Though societies' responses to zoophilia have varied internationally, the response in the United States has typically involved condemnation and prosecution. Currently, over half of the states in the country have statutes prohibiting human-animal sexual contact. Despite the prevalence of anti-bestiality legislation, there is limited case law in the United States. Most commonly, zoophilia arises in legal cases involving sexually violent predator (SVP) civil commitments. Identifying offenders who commit acts of zoophilia is important since these individuals may be at an increased risk of committing a variety of other sexual and nonsexual violent acts against humans. Due to different laws between states, however, commonly used forensic risk assessment tools for sexual recidivism can yield different scores for individuals charged with or convicted of bestiality offenses. Forensic evaluators should consider this factor when conducting risk assessments. State legislatures should also consider modernizing their bestiality statutes to accord with current terminology and objectives for such laws.

Goals of the Paper:
1. To summarize recent research findings on individuals who engage in human-animal sexual behaviors.
2. To review the legal status of human-animal sexual contact in the United States.
3. To provide a comprehensive summary and evaluation of statutory and case law and forensic issues pertaining to zoophilia.
Using Case Formulations to Treat Clients with Rare Paraphilic Disorders: A Focus on Necrophilia

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Rare paraphilic disorders (e.g., Urophilia, Telephone Scatologia, Zoophilia,) present unique challenges for clinicians, as there is a paucity of research to provide guidance in treatment planning. Moreover, when clinicians are confronted with disorders that evoke a strong emotional and/or moral response, and are without an empirically supported treatment guide, personal beliefs and biases may influence treatment decisions. Necrophilia is an example of a rare paraphilia that is characterized by this unfortunate coupling of poor clinical research and strong personal beliefs. Cases of individuals engaging in sexual acts with human remains have stirred both a public and academic interest in better understanding why people are sexually aroused by death and how this behaviour can be changed. Indeed, for clinicians, the why and how of an individual's problem often forms the basis for intervention. However, the dearth of treatment research on necrophilia has led some to argue that the best way to educate clinicians on necrophilia is by forming movie clubs to screen films that deal with necrophilic themes (Kalra, 2013). Frankly, this evidences how desperate some clinicians are for methods to conceptualize rare paraphilic disorders.

The purpose of this presentation is to demonstrate how to use empirical research to develop case formulation for clients with rare paraphilic disorders. Specifically, a cognitive-behavioural case formulation framework (Persons, 2012) will be articulated to help clinicians flexibly address the specific needs of individual clients. This approach to formulation includes four sections: (1) articulating the problem for which the clients are referred for treatment, identifying the (2) origins and (3) perceptors of this problem, and (4) making and testing hypotheses about the mechanisms that maintain the problem.

Examination of the nascent research on necrophilia (Aggrawal, 2009; Rosman & Resnick, 1989) reveals clear connections with clinical research on sexual violence, deviancy, and dysfunctions. In particular, three mechanism hypotheses related to empirically supported sexual violence risk factors (Mann, Hanson, & Thornton, 2010) could be targeted in treatment: (1) sexual arousal to human remains, (2) sexual arousal to the degradation of human remains, and (3) preference to sexual activity with human remains due to an aversion or deficits in intimacy. Specific theoretical and empirical support will be summarized in the context of each hypothesis. During the presentation, audience members will have an opportunity to practice case formulation in the context of necrophilia. Lastly, discussion will occur on specific interventions clinicians could include in treatment.

The present discussion is the first to examine best practices on developing an empirically supported case formulation for rare paraphilic disorders with specific recommendations for treatment. While cognitive behavioural treatment models have received more empirical support than other modalities in treatment for paraphilias and
sexual offenders (Beech & Harkins, 2012; Hanson, Bourgon, Helmus, & Hodgson, 2009; Marshall, Anderson, & Fernandez, 1999), clinicians need to accurately identify and address mechanisms to be effective in treating these criminogenic needs. The benefit of the current model is that it provides a strategic and collaborative approach to treating sexual offenders that can be adjusted for a clinician’s practice.

Goals of the Paper:
By the end of this presentation audience members will be able to:
1. Explain the principles of a cognitive behavioural case formulation
2. Summarize and apply exigent research on necrophilia treatment
3. Construct and evaluate a cognitive behavioural case formulation of an individual committing sexual violence, which includes:
   - Analyzing problem behaviours
   - Hypothesizing mechanisms
   - Identifying origins and precipitants

References