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POTENTIAL DYNAMIC PROTECTIVE FACTORS FOR SEX OFFENDING: A MIXED  
METHODS ANALYSIS OF THE DECISION NOT TO ACT AMONG MEN SEXUALLY  
ATTRACTED TO CHILDREN

by  
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A thesis  
Presented to the faculty of  
Towson University  
in partial fulfillment  
of the requirements for the degree  
Master of Arts  
Department of Clinical Psychology

Towson University  
Towson, Maryland 21252  
August, 2014

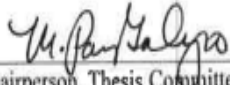
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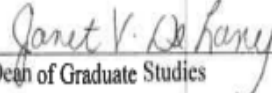
**Potential Dynamic Protective Factors for Sex Offending: A Mixed Methods Analysis of the Decision Not to Act Among Men Sexually Attracted to Children**

has been approved by the thesis committee as satisfactorily completing the thesis requirements for the degree **Master of Science in Clinical Psychology**.

  
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## Abstract

# POTENTIAL DYNAMIC PROTECTIVE FACTORS FOR SEX OFFENDING: A MIXED METHODS ANALYSIS OF THE DECISION NOT TO ACT AMONG MEN SEXUALLY ATTRACTED TO CHILDREN

Rena C. Mitchell

Little is known regarding the differences between offending and non-offending men who are sexually attracted to children. Understanding the differences between these groups is a crucial first step in developing models of protective influences for sexual offending. The following potential dynamic protective factors were proposed based on empirically validated, known risk factors: pro-social support, intimacy strengths, sexual self-regulation, and general self-regulation. Mixed-methods analysis of survey results from 69 men sexually attracted to children supported the conceptualization of these characteristics as potential protective factors for sex offending. Exploratory quantitative analysis of participant ratings of the influence of each factor on the decision not to act revealed men sexually attracted to children with and without a history of sex offending behavior are similar in a number of ways. Directed thematic analysis of qualitative survey items revealed important differences between groups regarding the role of each factor in participants' decisions not to act.

## Table of Contents

Chapter 1. Introduction	1
Chapter 2. Method	14
Chapter 3. Results & Discussion	18
Chapter 4. Conclusion	30
Appendix A. Tables	34
References	38

## Introduction

Paraphilias are a class of psychological disorders characterized by enduring deviant sexual fantasies, urges, or behaviors involving non-normative objects of sexual interest (i.e. nonhuman objects, physical or emotional pain, children, or other nonconsenting individuals) (4<sup>th</sup> ed., text rev.; *Diagnostic and Statistical Manual of Mental Disorders*; American Psychiatric Association, 2000). The type of deviant sexual interest experienced by the individual differentiates the various paraphilias, some of which do not require clinically significant distress or impairment to be diagnosed. In fact, the disorders characterized by deviant sexual interest in nonconsenting individuals (including children) may be diagnosed in patients who do not find their sexual interests problematic as long as the individual has acted on their sexual urges (Maddux & Winstead, 2011). Except for sexual masochism, paraphilias are almost exclusively diagnosed among men (DSM-IV-TR, 2000).

Sexual interest in illegal or highly unusual sexual acts described by the various paraphilias (such as sex with children or fetishism) has been identified as a risk factor for recidivism among male sex offenders (Hanson & Morton-Bourgon, 2005; Mann, Hanson, & Thornon, 2010). However, not all of these men have recurrent or prolonged deviant sexual interests (Hanson & Morton-Bourgon, 2005). Offenders without such proclivities may commit sexual offenses for a number of other reasons including, but not limited to, a lack of available, appropriate sexual partners and/or belief in an entitlement to sex (Beech, Craig, & Browne, 2009). Furthermore, not all individuals with prolonged deviant sexual interests engage in criminal sexual behavior. Thus, the difference between offending and non-offending men with deviant sexual interests remains unclear.

Current known risk factors and potential protective factors for sex offender recidivism provide a promising avenue of research to investigate this question. Protective factors are variables that reduce the risk of a maladaptive outcome by either directly affecting the outcome or by moderating the relationship between risk factors for the outcome and the outcome itself (Ullrich & Coid, 2011; Hall, Simon, Leober, Farrington, & Lee, 2012). Given that sexual deviance is a known risk factor for sex offender recidivism, the difference between sex offenders with and without such interests likely results from the presence or absence of various other factors (Hanson & Morton-Bourgon, 2005). Some of these factors may increase the risk for offending within an individual, while others may serve a protective role.

The present study will focus on potential protective factors for sex offending against children because of the dearth of research in this area compared to the attention given to risk factors (Parent, Guay, & Knight, 2012). In addition to illuminating the differences between sex-offending and non sex-offending men with sexual attraction to children, investigating potential protective factors has many advantages. Namely, knowledge of protective factors for sex offending would help improve the accuracy of current risk assessments that rely on statistical models to predict risk to the community (i.e. actuarial assessments), as well as improve treatment options for managing an individual's risk of offending.

Despite the controversy surrounding relatively weak actuarial assessments (Berlin, Galbreath, Geary, & McGlone, 2003; Hart, 2003), these screening tools for sex offender recidivism risk are used in a variety of settings including sex offender treatment, civil commitment hearings, and probation and parole hearings (Parent, Guay, & Knight, 2011; Parent et al., 2012). Improving accuracy of actuarial assessments is therefore crucial in order to balance both risk to the community and the individual rights of the offender in these contexts (Scoones,

Willis, & Grace, 2012; Parent et al., 2012). In designing actuarial assessments, items are selected based on an empirically validated relationship between each item and the outcome of interest. In the case of recidivism risk, an evaluation of the collected items provides a “probabilistic estimate” of risk for re-offense (Seto, 2005).

The most commonly used actuarial assessments include only empirically validated risk factors and provide moderate predictive validity (Hanson & Thornton, 2000; Hanson & Morton-Bourgon, 2009; Boccaccini et al., 2012; Hanson, Harris, Scott, & Helmus, 2007; Eher, Matthes, Schilling, Haubner-MacLean & Rettenberger, 2011). Attempts to improve these assessments by combining various measures have not resulted in significant increases in prediction (Parent et al., 2012). Thus, it seems researchers must move beyond current known risk factors in order to improve the accuracy of current risk assessment measures.

In addition to improving the accuracy of actuarial assessments of recidivism risk, knowledge of protective factors may help facilitate risk management in sex offender treatment. Information regarding salient protective factors can help improve the specificity of treatment interventions in two ways. First, if a discrete, malleable factor is identified as *directly* minimizing the risk for sex offending, treatment designed to enhance this factor can be given to all patients. Second, if a discrete, malleable factor is identified as *buffering* the relationship between an individual’s known risk factors and sex offending behavior, treatment designed to enhance this factor can be given to the specific individual.

### **Conceptualizing Protective Factors for Sex Offender Recidivism**

Given the apparent benefits of identifying and investigating protective factors for sex offending behavior, the lack of research in this area is alarming. More information is available regarding protective factors for re-offending than for first time offending, and for general offender recidivism than for sex offender recidivism (Parent et al., 2012). These factors have been conceptualized in a variety of ways (Ullrich & Coid, 2011; Herrenkohl, Lee, & Hawkins, 2012; Fergus & Zimmerman, 2005; Hall et al., 2012). To date, no empirical evidence has supported one conceptualization above the others, although this is likely due to the scarcity of research regarding protective factors in general (Ullrich & Coid, 2011).

First, protective factors may exist as independent variables, unrelated to and independent from established risk factors (Fergus & Zimmerman, 2005; Herrenkohl et al., 2012). This kind of protective factor operates by directly lowering recidivism rates. Its existence could be empirically established by identifying a main effect of the variable on the rate of recidivism in a controlled study. For example, in the context of youth violence, refusal skills (i.e. the ability to reject peer pressure) have been found to directly correlate with a decrease in risk for future violence (Herrenkohl et al., 2012). The relationship between refusal skills and risk of violence is not related to any other risk or protective factor.

Second, protective factors may be conceptualized as a lack of known risk factors. In this model, the absence of a risk factor is itself a protective factor. These protective factors may work to reduce recidivism risk either directly or by buffering the relationship between other risk factors and recidivism. For example, sexual deviance is a known risk factor for sex offender recidivism. According to this model of protective factors, a lack of sexual deviance can be considered a protective factor for recidivism.



Third, similar to an absence of risk model, protective factors may be conceptualized as opposites of risk factors. In this model, one variable may possess potential for both protective and risk properties. Protective influence on recidivism may be established at one end of the spectrum and risk influence may be established at the other. Again, an example from the field of youth violence helps illuminate this concept: attention problems have been found to be associated with risk of future violence such that high attention problems are correlated with increased risk while low attention problems are correlated with decreased risk (Herrenkohl et al., 2012).

Given that research investigating risk factors for sex offender recidivism is robust compared to the lack of information regarding protective factors, it seems appropriate to start investigating protective factors by evaluating the protective influence of variables related to known risk factors for recidivism. This provides a solid basis for the conceptualization of new factors yet also necessitates careful consideration. For instance, a potential pitfall to this approach is assuming that risk factors are linearly related to recidivism, such that their limited presence or complete absence is assumed to be protective (Hall et al., 2012). Hall and colleagues (2012) caution that this approach may only provide limited new knowledge of the variables related to recidivism.

The authors note, however, that this pitfall can be avoided if protective factors are ultimately defined independently of known risk factors, and empirically evaluated as such. By conceptualizing protective factors as opposite constructs of known risk factors, any protective influence against offending can be assessed independently from the original risk factor. For example, if it is known that inattention while driving is a risk factor for automobile accidents, one could hypothesize that concentration on driving is a protective factor against accidents. This

formulation starts with the known risk factor (inattention), conceptualizes the opposite factor (concentration), and proposes an *independent* evaluation of the effect of the new factor (concentration) on the outcome (accidents).

Thus, it is possible to begin an investigation of protective factors based on known risk factors as long as the conceptualization allows the factors to operate independently of each other. Rather than defining protective factors as one point on a spectrum of risk, more information can be gleaned if they are defined as distinct theoretical constructs that are opposite yet independent of known risk factors. A mixed-methods investigation into the lived experiences of individuals who report a sexual attraction to children, can provide further theoretical grounding for conceptualizing protective factors and may elucidate how these factors influence their decisions not to offend or re-offend against a child.

### **Conceptualizing Risk Factors for Sex Offending**

In order to conceptualize protective factors as opposite, independent constructs of risk factors, one must begin with a discussion of the known risk factors for sex offending behavior. The majority of information regarding risk factors for sex offending comes from research investigating risk factors for recidivism among convicted sex offenders. Despite agreement regarding which factors are empirically linked to an increased risk of recidivism, there is considerable debate about the best way to conceptualize these factors (Mann et al., 2010; Seto & Fernandez, 2011; Scoones, Willis, & Grace, 2012). One approach is to dichotomize the factors into static and dynamic variables.

Static variables are unchanging risk factors related to the individual's history (Beggs & Grace, 2010; Mann et al., 2010). One of the most commonly used assessments of static risk for recidivism among sex offenders is the Static-99 (Hanson & Thornton, 2000) which includes

items such as number of past offenses, history of stable relationships, and age at release (Hanson & Morton-Bourgon, 2009; Mann et al, 2010; Phenix, Helmus, & Hanson, 2012). The Static-99 is the most widely researched actuarial assessment and has demonstrated moderate predictive validity for sexual re-offending (Hanson & Thornton, 2000; Hanson & Morton-Bourgon, 2009; Boccaccini et al., 2012).

However, there are several empirical and theoretical challenges to the proposed relevance of static risk factor assessment. Demonstrated variations in base rates of static risk across samples of sex offenders (Helmus, Handon, Thornton, Babchishin, & Harris, 2012), as well as evidence that an individual's level of static risk is less predictive of recidivism after treatment (Oliver & Wong, 2007), suggest that other factors must be considered in risk assessments of sex offenders. Furthermore, the nature of static risk factors is that they are unchanging. As such, they are not clinically useful in that they cannot be targeted for treatment, nor can they provide information about any change in risk over time (Vess, Ward, & Collie, 2008; Beggs & Grace, 2010; Mann et al., 2010).

Changing personal and environmental characteristics empirically linked to recidivism risk are called dynamic risk factors (Hanson & Harris, 2000; Beggs & Grace, 2010). Sometimes referred to as "criminogenic needs," dynamic factors change over time (Oliver & Wong, 2007) and as such can be targeted in treatment (Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005; Beggs & Grace, 2010; Mann et al., 2010). Dynamic risk factors for sex offender recidivism have been established over a decade of research and can now be assessed using a variety of actuarial tools. One such tool, the STABLE-2007, has evidenced similar predictive validity to assessments of static risk and includes items such as negative social influences,

intimacy deficits, and sexual and general self-regulation (Hanson, Harris, Scott, & Helmus, 2007; Eher, Matthes, Schilling, Haubner-MacLean & Rottenberger, 2011).

Given the clinical relevance of dynamic risk factors, items from the STABLE-2007 with additional empirical support will be inverted, reviewed, and analyzed as potential protective factors in the present study. The original factors, on which the following proposed factors are based, all have established predictive validity for sex offender recidivism as part of the STABLE-2007 (Eher et al., 2011). Additionally, several of the following factors overlap with items in the Recidivism Assessment Scales (RISc), a recidivism assessment for general offenders with established predictive reliability (van der Knaap, Alberda, Oosterveld, & Born, 2012; Hildebrand, Hol, & Bosker, 2012). Furthermore, in a 2010 meta-analysis, Mann and colleagues identified risk factors with the most empirical support to date. Factors from the STABLE-2007 which showed strong empirical support in this comprehensive literature review were selected for consideration in the present study.

### **Proposed Protective Factors for Sex Offending**

Based on empirically validated risk factors for sex offender recidivism, a series of potential protective factors for sex offending behavior in general are proposed. The viability of the proposed protective factors will be assessed via mixed-method analysis of the lived experiences of two groups of men sexually attracted to children: those who report having at least one sexual encounter with a child, and those who have never had a sexual encounter with a child. By including both groups in the current study, the viability of the proposed factors for both recidivism and first-time offending can be assessed. The influence of each proposed factor on participants' decisions not to act on their sexual attractions, as well as a qualitative description of the role each factor played in their decisions will be analyzed and discussed across groups.

## **Pro-social Support**

Negative social influences are assessed in the STABLE-2007 as the number of people in the offender's life who negatively influence him (Hanson et al., 2007). Mann et al., (2010) clarified that social influences are considered negative if the individuals engage in or promote criminal behavior, or if they "weaken the behavioral controls of the offender." Conversely, positive social influences may be conceptualized as individuals in the offender's life who do not engage in criminal behavior, who promote pro-social behavior, and who assist the offender in maintaining behavioral controls.

Evidence that positive social influences may function as a protective factor come from studies investigating the effect of release planning on sex offender recidivism (Willis & Grace 2008; Willis, 2010). In these studies, adequate release planning was operationalized as including planning for adequate social support as well as other factors such as housing, employment, and community-based treatment. Poorer release planning was associated with a shorter time to re-offense and predicted recidivism at the same level as common static models (Grace & Willis, 2008; Willis, 2010). Additionally, offenders who did re-offend experienced less re-integration than those who did not re-offend indicating positive reintegration experiences (including pro-social support) contributed to less re-offending (Willis, 2010).

Given that the model of adequate release planning includes factors other than social support, it may be argued that the factors addressed by the release planning other than social support contributed to the reduction in recidivism rates. However, research in the general offender populations has indicated a link between housing, employment, and treatment (as a group) and social support (Zgoba, Levenson, & McKee, 2009). Therefore it is possible that the

effect of release planning on recidivism demonstrated by Grace and Willis (2008) may be due to the facilitation of social support enabled by the other factors.

Furthermore, in a 2012 qualitative analysis, Farmer and colleagues found potentially active sex offenders more likely to report themes of emotional detachment and not fitting in with friends or society than a group of offenders considered to have desisted based on an evaluation of current situational recidivism risk. All together, the emergent themes suggested to the authors that desisting offenders were attempting to lead lives that were socially acceptable and personally fulfilling (Farmer, Beech, & Ward, 2012). Thus, the presence of social supports that promote pro-social behavior may provide a sense of belonging, serve to facilitate socially acceptable lifestyles, and ultimately reduce the risk of sexual offending.

### **Intimacy Strengths**

Intimacy deficits are assessed in the STABLE-2007 as a combination of several factors, two of which were supported by Mann et al.'s (2010) meta-analysis: lack of stable intimate relationships and emotional congruence with children. Lack of stable intimate relationships can be conceptualized to include not having any intimate relationships or having relationships characterized by conflict. Emotional congruence with children describes feeling that one's relationships with children are more satisfying than relationships with adults. Both were found to have sound empirical support as risk factors for recidivism (Hanson et al., 2007; Mann et al., 2010). Other intimacy deficits included on the STABLE-2007, including hostility toward women, lack of concern for others, and general social rejection/loneliness demonstrated little or no evidence as risk factors for recidivism (Hanson et al., 2007; Mann et al., 2010). Thus, interpersonal/intimacy strengths can be operationalized as a combination of stable adult relationships and a lack of emotional congruence with children. The present study will focus on

the influence of adult family and friend relationships on the decision not to act among men sexually attracted to children, both with and without a history of sexual encounters with children.

Research investigating the protective qualities of intimacy/interpersonal skills on both sex offender and general offender recidivism is scarce. However, there is some indirect and tentative evidence that being able to form intimate relationships with adults decreases recidivism. In the qualitative comparison of desisting and active offenders described above, the authors also noted that desisting offenders functioned in a social group/network while the active offenders did not (Farmer et al., 2012). This suggests that the ability to form stable adult relationships may be related to cessation of sex offender behavior. Additionally, treatment targeting socioaffective functioning in offenders has been shown to be successful in increasing the desired social skills; however longitudinal information regarding recidivism rates after treatment was not available (Harkins, Flak, Beech, & Woodhams, 2012).

### **Sexual Self-Regulation**

Sexual self-regulation deficits have been proposed as risk factors for recidivism in a number of studies (Hanson et al., 2007; Mann et al., 2010). Beyond deviant sexual interests, sexual self-regulation deficits are characterized as sexual pre-occupation and use of sex as a coping strategy on the STABLE-2007 (Hanson et al., 2007). Mann et al., (2010) did not find use of sex as a coping strategy to be a robust risk factor for recidivism. Thus, sexual self-regulation can be conceptualized for the present purposes as an ability to regulate one's sexual thoughts.

In developing the STABLE-2007, Hanson et al. (2007) found sexual pre-occupation to have a positive linear relationship with sexual recidivism suggesting that as sexual pre-occupation decreases, so do recidivism rates. Furthermore, there is some evidence of a decrease in recidivism as a result of androgen deprivation treatment (ADT) among male sex offenders, a

process which reduces the individual's testosterone to near-castration levels allowing him greater control over sexual impulses (Gooren, 2011). Empirical evidence for a relationship between sexual thoughts and testosterone is mixed (van Anders, 2012).

### **General Self-Regulation**

General self-regulation on the STABLE-2007 refers to impulsive acts, poor cognitive problem-solving skills, and negative emotionality/hostility (Hanson et al., 2007). All of these factors were found to be robust predictors of sex offender recidivism in Mann et al.'s 2010 meta-analysis. Impulsive acts refer to limited self-control and associated instability in executive functioning (i.e. housing, employment, daily routines, long-term goals, etc.). Poor cognitive problem-solving skills describe "difficulties generating and identifying effective solutions to problems of daily living" while negative emotionality/hostility refers to general negative affect and feeling general hostility towards others (Mann et al., 2010). The present study will focus on self-control and problem-solving skills because they represent dynamic factors, as opposed to general negative affect/hostility which represents a more static personality trait.

Evidence for general self-regulation as a protective factor for recidivism primarily arises out of literature regarding general offenders. Although focused on deficits rather than strengths, self-control has been implicated in several theories of criminal behavior (Pratt & Cullen, 2000; Seipel & Eifler, 2010) and there is empirical evidence to support this association. For example, a longitudinal study investigating aggressive and delinquent behavior among Dutch adolescents revealed a connection between high levels of self-control and a decrease in this behavior over a six-month period (de Kamp et al., 2009). This finding is supported in other longitudinal studies in the United States and other countries (Moffitt et al., 2011; Vazsonyi, Pickering, Junger, & Hessing, 2001).



There is also evidence to suggest that problem-solving skills may function as a protective factor for sexual offending. Problem-solving skills have been found to improve among treated sex offenders (Wakeling, 2007) as well as general offenders (D’Zurilla & Nzeu, 2010). Furthermore, among general offenders, this post-treatment increase in problem solving skills has been found to be correlated with positive outcomes such as reduced crimenogenic attitudes, increased self-esteem, and empathy (D’Zurilla & Nzeu, 2010; McGuire & Hatcher, 2001). Furthermore, literature concerning self-regulation outside the forensic context suggests this construct is related to a wide range of behaviors including sexual activity, academic success, imprudent social behavior (e.g. public flatulence), and substance use (Tangney, Braumeister, & Boone, 2004; de Ridder et al., 2011; Reisig & Pratt, 2011; Quinn & Fromme, 2011).

### **The Present Study**

Despite the lack of research regarding their explicit relationship to sex offending, the protective factors hypothesized from the STABLE-2007 (i.e. pro-social support, intimacy strengths, sexual self-regulation, and general self-regulation) are promising. Indirect evidence is emerging within both the sexual and general offender literature that suggests these proposed factors may contribute to desisting criminal behavior. The purpose of the present study is to explore the viability of these factors as proposed protective factors for sex offending behavior. Table 1 outlines how the proposed protective factors align with survey items designed to allow participants to rate the influence of each factor on the decision not to act.

The present study will focus on the lived experiences of men sexually attracted to children. Participants’ ratings of the influence of each factor on their decision not to act will be quantitatively compared between men with and without a history of sexual activity with children. The way in which the potential protective factors are qualitatively discussed in relationship to the

decision not to act will also be compared across groups. This mixed-methods, exploratory approach may offer insights into the relevance and role of the following proposed factors in preventing both first-time and repeat sex offending behavior: pro-social support, intimacy strengths, sexual self-regulation, and general self-regulation.

### **Method**

The current study is part of a larger online investigation of potential protective factors for sex offending among men sexually attracted to children. Procedures and methods for the current study were as follows.

#### **Participants and Recruitment Procedure**

Of the original 211 participants, those who a) did not complete the questions of interest described below ( $n = 99$ ) and b) selected “I prefer not to answer” ( $n = 43$ ) when asked to affirm their history of sexual encounters with children were removed from the sample. The final sample included 69 adults (18 or older) who self-reported a sexual attraction to children aged 13 and under. Most participants were primarily attracted to children between the ages of 7 and 13 (boys, 39.1%; girls, 40.6%; both 5.8%), while a minority were attracted to boys (4.3%), girls (7.2%) or both (1.4%) under 7 years old. Only men were recruited for the present study: 97.1% confirmed their gender as (cis) men, one identified as transgender (1.4%) and the remaining 2.9% did not further differentiate their gender. Participants selected their age in ranges between 18 to 65 years old: 23.2% were between 18 and 25, 24.6% were 26 to 35, 21.7% were 36 to 45, 18.8% were 46 to 55, 5.8% were 56 to 65, and an additional 5.8% did not indicate their age. Participants represented all regions of the continental United States and were predominantly white (87%), middle class or higher in terms of socio-economic status (59.3%), and had obtained (47.7%) or were currently enrolled (34.7%) in degree programs at the bachelor’s level or higher.

Participants were recruited in two phases with the help of the organization B4U-ACT, a 501(c)(3) organization that promotes professional services and resources for individuals attracted to children. In Phase 1 individuals who self-reported sexual attraction to children and who *never* sexually offended against a child were recruited. In Phase 2, individuals who self-reported sexual attraction to children and who acknowledged at least one sexual encounter with a child were recruited.

Initial recruitment announcements with a link to the online survey for each phase of recruitment were posted to B4U-ACT's website, as well as to the various social networking forums to which they belong. Some of these websites specifically targeted individuals attracted to children who do not want to act on their attractions, while others were open to individuals with any amount of proclivity toward sexual interactions with minors. In addition, some websites were specific to individuals attracted to boys or girls; others did not specify. A majority of participants were recruited via online forums specifically directed toward adults attracted to boys (42%) or girls (39.1%); the remaining participants were recruited from B4U-ACT (15.9%), another online forum (1.4%), and a local sex offender treatment program (1.4%).

### **Survey Measures**

The present study focused on participants' responses to a series of mixed qualitative and quantitative questions designed to elicit information from the participants regarding the factors that contributed to sexual restraint when faced with the opportunity to act on one's sexual attraction to children. Respondents were first prompted to *"Think back to a time when you had the opportunity to act on your sexual attraction to children and you decided not to act. Please reflect on this experience and describe it in detail in the textbox below."* Participants were then

asked the open-ended question: “*Which factors, if any, influenced your decision not to act on your sexual attraction in this situation?*”

Following this, participants rated the influence of each of the following eight factors on their decision not to act on a 5-point Likert-style scale ranging from “No Influence” to “Major Influence”: 1) supportive family and friends, 2) self-control, 3) not wanting to hurt the child, 4) level of sexual desire/arousal, 5) problem solving techniques, 6) polygraph (lie detector) testing, 7) possibility of jail or punishment, and 8) mental health treatment. After rating each item, participants were asked to “*Please describe the way in which the factors above influenced (or did not influence) your decision not to act on your sexual attraction in the situation you described above.*” Participants were also given the opportunity to indicate if they had *never* encountered a situation in which they had the opportunity to act on their sexual attraction to children and to describe both the reasons why they believed this is the case and any efforts taken to avoid such situations. For the present study, analysis focuses on the following four dynamic characteristics out of the eight factors included in the larger study: 1) supportive family and friends, 2) level of sexual desire/arousal, 3) self-control, and 4) problem solving techniques.

**Sexual desire.** Interest in sexual activity was assessed using the *Sexual Desire Inventory (SDI)* (Spector, Carey, & Steinberg, 1996). This measure contains 14 questions regarding the desired frequency of sexual behavior, the strength of this desire in various contexts, the importance of sexual fulfillment, and peer comparisons of desire. In this sense, sexual desire is conceptualized as a cognitive variable. Rating scales vary within the measure between 8-point and 9-point Likert scales. Items were summed and produce two subscales: *Dyadic Sexual Desire* and *Solitary Sexual Desire*.

This scale has demonstrated high internal consistency for both subscales ( $\alpha = .86$  and  $.96$  for dyadic and solitary, respectively). Test-retest reliability was adequate over a one-month period ( $r = .76$ ) and both scores were positively correlated with frequency of corresponding sexual behaviors (this correlation was weaker for dyadic desire, as would be expected given the necessity for a sexual partner with whom to engage in the behavior). Additionally, the scale is negatively associated with measures of social desirability.

### **Procedure**

Prior to completing the study, Phase 1 participants were asked to indicate that they have *never* had a sexual encounter with a child (e.g. sexual touching/fondling, kissing, mouth to genital contact, intercourse, etc.); while Phase 2 participants were asked to affirm that they have had at least one sexual encounter with a child. Participants were not asked any further questions regarding their personal sexual encounters with children and were reminded that they could exit the survey if they did not wish to respond to this prompt. Participants answered basic demographic information about themselves before completing questions and scales designed to measure potential protective factors against sex offending.

### **Analysis**

**Demographic comparisons.** Participants reporting at least one sexual encounter with a child (Acted) were compared to those who never had a sexual encounter with a child (Not Acted) on a number of demographic variables. Due to the small sample size, Fisher's Exact Test (FET) was used to compare the Acted and Not Acted groups across age, geographical region, educational level, recruitment source, and history of mental health treatment. An independent t-test was used to compare levels of dyadic and solitary sexual desire across the Acted and Not Acted groups.

**Quantitative analysis of potential protective factors.** A series of independent t-test analyses was used to determine group differences in the self-reported influence of four potential protective factors on participants' decisions not to act on their sexual attraction to children: 1) supportive family and friends, 2) level of sexual desire/arousal, 3) self-control, and 4) problem solving techniques.

**Qualitative analysis of potential protective factors.** Directed thematic analysis (Miles & Huberman, 1994; Coffey & Atkinson, 1996) was used to identify patterns in participant responses to two qualitative questions regarding their decision not to act on their sexual attraction to children. The first question asked participants to provide an open-ended response regarding the factors that contributed to their decision not to act. Responses to this question are therefore considered "unprompted." The second open-ended question asked participants to discuss the role that each of the four potential protective factors had in their decision not to act. Responses to this question are therefore considered "prompted." Analysis included identifying instances in which the proposed protective factors were discussed and comparing the content of the discussion across the Acted and Not Acted group, as well as the prompted and unprompted questions.

## **Results and Discussion**

### **Demographic Comparisons**

Acted and Not Acted groups were first compared on a number of demographic variables. Differences in current age, geographical region, education level, and recruitment source were assessed using FET analysis. Results displayed in Table 2 revealed the Acted and Not Acted groups were similar across all demographic variables of interest.

Differences in history of mental health treatment, as well as level of sexual desire, were also analyzed prior to investigating the potential protective factors. FET analysis revealed no difference in the proportion of men with a history of mental health treatment between the Acted and the Not Acted group,  $p = .12$  (See Table 3). Reliability analysis in the current sample suggested adequate reliability for both the dyadic ( $\alpha = .81$ ) and solitary ( $\alpha = .78$ ) scales of the Sexual Desire Inventory (Spector et al., 1996). An independent t-test analysis indicated that men in the Acted group ( $M = 46.0$ ,  $SD = 9.07$ ) reported similar levels of dyadic sexual desire as men in the Not Acted group ( $M = 42.76$ ,  $SD = 12.06$ ),  $t(66) = 1.10$ ,  $p > .05$ . Levels of solitary sexual desire were also similar between men who reported at least one sexual encounter with a child ( $M = 16.32$ ,  $SD = 6.00$ ) and men who did not ( $M = 18.61$ ,  $SD = 5.07$ ),  $t(66) = -1.64$ ,  $p > .05$  (See Table 4).

### **Potential Protective Factors**

Quantitative results assessing the influence of each of four survey items on participants' decisions not to act are discussed below. Descriptive statistics are first offered for each item, followed by a comparison across the Acted and Not Acted groups. Results of these group comparisons are presented in Table 5. Findings from the qualitative results are then presented for each factor, and the connection between the survey items and theorized potential protective factors are discussed.

**Supportive family and friends.** Average reported influence of supportive friends and family across groups suggested this potential protective factor represented a minor influence on participants' decisions not to act on their sexual attractions to children ( $M = 1.97$ ,  $SD = 1.35$ ). Prior to analysis of group differences for this item, a Levene's test of equality of variances indicated equal variances could not be assumed and results using adjusted degrees of freedom are

reported here. There was no significant difference in the reported influence of supportive friends and family on the decision not to act between the Acted ( $M = 2.41$ ,  $SD = 1.62$ ) and Not Acted ( $M = 1.77$ ,  $SD = 1.16$ ) groups,  $t(31.51) = 1.67$ ,  $p > .05$ . Thus, supportive friends and family seemed to hold a similar degree of influence on preventing sexual activity with children for men sexually attracted to children both with a history of sexual encounter(s) with children and those without.

***The dual role family and friends among the Not Acted group.*** Although both groups rated the influence of family and friends similarly, the qualitative responses revealed differences across the groups. Specifically, individuals in the Not Acted group mentioned friends and family more often than individuals in the Acted group. In fact, only one participant in the Acted group mentioned his wife and kids, i.e. “*thinking about them*,” when deciding not to act, either before or after prompting. For participants in the Not Acted group, however, the influence of family and friends on their decision to refrain from acting on their attraction to children varied based on the way participants described the role family and friends had in their lives. For some participants, the discussion focused on “supportive” family and friends as tied to their knowledge of the individual’s attraction to children, whereas for others, the individual relationships with family and friends were the focus.

Participants in the Not Acted group who linked family and friend support to disclosure of their attractions were more likely to describe family and friends as having little influence on their decision not to act. Several participants explained after prompting “*My family and friends don’t know about [my attraction], so they can’t very well support me*” or “*I haven’t been ‘out’ to family and friends, so they couldn’t be supportive.*” One participant summarized “*Since no one in my family at this time knew I was attracted to little girls whether they were supportive or not didn’t factor into this.*” In these examples, support from family and friends among individuals in



the Not Acted group is closely linked to their knowledge of the participant's sexual attraction to children. Specifically, family and friends cannot be supportive of the participant's decision not to act on their sexual attraction to children if the participant has not disclosed their attraction to family and friends. Some participants in the Not Acted group offered a reason for non-disclosure, claiming *"I do not believe that my family and friends could even begin to understand the issues I face"* and *"There are no supportive family or friends who would understand this type of thing."*

Participants in the Not Acted group who discussed family and friends in the context of not wanting to disappoint their loved ones or otherwise hurt those relationships, however, were more likely to describe family and friends as influential in their decision not to act: *"I feel like I would be repaying friends and family who have supported me in other ways poorly if I were to do something they would find so shocking and repugnant."* This sentiment was expressed both before and after prompting. Some participants specifically mentioned trust, as in *"the betrayal of trust of my employers, the girl's parents – let alone the girl – and the ensuing destruction of important relationships in my life...wasn't something I was willing to risk,"* or *"My friend knew of my attraction to young girls, and I felt strongly that I did not want to abuse his trust in me."* While others focused on potential damage to existing family and friend relationships: *"thinking of what I'd put my family and friends through after all they've done for me was on [sic] element"* and *"The fact that it would have been wronging my girlfriend."* One participant simply offered *"I did not want to hurt my family and ruin our lives."*

***Support for pro-social support and intimacy strengths as protective factors.*** The fact that participants in the Not Acted group describe their family and friends as more influential in their decision not to act when they focus on those individual relationships, as opposed to when they focus on how "supportive" those family and friends are, is consistent with the

conceptualization of pro-social support and intimacy strengths as potential protective factors against sexual offending. Participants described not wanting to disappoint or hurt their family or friends by sexually offending against a child, suggesting that participants view their family and friends as having anti-offending, or pro-social attitudes. That this discussion occurred almost exclusively among the men who never acted on their attractions to children supports the idea of pro-social support and intimacy strengths as serving a protective role against sex offending because it suggests that close adult relationships with family and friends who the individual views as having pro-social or anti-offending attitudes enable individuals sexually attracted to children to refrain from acting on their attractions.

This assessment is consistent with current research that has demonstrated a link between social support and a reduction in recidivism for both sexual (Willis & Grace 2008; Willis, 2010) and general offenders (Zgoba, et al., 2009). Furthermore, qualitative analysis of sex offenders considered to have desisted revealed they were less likely to describe emotional detachment and interpersonal/social isolation, and more likely to be involved in a social group/network, than those who were continuing to offend (Farmer, et al. 2012).

That participants described the idea of “supportive” family and friends as having less influence on their decision not to act than their interpersonal relationships with family and friends may also explain the low degree of influence assigned to family and friends on the decision not to act. For many participants, the ability of family and friends to be “supportive” was clearly tied to disclosure of minor-attraction. Thus, use of the word “supportive” in the prompt coupled with the general lack of disclosure among participants may have led to rating family and friends as less influential than they really are. This interpretation is supported by the

fact that many participants responded both before and after prompting by describing influential relationships with family and friends, independent of disclosure of their attractions.

**Level of sexual desire/arousal.** Overall, participants' sexual desire/arousal was rated as having a minor influence on the decision not to act on one's sexual attraction to children,  $M = 2.00$ ,  $SD = 1.35$ . Prior to analysis of group differences for this item, a Levene's test of equality of variances indicated equal variances could be assumed. There was no significant difference in the reported influence of sexual desire/arousal on the decision not to act between the Acted ( $M = 2.09$ ,  $SD = 1.38$ ) and Not Acted ( $M = 1.96$ ,  $SD = 1.35$ ) groups,  $t(67) = .380$ ,  $p > .05$ . In the current sample, men sexually attracted to children with a history of sexual activity with children, and those without such a history, reported similar levels of influence of sexual desire/arousal on their decision not to act on their attractions.

***Physical vs. psychological experience of sexual desire.*** In response to the unprompted qualitative question, a few participants in both the Acted and Not Acted groups distinguished between their sexual and romantic attractions to children. One participant in the Acted group offered *"I am far more pedoromantic than pedosexual, in fact far more romantic than sexual in general."* When prompted he continued: *"I am more romantic than sexual, so my priority is romance, IE love, safety, security. That takes precedent over every other consideration."* This sentiment was expressed by other participants in the Not Acted group, although not as clearly articulated. Some described a *"lack of emotional closeness to the minor on my part"* or *"just plain not really being close enough with her for it to feel 'right' ...I'm not the kind of guy that's into short-term relationships or one-night stands...I'm a hopeless romantic."* One explained he *"would only be tempted to form a close friendship"* rather than a sexual relationship with the child.

The distinction between sexual and romantic attraction is consistent with human sexuality research literature regarding asexuality and other non-normative sexual identities. Findings from this field suggest that individuals with non-normative sexual identities bring greater depth and nuance to their understanding of their own experiences (Galupo, Mitchell, Gryniewicz, & Davis, In Press). This nuance sometimes includes the type of distinction between sexual and romantic attraction discussed by participants in the present study (Scherrer, 2008; Galupo et al., In Press).

For those participants who did not distinguish between sexual and romantic attraction, the influence of sexual desire/arousal was discussed almost exclusively after prompting. That is, they did not offer discussion of sexual desire/arousal prior to being asked to rate this particular factor. This finding is consistent with the quantitative results which suggest that level of sexual desire/arousal is not a major influence on the decision not to act among participants. Qualitative responses related to the role of sexual desire/arousal in the decision not to act, however, suggest some participants may be distinguishing the influence of their physical and psychological experiences of sexual desire.

Regarding physiological desire, several men in the Not Acted group reported low levels of desire/arousal during the situation in which they decided not to act on their attractions, claiming *“just a dull attraction”* or *“I was a little aroused, but not very much. So my level of sexual arousal was not enough to make me do anything.”* At least one other participant in this group, however, reported a great deal of desire/arousal and cited this as the reason sexual desire/arousal was not influential in his decision not to act: *“My desire to act on it was almost unbearable, so that was certainly nothing that helped me not to act.”* Two participants in the Not Acted group also mentioned masturbation as a way to control their sexual desire claiming *“level of sexual desire was not an issue because I can masturbate”* and *“masturbation helps reduce the*

*level of sexual desire, and therefore makes it easier to resist any temptation.*” Participants in the Acted group do not make such a direct connection between level of desire and behavior, nor did they mention masturbation as a way to regulate desire. However, as reported earlier, there were no differences in average levels of dyadic and solitary sexual desire between groups. Thus, the role of sexual desire/arousal on the decision not to act may be complicated by other considerations.

Men from both groups were apt to discuss the minor impact of sexual desire/arousal on their own psychological decision-making process in relationship to other factors or considerations. One participant from the Acted group explained, *“My level of desire has little to no influence on my reasoning and self-control.”* For this participant, reasoning and self-control trump sexual desire when it comes to decision making. Another participant from the Not Acted group similarly distinguished desire and decision making, reporting *“my level of sexual desire had no influence because...I do not allow it to govern my actions.”* Others from both groups offered more details, explaining what about the situation in particular that overrode their attraction such as lack of consent, *“Although the attraction was strong, I knew that the encounter would not be consensual,”* and quality of the relationship, *“though I am strongly sexually attracted to young girls, I do not want to be in a sexual relationship that must be hidden.”*

***Support for sexual self-regulation as a protective factor.*** Participants’ qualitative explanations for the role of sexual desire/arousal in their decisions not to act on their attractions are consistent with the quantitative finding that sexual desire/arousal was not very influential in this process. In both groups, sexual desire/arousal was considered secondary to other considerations such as rational decision-making and consent. This comparison suggests that for men in this sample, the ability to regulate their own psychological experience of sexual

desire/arousal when presented with an opportunity to act on their attractions to children was influential in their decision to refrain from acting. This finding is consistent with the conceptualization of the potential protective factor, sexual self-regulation, as the ability to regulate one's sexual thoughts. Although evidence for a link between the psychological, rather than physical, experience of sexual desire/arousal and sex offending behavior is scant (Hanson et al., 2007), findings from the present study suggest this may be a worthwhile area of further research.

**Self-control.** On average, participants rated self-control as a moderate influence on the decision not to act ( $M = 4.26$ ,  $SD = 1.07$ ). Prior to analysis of group differences for this item, a Levene's test of equality of variances indicated equal variances could not be assumed and results using adjusted degrees of freedom are reported here. There was no significant difference in the reported influence of self-control on the decision not to act between the Acted ( $M = 4.05$ ,  $SD = 1.33$ ) and Not Acted ( $M = 4.36$ ,  $SD = 0.91$ ) groups,  $t(30.79) = -1.01$ ,  $p > .05$ . Thus, men sexually attracted to children who had at least one sexual encounter with a child rated self-control as equally influential on their decisions not to act as did men sexually attracted to children who never acted on their attractions.

*Self-control is more complicated for those in the Not Acted group.* In response to the qualitative prompts, both groups of participants only discussed the influence of self-control on their decision not to act after they were prompted to rate the influence of self-control quantitatively. A few participants in the Acted group offered broad, general comments about self-control: *"I used my own self-control mostly"* and *"I can control myself."* Participants in the Not Acted group, however, discussed self-control in greater numbers and offered more detailed commentary regarding its role in their decision making process.

Several participants who never had a sexual encounter with a child explained the role of self-control as it related to the ethics of this particular decision. *“I have...very little trouble controlling myself if I fear that losing control will mean harm coming to another person”* said one participant. Another described self-control as *“the most important factor”*, explaining *“I believe I should be held accountable for my actions, and I try to make choices that are morally and ethically defensible.”* Put more simply, another from the Not Acted group said *“I have enough self control to not engage in behavior that I find questionable.”* Several others offered comments that highlighted their own agency in the decision not to act such as *“I think about things before acting,”* *“I chose not to act on my attraction; self control of a saint, really,”* and *“My self control helped me to not act on my impulse.”* No such comments were made by participants who had previously acted on their sexual attraction to children.

***Support for general self-regulation as a protective factor.*** Overall, the self-reported moderate influence of self-control on the decision not to act among participants from both groups, as well as the fact that participants in the Not Acted group described self-control more often and with greater depth than their Acted counterparts, lends support to the notion of general self-regulation as a potential protective factor against sex offending. Participants who never acted on their attraction to children described methods of self-control as related to premeditated, rational, and ethical decision making. This conceptualization incorporates both behavioral self-control and higher-order executive functioning, two out of the three components of the proposed protective factor general self-regulation. This finding is consistent with the general offender literature which suggests that high levels of self-control are associated with decreases in general criminal behavior (de Kamp et al., 2009; Moffitt et al., 2011; Vazsonyi et al., 2001). The current study offers preliminary evidence that this may be true for sex-crime behavior as well.

**Problem solving techniques.** On average, participants rated problem solving techniques as a minor influence on the decision not to act ( $M = 2.19$ ,  $SD = 1.35$ ). Prior to analysis of group differences for this item, a Levene's test of equality of variances indicated equal variances could be assumed. There was no significant difference in the reported influence of not wanting to hurt the child on the decision not to act between the Acted ( $M = 2.32$ ,  $SD = 1.46$ ) and Not Acted ( $M = 2.13$ ,  $SD = 1.31$ ) groups,  $t(67) = .542$ ,  $p > .05$ . Thus, men sexually attracted to children who had at least one sexual encounter with a child rated problem solving techniques as influential to the decision not to act on their attractions as those without a history of sexual activity with children.

**Using problem solving techniques without the label.** Both groups described problem solving techniques only after they were asked to rate the influence of this potential protective factor on their decisions not to act. Several participants from both groups described problem solving techniques as having a positive influence on their decision, explaining *"I have good problem solving skills and was able to diffuse the situation"* or that problem solving skills *"helped me figure out a way to avoid letting the situation turn any riskier than it needed."* Some participants in the Not Acted group resisted the label "problem solving techniques" but continued to describe problem solving strategies they used both in this situation specifically, *"I didn't use any formal problem solving techniques, but I did effectively solve the problem by asking the girl to get off me in a way that didn't offend her,"* and in general:

*I have sworn off all sexual activity, because it is too socially dangerous for someone like me to pursue what comes naturally.*

*When becoming aware of this and other problematic situations I had decided to stop drinking alcohol for a while...to improve my self-control.*



A small group of participants in the Not Acted group expressed confusion, “*I don’t know what you mean by ‘problem solving techniques’*” and “*problem solving: not sure what this means?*” and at least one from the Acted group expressed disbelief in the concept in general “*Problem solving techniques is a imaginary thing shrinks believe in.*”

***Support for general self-regulation as a protective factor.*** The findings that problem solving skills were overall rated as not very influential is not surprising considering that most of the evidence for problem solving skills as a third component of the potential protective factor general self-regulation comes from research regarding post-conviction treatment programs (Wakeling, 2007; D’Zurilla & Nzeu, 2010; McGuire & Hatcher, 2001). A majority of participants in the current sample have never been in a mental health treatment program, for either general or sexuality-related problems. This may explain why several participants reported not understanding the concept of “problem solving skills” or did not recognize their own actions as employing problem solving techniques. Still, these participants did report strategies for solving their problems, and several others described the positive influence of their own problem solving abilities on their decisions not to act. Thus, it is possible that the low degree of influence attributed to problem solving techniques may be a result of this sample’s unfamiliarity with the construct. It is then possible that participants’ ratings of the influence of problem solving skills on the decision not to act may inadequately reflect the actual use of such skills in their decision making process.

## Conclusion

The present study is the first to investigate potential dynamic protective factors for sex offending among men sexually attracted to children. In order to draw on the robust research literature regarding risk factors for sex offender recidivism, potential protective factors were conceptualized as opposite, and distinct constructs of known dynamic risk factors. Specifically, pro-social support, intimacy strengths, sexual self-regulation, and general self-regulation were all proposed as potential dynamic factors which may reduce the risk of sex offending among men sexually attracted to children. Mixed-method analysis of the influence of each of these factors on the decision not to act support the conceptualization of the factors as providing protective influence against first-time and repeat sex offending.

It is important to note when considering the results of the present study that the initial conceptualization of potential protective factors was based on research regarding sex offender recidivism. This was due to the fact that little to no attention is given to risk factors for first-time sex offending behavior. Considering the robust research evidence for several dynamic risk factors for sex offender recidivism, protective factors were proposed based on literature both in this field, as well as in the field of general offender recidivism. By including two samples of men sexually attracted to children, those with and without a history of sexual activity with children, the present study sought to expand the application of risk/protective factors to first-time offending.

Findings from the present study should also be considered in light of the fact that participants responded to both unprompted and prompted qualitative questions. Although the current study was conducted online, the method of qualitative research used in the current study parallels the use of conceptual interviews in a semi-structured format (Kvale & Brinkmann,

2009; Cohen & Crabtree, 2006). Conceptual interviews seek information regarding participants' conceptualization of specific phenomena while the semi-structured format allows researchers to ask initial, open-ended questions and follow-up with specific, pointed lines of inquiry based on the specific areas of interest (Kvale & Brinkmann, 2009; Cohen & Crabtree, 2006). This method allows for an in-depth exploration of the way in which participants understand the phenomena of interest, in this case the role of the proposed protective factors in the decision not to act, from the perspective of their own lived experiences (Kvale & Brinkmann, 2009).

### **Limitations of the Present Study**

One limitation of the present study may come from the online recruitment of the sample. As with most online samples, participants in the present study were predominantly white, middle class, and educated (Dillman, Smyth, & Christian, 2008). Additionally, because of the sensitive nature of the information collected (i.e. information regarding sexual attraction to children), several groups of participants may have been more likely to participate in the study than others. Namely, those who are familiar with and have access to IP address obfuscation tools may be more likely to participate in the study because of the added degree of anonymity. Also, individuals who may have already been adjudicated for sex offense crimes may be more likely to participate in the study because of the low risk for law enforcement intervention. Despite this, online sampling was chosen for the present study because it has demonstrated efficacy in recruiting groups of individuals underrepresented in the general population (Birnbaum, 2000).

Another limitation of the present study is that it relies on self-report from participants sexually attracted to children. The present study focuses on the perspective of these men in order to bring some validity to the way in which the proposed protective factors were conceptualized. By focusing on the lived experience of the decision not to act on one's sexual attraction to

children, the relevance of the potential protective factors to a group of men at risk for sex offending can be gleaned. Despite the inherent limitations of self-report studies, the current study offers insight into the way in which men sexually attracted to children think about their own decisions not to act on their attractions while also providing support for the conceptualization of the proposed protective factors.

Finally, participants in the present study were asked to think about a single situation in which they could have acted on their sexual attraction to children but chose not to do so. As such, results from both the quantitative and qualitative analyses should be considered in this context. While it is possible to discuss how the proposed factors influence decisions not to sexually offend against children in general, the specific ways in which participants discussed the factors were framed by their narratives that resulted from the researcher's instruction to reflect on one particular encounter with a child.

### **Directions for Future Research**

Despite these limitations, the present study offers support for one way of conceptualizing potential protective factors for sex offending behavior. Well-validated, known risk factors for sex offender recidivism form the basis of proposed protective factors for sex offending in general. These factors are then inverted to create independent constructs that represent the opposite of the original risk factors, thus avoiding potential pitfalls in drawing on known risk factors to conceptualize constructs with potential protective influence (Hall et al., 2012). This model is supported in the present study by both quantitative and qualitative assessment of the influence and role of several potential protective factors in the decision not to act among men sexually attracted to children.

In responding to unprompted questions regarding factors related to the decision not to act most participants described concepts such as self-control and relationships with family and friends as having a positive influence on their decision making process. Participants also offered rich commentary regarding the role of specific proposed protective factors in this decision as well. The emphasis in the present study on the decision *not* to act among men sexually attracted to children is a departure from current models of risk and recidivism that emphasize the decision *to* act (e.g. Beggs & Grace, 2010, Eher et al., 2011, Hanson et al., 2007, Seto, 2005). Overall, participant responses support an approach for continuing to understand sex offending behavior that a) focuses on the active choice to refrain from acting on one's sexual attractions and b) conceptualizes protective factors as distinct constructs in opposition to risk factors.

Future research should assess any direct or indirect relationship between the proposed protective factors pro-social support, intimacy strengths, sexual self-regulation, and general self-regulation and sex offending behavior. Such research should focus on first time offending behavior as well as recidivism among convicted sex offenders as the present findings suggest the decision making for these behaviors may be similar in important ways. By expanding our understanding of the influences on sex offending to include protective factors, improvements can be made to the assessment and treatment for such behavior among men considered at risk.

## Appendix A. Tables

Table 1. *Potential Protective Factors and Corresponding Survey Items*

<b>Potential Protective Factor</b>	<b>Corresponding Survey Item</b>
Pro-social Support	Supportive Family & Friends
Intimacy Strengths	
Sexual Self-Regulation	Level of Sexual Desire/Arousal
General Self-Regulation	Self-Control
	Problem Solving Skills

Table 2. *Demographics across Group*

	Not Acted <i>n</i> = 47	Acted <i>n</i> = 22	FET
Variable	%	%	
Age Range			
18-25	28.9%	15.0%	6.48, <i>p</i> = .15
26-35	26.7%	25.0%	
36-45	26.7%	15.0%	
46-55	15.6%	30.0%	
56-65	2.2%	15.0%	
No Answer	4.4%	4.4%	
Geographical Region			
Northeast	29.3%	27.8%	3.39, <i>p</i> = .34
Midwest	24.4%	16.7%	
South	29.3%	16.7%	
West	17.1%	38.9%	
No Answer	12.7%	18.2%	
Educational Level			
High School	10.6%	22.7%	5.49, <i>p</i> = .07
College/Vocational	66.0%	36.4%	
Graduate School	23.4%	40.9%	
No Answer	0%	0%	
Recruitment Source			
Online forum – boys	36.2%	54.5%	7.02, <i>p</i> = .09
Online forum – girls	44.7%	27.3%	
B4U-ACT Website	19.1%	9.1%	
Other online forum	0%	4.5%	
Local clinic	0%	4.5%	
No Answer	0%	0%	

Table 3. *MHT across Group*

	<b>Not Acted</b> <b><i>n</i> = 47</b>	<b>Acted</b> <b><i>n</i> = 22</b>	<b>FET</b>
<b>History of Mental Health Treatment</b>	<b>%</b>	<b>%</b>	
<b>Hx. of MHT</b>	59.1%	36.4%	3.06, <i>p</i> = .12
<b>No Hx. of MHT</b>	40.9%	63.6%	
<b>No Answer</b>	6.4%	0%	

Table 4. *Sexual Desire across Groups*

	<b>Not Acted</b> <b><i>n</i>=46</b>	<b>Acted</b> <b><i>n</i>=22</b>
	<b>Sum(<i>SD</i>)</b>	<b>Sum(<i>SD</i>)</b>
<b>Sexual Desire - Dyadic</b>	42.8(12.1)	46.0(9.07)
<b>Sexual Desire - Solitary</b>	18.6(5.07)	16.3(6.00)

No significant differences.

*Note.* Maximum dyadic score is 62; maximum solitary score is 23.



Table 5. *Influential Dynamic Factors across Group*

	<b>Acted</b>	<b>Not Acted</b>
	<i>n=22</i>	<i>n=47</i>
	<i>M(SD)</i>	<i>M(SD)</i>
<b>Supportive Friends &amp; Family</b>	2.41(1.62)	1.77(1.16)
<b>Level of Sexual Desire/Arousal</b>	2.09(1.38)	1.96(1.35)
<b>Self-Control</b>	4.05(1.33)	4.36(0.91)
<b>Problem Solving Techniques</b>	2.32(1.46)	2.13(1.31)

*Note.* Participants rated the degree of influence each factor had on their decision not to act on their sexual attraction to children on scale of 1-5; where 5 is the most influential.

## References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text rev.)*. Washington, DC: Author.
- Beech, A. R., Craig, L. A., & Browne, K. D. (2009). Overview. In A. R. Beech, L. A. Craig, & K. D. Browne (Eds.), *Assessment and Treatment of Sex Offenders* (pp.1-12). West Sussex, UK: John Wiley & Sons, Ltd.
- Beggs, S., & Grace, R. (2010). Assessment of dynamic risk factors: an independent validation study of the Violence Risk Scale: Sexual Offender Version. *Sexual Abuse: A journal of Research and Treatment*, 22(2), 234-251. doi: 10.1177/1079063210369014
- Berlin, F. S., Galbreath, N. W., Geary, B., & McGlone, G. (2003). The use of actuarials at civil commitment hearings to predict the likelihood of future sexual violence. *Sexual Abuse: A Journal of Research and Treatment*, 15(4), 377-382. doi: 10.1023/A:1025060413844
- Birnbaum, M. H. (2000). *Psychological experiments on the internet*. San Diego, CA: Academic Press.
- Boccaccini, M., Murrie, D., Mercado, C., Quesada, S., Hawes, S., Rice, A., & Jeglic, E. (2012). Implications of Static-99 field reliability findings for score use and reporting. *Criminal Justice and Behavior*, 39(1), 42-58. doi: 10.1177/0093854811427131
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage Publications.
- Cohen, D. & Crabtree, B. (2006). *Qualitative research guidelines project*. Retrieved from: <http://www.qualres.org/HomeSemi-3629.html>
- de Kemp, R. A. T., Vermulst, A. A., Kinkenauer, C., Scholte, R. H. J., Overbeck, G., Rommes, E. W. M., & Engels, R. C. M. (2009). Self-control and early adolescent antisocial

- behavior: A longitudinal analysis. *The Journal of Early Adolescence*, 29, 497-517. doi: 10.1177/0272431608324474
- de Ridder, D. T., Lensvelt-Mulders, G., Finkenauer, C., Stok, F. M., & Baumeister, R. F. (2012). Taking stock of self-control a meta-analysis of how trait self-control relates to a wide range of behaviors. *Personality and Social Psychology Review*, 16(1), 76-99. doi: 10.1177/1088868311418749
- Dillman, D., Smyth, J., & Christian, L. M. (2008). *Internet, mail, and mixed-mode surveys: The tailored design method*. New York: Wiley.
- D’Zurilla, T. J., & Nzeu, A. M. (2010). Problem-solving therapy. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies*, (pp.197-225). New York, NY: The Guilford Press.
- Eher, R., Matthes, A., Schilling, F., Hauber-MacLean, T., & Rettenberger, R. (2011). Dynamic risk assessment in sexual offenders using STABLE-2000 and the STABLE-2007: An investigation of predictive and incremental validity. *Sexual Abuse: A Journal of Research and Treatment*, 24(1), 5-28. doi: 10.1177/1079063211403164
- Farmer, M., Beech, A., & Ward, T. (2012). Assessing desistance in child molesters: A qualitative analysis. *Journal of Interpersonal Violence*, 27(5), 930-950. doi: 10.1177/0886260511423255
- Fergus, S., & Zimmerman, M. (2005) Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26(3), 399-419. doi: 10.1146/annurev.publhealth.26.021304.144357

- Galupo, M. P., Mitchell, R. C., Gryniewicz, A., & Davis, K. (In Press). Sexual minority reflections on the Kinsey Scale and the Klein Sexual Orientation Grid: Conceptualization and measurement. *Journal of Bisexuality*.
- Gooren, L. (2011). Ethical and medical considerations of androgen deprivation treatment of sex offenders, *The Journal of Clinical Endocrinology & Metabolism*, 96(12), 3628-3637. doi: 10.1210/jc.2011-1540
- Hall, J., Simon, T., Mercy, J., Loeber, R., Farrington, D., & Lee, R. (2012). Centers for Disease Control and Prevention's expert panel on protective factors for youth violence perpetration – Background and overview. *American Journal of Preventative Medicine*, 43(Suppl. 1), S1-S7. Retrieved from <http://dx.doi.org/10.1016/j.amepre.2012.04.026>
- Hanson, R. K., & Harris, A. J. (2000). Where should we intervene? : Dynamic predictors of sexual offense recidivism. *Criminal Justice and Behavior*, 27(1), 6-35.
- Hanson, R. K., Harris, A. J. R, Scott, T. L., & Helmus, L. (2007). Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project (Corrections research user report 2007-05). Ottawa, Ontario: Public Safety Canada. Retrieved from [http://www.publicsafety.gc.ca/res/cor/rep/\\_fl/crp2007-05-en.pdf](http://www.publicsafety.gc.ca/res/cor/rep/_fl/crp2007-05-en.pdf)
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Counseling and Clinical Psychology*, 73(6), 1154-1163.
- Hanson, R. K., Morton-Bourgon, K. E. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment*, 21(1), 1-21. doi: 10.1037/a0014421

- Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, 24(1), 119-136. doi: 10.1023/A:1005482921333
- Harkins, L., Flak, V., Beech, A., & Woodhams, J. (2012). Evaluation of a community-based sex offender treatment program using a Good Lives Model approach. *Sexual Abuse: A Journal of Research and Treatment*, 24(6), 519-543. doi: 10.1177/1079063211429469
- Hart, S. D. (2003). Actuarial risk assessment: Commentary on Berlin et al. *Sexual Abuse: A Journal of Research and Treatment*, 15(4), 383-388. doi: 10.1177/107906320301500413
- Helmus, L., Hanson, R. K., Thornton, D., Babchishin, K. M., & Harris, A. J. (2012). Absolute recidivism rates predicted by Static-99R and Static-2002R sex offender risk assessment tools vary across samples a meta-analysis. *Criminal Justice and Behavior*, 39(9), 1148-1171. doi: 10.1177/0093854812443648
- Herrenkohl, T., Lee, J., & Hawkins, J. (2012). Risk versus direct protective factors and youth violence: Seattle Social Development Project. *American Journal of Preventative Medicine*, 43(2), S41-S56. Retrieved from <http://dx.doi.org.proxy-tu.researchport.umd.edu/10.1016/j.amepre.2012.04.030>
- Hildebrand, M., Hol., A., Bosker, J. (2012). Predicting probation supervision violations. *Psychology, Public Policy, and Law*. Advance online publication. doi: 10.1037/a0028179
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. California: Sage.
- Maddux, J. E., & Winstead, B. A. (Eds.). (2012). *Psychopathology: Foundations for a contemporary understanding*. New York: Taylor & Francis.

- Mann, R., Hanson, K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment*, 22(1), 191-217. doi: 10.1177/1079063210366039
- McGuire, J., & Hatcher, R. (2001). Offense-focused problem solving: Preliminary evaluation of a cognitive skills program. *Criminal Justice and Behavior*, 28(5), 564-587. doi: 10.1177/009385480102800502
- Miles, M. & Huberman, A. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage Publications.
- Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., Houts, R., Poulton, R., Roberts, B. W., Ross, S., Sears, M. R., Thompson, W. M., & Caspi, A. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences of the United States of America*, 108(7), 2693-2698. doi: 10.1073/pnas.1010076108
- Oliver, M., & Wong, S. (2007). The validity and reliability of the Violence Risk Scale – Sexual Offender Version: Assessing sex offender risk and evaluating therapeutic change. *Psychological Assessment*, 19(3), 319-329. doi: 10.1037/1040-3590.19.3.318
- Parent, G., Guay, J., Knight, R. (2011) An assessment of long-term risk of recidivism by adult sex offenders: One size doesn't fit all. *Criminal Justice and Behavior*, 38(2), 188-209. doi: 10.1177/0093854810388238
- Parent, G., Guay, J., & Knight, R. (2012). Can we do better?: The assessment of risk of recidivism by adult sex offenders. *Criminal Justice and Behavior*, 39(12), 1647-1667. doi: 10.1177/0093854812451680

- Phenix, A., Helmus, L., & Hanson, K. (2012). Static-99 and Static-2002R – Evaluators' workbook. Retrieved from [http://www.static99.org/pdfdocs/Static-99RandStatic-2002R\\_EvaluatorsWorkbook2012-07-26.pdf](http://www.static99.org/pdfdocs/Static-99RandStatic-2002R_EvaluatorsWorkbook2012-07-26.pdf)
- Pratt, T. C., & Cullen, F. T. (2000). The empirical status of Gottfredson and Hirschi's general theory of crime: A meta-analysis. *Criminology*, 38(3), 931-964.
- Quinn, P. D., & Fromme, K. (2011). Self-regulation as a protective factor against risky drinking and sexual behavior. *Psychology of Addictive Behaviors*, 24(3), 376-385. doi: [10.1037/a0018547](https://doi.org/10.1037/a0018547)
- Reisig, M. D., & Pratt, T. C. (2011). Low self-control and imprudent behavior revisited. *Deviant Behavior*, 32(7), 589-625. doi: 10.1080/01639621003800505
- Scherrer, K. S. (2008). Coming to an asexual identity: Negotiating identity, negotiating desire. *Sexualities*, 11(5), 621-641. doi: 10.1177/1363460708094269
- Scoones, C., Willis, G., & Grace, R. (2012). Beyond static and dynamic risk factors: The incremental validity of release planning for predicting sex offender recidivism. *Journal of Interpersonal Violence*, 27(2), 222-238. doi: 10.1177/0886260511416472
- Seipel, C. & Eifler, S. (2010). Opportunities, rational choice, and self-control: On the interaction of person and situation in a general theory of crime. *Crime & Delinquency*, 56(2), 167-197. doi: 10.1177/0011128707312525
- Seto, M. (2005) Is more better? Combining actuarial risk scales to predict recidivism among adult sex offenders. *Psychological Assessment*, 17(2), 156-167. doi: 10.1037/1040-3590.17.2.156
- Seto, M., & Fernandez, Y. (2011). Dynamic risk groups among adult male sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 23(4).

- Spector, I. P., Carey, M. P., & Steinberg, L. (1996). The Sexual Desire Inventory: Development, factor structure, and evidence of reliability. *Journal of Sex & Marital Therapy*, 22, 175-190.
- Tangney, J. P., Braumeister, R. F., & Boone, A. L. (2004). High self-control predicts good adjustment, less pathology, better grades, and interpersonal success. *Journal of Personality*, 72(2), 271-324. doi: 10.1111/j.0022-3506.2004.00263.x
- Ullrich, S., & Coid, J. (2011). Protective factors for violence among released prisoners – Effects over time and interactions with static risk. *Journal of Counseling and Clinical Psychology*, 79(3), 381-390. doi: 10.1037/a0023613
- van Anders, S. M. (2012). Testosterone and sexual desire in healthy women and men. *Archives of Sexual Behavior*, 41(6), 1471-1484. doi: 10.1007/s10508-012-9946-2
- van der Knaap, L., Alberda, D., Oosterveld, P., & Born, M. (2012). The predictive validity of criminogenic needs for male and female offenders: Comparing the relative impact of needs in predicting recidivism. *Law and Human Behavior*, 36(5), 413-422. doi: 10.1037/h0093932
- Vazsonyi, A. T., Pickering, L. E., Junger, M., & Hessing, D. (2001). An empirical test of a general theory of crime: A four-nation comparative study of self-control and the prediction of deviance. *Journal of Research in Crime and Delinquency*, 38(2), 91-131.
- Vess, J., Ward, T., & Collie, R. (2008). Case formulation with sex offenders: An illustration of individualized risk assessment. *Journal of Behavior Analysis of Offender & Victim: Treatment & Prevention*, 1(3), 284-293.



- Wakeling, H. C. (2007). The psychometric validation of the Social Problem-Solving Inventory – Revised with UK incarcerated sex offenders. *Sex Abuse, 19*, 217-236. doi: 10.1007/s11194-007-9038-3
- Willis, G. (2010). Back to basics: Empirical support for the importance of release planning in reducing sex offender recidivism. *Sexual Abuse in Australia and New Zealand, 2*(2), 54-57. Retrieved from <http://search.proquest.com/docview/869444494?accountid=14378>
- Willis, G., & Grace, R. (2008). The quality of community reintegration planning for child molesters. *Sexual Abuse: A Journal of Research and Treatment, 20*(2), 218-240. doi: 10.1177/1079063208318005
- Zgoba, K., Levenson, J., & McKee, T. (2009). Examining the impact of sex offender residence restrictions on housing availability. *Criminal Justice Policy Review, 20*(1), 91-110. doi: 10.1177/0887403408322119

## Curriculum Vita

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Collegiate Institutions Attended	Dates	Degree	Dates of Degree
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### Professional Publications:

**Mitchell, R. C.**, Davis, K. S., & Galupo, M. P. (In Press). Comparing perceived experiences of sexual prejudice among plurisexual individuals. *Psychology & Sexuality*.

Galupo, M. P., **Mitchell, R. C.**, Gryniewicz, A. L., & Davis, K. S. (In Press). Sexual minority reflections on the Kinsey Scale and the Klein Sexual Orientation Grid: Conceptualization and measurement. *Journal of Bisexuality*

Galupo, M. P., Davis, K. S., Gryniewicz, A. L., & **Mitchell, R. C.** (In Press). Conceptualization of sexual orientation identity among sexual minorities: Patterns across sexual and gender identity. *Journal of Bisexuality*

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