

Early Maladaptive Cognitive Schemas in Child Sexual Offenders Compared with Sexual Offenders against Adults and Nonsexual Violent Offenders: An Exploratory Study

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ABSTRACT

Introduction. Although there is a growing body of research on the role of offense supporting cognitive distortions in child sexual offending, little is known about the origins of these distortions. According to cognitive theory, maladaptive cognitive schemas originating in adverse childhood experiences with caregivers have been hypothesized to underlie these cognitive distortions.

Aim. This exploratory study investigates early maladaptive schemas (EMSs) in child sexual offenders compared with sexual offenders against adults and nonsexual offenders.

Main Outcome Measures. EMSs were measured with the Young Schema Questionnaire, and psychopathy was measured with the Psychopathy Checklist-Revised.

Methods. Three groups of forensic inpatients—23 child sexual offenders, 19 sexual offenders against adults, and 24 nonsexual violent offenders—were assessed. Multivariate analyses of covariance were used to examine the hypothesized group differences in EMSs.

Results. Results showed that, after controlling for level of psychopathy, EMSs related to Abandonment ($M = 2.61$ vs. $M = 1.73$, $P < 0.01$), Social Isolation ($M = 2.50$ vs. $M = 1.62$, $P < 0.01$), Defectiveness/Shame ($M = 2.05$ vs. $M = 1.42$, $P < 0.05$), Subjugation ($M = 2.28$ vs. $M = 1.57$, $P < 0.05$), and Self-Sacrifice ($M = 3.29$ vs. $M = 2.41$, $P < 0.05$) were more prevalent in child sexual offenders compared with nonsexual violent offenders. Compared with sexual offenders against adults, child sexual offenders showed a trend to have higher scores on EMSs related to Social Isolation ($M = 2.50$ vs. $M = 1.88$, $P = 0.066$).

Conclusions. Our findings suggest that EMSs may play a role in offending behavior in child sexual offenders and offer the possibility of informing treatment strategies. **Chakhssi F, de Ruiter C, and Bernstein DP. Early maladaptive cognitive schemas in child sexual offenders compared with sexual offenders against adults and nonsexual violent offenders: An exploratory study. J Sex Med 2013;10:2201–2210.**

Key Words. Early Maladaptive Schemas; Cognitive Distortions; Cognitions; Child Sexual Offenders; Sexual Offenders against Adults; Nonsexual Violent Offenders

Cognitive distortions concerning child sexual abuse are considered in risk assessment (e.g., Sexual Violence Risk-20) [1] and treatment of child sexual offenders [2,3]. These distortions denote offense supportive beliefs and attitudes, originating from deep cognitive structures, or schemas and are regarded as contributing to the facilitation and maintenance in child sexual offending [4–7]. To date, several schemas identified by Ward and Keenan [6], which they labeled

“implicit theories,” are regarded to play a causal role in child sexual offending [8]. According to Ward and Keenan [6], implicit theories guide the processing of information and behavior in child sexual offenders. The implicit theories are drawn upon by the child sexual offenders to infer the mental states of the victims, to interpret their behavior, and to make predictions about their future actions and mental states. Examples of offense supportive implicit theories held by child

sexual offenders are the following: children as sexual beings (e.g., “Children enjoy sex with adults”), entitlement (e.g., “I am more valuable than others”), dangerous world (e.g., “Many people are untrustworthy and rejecting”), uncontrollability (“I cannot control myself, so I am not responsible”), and nature of harm (“This is really not wrong”) [5,6,9].

Some studies have provided empirical support for the prevalence of implicit theories in child sex offenders [10,11]. However, other studies have produced mixed findings about the prevalence of implicit theories in child sexual offenders [12–15]. The mixed findings seem to suggest that much remains to be understood about cognitive distortions in child sexual offenders. Findings vary across samples (e.g., intrafamilial vs. extrafamilial offenders) and methodologies (e.g., vignettes, questionnaires, and reaction time paradigms), and a gold standard for assessing cognitive distortions in child sexual offenders has not been identified [8].

Several authors have argued for a focus on deeper cognitive processes instead of the end products of these processes, as most cognitive distortions serve as excuses and post hoc rationalizations for child sexual offenders [7,16,17]. Focusing on post hoc rationalizations, without addressing the underlying cognitive schemas, might not be sufficient in the assessment and treatment of child sexual offenders aimed at decreasing reoffending [17].

Young’s framework of early maladaptive schemas (EMSs) [18,19] has been offered as a promising approach to understand, assess, and change the deeper maladaptive cognitive schemas of sexual offenders [3,4,20]. EMSs refer to broad, stable, and enduring patterns, comprised of memories, emotions, cognitions, and bodily sensations, which are acquired during the course of adverse life experiences from childhood into adulthood, such as rejection, neglect, abuse, and loss. EMSs guide (emotional) information processing and interpersonal interactions, are triggered by emotional and stressful events, and can result in maladaptive behavior [18]. EMSs, in interaction with other factors, such as deviant sexual preferences, may play a role in sexually assaultive behavior [4]. The framework of EMSs expands on the cognitive schema model proposed by Beck, Freeman, and Associates [21] by defining specific EMSs that lie at the core of personality disturbances [18]. EMSs have shown to mediate the association between attachment experiences with

primary caregivers and the development of psychopathology [22,23]. Although recent studies have linked EMSs to a variety of psychological disorders and associated maladaptive behaviors including personality disorders, substance abuse, psychopathy, sexual dysfunction, and self-reported sexual aggression [20,24–27], studies on EMSs in adult sexual offenders are absent from the literature. However, treatment of EMSs has shown favorable results in patients with challenging mental disorders, such as borderline personality disorder and substance abuse [28–31]. Preliminary findings of a randomized clinical trial using schema therapy with personality disordered forensic patients, including child sexual offenders, suggest a reduction in future violence risk and an improved ability to be open and vulnerable during therapy sessions [32].

Prospective studies examining the association between childhood abuse and sexual crimes toward children in adulthood suggest that most victims of sexual abuse do not victimize others in adulthood [33]. However, abused children subjected to multiple types of early maltreatment, such as sexual abuse, physical abuse, psychological abuse, neglect, and lack of supervision, were significantly more likely to be arrested in adolescence and adulthood for a sexual offense compared with children who had been subjected to sexual abuse only and/or had not been abused as children [33,34].

Findings from a meta-analysis of 89 (cross-sectional) studies examining risk factors for perpetration of child sexual abuse also suggest that early adverse experiences are strongly related to child sexual offending [35]. When compared with nonsexual offenders, child sexual offenders were more likely to have a history of physical and sexual abuse (effect size $d = 0.44$). However, when child sexual offenders were compared with sexual offenders against adults, both groups were similar on most developmental risk factors (such as physical and sexual abuse; poor family functioning; controlling and coercive parents; harsh discipline; and parental instability). Although the observed differences between child sexual offenders and sexual offenders against adults were related to psychopathology and generally small in terms of effect sizes (range $d = 0.20$ – 0.39), their findings suggest that child sexual offenders were more likely to experience depression, anxiety, and low self-esteem and less likely to display anger/hostility and substance abuse. Furthermore, child sexual offenders, compared with nonsexual offenders, were more

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