

TERMS AND CONCEPTS RELATED TO SEX OFFENDER-SPECIFIC TREATMENT

Introduction

This document contains brief definitions of a number of terms and concepts that are referenced and used in CSOM's training curriculum: *Overview of Sex Offender Treatment for a Non-Clinical Audience*. Many of the definitions contained herein have been deliberately tailored specifically to be relevant to the treatment of sex offenders.

Abel Assessment of Sexual Interest (ASSI): A visual reaction time test designed to assess the sexual interests of adult males. The examinee is asked to view numerous slides of clothed children and adults of different ages, both genders, and multiple races by pressing a key on a computer keyboard. While doing so, he is also asked to rate his sexual arousal to each slide on a 7-point scale ranging from 1 (highly sexually disgusting) to 7 (highly sexually arousing). For example, if someone spends more time looking at slides with 7-10 year old boys than any other category and rates 7-10 year old boys as "highly sexually arousing", it may be concluded that he has a sexual "preference" for that age and gender. A paper and pencil questionnaire is also coupled with the computerized test to provide details about the examinee's history of sexual interests.

Aftercare Treatment: Treatment that occurs in the community after an individual has completed a residential sex offender treatment program. Aftercare treatment can also refer to treatment sessions that are provided on a periodic basis after community-based sex offense-specific treatment has been completed. These are often referred to as "booster sessions."

Androgen: A steroid hormone, produced chiefly by the testes, that influences masculine sex characteristics and sex drive.

Anti-Androgen: A substance that lowers serum testosterone (male sex hormone) in the bloodstream. The anti-androgens used most frequently in the United States with sex offenders are medroxyprogesterone acetate (Depo-Provera) and depo-leuprolide acetate (Depo-Lupron).

Aversive Conditioning: A behavioral technique designed to reduce deviant sexual arousal by pairing unpleasant stimuli, such as aversive imagery or an unpleasant order, with the deviant sexual arousal.

Castration: Removal of sex glands—the testicles in men and the ovaries in women. "Chemical castration" refers to the use of medications to inhibit the production of hormones in the sex glands.

Cognition: Refers to mental processes such as thinking, visualizing, and memory functions.

Cognitive Distortion: An irrational thought that a sex offender may use to excuse, justify, or minimize his sexually abusive behavior.

Cognitive Restructuring: A treatment technique wherein sex offenders are taught to become aware of and change their distorted thinking and attitudes that support offending behavior.

Covert Sensitization: An aversive behavioral technique designed to reduce deviant sexual arousal by pairing deviant sexual thoughts with unpleasant ones. Typically, a sex offender imagines performing a chain of behaviors that are associated with his sexual offending behavior. Prior to imagining the commission of a sex offense, he interrupts the chain by thinking about an aversive consequence.

Criminogenic Need: A dynamic risk factor that is a relatively stable, but nevertheless potentially changeable, feature of an individual and closely linked to his offending behavior. Examples of criminogenic needs that are addressed in sex offender-specific treatment include: deviant sexual interests, attitudes supportive of offending, empathy deficits, and difficulty recognizing relevant risk factors.

Crossover: A sexual behavior pattern revealing that a sex offender is aroused by—or acts on urges involving—more than one type of deviant sexual behavior (e.g., multiple victim ages, both genders, and multiple paraphilias).

Detumescence: The process of a fully or partially erect penis becoming flaccid as a result of drainage of blood from the erectile tissue.

Deviant Sexual Arousal: Sexual arousal to thoughts, fantasies, or activities, which—if acted upon—constitute criminal behavior. These include arousal to non-consenting partners, non-age appropriate partners, violence, suffering, or humiliation.

Disinhibitors: Internal or external motivators that decrease or lower inhibitions against engaging in deviant sexual activities. An example of an internal disinhibitor is a cognitive distortion (e.g., “that 8 year old is coming on to me,” or “she is saying no, but she really wants to have sex with me”). Alcohol and drug use are examples of external disinhibitors.

Empathy: The capacity for recognizing, caring about, and properly responding to the feelings of others.

External, Supervisory Dimension: The dimension of relapse prevention that enhances the ability of probation/parole officers and significant others (e.g., employer, family members, and friends) to monitor and respond to a sex offender’s risk factors.

Family Reunification: The gradual process of reuniting a family unit after it has been separated because a member of the family committed a sex offense. Reunification

should consider the needs of the victim, the needs of the other family members, and the progress of the offender.

Family Systems Treatment Model: The primary emphasis is on family therapy and the inclusion of family members in the treatment process. The approach employs a variety of counseling theories and considers the ways in which interactions among family members are related to their various problem behaviors.

Graduation or Discharge Readiness: The stage in a sex offender's treatment when he has met his treatment goals.

Grooming: The process of manipulation often utilized by child molesters to reduce a victim's (or potential victim's) resistance to sexual abuse. Typical grooming activities include gaining the child victim's trust by giving compliments, attention, or presents; or gradually escalating boundary violations of the child's body in order to desensitize the victim to further abuse.

Hare Psychopathy Checklist–Revised (PCL–R): A 20 item clinical rating checklist for assessing psychopathy. It is completed on the basis of a semi-structured interview and a review of available records. The total score provides an estimate of the extent to which an individual's characteristics match those of a prototypical psychopath. Administration yields two sub-scores, Factor 1 and Factor 2. The sub-score Factor 1 measures enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others. The sub-score Factor 2 measures socially deviant behavior symptoms that are concerned with a chronic and unstable antisocial lifestyle. Higher degrees of psychopathy are associated with higher rates of failure on conditional release, general criminal recidivism, sexual recidivism, and nonsexual violent recidivism.

Incest: Sexual contact between close relatives, such as a father and daughter, a mother and son, or a sister and brother.

Individual Treatment Plan: A document that articulates a plan for addressing a sex offender's treatment needs. It typically includes the problems to be addressed, the treatment methods to be used, the staff that will provide the treatment, and the relevant time frames.

Internal, Self-Management Dimension: The aspect of relapse prevention that allows a sex offender to recognize and control his risk factors on his own.

Lapse: An emotion, fantasy, thought, or behavior that is part of a sex offender's abuse cycle (or relapse pattern). Lapses are not sex offenses, but they often lead to—or come before—sex offenses. They are used by treatment providers and probation/parole officers as learning opportunities for offenders.

Maladaptive Coping Response: An effort to deal with a risk factor or lapse that causes a sex offender to get closer to—rather than further from—a relapse (e.g., an angry rapist who decides to take a drive and picks up a female hitchhiker, or a child molester who knows that he has a problem with alcohol and decides to have a drink because he is upset).

Masturbatory Satiation: A behavioral extinction technique designed to reduce deviant sexual arousal. Using this technique, an individual typically masturbates while repeatedly verbalizing his abusive sexual fantasies until the sexually arousing aspects of the fantasies become boring. Often, immediately prior to beginning the satiation procedure, the individual is instructed to masturbate to orgasm using an appropriate sexual fantasy. In so doing, he practices pairing orgasm with appropriate fantasies and begins the satiation procedure when his sexual arousal is low.

Paraphilia: A sexual disorder characterized by recurrent and intense sexually arousing fantasies, urges, or behaviors that are illegal or cause the individual significant problems in his (or her) functioning.

Pedophilia: A sexual disorder characterized by recurrent and intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with prepubescent children.

Penile Plethysmograph: A device that measures changes in a male's erection response, typically while he views slides or listens to an audio-tape that depicts a variety of appropriate and inappropriate sexual activities.

Psychopathy: A personality disorder characterized by enduring interpersonal and affective personality symptoms that are concerned with the selfish, callous, and remorseless use of others and socially deviant symptoms that are related to a chronic and unstable antisocial lifestyle.

Psychotropic Medications: Medications that are used to alter an individual's problematic behavior, affect, or cognitions.

Recidivism: The commission of a crime after an individual has been criminally adjudicated for a previous crime; a reoffense.

Relapse: The commission of a sex offense after an individual has been criminally adjudicated for a previous sex offense.

Relapse Prevention: A multi-modal treatment approach designed to help sex offenders and those that are responsible for supervising them to manage offenders' emotional, cognitive, and behavioral antecedents to sexual offending.

Risk Factors: Personal characteristics or environmental conditions that place an individual at increased risk for committing a sex offense.

Risk Factors—Static: Risk factors that are based on an individual's past and cannot change. These include number of prior sex offenses, number of prior victims, and a history of childhood problems.

Risk Factors—Dynamic: Risk factors that are changeable. Those that are closely linked to an individual's sex offending behavior are called criminogenic needs.

Selective Serotonin Reuptake Inhibitors (SSRIs): A class of antidepressant drugs typically used to treat depression and obsessive-compulsive disorders. They can also be used to decrease an individual's sexual urges and fantasies.

Sexual Assault: Forced or manipulated unwanted sexual contact between two or more people.

Sexual Assault Cycle: The typical pattern of thoughts, feelings, behaviors, and situations that precede an individual's sex offenses.

Sexual Predator (or Sexually Violent Predator): A term typically used to describe highly dangerous sex offenders who are subject to special civil commitment procedures.

Specialized Assessment: The process of collecting and critically analyzing information about a sex offender in an ongoing and collaborative fashion so that more informed decisions can be made regarding sentencing, supervision, and treatment. Probation/parole officers, treatment providers, and others who share responsibility for sex offender management are involved in this process.

Treatment Contract: A document explained to and signed by a sex offender that outlines the purpose and nature of treatment.

Victim Impact Statement: A statement taken while interviewing a victim during the course of the pre-sentence investigation report, or at the time of pre-release. Its purpose is to discuss the impact of the sex offense on the victim.