

Background

Relapse prevention has been considered an important component in sex offender treatment, yet recently has received criticism for its narrow approach to treating this population. Relapse prevention places high importance on understanding the negative affect that accompanies violating a decision to remain abstinent from offending. A fundamental aspect of the Self-Regulation Model is to assume that negative affect or interpersonal conflict induces offending behaviors (Laws, 1999; Carich & Stone, 2001). However, recent research indicates there is more than one affective pathway to offending (Ward, Hudson, & Keenan, 1998; Ward & Hudson, 2000). In the Self-Regulation Model, four pathways have been determined (Ward, Bickley, Webster, Fisher, Beech, & Eldridge, 2004). Two pathways involve an avoidance goal, while the remaining two pathways involve an approach goal.

Avoidant-passive. This pathway is characterized by the desire to avoid deviant sexual contact, yet without a solid plan of action to do so and thus involves underregulation. These offenders passively allow the offense to occur, yet desire to not offend until immediately before the offense, when they switch to an approach-goal. The avoidant-passive pathway is the pathway that most closely resembles the relapse prevention process towards offending.

Avoidant-active. This pathway differs in that it involves misregulation. Offenders in this pathway wish to refrain from offending, and actively use methods that they believe will keep them from doing so. However, these methods are often contra-indicated, such as viewing child pornography or abusing substances, and eventually aid in the facilitation of an offense.

Approach-automatic. Offenders in this pathway have harmful goals to offend, yet only do so when a situation arises. Thus, they have the intent to offend but the behavior is impulsive in nature.

Approach-explicit. These offenders have goals to offend, and spend time and effort developing plans and situations that will aid in the offense. Offenders in this pathway often employ pervasive and intense grooming of potential victims. The latter two pathways as identified by Ward and colleagues demonstrate the complex processes in individuals who do not experience typical relapse prevention indicated goals and regulation patterns.

This preliminary study has multiple aims. First, the prevalence of each of the pathways in a community sample of sexual offenders is assessed. Second, actuarial risk level will be evaluated among the different pathways, with self-regulation model theory suggesting which pathways involve higher risk.

Hypotheses

1. Approach-goal offenders will show higher levels of actuarial risk than avoidant-goal offenders, as measured by Static-99 scores.
2. Approach-automatic offenders will score higher on the Static-99 than will approach-explicit offenders. This is hypothesized due to the automatic, impulsive quality associated with approach-automatic offenders, and thus the likelihood of poorly planned sexual and other criminal offenses.

Sample and Procedure

Participants ($N=89$) were adult male sexual offenders on community supervision in a Northwest county. Each participant had been convicted of at least one sexual offense as an adult (age 18 or older). Age of participants ranged from 22 to 63 years ($M = 42$), and participants were primarily Caucasian (53%) and African American (36%). Victim type was determined by victim at last conviction, and child-victim offenders appeared to be overrepresented in the sample (63%). Although the sample originally included 92 participants, 2 participants were excluded due to lack of conviction for a sexual crime, and one participant was excluded for lack of Static-99 score. Other exclusionary criteria included diagnosis of Mental Retardation or other developmental disability, being under age 18 when the index offense was committed, or having a major mental illness. No other exclusionary criteria were employed.

Self-regulation model pathway determination. Three investigators independently reviewed each evaluation and assigned a pathway to the 89 offenders based upon evaluation information. The investigators then met to compare categories and, if there was disagreement on the assigned pathway for any individual subject, a majority of 2 out of 3 decided the assigned pathway.

Static-99. The Static-99 is a risk assessment measure used to identify risk of sexual recidivism in sexual offenders (Harris et al., 2003). This measure consists of 10 items that are scored 0, 1, 2, or 3, thereby allowing a 0 point minimum and a 12 point maximum score. Each item on the Static-99 is meant to be historical and is derived from established risk factors for sexual reoffense. Scores are given after a required thorough file review and after an optional but recommended clinical interview

Finding

- ❖ For a breakdown of offender pathway distribution, please see Table 1.
- ❖ A one-way analysis of covariance (ANCOVA) was used to examine Static-99 mean score differences between the four self-regulation model pathways, while holding victim type constant.
 - ❖ The ANCOVA was significant, $F(3, 84) = 5.43$, $MSE = 4.94$, $p = .002$, indicating a significant difference in Static-99 scores between pathways.
 - ❖ Partial η^2 indicated that the pathway type accounted for 16% of the variance in the Static-99 scores. Table 1 lists the descriptive data of the Static-99 scores by each of the pathways.

Table 1
Static-99 Score Distribution by Pathway

Pathway	<i>n</i>	<i>M</i>	<i>SD</i>
Avoidant-passive	10	2.20	1.69
Avoidant-active	3	2.67	2.08
Approach-automatic	45	3.71	2.24
Approach-explicit	31	5.03	2.65

- ❖ An independent-samples *t* test was conducted to evaluate the hypothesis that participants from the approach pathways have higher Static-99 scores (and thus level of risk) than participants in the avoidant pathways.
 - ❖ The test was significant, $t(21.91) = -3.52$, $p = .002$
 - ❖ Offenders in the approach pathways on average ($n = 76$, $M = 4.25$, $SD = 2.49$) had higher Static-99 scores than offenders in the avoidant pathways ($n = 13$, $M = 2.31$, $SD = 1.70$).
 - ❖ η^2 indicated that 12% of the variance of the Static-99 score was accounted for by avoidant or approach pathway type
- ❖ Next, means of each pathway were compared.
 - ❖ The approach-explicit pathway ($M = 5.03$, $SD = 2.65$) was significantly higher in Static-99 scores than the avoidant-passive pathway, ($M = 2.20$, $SD = 1.69$) and the approach-automatic pathway ($M = 3.71$, $SD = 2.24$).
 - ❖ The approach-automatic pathway ($M = 3.71$, $SD = 2.24$) was significantly higher in Static-99 scores than the avoidant-passive pathway, ($M = 2.20$, $SD = 1.69$).
 - ❖ There were no other significant differences between the pathway groups.

Table 2
Pairwise Comparisons Between Pathways

Pathway Interaction	Absolute Mean Difference	Significance
Avoidant-passive		
Avoidant-active	1.22	.41
Approach-automatic	1.66	.04*
Approach-explicit	3.05	.00*
Avoidant-active		
Approach-automatic	0.44	.74
Approach-explicit	1.83	.18
Approach-automatic		
Approach-explicit	1.39	.01*

*Note: An asterisk indicates that the difference in means is significant at the .05 level.

Summary

Findings reveal that:

- ❖ Consistent with the first hypothesis, approach-goal offenders had significantly higher Static-99 scores than avoidant-goal offenders.
 - ❖ Approach-goal offenders had an average risk level of medium-high, while avoidant-goal offenders had an average risk level of low.
- ❖ The results of the one-way ANCOVA are in direct opposition to the second hypothesis. Approach-explicit offenders had significantly higher mean Static-99 scores than approach-automatic offenders rather than the converse.

Limitations

- ❖ The sample was a convenience sample of offenders who were referred for an evaluation due to one or more of the following reasons: suspected psychopathy, questionable treatment amenability, identified as high risk for recidivism and/or appropriateness for sex specific supervision. As such, these offenders may not be representative of all adult male sex offenders on community supervision.
- ❖ The current sample included an overrepresentation of child-victim offenders.
- ❖ Although the investigators of the current research study attended training regarding the Self-Regulation Model, further training on the model would likely have improved investigator accuracy in categorizing individual pathways.

Implications for Research and Practice

- ❖ The findings emphasize the differences between pathways and suggests that each pathway requires unique therapeutic interventions to target differing goals of offending and corresponding risk levels.
- ❖ Psychosexual assessment can use pathway and risk level information to more holistically understand offenders' needs and strengths, and recommend useful treatment and management strategies.
- ❖ These findings can aid supervision of offenders. Understanding the offenders' goal, risk level, and differences between pathway and risk level will help the supervising officer to better understand where resources need to be allocated. Officers assigned to supervise sexual offenders can know more about targets and triggers for these individuals by being made aware of the pathway designation.

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