
CLINICAL APPROACHES TO SEX OFFENDERS AND THEIR VICTIMS

EDITED BY
CLIVE R. HOLLIN
AND
KEVIN HOWELLS



WILEY SERIES IN CLINICAL APPROACHES TO CRIMINAL BEHAVIOUR

Clinical Approaches to Sex Offenders and Their Victims

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CH To Martin Herbert, that rare combination,
scholar *and* gentleman

KH To Tony Black, for setting me on the right road

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Series Preface

This series around the theme of *Clinical Approaches to Criminal Behaviour* has its origin in a sequence of conferences we organized between 1984 and 1988. Our intention, both then and now, was to make some progress towards re-establishing an approach to changing criminal behaviour which has become unfashionable, unpopular and much maligned in recent years. It should be made absolutely clear that in the present context the term 'clinical' is not intended to imply a medical model, in which criminal behaviour is viewed as pathological, but to define an approach in which the focus is on the individual and on psychological methods of producing change. Having said that, we are not blind to the crucial importance of economic, political and social factors in crime and criminological theory. We agree that change is necessary at all levels to reduce crime, and have no wish to be seen as placing the spotlight of blame and responsibility exclusively on the offender to the exclusion of environmental factors. (As behaviourists, admittedly of differing persuasions within that broad church of theoretical opinion, how could we say otherwise?) However, we would also maintain that it is important not to lose sight of the individual, and it is here that the clinical approach comes into its own. The series is intended to serve two functions: to inform clinicians of developments in the clinical approach to criminal behaviour in its many forms, and to convince others that the clinical approach has a role to play in changing criminal behaviour. There is no reason why social reform and clinical change should be incompatible: others have written on the former approach, we now seek to re-assert the latter.

CLIVE R. HOLLIN
KEVIN HOWELLS

Preface

In the first volume in this series, *Clinical Approaches to Violence*, we aimed to set the tone for what was to follow. We encouraged our distinguished contributors to focus on three specific areas within their specialist fields: the empirical research; the theories built around the data; and, crucially, the practical application, both in terms of assessment and intervention, of this research and theory. Heartened by the response of the contributors to our blueprint, we have maintained the same format for this volume.

When selecting the topic for this second volume in the series we opted for sex offences for a number of reasons. Firstly, the topic is one which has seen a recent rapid development, both in terms of public and professional interest and involvement. While it is undoubtedly the case that sexual offences against adults, mostly women, and children have always been part of our society, it is perhaps only in the last decade that the true extent of the abuse has begun to be appreciated. In response to this growing awareness, researchers and practitioners from a range of professions, theoretical persuasions, and schools of clinical practice have become involved in working with sex offenders and their victims. While there are many advantages to this growth, a potential disadvantage is that the field may become increasingly fragmented. This fragmentation may be across professions, so that some aspect of sexual abuse is seen as the province of, say, social work, while another aspect is marked as the territory of, say, clinical psychologists. Thus our second reason for selecting sex offences as the topic for this volume was to make a statement that fragmentation is not inevitable: the contributors to this volume are from a range of disciplines—including psychiatry, psychology, and social work—and bring a range of theoretical views and styles of clinical practice. We think there is much to be learnt from this cross-discipline approach: indeed, as both editors and, of course, the first readers of this book, our immediate impression was that of realizing just how much is happening in the field, and how many unifying concepts can be perceived. In addition, through the work of the contributors our own knowledge base has grown considerably: this will benefit us greatly, and hopefully many other readers, in our roles of researchers, teachers, and practitioners.

The third reason for selecting the topic of sex offences, and which heavily influenced our choice of chapters and hence contributors, was to offer a book which would inform clinicians and researchers about offenders *and* victims. As

the research base grows, so the number of specialist papers and books increases: while this increase in knowledge is vital, there is the danger that information on theories of sex offending, assessment methods, and clinical work with families, offenders, children, and adults becomes increasingly diffuse and inaccessible—perhaps especially so for hard-pressed clinicians. Therefore we have drawn together in this book theories, research, and practice relevant to both offenders and victims: the final product is, we believe, an unique overview of the field.

As in the preparation of any book, but perhaps especially so with edited books, we have accumulated a number of debts. We should like to thank Sheila Wesson, then later Rita Granner, for typing periodic deluges of letters, not to mention the occasional frantic burst of activity on the fax! We are grateful to our contributors for the high standard, in both presentation and quality, of their work which made our editorial task so much easier. Finally we would like to acknowledge the highly professional approach of our publishers at Wiley in Chichester: in particular Wendy Hudlass who chides us gently yet remains a veritable paragon of patience.

CLIVE HOLLIN
KEVIN HOWELLS

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Sex Offenders and Victims: The Scope of a Clinical Approach

CLIVE R. HOLLIN and KEVIN HOWELLS

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There is little doubt that the 1980s was the decade in which many people began to come to terms with two facts about sex offences. Firstly, that such crimes occur at a rate far in excess of the official figures: rape and sexual assault are not the isolated, statistically unusual events we might once have believed (e.g. Russell, 1982). Secondly, rather than fitting neatly into stereotyped caricatures, sex offenders and their victims are to be found across all strata of society. Thus, to pursue the latter point, it became more and more difficult to accept the stereotype of the sex offender as a lonely, frustrated old man: men who sexually abuse women *might* be old and disadvantaged, but they might also be young, affluent, socially competent, have committed other offences, and have long-term relationships (Alder, 1984; Davies and Leitenberg, 1987). In contrast to the popular image of the sex offender as mentally unstable (Hollin and Howells, 1987), most sex offenders are not clinically disordered; rather the motivation for the offence is to be found in other more 'normal' explanations such as the exercise of male power, or the expression of anger, or for social reward and peer acclaim (Groth, 1979; Scully and Marolla, 1985). Indeed, it is often the case that rape is portrayed as a violent, rather than sexual, act (e.g. Alder, 1984); although this is not a view which meets with unanimous approval (Palmer, 1988).

In the same vein the victim of sexual attack does not conform to the stereotype. Contrary to myths about rape (Burt, 1980), women victims do not 'ask for it', do not provoke hapless males to the point of no return, are not capable of resisting if they really wanted to, are not promiscuous, and do not have an unconscious wish to be violated. To a greater or lesser extent, women victims can

be young or old, black or white, single or married, mothers or childless, employed or unemployed (e.g. Ploughman and Stensrud, 1986).

While many people were appalled by the emerging picture of the true extent of sexual aggression against women, and the apparent 'normality' of the sex offender, the research on child sexual abuse gave rise to a quite different reaction. The first signs of disquiet came with research into the levels of sexual abuse of children: the estimates vary according to research methodologies and definitions of abuse, but figures in excess of one in ten children are not uncommon (Alter-Reid *et al.*, 1986; Finkelhor, 1986). However, the findings of researchers such as Finkelhor (1984, 1986) that a great deal of child sexual abuse occurs within the family, that great bastion of civilization and stability, set in train a widespread reaction of disbelief and denial. A great many people simply refuse to accept that adults, including parents, can systematically and repeatedly sexually abuse children.

Given this controversy and denial, we decided to begin this second volume in the series *Clinical Approaches to Criminal Behaviour* with a discussion of the nature of sexual offences against children. In his opening page, Jon Conte makes the crucial point that the characteristic disbelief and denial serve as psychological mechanisms to cope with some unpalatable truths. However, as Conte continues, this disbelief also taints the thinking and practice of those professional groups concerned both with policy-making and delivering a service to the offenders and their child victims. To counter this disbelief and denial Conte offers an overview of the empirical evidence in order to paint as accurate a picture as possible of the true nature of sexual offences against children. In a chapter brimming with facts and insights, Conte discusses legal and clinical definitional issues and the extent and types of child sexual abuse, before considering the offender. In particular Conte challenges the myth that incest offenders do not sexually abuse children outside their own family: he cites the findings of Abel *et al.* (1988) that some incestuous fathers sexually abused children outside their own family and were involved in other sexual offences, such as rape, against women. While distinctions can be drawn between different types of child sex offenders, such as *fixed* and *regressed* offenders (Groth *et al.*, 1982), the psychological mechanisms underpinning such taxonomies are altogether less clear. As Conte suggests, this should provide a target for future research: without an empirically based model of the agents and factors which lead to child sexual abuse, together with an acceptance of the scale of the issue, policy-makers and professionals are disadvantaged in attempting to understand, assess, and intervene to help and protect children.

Despite the fact that there are a myriad of empirical questions to be answered, a variety of theories have been put forward to explain sex offences. In the second chapter of the opening section on *Offenders and Victims*, Richard Lanyon presents a wide-ranging coverage of the theoretical perspectives which have been used to attempt to account for sex offences. Drawing parallels between theories of sexually deviant behaviour generally and sex offences specifically, Lanyon discusses psychodynamic, behavioural, and biological theories of rape and child molestation. In the final third of his chapter, and in sympathy with Conte,

Lanyon makes note of the recent rise of empirical, data-driven theories. In keeping with current preferences in psychology, Lanyon concludes that research must now focus on the role of cognition—specifically attitudes and fantasy—in the offender's behaviour. Increased awareness of these areas will, when integrated into existing knowledge, prove of benefit to the design of clinical assessment and intervention with offenders.

In the third chapter in the opening section Donald West considers the effects on victims of sex offences. He begins by casting doubt on the often expressed view that rape is a violent offence: although this should not be read as meaning that sex offences are not harmful. West discusses some of the short- and long-term physical, emotional and psychological effects of the sexual victimization of women, introducing the notion of post-traumatic stress disorder as a means of understanding the effects of sexual attack. West notes that the severity of this type of disorder is not uniform and its effects can vary from woman to woman in both duration and severity. Moving to child victimization, West considers both male and female child victims. After a discussion of prevalence rates, he considers both the initial and long-term effects of abuse. While these effects can be serious, West is at pains to point out, as have other writers (e.g. Widom, 1989), that the 'cycles of abuse' argument is hypothesis not fact. There is no clear evidence that adult problems, including sexual offending, are the inevitable consequences of sexual abuse in childhood. West concludes that we should beware of over-generalization of the effects of sex offences, and take time to consider fully the complexity of such behaviour and hence our response to it.

The second section of the book moves to assessment, perhaps the most thorny and difficult area, yet one which is crucial for theoretical understanding, clinical practice, and the detection of abuse in children. The first chapter, by William Murphy and Patricia Worley, looks in detail at the assessment of adult sexual interest. As did West, Murphy and Worley comment that there is continued debate whether sex offences are violent or sexual acts. While this debate has obvious implications for assessment, the matter is further complicated by the theoretical perspective of the practitioner making the assessment. The assessment of a rapist undertaken by a psychoanalyst would be very different from that made by, say, a radical behaviourist. In response to both these points, Murphy and Worley argue the case for the role of sexual arousal and sexual interest in sex offending; while they adopt a broad social learning theory approach by which to understand the assessment data. Using case material, Murphy and Worley discuss the practice of physiological and self-report assessment: they then move to the use of such assessments both to 'sort' adult and child offenders, and to inform clinical practice. While, as Murphy and Worley point out, there are limitations with this type of assessment, there is considerable consistency in the literature, suggesting promise for the future.

The next two chapters, by Graham Davies and Eileen Vizard respectively, were originally commissioned as a single chapter. After producing a first (joint) draft the authors suggested that their material would be better presented as two individual pieces. Our reading of the draft led us to the same conclusion, and Wiley were happy to accept our recommendation to lengthen the book by an extra chapter.

The reliability of a child's memory is crucial when that child has to give evidence in a court case: when the child is testifying about his or her own experiences of sexual abuse, the reliability of the evidence takes on a special poignancy. In his discussion of research on children's testimony, Davies begins with an overview of the psychology of memory, with an emphasis on developmental aspects of memory performance. Davies makes the observation that while the sophistication of memory performance might improve with age, contrary to common belief even very young children are capable of robust and accurate memory performance. In particular Davies points to the distinction between *available* and *accessible* material in memory (Tulving, 1983). The former is the information the individual is able to give spontaneously; the latter is the information which becomes accessible following cues or prompts. As might be expected, cued recall is generally more comprehensive than free recall. In the case of the child witness or victim, one of the roles of the interviewer is to build on the child's accessible memories so that, through cuing via questioning and the use of props such as anatomically correct dolls, additional facts become accessible. It may well be the case that younger children require a great deal more assistance and support to recall fully from memory. The danger, of course, is that the process of cuing introduces errors into the child's account of events. Davies discusses these issues in great detail and concludes that, given good practice and reasonable safeguards, children are capable of giving accurate testimony.

The process of conducting the interview with the abused child so as to effect maximum recall while minimizing the risk of introducing error is Eileen Vizard's concern in the following chapter. Vizard begins with a review of the literature on the contentious issue of the use of anatomical dolls in interviewing children suspected of being sexually abused. The use of such dolls can, as Vizard points out, be clinically revealing, but from a legal perspective the interviewer is open to charges of suggestibility. The same point applies to the type of questions the interviewer might use in order to prompt recall: the danger here lies in the use of leading questions which may gain valuable clinical information, but at the risk of an increased probability of introducing error and producing evidence which is not legally sound. In order to meet these points practitioners have devised a number of schedules and procedures for interviewing children suspected of being sexually abused. In what may well be the first review of its type, Vizard compares the utility of ten such interview protocols. The first draft of this chapter contained a case example but, serving to remind us all of the sensitivity of the topic, this was removed following legal advice. The 'ideal' case stands in its place as an example of the procedures.

The third and final section of the book is concerned with treatment and begins with a chapter by Derek Perkins on working with sex offenders in secure settings. We felt that this was an important beginning to the treatment section for two reasons: firstly to show that a clinical approach is viable even in the most difficult, even anti-therapeutic, settings; and secondly to emphasize that *offenders*, as well as victims, are of concern to clinicians. Perkins opens with a discussion of the key issues of the offender's denial of the offence, motivation to change, and cooperation in treatment. Rather than these issues being seen as

obstacles to treatment, Perkins suggests that they should be seen as *targets* for treatment; aspects of the offender's functioning which should be as amenable to assessment and modification as the offending behaviour itself. Drawing on research into both the acquisition and maintenance of deviant sexual behaviour, Perkins discusses in detail the assessment and treatment of both the cognitive and behavioural aspects of offending. Throughout the chapter there is a careful consideration of the limitations imposed by conditions of security, together with a frank discussion of the arguments for and against clinical work with sex offenders.

It is undoubtedly the case that much sex offending takes place within families, suggesting that family therapy should play an integral part in a clinical approach to working with sex offenders and their victims. Arnon Bentovim discusses both the theory and practice of clinical work with families in which sexual abuse has occurred. He offers a conceptual model of abuse which draws together the individual, the family, and the society within which both function. Bentovim also suggests that the response to victimization can be seen in terms of a post-traumatic stress response, and the patterns of traumatic responding occur at both individual and family levels. Through the use of case material, Bentovim vividly describes the typical reactions—flashbacks, nightmares, sexual play, dissociation—found in abused children; further, Bentovim argues, if these responses are not dealt with, then family and societal systems can act to reinforce the responses and so maintain the abuse cycle. The family work advocated by Bentovim, again strikingly illustrated with case material, involves the four stages of *disclosure, separation, rehabilitation, and new family*. The essential practitioner skills and intervention techniques required at each of these stages is presented in detail. It is, we believe, fundamentally important to recognize Bentovim's point that there are families who are 'hopeless' as regards successful rehabilitation into the abusing family. Unpopular as the message may be in some quarters where to admit to hopelessness is seen as a sign of professional failure, there are strong arguments, as Bentovim points out, that it is in the child's best interest to plan for a permanent future in a new family.

While family work may be crucially important, there is also a strong case to be made for individual work with the sexually abused child. Lucy Berliner, in reviewing such individually-directed clinical work, also invokes the notion of the abusive event as a traumatic experience producing traumatic responses. Indeed, Berliner begins her chapter with a comprehensive review of the literature on the long-term effects of child sexual abuse. It is important to note Berliner's point that both the type and severity of these long-term effects differs significantly across children. However, two basic clinical targets emerge from the literature: the child's emotional and cognitive processing of the abuse experience. 'Successful' processing stems from the ability, together with a supportive social network, to talk about or be reminded of the abuse without experiencing undue distress. Where this successful processing has not taken place, then the child may develop maladaptive ways of coping with the cognitive and emotional impact of the abuse. Thus the child may have a set of avoidance strategies or generalized inappropriate responses in other areas of social functioning. Following Finkelhor

and Browne (1985), Berliner suggests that the process of clinical assessment and intervention can be built around the four dynamics of *traumatic sexualization*, *betrayal*, *powerlessness*, and *stigmatization*. Each of these four dynamics is discussed in detail together with clinical strategies to effect change.

One of the facts of life is that children grow up, and that very often that process of growing can be marred and distorted by traumatic childhood events. The effects of being sexually abused as a child do not disappear with ageing, as Derek Jehu discusses in his chapter on clinical work with adults who were sexually abused in childhood. Jehu begins with a discussion of the, rather sparse, literature on men who were sexually abused as boys. The lack of a clinical literature—Jehu notes only one treatment programme (Bruckner and Johnson, 1987)—is surprising given the scale of the problem (Baker and Duncan, 1985), and the potential long-term effects both on psychological and social, including violent, behaviour. The prevalence rates among women are similarly high and the long-term effects equally serious. From a substantially larger literature Jehu is able to extract the principal long-term effects in women sexually abused as children: these include mood disturbances, self-injurious behaviour, stress disorders, and interpersonal and sexual problems. In a comprehensive review of both practice and outcome, Jehu discusses clinical programmes designed to ameliorate these long-term effects of childhood abuse.

Maintaining the theme of individually-directed treatment, the next chapter by Patricia Resick and Barbara Gerth Markaway is concerned with the clinical treatment of adult female victims of sexual assault. The chapter begins with a review of the cognitive, emotional, and behavioural reactions to rape. A typical pattern of reaction to assault is described in which the immediate effects of fear, shaking, and trembling gradually subside to be replaced by increased depression, fatigue, and restlessness. As time passes other adverse reactions, including interpersonal and sexual problems and lowered self-esteem, may also emerge. As in preceding chapters, the notion of post-traumatic stress is adapted to account for the effects of victimization. However, Resick and Gerth Markaway move on to discuss a number of theoretical perspectives—feminist theory, crisis theory, behavioural and social learning theories, and cognitive theories—which have been advanced to account for the traumatizing effects of rape. The assessment and intervention methods suggested by these different theoretical views are discussed in detail; a case study illustrates both the practice and outcome of a clinical programme.

While much of what has gone before has been concerned with accounts of the consequences of sexual abuse, the final chapter by Deborah Daro is concerned with prevention programmes. Daro begins with a number of statements, with which we would like to record our agreement: children have a right not to be molested; a child should not have to experience harm before services are made available; and children should be seen as entrusted into the care of parents and guardians rather than as the property of adults. Strategies to prevent sexual abuse have been drawn from psychodynamic, learning, and environmental theories: Daro reviews the contribution and styles of programme which follow each theory. The focus of prevention programmes, each discussed in turn, has been on strengthening children, and strengthening parents and caretakers, including educators. In a