Psychosocial Treatment of Child Sexual Offenders: A Review

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Background

- Body of evidence documenting the deleterious effects of sexual abuse on a child's biopsychosocial development (Briere & Elliot, 2003; Felitti et al., 1998; Perry, 2009), and the effective treatment of survivors is well-supported (Cohen, Mannarino, & Deblinger, 2006; Collin-Vézina & Milne, 2019)
- In 2017, the World Health Organization estimated the global prevalence of sexual abuse at 18% among girls and 8% among boys (WHO, 2017) but challenging to gain consensus on the *actual* prevalence rates for several reasons including underreporting (Burczycka & Conroy, 2018)
- Vilification of child sexual offenders, that often occurs in the aftermath of their crimes, diminishes their successful reintegration into society (Chu & Ward, 2015) because it discourages potential child sex (re)offenders from accessing mental health support based on fears of the criminal repercussions associated with disclosing their deviate desires and behaviours (Goldberg & Berlin, 2015; Prescott & Wilson, 2012; Seto, 2008)
- Child sexual offenders are a heterogeneous group (Terry, Giotakos, Tsiliakou, & Ackerman, 2010) but a meta-analysis of recidivism studies found no differences in predictors of treatment effectiveness (e.g., deviant sexual behaviour, antisocial personality) for specific types of child sex offenders (Hanson & Morton-Bourgon, 2005)
- Subgroups of child sex offenders based on the severity of their offense are still often collapsed together for the purposes of treatment provision, and clinicians are often tasked with providing treatment to a range of child sexual offenders (Simons, 2015)
- Current review presents a brief explanation of child sexual offender typologies, etiological theories of child sexual offending behaviour, and historical, current, and emerging treatment approaches for child sexual offending and research evaluating their effectiveness

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Methodology

- Adult male child sexual offenders, who commit the overwhelming majority of these offenses (Abel & Harlowe, 2001; APA, 2013)
- Non-systematic review of a range of sources including peer-reviewed journal articles, books, governmental and organizational reports, conference proceedings, and online content

Typologies

- Child sexual offenders do not significantly differ from non-offenders with respect to ethnicity, education, social class, marital status, and religion (Abel & Harlow, 2001)
- Distinction between pedophilic (prepubescent children aged 13 years or younger) versus non-pedophilic interest (APA, 2013)
- Sexual orientation (non-offending) versus disorder (offending associated with psychosocial difficulties (APA, 2013)
- Pedophiles account for the majority of those who sexually abuse children (Abel & Harlow, 2001)
- Most offences intra-familial offences (e.g., children, nieces, nephews, grandchildren) followed by extra-familial but known to the offender (e.g., children in social circles)
- Preferential child molesters (exclusive sexual preference for children) versus situational child molesters (primary sexual attraction to adults (APA, 2013; Blasko, 2016; Miller, 2013)
- Discrete categories of offenders helps in their study but some do not fit neatly into one typology and may present with characteristics from multiple typologies, or none at all (Blasko, 2016)

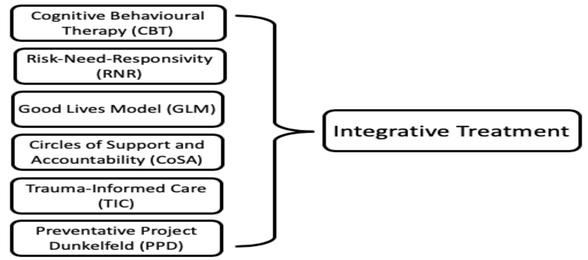
Etiological Theories

- Psychodynamic perspective posits that 'sexual perversions' stem from childhood conflict and behaviourists theorized that pathological sexuality is a learned response (Laws & Marshall, 2003)
- 'Sexual preference hypothesis' states that early accidental sexual experiences paired with masturbatory fantasy and behaviour created sexual preferences, and when the fantasy starts to lose its power, can become increasingly deviant (Laws & Marshall, 2003)
- In general, both biological (e.g., structural differences in the brain) and environmental (e.g., insecure attachment, adverse childhood experiences) correlates underlying offending behaviour (Bowlby, 1989; Dyshniku, Lykins, & Cantor, 2017; Felitti et al., 1998)

Treatment Approaches

Current Treatments
- Cogntive Behavioural Therapy
- Risk-Need-Responsivity Model
- Good Lives Model
- Circles of Support and Accountability

Emerging Treatments
- Prevention Project Dunkelfield
- Trauma-Informed Care



Discussion and Conclusion

- Mental disorders that can contribute to offending behaviour, such as pedophilia, may not be 'curable,' but treatments which support potential re(offenders) to engage in healthy and appropriate relationships *is* possible (APA, 2013; Goldberg & Berlin, 2015)
- Imperative that the treatment of child sexual abuse survivors *and* offenders are regarded as on a continuum – especially because criminal sanctions for sexual offences against children rarely include indefinite incarceration
- Most survivors of child sexual abuse do not go on to offend (Papalia, Luebbers, Ogloff, Cutajar, & Mullen, 2017) but adult males who were exposed to trauma during their childhoods, especially sexual abuse, are significantly more likely to engage in sexual offending behaviour against children (Abel & Harlow, 2001; Jespersen, Lalumière, and Seto, 2009)
- Integrative treatment approach which revisits offenders' own trauma represents most promising treatment approach (Levenson, 2014)

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