

# WHAT WERE THEY THINKING ? WHAT WERE WE DOING ?

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Is offence supportive cognition a risk factor or  
treatment need for young sexual offenders?

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# Badger & Frank



# BACKGROUND:

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Why study offence supportive cognition (OSC) in younger sexual offender populations?

# Background.....

- We know children (10-17) and young adults (18-21) commit sexual offences and cause significant harm to others
- But, compared to adults sexual offenders, we know relatively little about their risk and needs
- OSC is an established risk factor for adult sexual offenders, and modifying this is a treatment goal of most, if not all, interventions for this group
- Relatively little is known about role and relevance of OSC in younger sexual offender populations
- Yet... modifying OSC is a treatment goal for this group too

# BUT SHOULD IT BE?

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Is there evidence that OSC plays a causal role in sexual offending in younger populations?

Is there evidence that modifying OSC reduces recidivism?

OR.....have we assumed that because this is true for adults, it is also true for younger sexual offenders?

# OVERVIEW

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# I will....

- Identify the problems with the conceptualisation and measurement of OSC
- Present the findings of a systematic review that aimed to establish whether OSC is a risk factor or treatment need for younger sexual offenders
- Discuss key findings in relation to the implications for practice

# OFFENCE SUPPORTIVE COGNITION

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Was is it?

How is it measured?



# The Concept

Cognitive  
distortions

Attitudes & Beliefs

Rationalisations

Schemas

Justifications

*Minimisations*

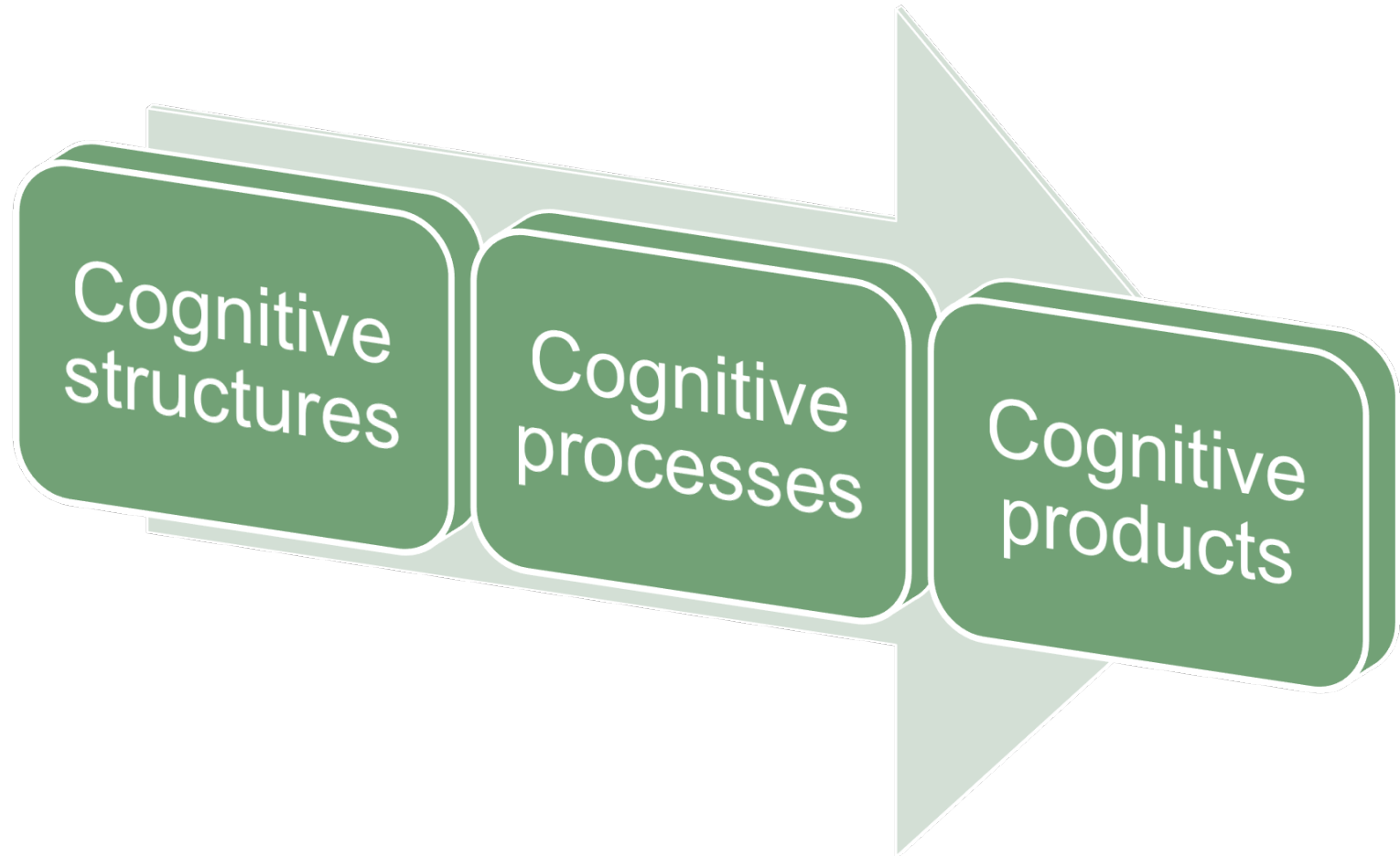
Denial

Implicit Theories

*Excuses*

*Thoughts*

# OSC a conceptualisation



# Measurement of OSC

1. **Self-report psychometric questionnaires - most common**  
(e.g. 'Sex With Children'; 'Children and Sex questionnaire'; 'Rape Myth Acceptance Scale'; 'RAPE'; 'MOLEST')
2. **Clinical rating scales - less common**  
(e.g. pro-offending attitudes domain of SARN; cognitive distortions item on the JSOAP-II)
3. **Indirect measurement - least common**  
(e.g. implicit association test; stroop interference test)

# AIMS OF THE SYSTEMATIC REVIEW

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# To answer the following questions.....

1. Can young sexual offenders be distinguished from *non-offenders* on measures of OSC
2. Can young sexual offenders be distinguished from *other types of offenders* on measures of OSC
3. Can *sub-groups* of young sexual offenders be distinguished on measures of OSC
4. Do scores on measures of OSC change after intervention
5. Is there an association between changes on scores and recidivism
6. Do valid and reliable measures of OSC exist for younger sexual offenders

# METHOD

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# Method - searching

- Scoping exercise
- Search strategy
  1. 5 major electronic databases accessed
  2. Reference lists of articles meeting inclusions criteria hand searched
  3. 19 experts contacted
- Search terms
  4. Review of seminal papers on OSC to capture all terms
  5. Several trials of search terms
  6. Extremely complex syntax – in essence to capture ‘young sexual offenders’ and ‘offence supportive cognition’

# Method – (screening & selection)

## Inclusion Criteria

- Population – male, age 10-21, sexual offender
- Phenomenon – OSC
- Any comparison group - (e.g. sexual offender vs community control; recidivist vs non-recidivist)
- Outcome – comparison on a *numerical measure* of OSC
- Research design – quantitative and published
- Language – English only



# Method - (screening and selection)

## Selection of studies

1. Applying search terms =>1,374 hits
2. Duplicates removed ( $n = 457$ )
3. Inclusion criteria applied to abstracts of remaining articles ( $n = 917$ )
4. Full texts obtained for relevant articles ( $n = 33$ )
5. Inclusion criteria applied again
6. Studies meeting criteria ( $n = 9$ )
7. Studies added from hand searching ( $n = 1$ )
8. Relevant studies from experts ( $n = 3$ )

TOTAL NUMBER OF INCLUDED STUDIES = 13

# Method - quality assessment and data extraction

- A quality assessment tool and scoring system was devised and applied
- Percentage quality scores were awarded
- A data extraction form was developed and applied
- Summary information reviewed

# RESULTS

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# Results – overview of studies ( $n=13$ )

- International group of studies
- Wide range of publication dates
- Sample sizes tended to be small
- Participants from a wide range of settings
- OSC one of many variables measured
- Studies had a variety of aims
- All but one study used psychometric questionnaires measuring offence supportive attitudes and beliefs
- Quality of studies extremely variable

# 1. Can young sexual offenders be distinguished from *non-offenders* on measures of OSC?

- NO!
- 4 studies
- YSO's compared to children and young people in the community
- No significant differences between groups
- BUT in every study the sexual offenders scored LOWER than the community controls on measures of offence supportive attitudes and beliefs

## 2. Can young sexual offenders be distinguished from other offenders on measures of OSC?

- NO!
- 3 studies
- YSO's compared to violent offenders & 'delinquents'
- No significant differences between groups
- BUT, in every study the sexual offenders scored LOWER than the non-sexual offenders on measures of offence supportive attitudes and beliefs

### 3. Can different groups of young sexual offenders be distinguished on measures of OSC?

- Possibly.....
- 4 studies
- Victims were: Intra/extra familial; younger / peer or adult
- Significant differences were found between the intra- and extra-familial offenders. The young people who offended outside the family had a significantly higher level of 'cognitive distortion' than those whose victims were from within the family

## 4. Do scores on measures of OSC change following sexual offender treatment?

- Possibly.....
- 3 studies
- Edwards et al (2012) 100% of participants were in the 'treated range' on OSC measures post-treatment, but many had 'treated' profiles pre-treatment anyway
- Eastman (2004 ; 2005) showed reductions in scores in measures of OSC pre-treatment => post-treatment, and maintained post-release, but no control groups



## 5. Is there an association between changes on scores on measures of OSC and recidivism

- Not enough evidence
- 1 study - methodological problems
- 'Non-recidivist' = charged for the first time / 'Recidivist' = charged for a second time
- 'Positive associations' for cognitive distortions and recidivists but no meaningful data presented

## 6. Do valid and reliable measures of OSC exist for younger sexual offenders?

- No!
- Adult measures were consistently used - no measures were identified that were constructed on, or for, young people
- Only two measures had been 'adapted' for younger populations
- Only one measure ('children and sex questionnaire') had undergone any form of standardisation with young people
- Validity and reliability figures were sometimes reported but for *adult populations*

# KEY FINDINGS

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## Key Findings (1)

Not being able to discriminate between young sexual offenders, non-offenders, and other offenders on measures of OSC suggests this construct may not play a causal role in, and therefore may not be a risk factor for, sexual offending in younger populations

**BUT**

Problems with psychometric measurement – validity and reliability; socially desirable responding; low endorsement rates

Poor quality studies

Developmentally sensitive measures not used

## Key Findings (2)

Currently very little evidence to suggest that sexual offender treatment brings about changes in OSC, and there is no evidence that it reduces recidivism in younger populations – therefore little to justify it being a treatment need or target for this group

**BUT**

There is no evidence to suggest that addressing OSC in treatment is harmful or makes young people worse

## Key Findings (3)

Young sexual offenders' risks and needs are different to those of adult sexual offenders. The lack of developmentally sensitive, valid and reliable measures is hampering our ability to conduct sound research

# SO WHAT DOES THIS MEAN FOR PRACTICE?

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# Implications for practice

1. We must not assume OSC is a treatment need for all, or even most young sexual offenders.
2. BUT, it could be for some (e.g. extra-familial offenders).
3. We need to take an individualised approach to both assessment and intervention, and set targets that take account of the changing nature of adolescence and young adulthood.
4. We need to test the psychometric properties of existing measures of OSC and/or construct new developmentally sensitive measures



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