

The Developmental Roots of the Risk Factors Involved in the Commission of Coercive Sexual Behavior

16th conference of the International Association
for the Treatment of Sexual Offenders

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Structure of the symposium

00 Presentation of the symposium

01 The mediating role of psychopathology in the emergence of deviant sexual fantasies in sexual aggressors of children

Garant, Gauthier, Deli, Proulx

02 Life Path Trajectories Leading to Deviant Sexual Fantasies in Sexual Aggressors of Women

Gauthier, Deli, Garant, Proulx

03 Hostile Masculinity and Emotional Negativity as Mediating Factors in Hostility Toward Women

Deli, Garant, Gauthier, Proulx



02

The mediating role of
psychopathology in the emergence
of deviant sexual fantasies in sexual
aggressors of children

Garant, E., Gauthier, A., Deli, C. & Proulx, J. (2021)

Presenter: Etienne Garant



1. Introduction

The interest of our research

Does the presence of deviant sexual fantasies necessarily precede a sexual offense?

- 34.1% reported having deviant sexual fantasies in the 48 hours prior to the act (Proulx, Perrault & Ouimet, 1999).
- 33.6% reported having deviant sexual fantasies in the year prior to the offence (Leclerc, Beauregard, Forouzan & Proulx, 2014).

So why is it of interest?

- Although the presence of deviant sexual fantasies is not a characteristic of the majority of child sexual abusers, it is still an indication of sexual preference which is the best predictor of sexual recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005).

How do child molesters develop deviant sexual fantasies?



1. Introduction

How do child molesters develop deviant sexual fantasies?

Due to various events that the individual experienced in childhood

- During fortuitous activities that will cause sexual excitement in the child or during non-coercive sexual games with peers (Gee & Belofastov, 2007).
- Fueled by our daily reality which would be extrapolated into an imaginary that would provide sexual satisfaction that the individual experiencing it would like to immerse themselves in (Leitnberg & Henning, 1995).

Deviant sexual fantasies would be born out of traumatic events, particularly with child sexual abusers.

- Childhood victimization, and more specifically, sexual victimization, would directly contribute to the development of deviant sexual fantasies in child sexual offenders (Daversa & Knight, 2007).
- The abuse is paired to sexual arousal and the desire to reproduce such an activity (Leguizamo, 2011; Stinson, Sales & Becker, 2008).



1. Introduction

How do child molesters develop deviant sexual fantasies?

May also be influenced by how the abuser deals with the aftermath of the abuse

- Depression, anxiety, psychotic, substance use, and personality problems (Eher et al, 2002; Kafka & Hennen, 2002; Långström, Grann & Sjöstedt, 2004).
- Sexual abusers of children also appear to be at a much higher risk of suffering from mental health problems than adult sexual abusers, non-sexual offenders, and non offenders (Whitaker et al., 2008).

Thus, is it possible that mental health problems also contribute to the development of deviant sexual fantasies in child sexual offenders?



2. The research's problematic

The aim of this study

Maniglio (2011) stated the hypothesis that:

In light of these suggestions, it is possible that, in sexual offenders, early traumatic experiences, especially child sexual abuse, might result in psychological problems, in terms of either psychiatric symptoms or disorders or painful mental states; these psychological problems, in turn, might lead sexual offenders lacking effective coping strategies to take refuge in an internal, imaginary world of deviant sexual fantasy, in which they may overcome the pain, sorrow, and trouble of reality and achieve the gratification, satisfaction, and pleasure absent from reality. It thus becomes more pleasurable for these individuals to live predominantly in their fantasy world.



2. The research's problematic

The aim of this study

Our research questions:

1. Does the presence of childhood victimization, and more specifically, sexual victimization, lead to the development of deviant sexual fantasies?
2. If so, will it also be mediated by the development of mental health problems?
3. Is the development of deviant sexual fantasies the only inadequate coping mechanism the child sexual abuser will have developed as a result of childhood victimization and the development of mental health problems?



2. Methods

Sample

Sample: 274 child sex offenders, all of whom completed the Computerized Sex Offender Questionnaire (CSOQ). All information was collected between 1995 and 2000 at the Regional Reception Center (RRC) while the offenders were all serving a federal sentence of 2 years plus 1 day.

Sample characteristics:

- At the time of their assessment, their average age was 44.13 years (R= 18-78; SD= 11.82).
- Majority spoke French 93.1% (English 6.2%; other 0.7).
- 90.9% Caucasian (Native 3.7%; Black 3.3%; Other 2.2%).
- Almost one-third were single (37.7%), married (35.1%), and the rest were either divorced (19.4%), widowed (1.5%) or separated (6.2%).
- All victims are 13 years old or younger.
- 72.5% of victims were girls as opposed to 27.5% of boys.
- 66.7% of the victims were intra familial as opposed to 33.3% extra familial.



2. Methods

The instruments used

Two main psychometric tests were used

- **MCMI-3** (Landry, Nadeau & Racine, 1996)
 - 11 personality disorders scales.
- **MMPI-2** (Butcher et al., 1989)
 - 10 clinical scales assessing psychopathological traits.



2. Methods

Analytic strategie

(1) Descriptive statistics

(2) Structural Equation Modeling (Mplus)

- Statistical analysis testing relationships between latent and observed variables.
- Combination of factor analyses and regressions.

Fit indices: (Kline, 2015)

- Root Mean Square Error of Approximation (RMSEA)
< 0.08
- Comparative Fit Index (CFI)
> 0.90
- Tucker-Lewis Index (TLI)
> 0.90



2. Methods

List of variables used

Abuse as a minor before the age of 18

Sexual abuse

Exposure to physical abuse

Exposure to psychological abuse

Physical abuse

Psychological abuse

Psychopathologies 2 (MMPI)

Depression scale

Psychastenia Scale

Social introversion scale

Psychopathologies 1 (MCMI-3)

Schizoid scale

Avoidant scale

Dependent scale

Passive-aggressive scale

Schizotypal scale

Psychotic thinking scale

Psychotic depression scale

Drug problems

Detoxification cure

Drug addiction

Social problems due to drugs

Alcohol problem

Regular drinking

Alcohol addicted

Social problems due to alcohol

Sexual deviant fantasies



3. Results

Table 1: Descriptive statistics: *Abuse as a minor before the age of 18; Psychopathologies; Drug problems; Alcohol problem; and Sexual deviant fantasies.*

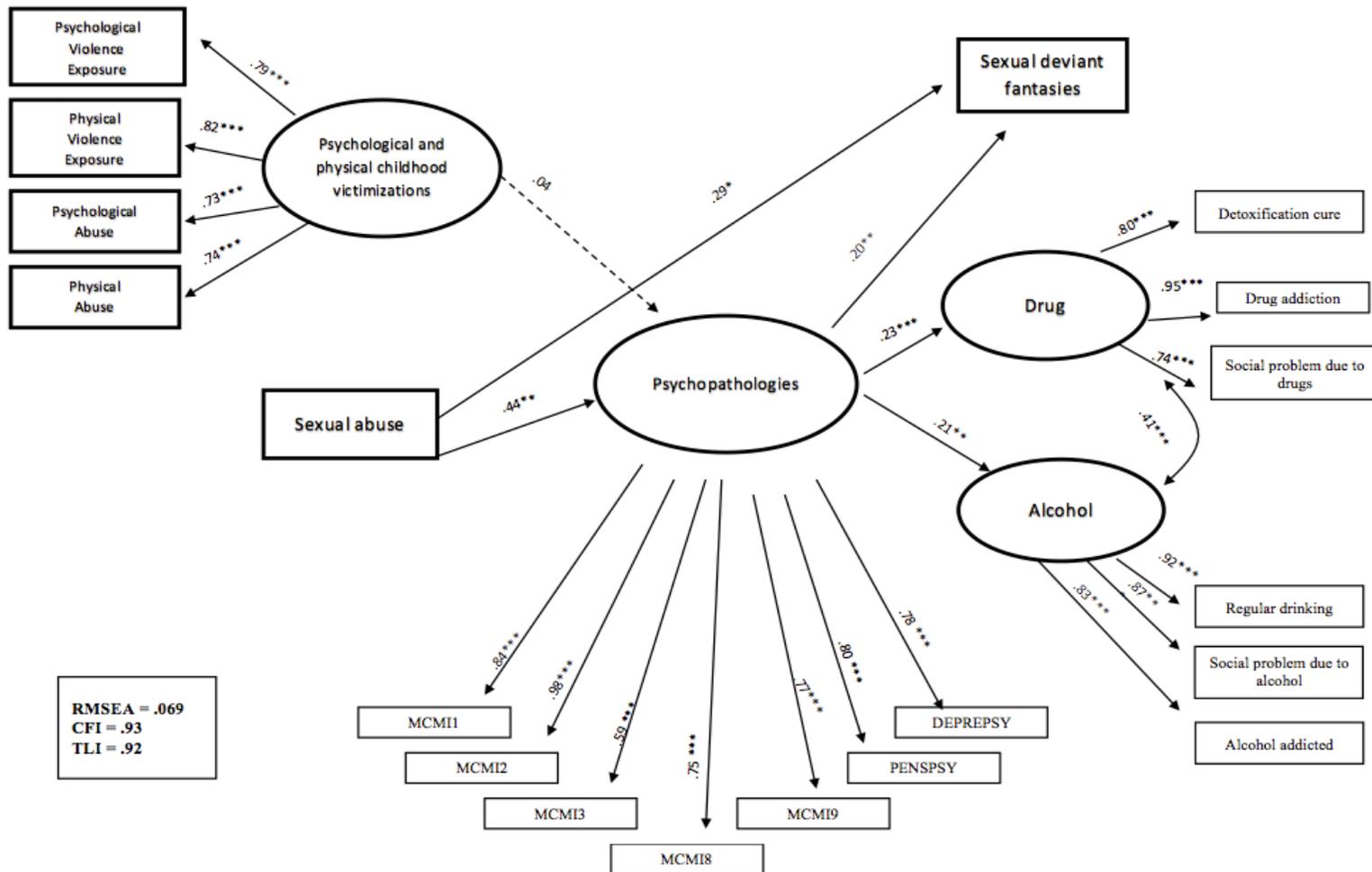
Variables	Total sample (N = 274)
Exposure to psychological violence	50.4%
Exposure to physical violence	44.2%
Psychological abuse	48.5%
Physical abuse	46.7%
Sexual abuse	56.7%
<i>Psychopathologies (MMPI ≥ 70)</i>	
Depression scale	22.8%
Psychasthenia scale	23.7%
Social introversion scale	8.3%
<i>Psychopathologies (MCMI ≥ 85)</i>	
Schizoid scale	18.1%
Avoiding scale	27.1%
Dependent scale	52.8%
Passive-aggressive scale	13.1%
Schizotypal scale	2.5%
Psychotic thinking scale	2%
Psychotic depression scale	0.5%
<i>Drug problems</i>	
Detoxification cure	8.1%
Drug addiction	16.7%
Social problem due to drugs	16.7%
<i>Alcohol problem</i>	
Regular drinking	56.2%
Social problem due to alcohol	28.8%
Alcohol addicted	29.3%
<i>Sexual deviant fantasies</i>	
Sexual deviant fantasies	45.5%



3. Results

Model 1

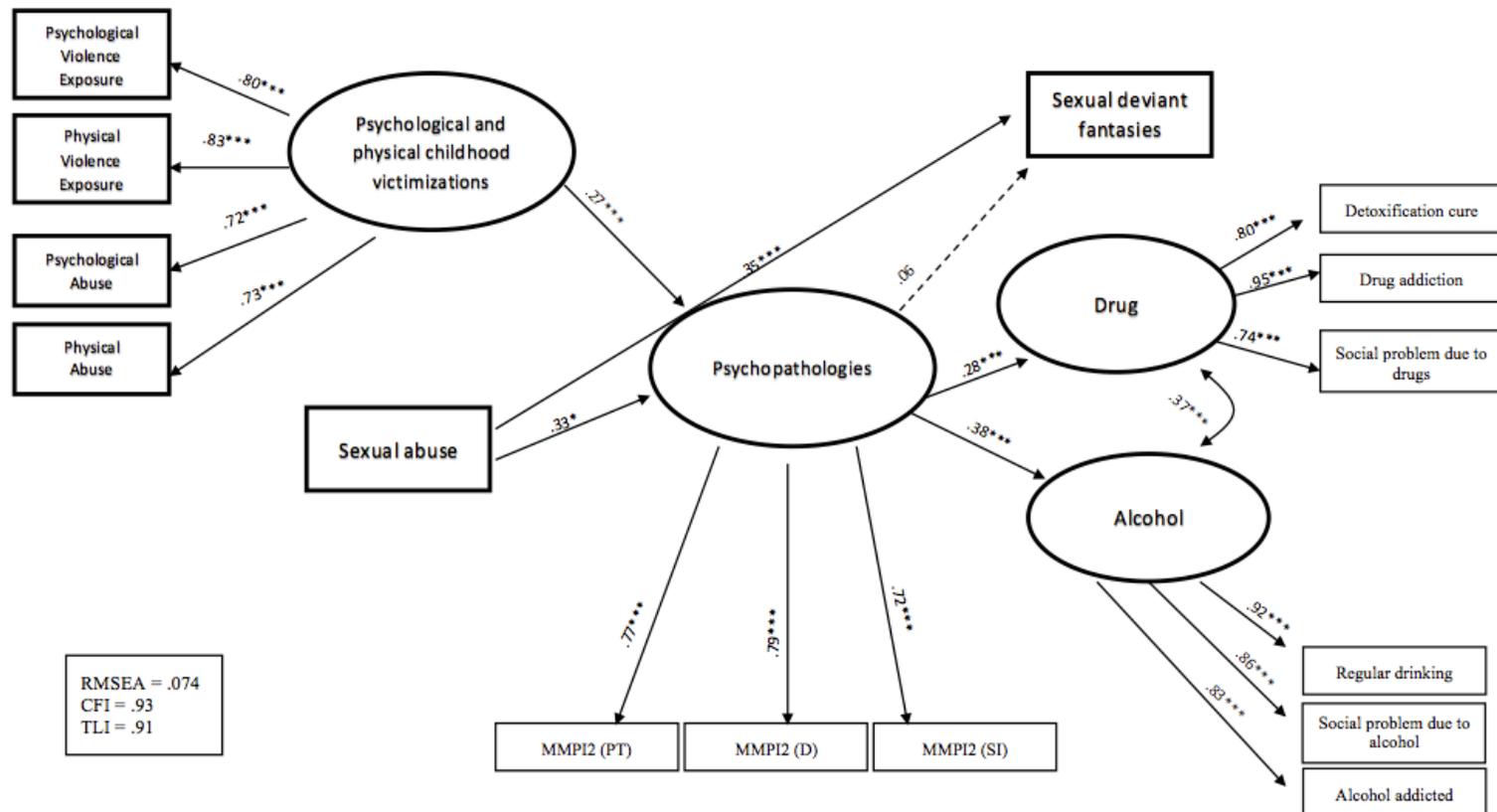
*Deviant sexual fantasies, alcohol misuse and drug problems:
Different form of coping strategies in a child molester sample (N = 274)*



3. Results

Model 2

*Deviant sexual fantasies, alcohol misuse and drug problems:
Different form of coping strategies in a child molester sample (N = 274)*



4. Discussion

Victimization in childhood leads to the development of psychopathology and ultimately, deviant sexual fantasies and consumption problems.

2 Different profiles found:

- The preferential
- The rapist

What next in term of prevention and intervention?



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