HYPERSEXUALITY AND SEXUAL PREOCCUPATION

Hypersexuality, Adverse Childhood Experiences, and Psychopathy in Sexual Offenders

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In recent years there has been increasing interest in studying hypersexuality and associated problems in sex offenders. A number of researchers from different perspectives have found a significant portion (as much as 40%) of sex offenders to have difficulties with hypersexuality. Recently, Knight (2015) has shown a link between hypersexual problems and early experiences of abuse. The current study extends Knight's research in a sample of maximum secure forensic mental health patients, some of whom have committed sex crimes (n = 30). We collected information on hypersexuality, psychopathy, adverse childhood experiences (ACES), and a variety of other patient and offence related variables from approximately 160 maximum secure forensic patients.

Among all patients, significant relationships were found among these constructs. For example, there was a strong correlation between hypersexuality and the total number of ACEs ($r = .25, p = .004$) and PCL-R total scores ($r = .52, p = .001$). Further, total number of ACEs was not found to be significantly related to PCL-R Factor 1 scores ($r = .34, p = .06$), but was found to be statistically significantly related to PCL-R Factor 2 scores ($r = .55, p = .002$). Comparing sex offenders to other patients without a history of sexual offending, sex offenders were more likely than non-sex offenders to report problems with hypersexuality (46.7% vs 21.8%), and reported a greater number of ACEs (3.87 vs 2.75). These and other findings and their implications for treatment will be discussed.

Learning Goals and Objectives:
- Attendees will learn of the importance of hypersexual behaviour and ACEs to the prevention of sexual offending
- To further theoretical understanding of the relationship between ACEs and hypersexuality in sexual offenders
- Examine whether or not there is evidence for this relationship in maximum secure psychiatric sex offenders
- Extend the research on ACEs and hypersexuality by including Hare’s measure of psychopathy (the PCL-R)
• Provide further evidence of the differential association between ACEs, hypersexuality, and the different factors of psychopathy and discuss implications for treating sex offenders

A New Look at the Assessment of Sexual Preoccupations and the Implications for Treatment

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The dynamic risk factor of sexual preoccupation has been significantly associated with sexual and any violent recidivism (e.g., Hanson & Morton-Bourgon 2005; Kjellgren, Priebe, Svedin, Langstrom, 2010). Assessment of sexual preoccupations has primarily relied upon self-report (e.g., Kafka, 2008; Winder et al., 2014). However, the unanomymous self-report of offenders can be unreliable as to what controls their sexual arousal (Hinton, O'Neil, & Webster, 1980; Quinsey, Steinman, Bergersen, & Holmes, 1975; Rea et al., 2003), whether they have recently engaged in deviant behavior (Rosen & Kopel, 1977), and if they have strong urges to reoffend (Schober et al., 2005) which can result in lowered rates of assessment reliability (Webster et al. 2006).

Hanson, Harris, Scott, and Helmus (2007) suggested that the reliability and validity of dynamic risk factors may be improved by the development of more comprehensive evaluations and specialized testing (e.g., phallometric assessments). In an effort to meet this challenge, we have developed an assessment methodology to assess sexual arousal, preoccupations, and relapse-prevention behaviors in the natural environment to provide better proximal measures of offending behaviors (Rea, DeBriere, Butler, & Saunders, 1998; Rea, Dixon, Zettle, & Wright, manuscript submitted for publication; Rea, et al., 2003; Rea, Dixon, Wright, manuscript in progress; Rea, Dixon, and Zettle, 2014).

This presentation will consist of an examination of four areas. First, a retrospective analysis of the percentage of time four individuals with intellectual disabilities (who had committed sexual offenses) were clinically aroused in the natural environment will be presented (Rea et al. 1998; 2003). Sexual arousal was measured by a portable-penile plethysmograph. Twenty percent of full erection was defined as clinically-significant arousal (Howes, 1995). Based upon approximately 2.5 hrs per assessment session in the natural environment, clinically-significant arousal occurred a median of 89% with a mean of 75% of the time. Sexual preoccupations were putatively the cause of these high rates of sexual arousal.

Secondly, we will examine a systematic replication with four participants’ (three of the four were new participants) with intellectual disabilities (who had committed sexual offenses) in which we incorporated the measures of sexual thoughts with and without sexual arousal (Rea et al., manuscript submitted for publication). Participants recorded
sexual thoughts with arousal (greater than 25%) and without arousal each hour for upwards of 13 hours per day. Results indicated that deviant sexual thoughts occurred with clinically-significant arousal a median of 94% and a mean of 70% of the time. Although we were unable to validate the accuracy of thoughts, the median percentage correct identification of arousal was 92% with a mean of 81% for these four participants.

Thirdly, we will explore the treatment of preoccupations, arousal, and avoidance of high risk situations by Commitment Therapy (self-control), Acceptance and Commitment therapy, covert sensitization, and anti-libidinal medications in the natural environment using GPS/ portable plethysmograph. These procedures will be examined within a context of the Good Lives Model and the Council on Quality Leadership personal outcome measures.

Finally, we will present pilot data utilizing small, wearable, wireless skin-surface gauge technology to measure sexual arousal (Nature News, 2015; Smithsonian.com, October, 2015). This technology will allow us to collect sexual arousal measures (and other physiological measures) and location by a cell phone and a small wireless, wearable sensor which will eliminate the portable-penile plethysmograph and penile-strain gauge.

Learning Goals and Objectives:

- Workshop participants will be able to explain the importance of assessing sexual preoccupation and hypersexuality.
- Workshop participants will have an understanding of the benefits of comprehensive evaluations and specialized testing (e.g., phallometric assessments) on the reliability and validity of dynamic risk factors.
- Workshop participants will have a better understanding of the treatment of preoccupations, arousal, and avoidance of high risk situations by utilizing Commitment Therapy (self-control), Acceptance and Commitment therapy, covert sensitization, and anti-libidinal medications in the natural environment using GPS/ portable plethysmograph.