

**Evaluating Sex Offenders:
Paraphiliacs, Porn Possessors, Psychotics, and
Psychopaths**

**Charles L. Scott, MD
Professor of Clinical Psychiatry
University of California, Davis**

GOALS AND OBJECTIVES

- **The audience participant will:**
 - describe appropriate assessment tools for individuals charged with child pornography possession
 - differentiate categories of female sex offenders
 - analyze anti-androgen intervention based on history and assessed risk of harm
 - anticipate common cross examination questions on risk of recidivism

PARAPHILIA OVERVIEW

General Findings

- Abel study of 561 offenders:
 - High rate
 - High number
 - Multiple types
 - Physical coercion
 - Other offenses
 - Little sense they need treatment

Epidemiology

EPIDEMIOLOGY

- Study of 60 male undergraduates (non clinical) and their paraphilic interests and/or behaviors
 - 42% voyeurism
 - 35% frottage
 - 8% obscene phone calls
 - 5% coercive sexual activity

TREATMENT SEEKERS

(APA Task Force Report, 1999)

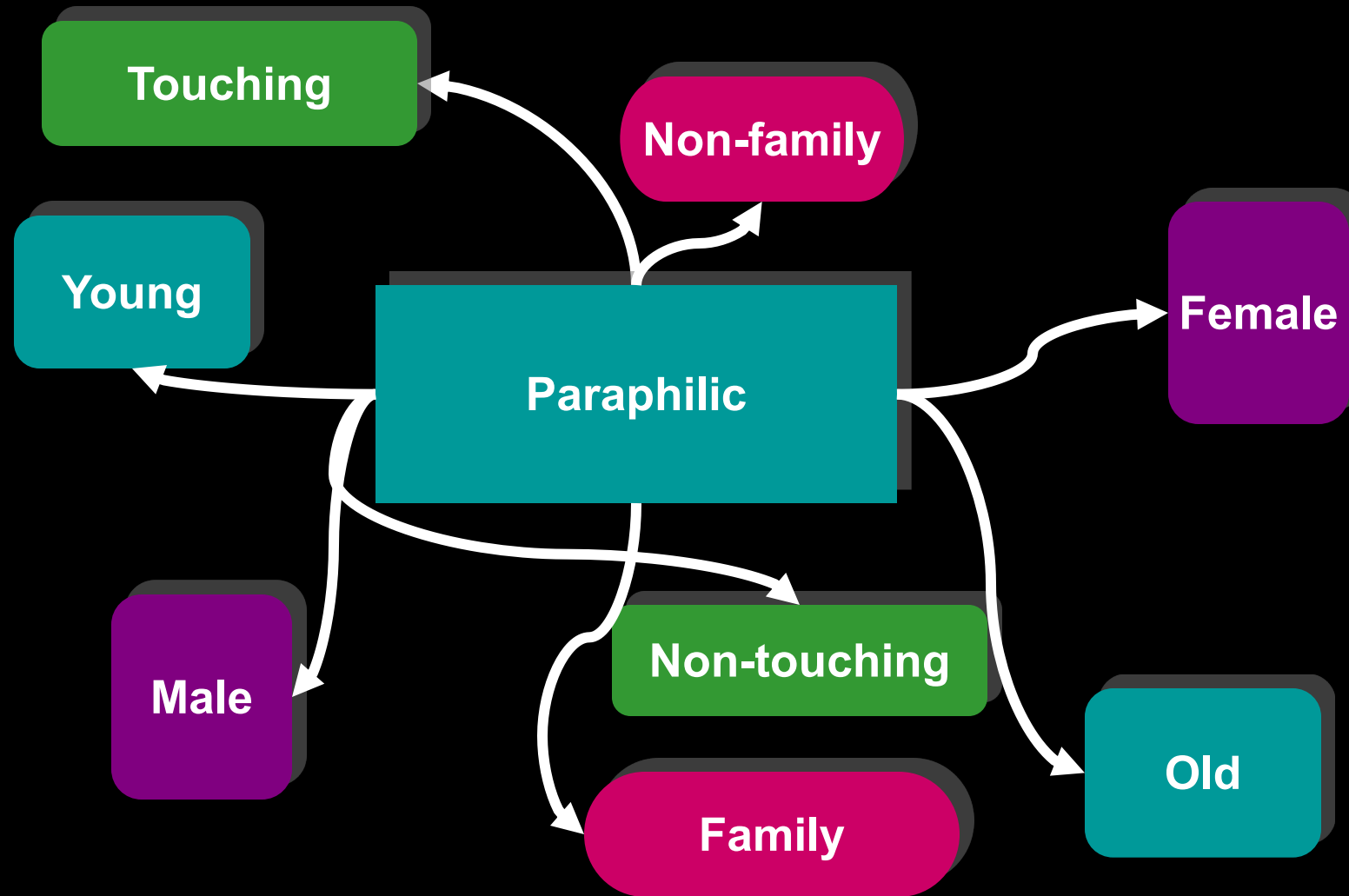
- **37%-child molestation**
- 20%-voyeurism
- 14%-exhibitionism
- 13% fetishism
- 11.2% frottage
- 10.7% public masturbation

GREATEST # OF VICTIMS

(Abel, 1999)

- Exhibitionism
- Frottage
- Non-incest male pedophilia
- Voyeurism

“CROSSING”



“CROSSING”

- Bestiality has high risk of crossover
- Those who “cross over” have a greater risk for recidivism.

PEDOPHILIC DISORDER

- Majority are heterosexual
- Majority molest children they know
- Study of 453 pedophiles (Abel, 1989)
 - 55% victims girls
 - Girls more non-touching victims
 - Boys more touching victims

SEXUAL OFFENDERS AGAINST MINORS

- **Pedophilia**

- Sexual interest in pre-pubescent children

- **Hebephilia**

- A persistent and intense sexual interest in pubescent children who are in Tanner Stages 2 or 3

EVALUATION

- **Comprehensive examination:**
 - Screen for psychiatric condition
 - Review of sexual history
 - Collateral information from sexual partners and files
 - A sex hormone profile
 - Psychophysiological testing
 - Validated risk assessments

CHILD PORN POSSESSION



WORKSHOP VIGNETTE 1

- Joe is a single 38-year-old-male found NGRI for assault with a deadly weapon
- Joe has a diagnosis of bipolar disorder, manic
- Joe's instant offense involved him assaulting a random cashier with a hammer whom he delusionally believed was trying to kill him

WORKSHOP VIGNETTE 1

- Joe admitted to DSH facility and rapidly improves with medications
- Joe is being considered for discharge to CONREP
- A thumb drive is found in Joe's possession that includes multiple child pornography images and sexual stories of pre-pubescent boys
- Joe has no history of sex offenses or evidence pedophilic disorder

How would you assess Joe?

- **Question 1:**

- Is child pornography possession a valid indicator of pedophilia?

SETO ET AL STUDY (2007)

- 685 males evaluated with phallometry:
 - Child pornography offenders showed greater arousal to children than to adults
 - Child pornography offending is a stronger diagnostic indicator of pedophilia than offending against a child

EKO AND SETO (2022)

- Content of child pornography reflects gender preferences for future victimization

- **Question 2:**

- Do child pornography offenders differ from contact offenders in their level of pedophilic interest?

BABCHISHIN ET AL 2015 STUDY

- **Compared three groups of online offenders:**
 - Child pornography only
 - Child pornography and contact offenses
 - Offline only contact offenses

BABCHISHIN ET AL 2015 STUDY

- CPO only > greater pedophilic interest than contact only offenders
- Mixed offenders most pedophilic of all groups

- **Question 3:**

- Do child pornography offenders have different characteristics than contact only offenders?

HENSHAW ET AL 2017 REVIEW

- CPOs are higher functioning group
- Usually confine offending to online activities
- Seemingly otherwise successful in life

- **Question 4:**

- What are risk factors for child pornography offenders to cross over to a contact offense?

RISK FACTORS FOR CROSSING OVER TO CONTACT OFFENSE

- High levels of pedophilia
- Antisociality
- Access to children
- Few psychological barriers to act on sexual interest

- **Question 5:**

- Are child pornography offenders less likely to have contact offenses than contact only offenders?

CPOs VS. CONTACT OFFENDERS

- Official statistics may underrepresent risk
- When CPOs polygraphed, rates of contact offenses increased from 4.7% to 57.5%



- **Question 6:**

- Is there a specific risk assessment tool for child pornography offenders?

KIRAT Tool

The questions within KIRAT are divided into four distinct steps:

1. Previous Behaviours

- Convictions/allegations for a range of sexual offences, number of convictions; prison.

2. Access to Children

- Any access to children but particularly those of friends, acquaintances or neighbours.

3. Current Behavioural Facilitators

- Incitement; grooming; producing/taking IIOC; sexual communication (online/offline).

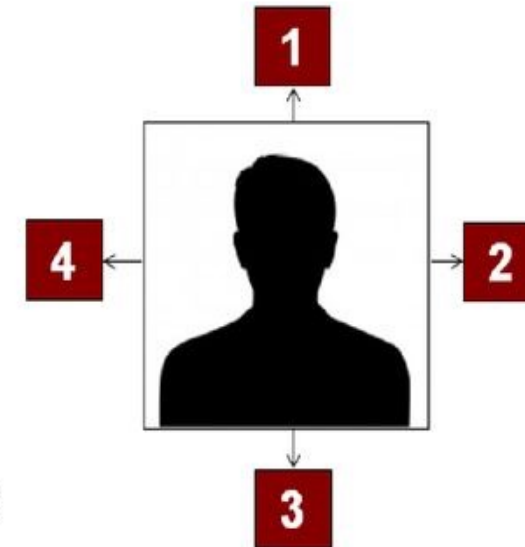
4. Other Factors

- Other convictions; domestic abuse; substance misuse.

At the end of the assessment suspects will receive a risk score which relates to police enforcement action time:

- Low, Medium, High, Very High.

KIRAT has a high rate of accuracy; from a sample of 374 UK offenders (204 NCO, 170 CO) the overall correct prediction rate was 83.7%.



CHILD PORNOGRAPHY OFFENDER RISK TOOL (Seto 2011)

- Standard actuarial tools for sex offenders NOT normed on offenders with child porn possession crimes
- Actuarial tool studied on those with a Child Sexual Exploitation Material (CSEM) offense
- Checklist to predict any recidivism and any sexual recidivism
- Developed from study of 286 male Canadians with CSEM history with follow up over 5 years

CPORT SEVEN ITEMS

1. 35 years or younger at time of index investigation
2. Criminal history
3. Failure on conditional release
4. Contact sexual offense
5. Indication of pedophilic/hebephilic interest
6. More than 50% of boy to girl content in CSEM
7. More than 50% of boy to girl content in other material

CORRELATES OF ADMISSION OF SEXUAL INTEREST IN CHILDREN (CASIC)

1. Never married
 2. CSEM included videos
 3. CSEM included sex stories involving children
 4. 2 years or more interest in CSEM
 5. Volunteered in role with high access to children
 6. Engaged in online sexual communication with a minor
- Scores of 3 or higher implies pedophilic/hebephlic interest

What is Joe's risk of future offending?

WORKSHOP VIGNETTE 2

- You are asked to evaluate a 55-year-old woman found NGRI for sexually molesting her son from the ages of 12 to 13.
- **Charges include:**
 - Aggravated sexual assault
 - Repeated counts of lewd and lascivious acts on a child by force/violence

REFERRAL QUESTIONS

- How frequent is female sexual offending?
- What are general characteristics of female sexual offenders?
- Are there typologies of female sexual offenders to assist in the evaluation?

REFERRAL QUESTIONS

- What objective assessment tools to measure sexual interest are relevant for women?
- Do medications help in reducing sexual recidivism for women?
- What is the risk for future sexual recidivism in women?

FREQUENCY OVERVIEW

- 5% of sex crimes in the U.S. and Canada are committed by women

FREQUENCY OVERVIEW

- **Reasons underreported:**
 - Considered harmless
 - Adult females/young male abuse normalized
 - Greater taboo for female sexual offenders
 - Sexual scripts portray females as sexually passive and innocent

GENERAL CHARACTERISTICS

- Less likely to sexually reoffend compared to men
- Rarely target adult victims
- More likely to target adolescents vs. children
- More likely to be white when compared to other adult female offenders
- More likely to have history of childhood abuse
- More commonly offend with an accomplice

WORKSHOP VIGNETTE 2

■ **Background:**

- Joan reports that she witnessed her aunt murdering her 5-year-old brother when she was age 9
- Removed from mother's care but Joan reports she does not know why
- Lived with aunt who verbally and physically abused her
- Reports was sexually abused/raped by relatives from age 8 to 15

WORKSHOP VIGNETTE 2

■ **Background:**

- Multiple abusive relationships with men
- Father of her child abused her when she was pregnant
- Son Mike was removed from her care at age 5 by CPS
- Mike returned to her at age 7
- Worked at fast food restaurants and in home care attendant

WORKSHOP VIGNETTE 2

- **Psychiatric history:**

- Heard voices of younger brother at age 11
- Heard voice of son when taken away from her
- One 5150 but “don’t know why”

- **Alcohol/drug history:**

- Reports minimal alcohol and some cocaine/marijuana use

- **Legal history**

- Arrested for prostitution
- Arrested for petty theft and shoplifting

INSTANT OFFENSE

- **Mike reports from ages 11 to 13:**
 - Joan repeatedly showered with him and rubbed his genitals
 - Entered his bedroom at night and put her hands inside his underwear and ejaculated him three times a week
 - Knocked him to floor in bathroom and performed oral sex on him

INSTANT OFFENSE

- **Last alleged offense when son aged 13:**
 - Mike out on date and returned late
 - Mother angry upon return and handcuffed him
 - Subsequently raped him and he later escaped

JOAN'S ACCOUNTS

- “He’s lying because I punished him”
- “I never touched him”
- “I have no memory of abusing Mike”
- “I did show him how to clean himself when in the shower”
- “I only had sex with him once-thought he was my boyfriend”

JOAN'S ACCOUNTS

- “I was high on drugs and alcohol and hearing voices”
- “It chose not to talk about it because too difficult”
- “I was holding anger and sadness due to my prior abuse.”

Two Typologies

MATTHEWS (1991) TYPOLOGY

- N=16 female sex offenders in treatment program
- **Three groups:**
 - Teacher/lover
 - Intergenerationally predisposed
 - Male-coerced

TEACHER/LOVER OFFENDER

- Targets adolescent boys
- Victim known and groomed
- Female perpetrator has cognitive distortion about relationship

INTERGENERATIONALLY PREDISPOSED OFFENDER

- History of abuse as child
- Promiscuous as adolescent
- Often abusive toward others
- Abuse others to cope with personal abuse and deal with anger
- Self destructive behaviors

MALE COERCED OFFENDER

- Very passive and powerless in relationships
- Fear being alone
- Marry men who abuse and dominate them
- Men coerce women into abusing others who only do after struggle

VANDIVER AND KERCHER TYPOLOGY

- N=471 female offenders required to register
 - 88% white
 - Wide range of victim ages though most commonly between 12 to 17
 - 50% male victims; 47% females
 - 46% acquaintances; 37% related; 7% strangers

SIX CATEGORIES

- Heterosexual nurturer: 31.7%
- Noncriminal homosexual offender 24.7%
- Female sexual predator 24.3%
- Young child exploiter 10.9%
- Homosexual criminal 4.8%
- Aggressive homosexual offender 3.7%

What typology
category is Joan?

What objective
measurements can
be used?

VISUAL REACTION TIME

- Non invasive method
- **Two components:**
 - Questionnaire
 - Computerized assessment of time
subject looks at stimulus

VISUAL REACTION TIME

- **Reported advantages:**

- Brief administration

- No special lab need

- Can be used with males or females older than age 12

- Uses non nude stimuli

ABEL ASSESSMENT FOR SEXUAL INTEREST-3

- Can be used with males or females older than age 12
- Designed to measure sexual interest
- 5 object measures
- 10 self-report measures

ABEL ASSESSMENT FOR SEXUAL INTEREST-3

- **Cognitive Distortion Score**
 - Measures justifications for sexual involvement with children
 - Higher scores=more cognitive distortions
- **Social Desirability Score**
 - Measures unwillingness to any violation of common social mores
 - Higher scores=inability to respond truthfully

PLETHYSMOGRAPHY

- A test to measure genital arousal
- Kurt Freund developed penile plethysmography in the 1950s to detect heterosexuals falsely claiming to be homosexual to get out of military service

VAGINAL PHOTOPLETHYSMOGRAPHY

- A test to measure female genital arousal
- Measures changes of blood flow in vaginal walls
- **Concerns regarding use:**
 - Women may not have category specific arousal
 - No standardized testing batteries for women

POLYGRAPH AND FEMALE SEXUAL OFFENDERS

- **Studies show:**

- Both male AND female offenders have more extensive offense histories than they report
- Female offenders have **high rates** of deception on polygraph
- Female offenders who report child victims more likely to engage in bestiality
- Polygraph questions for male do not address co-offending or indirect offending
- After polygraph testing, co-offending rarely described as coercive

What medications
can be used in
female sexual
offenders?

MEDICATION TREATMENTS

- **SSRIs**

- Have been utilized in female sexual offenders
- Decreases sexual interest/hypersexuality

- **Antiandrogens**

- Case reports where CPA decreased paraphilic fantasies and compulsive masturbation

What is the risk for
future sexual
recidivism in
females?

FEMALE SEXUAL OFFENDERS AND RECIDIVISM

- Recidivism rate for both sexual and non sexual offending much less than males
- Recidivism for non sexual offenses higher than sexual offenses
- Two subgroups of female sexual offenders and future risk:
 - Hands on offenses/child porn
 - Prostitution offenses

WORKSHOP VIGNETTE 3

- Michael is a 54-year-old man found NGRI for a violent sexual rape of a Lauren, a 12-year-old girl
- **Instant offense:**
 - Michael grabbed Lauren as she was walking home
 - Held knife to her throat
 - Violently raped her and left her in nearby woods
 - Threatened to kill her family if she told anyone

WORKSHOP VIGNETTE 3

- Told alienist that he believed he was God and Lauren was the Virgin Mary
- **Legal history:**
 - Two prior violent rapes of adult women (age 17 and age 35)
 - 2 prior assaults with deadly weapon
 - Two DUI's
- **Psych history:**
 - Two 5150's for methamphetamine intoxication

HOSPITAL COURSE

- Dx: ASPD; methamphetamine use disorder; rule out sexual Sadism; rule out pedophilic disorder
- No evidence of psychosis and off all meds for three years
- Frequent rule infractions; frequent fights with peers
- Reports he was psychotic for instant offense and two rapes were “false allegations”
- Reports absolutely no sexual arousal from suffering of another person
- PCL-R=36

WORKSHOP VIGNETTE 3

- **Referral questions:**
 - How would you evaluate possible diagnoses of pedophilic disorder and/or sexual sadism?
 - What does his PCL-R score mean for future risk?
 - What medication treatments should be considered?

PEDOPHILIC DISORDER/SEXUAL SADISM

- **Pedophilic disorder**

- Was this crime of opportunity vs. preferred sexual interest?

- **Sexual sadism**

- Criterion A: sexual arousal from physical or psychological suffering manifested by fantasies, urges **or behaviors**

- Criterion B: individual has acted on urges with nonconsenting person or has caused impairment

WFSBP 2020 GUIDELINES FOR TREATMENT OF PARAPHILIC DISORDERS

- Focuses on treatment of male offenders
- International consensus of world experts with extensive literature review
- Reviewed efficacy, safety, tolerability, feasibility
- Created a 5-level algorithm

WFSBP 2020 GUIDELINES FOR TREATMENT OF PARAPHILIC DISORDERS

- Focuses on treatment of male offenders
- International consensus of world experts with extensive literature review
- Reviewed efficacy, safety, tolerability, feasibility
- Created a 5-level algorithm

LEVEL	AIM	TREATMENT
1	<ul style="list-style-type: none"> Control paraphilic fantasies or behavior without impact on sexual activity/desire Voyeurism, fetishism, frotteurism Without risk of child abuse 	<ul style="list-style-type: none"> Psychotherapy (CBT)
2	<ul style="list-style-type: none"> Control paraphilic fantasies or behavior with minor impact on sexual activity/desire Mild cases of hands-off paraphilic disorders with low risk of sexual violence Exhibitionism 	<ul style="list-style-type: none"> Psychotherapy (CBT) SSRI
3	<ul style="list-style-type: none"> Control paraphilic fantasies or behavior with moderate impact on sexual activity/desire Moderate risk of sexual violence (I.D.; dementia) No sexual sadism 	<ul style="list-style-type: none"> Psychotherapy (CBT) CPA; MPA Add SSRI if comorbid depression, anxiety, OCD

LEVEL	AIM	TREATMENT
4	<ul style="list-style-type: none"> Control paraphilic fantasies or behavior with almost complete suppression of sexual activity/desire Severe paraphilic disorders Pedophilic disorder or sexual sadism fantasies Physical violence 	<ul style="list-style-type: none"> Psychotherapy (CBT) Long-acting GnRH agonists
5	<ul style="list-style-type: none"> Control paraphilic fantasies or behavior with complete suppression of sexual activity/desire Most severe cases No results at level 4 	<ul style="list-style-type: none"> Psychotherapy (CBT) Long-acting GnRH agonists plus antiandrogen (CPA; MPA)

**CROSS
EXAMINATION
QUESTIONS**

RECIDIVISM QUESTIONS

- What is the risk of sexually reoffending for all sexual offenders?
- What type of sex offender is most likely to sexually reoffend?
- What risk factors have been shown to increase future risk of sexual recidivism?
- Is treatment effective?

META ANALYSIS OF RECIDIVISM

Hanson And Bussiere, 1996

- Data on 28,000 sex offenders
- **13.4% recidivism for all sex offenders** at 4-5 years
 - 18.9% rapists
 - 12.7% for child molesters

SEX OFFENDER RECIDIVISM

- Actual number of sexual offenses are likely higher than official statistics
- Sexual recidivism ranges from 5% after 3 years to 24% after 15 years.
- Recidivism rates of 5 years or less may mislabel repeat offenders as nonrecidivists.

SEX OFFENDER RECIDIVISM

- Sex offenders have higher rates of general recidivism than sexual recidivism.

WHAT TYPE REOFFENDS?

- Rates vary according to type.

Sub-Group	5 years	10 years	15 years
All sexual offenders	14%	19.8%	24.2%
Rapists	14.1%	20.6%	24.1%
Extended incest child molesters	6.4%	9.4%	13.2%
“Girl Victim” child molesters	9.2%	13.1%	16.3%
“Boy Victim” child molesters	23.0%	27.8%	35.4%

WHAT TYPE REOFFENDS?

- Female sex offenders have lower rates of recidivism than male sex offenders.

META ANALYSIS OF RECIDIVISM

Hanson And Bussiere, 1996

- Positive phallometry for child sexual interest best predictor
- **Variables not associated with recidivism:**
 - History of childhood sexual abuse
 - Substance abuse
 - Psychopathology (anxiety and depression)

SUMMARY

- Child porn possession associated with pedophilic interests
- Female sex offenders require gender specific evaluation
- Medication treatment guidelines available for paraphilic disorders
- Be prepared for cross examination on recidivism

QUESTIONS?