars or making jokes
- Boyfriend not taking no for an answer, stopped when he saw I was serious.
- Once I was waiting for a taxi with a friend and a man also waiting for a taxi groped my bottom, we left

Male respondents

- By an older man before he was to give me a lift to work
- Someone tried to rape me
- She touched me
- Had my bum squeezed etc. in clubs and bars
- In a couple of bars, pinches on the bottom
- By girlfriend
- When I was 3-5 my uncle 3-4 years older than myself would make me play 'mummy and daddy' which I obviously didn't understand was wrong at the time
- Sexually abused, not by choice.
- I was passed out a party when I was younger and woke up covered in blood.
I later found out that a girl had had sex with me.
- I have had my drink spiked before and have woken up to discover I had sex with someone whilst not remembering it.
- Squeeze on the bum and grabbed my crotch
- Another male in school flashed me when I was in school. Same year group. He was a bit of a weirdo.
- On a handful of occasions heavily drunk women on an evening out at a bar or club touching my buttocks without my consent and made sexual comments that made me feel uncomfortable at the time.
- Was fondled by a friend when I was 13
- I was raped when I was 13
- When working as a doorman in nightclubs.
- In secondary school, there were two incidents of older girls (students) touching me

inappropriately.

- I was 11, I was socializing with my friend's 9 year old sister and she touched me inappropriately until I reacted adversely and made her stop.
- Raped as a child
- Bum pinching and in a club a girl forced both her hands down my boxers from behind
- Once I was attacked in the toilet by a 16 yr old when I was 17 but I managed to get away.
She was trying to kiss me and push me with her in the toilet after stalking me for a month.
- As a teenager I once touched someone without their consent and it haunts me
- A supervisor at my workplace
- Date rapes
- Sexual Harassment one time
- By an older girl when I was 13 and in jest by mates
- In a supermarket above clothes when I was a child.
- A girl who was my girlfriend, (as much as you can be at the age of 13) put her hand down my trousers/pants. I didn't know she was going to do it, and I did not become aroused due to anxiety
- In secondary school, there were two incidents of older girls (students) touching me inappropriately.

Appendix 6.3. Sexual interests not mentioned on Current Sexual Interest Measure.

Female respondents

- Lesbians
- Having a woman give me oral sex
- Using a strap on dildo on my expartner who is male.
- Watching my partner have sex with another woman
- Women
- Dreams about females
- Being cheated on and witnessing it
- A celebrity
- Being tormented myself
- Partner
- Homosexual activities
- Being tied up
- Transsexuals, piercings, punishment, objectification
- Rape (several mention this)
- Being 'coached' by a partner through my first sexual experience. Being tied/restrained in some way to encourage me to make noise (naturally quiet). Weekly to the first. Monthly to the second.
- Sex in public (several mentioned this)
- People I fancy.
- Being taken from behind
- Friends' husband
- Work situations turning sexual
- A male friend who I am close to but not in a sexual relationship
- giants / very large men and women
- different/risky locations
- Giving oral sex to a female in a nightclub toilet, having sex at work with a male colleague, other females masturbating
- Sex with my boyfriend
- Knife play
- Having an affair, being restrained/gagged

- Being in a submissive position during sex/being hurt by someone and found it sexually arousing
- Being spanked (several mentioned this)
- Gender reversal - pegging and security guard role play
- Inappropriate relationships, for example boss and employee.
- Sex toys
- Being dominated
- Restraining, gagging, severe biting causing bleeding, hair pulling, binding, using implements to hurt others, playing to be someone's mummy and then my child, acting as an animal/having someone behave this way, consensual slavery, dollification, behavioural modification, having complete control over someone, having sex with someone until they cry/are in pain,
- Urinating or being urinated on by another person
- Dressing up
- Gangbangs/ group sex
- Car gear stick
- Being sexually publicly humiliated and dominated
- Having sex with an older man
- Being beaten, spat on, forced and hurt during sex. I also want to be dominated and forced to perform sex acts and my hair pulled while doing oral sex
- Blood
- Cheating
- Tickling
- Blood (the more the merrier... It's my biggest turn on and most of my sex involves cutting people with the sharp edge of disposable lancets), seeing people's veins through their skin (especially on the breasts), watersports, biting, bondage, being fucked whilst unconscious, extreme penetration (i.e., fisting) and razor rash (I love being tied up and having people stroke razor burns, it's my favourite pain)... And yes, I am one of those debaucherous perverts your mother warned you about. However safety is a number one and I would never do anything I have not been taught how to do safely, i.e., RACK (Risk Aware Consensual Kink).

- Aliens-being abducted
- Using a strap on to have penetrative sex with a man
- Someone I cannot have
- Love bites
- People watching me have sex
- Boyfriend
- Having a woman give me oral sex
- Lesbian sex even though I am straight
- A hypothetical lesbian experience
- Sexual thoughts about other people's partners
- Having a lesbian fling with or without my current male partner (having never had a relationship with a woman).
- I would love to be sexually involved with a survey. I love caressing the buttons with my pointer, and when I see an "other" box I start to get wet
- Role play, Sex in places such as kitchen
- Using a strap on dildo on my ex-partner who is male.
- Reluctance from myself, with a made up person, but not recently after finding out it's just better in my imagination
- Daddy/ daughter fantasy
- Gangbangs
- Sex that is consensual but only because of the difference in power between a man and woman
- In a pool
- Going to a sex club
- Sex machines, tentacle porn, being restrained
- "Fire play" "serving maids"
- People watching me and another have sexual intercourse.
- Having sex but not with my partner
- Fictional characters
- Raped aged 14
- Being caught having sex
- Handcuffing a man to a chair and having my way with him (consensually)

- My boyfriend! I think that's like the one thing you missed out
- Female respondent-bjs, hentai, teens, yoga pants, masturbation, webcams, selfies, running
- Having sex outdoors
- Supernatural beings e.g. vampires etc.
- About being hurt/used by more than one person at a time
- Role play and dressing up in general
- People in authority
- My boss
- Having sex with the same gender even though I am not gay or bi
- Watching my partner have sex with another woman
- Food fetish
- Being humiliated/dominated
- Shemales, Ts/Tv , Schoogirls, teenage boys
- Being treated roughly during sex
- Being asphyxiated
- Being tied up
- My boyfriend when we are away for a very long time
- Dominance
- Bananas
- Food
- I am female(didn't specify on quiz) but not homosexual, so lesbian sex
- Having sex in unusual places (e.g. public areas/ outside)
- Being suffocated
- Characters in books
- Anal sex and light bondage
- Having sex with someone else whilst in a relationship
- Cars and balloons
- Defloration
- Having sex with someone who has a girlfriend - not because they had a gf, because they were attractive, but the fact they had a gf later made it more appealing as it would be a challenge

- Bondage is pretty good
- Being submissive and violence against me in a sexual way
- Costumes
- Same gender sex
- Friend's dad, friends
- Being bitten
- Dreams about females
- Threesome with 2 other girls
- Incest
- Different locations for sex, shower, kitchen, garden, public places, car, at work

Male respondents

- Sex with a female after a night out, outdoors
- Sex with transgender - women with a cock (several mention this)
- Anything my penis fits into
- Female friends
- Giving a man oral sex (several mention this)
- Sex in public (several mentioned this)
- Incest
- Consensual rape
- Cartoon Ponies
- Feet
- Vegetables
- My sexual partner being in control, telling me what to do, pulling my hair
- Water Bondage
- Guitar solo's (I'm being serious)
- Rubber fetish

- Cheating on my partner with someone he knows
- Cuckoldry, unprotected sex
- Older women
- Delivering pleasure dependant on partners' enjoyment
- Muscular mature men
- Dominating but WITH consent, via wrestling, bondage,dominatrix
- Porn models. fictional characters
- Chocolate spread
- Furies
- Being beaten, cut and hurt during sex, being bound/incapacitated during sex
- BDSM (several noted this)
- Orgy
- My neighbour
- Electro stimulation
- Drawings/Cartoons/ Furies
- Lingerie, feet
- Cuckholdry, being raped
- Roleplay
- Transsexuals (several mention this)
- A colleague
- My philosophy tutor
- Swinging
- Sometimes unconscious arousal (non- intended and embarrassing)
- Having sex whilst I am under-age

- My boss
- efukt
- Niche Fetishes
- Being scratched down my back
- Femdoms with strapons
- Strapon anal sex
- Transexual intercourse, incest, bisexual watersports orgies and bukkake (a male ejaculating on a woman)
- Teenagers masturbating
- Older hairy men
- Insemination
- Adult Role Play - Lingerie, Mild Bondage, Outdoor Sex
- Elderly women (50+)
- Someone much older
- I just like consensual aggressive sex
- Dogging
- Gang sex
- Anal sex involving a woman using a strap on,
- Twin brothers men
- Asian women.
- A girl in my seminar
- Crossdressing, cuckolding, cuckqueaning
- I have a fetish about lung disease. That is, symptoms of lung disease, such as coughing, wheezing, breathlessness, are extremely sexually stimulating. Also

the visible side effects involving hyperinflation of the chest (protruding upper chest bones) are similarly sexually stimulating to me. I masturbate daily whilst imagining having sex with, or just caressing or being physically close to, someone while they show these symptoms. Just the sight of protruding upper chest bones (pigeon chest) or the sound of them wheezing gives me an immediate and powerful degree of sexual stimulation.

- Urination
- Blackmail (in the past)
- Pain and pleasure. Trying to overcome boundaries and push limits.
- Bukkaki
- Step-sisters
- Sexual fantasies involving Nazi roleplay

Appendix 7.1. Current Sexual Interest Measure for those in a custodial setting

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal by **indicating which applies to you**. It is usual for people to think about sex regularly and there are a wide range of sexual fantasies and behaviours. It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement.

If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

Please answer the following questions:

1. What is your age?

2. Which gender are you sexually attracted to? *(Please indicate a gender)*

Male

Female

Male and Female

3. Which age group are you sexually attracted to?

(Please indicate all age groups you are attracted to- you can indicate more than one age and gender)

Females:

0-5 year olds

6-12 year olds

13-15 year olds

16-18 year olds

18-25 year olds

26-50 year olds

51-65 year olds

65+ year olds

Males:

0-5 year olds

6-12 year olds

13-15 year olds

16-18 year olds

18-25 year olds

26-50 year olds

51-65 year olds

65+ year olds

4. **How often do you have sexual fantasies?** *(Please indicate the answer)*

Never

Not very often

Sometimes

A lot of the time

All the time

5. Were you sexually abused as a child (younger than 16)? *(please circle)*

Yes

No

6. Were you physically abused as a child (younger than 16)? *(please circle)*

Yes

No

7. Have you ever possessed indecent images of children? *(please circle)*

Yes

No

8. Please list sexual offences you have committed? *(List all offences)*

[illegible]

9. What is the sexual offence you are currently serving a sentence for?

.....

.....

.....

.....

10. How many adult male victims of sexual offences have you had?

.....

11. How many male victims under the age of 16 of sexual offences have you had?

.....

12. How many adult female victims of sexual offences have you had?

.....

13. **How many female victims under the age of 16 of sexual offences have you had?**

.....

14. What was the age of your victim? *(If more than one victim, please list all ages)*

Female victims ages:

.....

Male victims' ages:

.....

15. Have you completed any Sex Offender Treatment Programmes? If so which programmes? *(list all)*

.....

16. How many adult male victims of violent offences have you had?

.....

17. How many male victims under the age of 16 of violent offences have you had?

.....

18. How many adult female victims of violent offences have you had?

.....

Please read each statement and circle the number to show how well you believe the statement describes you.

In the Past 6 months....	Not at all	Monthly	Weekly	Daily
1. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable.	0	1	2	3

2. I have fantasised about consensual vaginal sex with a female over 16yrs	0	1	2	3
3. I have had urges to have sexual activity with a child aged 12 or younger	0	1	2	3
4. I have exposed myself hoping to be seen by another person	0	1	2	3
5. I have used images of children to look at and masturbate to reduce tension	0	1	2	3
6. I have intrusive thoughts about sex often during the day.	0	1	2	3
7. I have had sex or masturbated when I felt tense	0	1	2	3
8. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under.	0	1	2	3
9. I have thought about having sexual contact with a child.	0	1	2	3
10. I have had to fight the urge to masturbate.	0	1	2	3
11. I have thoughts about sex that get in the way of what I am doing.	0	1	2	3
12. I have fantasised about dominant/submissive sexual role play with a consensual partner	0	1	2	3
13. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	0	1	2	3
14. I have got more excited about the thrill of hurting someone than the thought of sex itself.	0	1	2	3
15. I have been sexually attracted to a child.	0	1	2	3
16. I have found thoughts of sex getting in the way of my everyday life.	0	1	2	3
17. I have engaged in sexual activity that I am ashamed to speak with others about	0	1	2	3
18. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life.	0	1	2	3
19. I have approached a stranger for sex	0	1	2	3
20. I have had thoughts about a stranger approaching me for sex	0	1	2	3
21. I have chosen to look for sexual images such as pornography, television programmes or films.	0	1	2	3
22. I have fantasised about consensual anal sex with a woman/man (over 16yrs)	0	1	2	3

23. I have thought about sex with an animal	0	1	2	3
24. I have had urges to have sexual activity with a teenager (16 or under).	0	1	2	3
25. I have drifted into a daydream involving sex.	0	1	2	3
26. I have had sexual thoughts about lying in bed with my ex-partner.	0	1	2	3
27. I have had to fight sexual urges.	0	1	2	3
28. I have been sexually aroused by an animal	0	1	2	3
29. I have thought about forcing a partner to have sex when they don't want to.	0	1	2	3
30. I have become more sexually aroused at the thought that the other person was frightened.	0	1	2	3
31. I have daydreamed about being sexually attacked.	0	1	2	3
32. I have been sexually turned on by hurting or humiliating other people.	0	1	2	3
33. I have fantasized about killing someone during sex	0	1	2	3
34. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.	0	1	2	3
35. I have had a sexual thought of offending but not become aroused.	0	1	2	3
36. When I have sexual thoughts, I get sexually excited.	0	1	2	3
37. I have had consensual anal sex with an age-appropriate woman/man (over 16yrs)	0	1	2	3
38. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.	0	1	2	3
39. I have fantasised about consensual sex with more than one partner at the same time (e.g. threesome)	0	1	2	3
40. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist.	0	1	2	3
41. When a female rejected or hurt me, I have got angry and thought about sex	0	1	2	3
42. I have been sexually aroused by something that I am ashamed to speak with others about.	0	1	2	3
43. I have had sexual thoughts about watching others have sex.	0	1	2	3
44. I have gone too far sexually when a partner was unwilling	0	1	2	3
45. I chose to watch a television programme, knowing it had sexual content.	0	1	2	3

46. I have watched other people having sex	0	1	2	3
47. I have become sexually aroused at some time by thinking or fantasizing about a particular person.	0	1	2	3
48. I have fantasized about the people who work in my current location.	0	1	2	3
49. I have masturbated whilst fantasizing in a sexual manner.	0	1	2	3
50. I have been aroused thinking of having sex with a previous partner.	0	1	2	3
51. I have gone too far sexually when a partner was incapacitated (for example drunk or drugged)	0	1	2	3
52. I have had sexual thoughts about a person I saw on television, in a film, or magazine.	0	1	2	3
53. I have masturbated about thoughts of a sexually attractive person I have seen during the day.	0	1	2	3
54. I have fantasised about consensual oral sex with a woman/man (over 16yrs)	0	1	2	3
55. I have accessed pornography that involves children (appears to be aged 12 or under)	0	1	2	3
56. I have accessed pornography that involves underage teenagers (appears to be aged 13-15)	0	1	2	3
57. I have had sexual thoughts about	0	1	2	3
58. Please write any sexual interest not previously mentioned on this measure.....				

Name:

Date of Birth:

**Appendix 7.2. Current Sexual Interest Measure (for use with offenders in
community setting)**

Please read the following questions carefully and indicate the response that best describes your thoughts and sexual arousal by **indicating which applies to you**. It is usual for people to think about sex regularly and there are a wide range of sexual fantasies and behaviours. It is important that you respond accurately and honestly. You should include any types of thought you can recall or have experienced, even if they are brief. Please try to respond to every statement.

If the question relates to a child (aged 12 years or younger) you should answer yes even if the person looked like a child but was actually older.

Please answer the following questions:

1. **What is your age?**
2. **Which gender are you sexually attracted to?** *(Please indicate a gender)*

Male

Female

Male and Female

3. **Which age group are you sexually attracted to?**

(Please indicate all age groups you are attracted to- you can indicate more than one age and gender)

Females:

0-5 year olds

6-12 year olds

13-15 year olds

16-18 year olds

18-25 year olds

26-50 year olds

51-65 year olds

65+ year olds

Males:

0-5 year olds

6-12 year olds

13-15 year olds

16-18 year olds

18-25 year olds

26-50 year olds

51-65 year olds

65+ year olds

4. How often do you have sexual fantasies? *(Please indicate the answer)*

Never

Not very often

Sometimes

A lot of the time

All the time

5. Were you sexually abused as a child (younger than 16)? *(please circle)*

Yes

No

6. Were you physically abused as a child (younger than 16)? *(please circle)*

Yes

No

7. Have you ever possessed indecent images of children? *(please circle)*

Yes

No

8. Please list sexual offences you have committed? *(List all offences)*

.....
.....
.....
.....
.....

9. What is the sexual offence you are currently convicted of?

.....
.....
.....

10. How many adult male victims of sexual offences have you had?

.....

11. How many male victims under the age of 16 of sexual offences have you had?

.....

12. How many adult female victims of sexual offences have you had?

.....

13. How many female victims under the age of 16 of sexual offences have you had?

.....

14. What was the age of your victim? *(If more than one victim, please list all ages)*

Female victims ages:

.....

Male victims' ages:

.....

15. Have you completed any Sex Offender Treatment Programmes? If so which programmes? *(list all)*

.....

16. How many adult male victims of violent offences have you had?

.....

17. How many male victims under the age of 16 of violent offences have you had?

.....

18. How many adult female victims of violent offences have you had?

.....

Please read each statement and circle the number to show how well you believe the statement describes you.

In the Past 6 months....	Not at all	Monthly	Weekly	Daily
1. I have had thoughts about sexual things that I think are unhealthy, or make me feel uncomfortable.	0	1	2	3

2. I have fantasised about consensual vaginal sex with a female over 16yrs	0	1	2	3
3. I have had urges to have sexual activity with a child aged 12 or younger	0	1	2	3
4. I have had sex with accessories such as leathers, whips, handcuffs, sharp things, restraints	0	1	2	3
5. I have exposed myself hoping to be seen by another person	0	1	2	3
6. I have had consensual oral sex with an age-appropriate woman/man (over 16yrs)	0	1	2	3
7. I have used images of children to look at and masturbate to reduce tension	0	1	2	3
8. I have intrusive thoughts about sex often during the day.	0	1	2	3
9. I have used internet pornography to masturbate to women/men (over 16yrs)	0	1	2	3
10. I have had sex or masturbated when I felt tense	0	1	2	3
11. I have shared naked pictures / videos of someone with others without their consent or knowledge	0	1	2	3
12. I have been aroused while imagining (or remembering) myself being sexual with a child aged 12 or under.	0	1	2	3
13. I have thought about having sexual contact with a child.	0	1	2	3
14. I have had to fight the urge to masturbate.	0	1	2	3
15. I have gone too far sexually when a partner was too young	0	1	2	3
16. I have thoughts about sex that get in the way of what I am doing.	0	1	2	3
17. I have fantasised about dominant/submissive sexual role play with a consensual partner	0	1	2	3
18. I have thought about sex with accessories such as leathers, whips, handcuffs, sharp things, restraints.	0	1	2	3
19. I have got more excited about the thrill of hurting someone than the thought of sex itself.	0	1	2	3
20. I have been sexually attracted to a child.	0	1	2	3
21. I have used the internet to access/ masturbated to violent pornography or simulated rape	0	1	2	3
22. I have found thoughts of sex getting in the way of my everyday life.	0	1	2	3
23. I have engaged in sexual activity that I am ashamed to speak with others about	0	1	2	3

24. I have had frequent and intense sexual thoughts, urges, and behaviour which have caused significant problems for me in personal, social, work, or other important areas of my life.	0	1	2	3
25. I have approached a stranger for sex	0	1	2	3
26. I have had thoughts about a stranger approaching me for sex	0	1	2	3
27. I have chosen to look for sexual images such as pornography, television programmes or films.	0	1	2	3
28. I have fantasised about consensual anal sex with a woman/man (over 16yrs)	0	1	2	3
29. I have thought about sex with an animal	0	1	2	3
30. I have had urges to have sexual activity with a teenager (16 or under).	0	1	2	3
31. I have engaged in consensual sex with more than one partner at the same time (e.g. threesome)	0	1	2	3
32. I have drifted into a daydream involving sex.	0	1	2	3
33. I have had sexual thoughts about lying in bed with my ex-partner.	0	1	2	3
34. I have had to fight sexual urges.	0	1	2	3
35. I have been sexually aroused by an animal	0	1	2	3
36. I have thought about forcing a partner to have sex when they don't want to.	0	1	2	3
37. I have become more sexually aroused at the thought that the other person was frightened.	0	1	2	3
38. I have daydreamed about being sexually attacked.	0	1	2	3
39. I have developed a sexual obsession about a woman / man / child and used the internet or other means to keep tabs on them	0	1	2	3
40. I have been sexually turned on by hurting or humiliating other people.	0	1	2	3
41. I have fantasized about killing someone during sex	0	1	2	3
42. I have asked a partner to dress up as a schoolgirl/boy during sex	0	1	2	3
43. When I have sexual thoughts, I think about threatening or frightening a woman/girl or man/boy.	0	1	2	3
44. I have had a sexual thought of offending but not become aroused.	0	1	2	3

45. When I have sexual thoughts, I get sexually excited.	0	1	2	3
46. I have had consensual anal sex with an age-appropriate woman/man (over 16yrs)	0	1	2	3
47. I have had thoughts or fantasies about being kidnapped by someone for a sexual reason.	0	1	2	3
48. I have fantasised about consensual sex with more than one partner at the same time (e.g. threesome)	0	1	2	3
49. I have thought of having sex after giving the other person drugs to make them unconscious or unable to resist.	0	1	2	3
50. When a female rejected or hurt me, I have got angry and thought about sex	0	1	2	3
51. During sex I have been more aroused by my partner being afraid of me than by the sex itself	0	1	2	3
52. I have been sexually aroused by something that I am ashamed to speak with others about.	0	1	2	3
53. I have had sexual thoughts about watching others have sex.	0	1	2	3
54. I have gone too far sexually when a partner was unwilling	0	1	2	3
55. I chose to watch a television programme, knowing it had sexual content.	0	1	2	3
56. I have watched other people having sex	0	1	2	3
57. I have become sexually aroused at some time by thinking or fantasizing about a particular person.	0	1	2	3
58. I have fantasized about the people who work in my current location.	0	1	2	3
59. I have had consensual vaginal sex with an age-appropriate woman (over 16yrs)	0	1	2	3
60. I have masturbated whilst fantasizing in a sexual manner.	0	1	2	3
61. I have been aroused thinking of having sex with a previous partner.	0	1	2	3
62. I have gone too far sexually when a partner was incapacitated (for example drunk or drugged)	0	1	2	3
63. I have had sexual thoughts about a person I saw on television, in a film, or magazine.	0	1	2	3
64. I have masturbated about thoughts of a sexually attractive person I have seen during the day.	0	1	2	3
65. I have fantasised about consensual oral sex with a woman/man (over 16yrs)	0	1	2	3
66. I have accessed pornography that involves children (appears to be aged 12 or under)	0	1	2	3

Appendix 7.3. Sexual Offence Paralleling Behaviour Checklist with items descriptions

Sexual Offence Paralleling Behaviour Checklist

Instructions for Completion

Please complete this form as a multi-disciplinary team in order to gather information from a range of viewpoints. It is important that it is used alongside the development of a sound formulation of offence paralleling behaviour for the individual being assessed. It requests information relating to prison-based behaviour exhibited **during the last 6 months**, which may parallel behaviour prior to offending. Please refer to guidelines at the back of the checklist to help inform decision-making.

Definition of rating: Never (not in the last 6 months); Occasionally (from time to time, monthly); Habitually (regularly, at least once a fortnight); Often (frequently, daily/several times a day).

The checklist can be used to help inform current risk assessment.

Name of offender	Date of birth
	Prison number
Names of those completing assessment	Date
Sexualised behavior Does he: 1. Initiate or involve him self in sexual banter? 2. Sexualise staff? 3. Seek particular staff? 4. Attempt to groom staff? 5. Sexualise non-sexual situations? 6. Use pornography excessively (include inappropriate materials such as women's magazines, pictures/books relating to children, catalogues)? 7. Allude to his depositions/accounts of offences? 8. Write to a number of different women/men (depending on sexual orientation) in sexually explicit manner? 9. Try to touch staff inappropriately? 10. Seek visits from children other than his own? 11. Please refer to any relevant information/sexual interests relating to this individual. For instance does he seek out material relevant to his sexual interest in a particular victim group, part of the body, or objects?	Examples and rating 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often

Offence-supportive attitudes Does he: 12. Speak of offence-supportive beliefs? 13. Minimise his offending? 14. View females as untrustworthy/unequal to him? 15. Minimise harm to children/adult victims? 16 Have pictures of victims?	Examples and rating 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Regularly 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often
Associates Who does he associate with? Does he: 17. Have friends with similar offences? 18. Get suspected of grooming or sexually assaulting/having sexual encounters with other offenders? 19. Form a negative/collusive sub group?	 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often
Relationships Does he: 20. Relate well to others? * 21. Show support/trust/empathy? * 22. Put his own needs aside? * 23. Resolve difficulties with others? * 24. Isolate him self when upset?	 0)Often 1) Habitually 2) Occasionally 3) Never 0)Often 1) Habitually 2) Occasionally 3) Never 0)Often 1) Habitually 2) Occasionally 3) Never 0)Often 1) Habitually 2) Occasionally 3) Never 0)Never 1) Occasionally 2) Habitually 3) Often
General behaviour Does he: 25. Miss group sessions? 26. Fail to make plans for or consider future? 27. Create chaos around him self? 28. Miss work? 29. Have explosive outbursts? 30. Other poor emotional control? 31. Blame others for his problems? 32. Not abide by rules? 33. Have hobbies relating to his offending, e.g. making soft toys, learning about the internet, watching age inappropriate TV programmes/films, e.g. Home and Away, Neighbours, Skins, etc.	 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often
General coping Does he: 34. Misuse medication? 35. Self-harm? 36. Work excessively?	 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often 0)Never 1) Occasionally 2) Habitually 3) Often

37. View others as hostile?	0)Never 1) Occasionally 2) Habitually 3) Often
38. Make excessive use of gym/exercise?	0)Never 1) Occasionally 2) Habitually 3) Often
39. Any other relevant information?	0)Never 1) Occasionally 2) Habitually 3) Often

*Scoring reversed.

Additional guidelines and item descriptions for completion of the Sexual Offence Paralleling Behaviour Checklist.

Sexualised behaviour

1. Initiate or involve him self in sexual banter?
Does he bring sex into a conversation, tell jokes with a sexual content, and appear to be constantly thinking about sex, refer to TV programmes/books with a sexual content.
2. Sexualise staff?
Does he make inappropriate comments towards staff, mention their size, shape, seek personal information, and refer to them in sexual manner.
3. Seek particular staff/peers?
Does he seek staff or peers who match his victim or sexual preference group?
4. Attempt to groom staff?
Does he ingratiate himself with staff, compliment them, spend long lengths of time talking to them, and offer to do things for them?
5. Sexualise non-sexual situations?
Does he interpret conversations/actions as if they involve sex?
6. Use pornography excessively/possess numerous magazines (include inappropriate materials such as women's magazines, pictures/books relating to children, catalogues)?
Does the resident own excessive amounts of pornographic material, get agitated while awaiting delivery of latest edition, swap and buy pornography, leave it visible in his room?
7. Frequently allude to his depositions/accounts of offences other than when asked in treatment?
Does he appear preoccupied by his offending, speak of it often, keep victim statements, crime photographs, etc?

8. Write to a number of different women/men (depending on sexual orientation) in sexually explicit manner?
Does he write letters or make phone calls using sexually explicit language and with the main focus on sexual interest?
9. Try to touch staff inappropriately?
Does he “brush” against staff, stand too close, not move as they pass so as to give them space, sit close to them?
10. Seek visits from children other than his own?
Does he encourage family and friends to bring children to visit? Does he seek opportunities to spend time in visits centre watching or seeking company of children?
11. Please refer to any relevant information/sexual interests relating to this individual.
For instance interest in a particular victim group, part of the body, or objects.
Does he have any specific individual sexual interest which has not been previously mentioned? Is there a specific fetish object, sexual practice, he is interested in and seeks out?

Offence-supportive attitudes

Does he:

12. Speak of offence-supportive beliefs?
Does he demonstrate offence supportive beliefs about women or children, speak openly about them?
13. Minimise his offending?
Does he minimise the details/extent of his offence/s; blame victims
14. View females as untrustworthy/unequal to him?
Does he speak of women as being untrustworthy, intent on belittling men/unreliable/cold/hostile, seek male staff, and respond disrespectfully/disdainfully to female staff/visitors?
15. Minimise harm to children/adult victims?
Does he minimise the extent of harm caused to the victim/s extent of pain, short and long-term impact of events.
16. Have pictures of victims?
Does he keep photographs of victims in his possession and refer to them/keep them on display?

Associates

Keeping in mind the opportunity he has who does he associate with? Does he:

17. Have friends with similar offences?
Does he seek out and spend time with associates who support his offending beliefs?

18. Get suspected of grooming or sexually assaulting/having sexual encounters with other offenders?
Have there been accusations that he undertakes sexual acts with other offenders or staff?
19. Form a negative/collusive sub group?
Is he part of a subversive anti-social group, undermining treatment? Does he collude with others in their distorted beliefs?

Relationships

Keeping in mind the opportunity he has, does he:

20. Relate well to others? *
Does he disclose problems, discuss any difficulties?
21. Show support/trust/empathy? *
Does he support others, show them empathy and respect?
22. Put his own needs aside? *
Is he supportive of others so that he can put their needs first, give them space in the treatment group, manage his own emotions while they get help/support?
23. Resolve difficulties with others? *
Is he able to talk through difficulties, resolve conflict, and be responsive to others in relationships?
24. Isolate him self when upset?
Does he tend to isolate himself rather than talk over problems?

General behaviour

Does he:

25. Miss group sessions?
Is his attendance inconsistent? Does he miss treatment sessions, interviews with staff etc?
26. Fail to make plans for or consider future?
Does he demonstrate poor future planning skills? Does he have realistic goals for employment, relationships, accommodation etc?
27. Create chaos around him self?
Does he cause mayhem as a means of seeking gratification? Is he frequently at the centre of issues?
28. Miss work?
Is his attendance at work inconsistent without a sound reason? Does he seek excuses to miss work, change jobs, and avoid extra duties?
29. Have explosive outbursts?
Is he prone to angry outbursts?

30. Other poor emotional control?
Is he excessively emotional, can he be over/under emotional, does he appear overwhelmed by emotion? Use sex to help cope?
31. Blame others for his problems?
Does he refuse to take responsibility for his problems, does he have a poor locus of control, see others as responsible for what happens to him?
32. Not abide by rules?
Does he breach guidelines/boundaries, seek loopholes as means of avoiding keeping rules?
33. Have hobbies relating to his offending, e.g. making soft toys, learning about the internet, watching age inappropriate TV programmes, Home and Away, Neighbours, Skins, other programmes/films aimed at teenagers. etc.

General coping

Does he:

34. Misuse medication?
Does he have medication prescribed as a means of managing emotions? Does he overdose as a means of getting a high, sniff medication meant to be taken orally?
35. Self-harm?
Does he use self-harm as a means of managing emotions?
36. Work excessively?
Does he work excessively to avoid facing up to emotions? Does he have several jobs; avoid interacting with others through work?
37. View others as hostile?
Does he see others as attacking of him and unsupportive?
38. Make excessive use of gym/exercise?
Does he seek highs through the use of gym/exercise? Does he undertake exercise in his cell in addition to gym sessions?
39. Any other relevant information?
Is there a specific way he finds to cope which has not been mentioned?