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Protocol for Assessing the Reliability of Child Sex Abuse Allegations

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Editor's Note: This article provides conceptual tools, a vocabulary, and a framework for assessing the reliability of child sexual abuse allegations utilizing an evidence-based review of the literature. It is consistent with best practice guidelines in forensic psychology (APA, 2013). The article is written by a board-certified forensic psychologist with several decades of experience in criminal and family court from the perspective of a defense expert, although the concepts, factors, and procedures are common to both defense and prosecution of cases.

In addition to criminal prosecutions, child sex abuse allegations commonly arise in child protection matters, divorce/custody disputes, and other civil litigation. These allegations are high stakes situations for both children and the accused.

An effective forensic analysis requires a collaboration between the forensic specialist and an attorney who is comfortable in this line of work and knowledgeable about rules of discovery and communications with the court. In many respects, the attorney must have special subject matter expertise to effectively prosecute or defend a sex abuse

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Understanding Alcohol and Sexual Offending Using the Integrated Risk Assessment and Treatment System Model

by Jeffrey Abracen, Ph.D., C.Psych., Jan Looman, Ph.D., C.Psych.,
Emma Collie, Josh Miller, and Kristina Shatokhina

Authors' Note: This article reviews the association between alcohol and sexual offending and discusses the available evidence using the framework of the Integrated Risk Assessment and Treatment System (IRATS) Model, which was developed by Jeffrey Abracen and Jan Looman. Applying the IRATS Model, the evidence suggests that alcohol use and abuse interacts with other known risk factors associated with committing sexual offenses. These risk factors include negative emotionality (e.g., anger management) and attachment-related difficulties.

The notion that substance abuse is related to violent behavior is hardly new. Based on decades of research, it is fair to say that issues associated with substance abuse are well-established as relevant to the understanding of violent offending generally and sexual offending specifically. As early as 1998, Andrews and Bonta included issues associated with substance abuse as one of the “central eight” risk factors in their now ubiquitous Risk Need Responsivity (RNR) Model. These authors posited that substance abuse was related to an increased risk of recidivism among offender populations. Given the influential nature of the RNR Model, it is hardly surprising that issues associated with substance abuse have been incorporated into various well-regarded risk

assessment instruments (e.g., the Hare Psychopathy Checklist-Revised; Hare, 2003).

The purpose of this article is not to argue that substance abuse issues are relevant to understanding sexual offending, but to examine whether particular patterns of substance abuse are associated with different patterns of violent offending. If this were to be the case, then such data might offer suggestions as to how to best approach issues associated with substance abuse with different groups of violent offenders. This article argues that the available evidence suggests that individuals who commit sexual offenses demonstrate more difficulties with alcohol abuse than with drug abuse compared to groups who commit violent nonsexual offenses.

After discussing the relevant research, this article discusses how these findings may be applied in clinical practice.

Preliminary Cautions Related to Prior Research

Before discussing the research associated with differential patterns of substance abuse among individuals who commit violent nonsexual offenses—referred to in this article simply as “violent offenders”—and

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individuals who commit sexual offenses, several introductory comments are necessary. First, one of the problems that limit our ability to address issues associated with substance abuse with offender populations is that the majority of offenders who abuse drugs other than alcohol have typically used any number of recreational drugs and may have abused a variety of prescription drugs. This problem makes it exceedingly difficult

primary outcome measure of interest (see, e.g., Abracen & Looman, 2016; Abracen et al., 2017; Abracen et al., 2008). For example, one of the most recent reviews on alcohol and aggression in adolescents and young adults was published by Abbey et al. (2014). These authors could identify only 25 cross-sectional studies and six prospective studies related to research in this area between 1993 and 2013.

A comprehensive review of the literature was published by Kraanen and Emmelkamp

association between particular forms of substance abuse and recidivism is causal. At present, there are likely too few controlled investigations available to arrive at any definitive conclusion on the matter. In our view, this question is not simply of theoretical importance but has practical implications. If, for example, alcohol abuse is determined to be causally related to sexual violence, this would have important implications for treatment. That is, such data would suggest the need to incorporate issues associated with alcohol abuse into comprehensive programs aimed at meeting the needs of sexual offenders. We are aware of several jurisdictions that offer separate programs directed at sexual offenders and groups with substance abuse issues. From our perspective, there is already sufficient evidence available to conclude, albeit tentatively, that issues associated with substance abuse should be incorporated into standard sexual offense treatment programs. We include some suggestions as to how this might be accomplished below. However, we will first begin by discussing research supporting this perspective.

Alcohol Use, Negative Emotionality, and Sex Offending

Our research program related to patterns of substance abuse in offender populations began with some important early work in the substance abuse field. In a groundbreaking

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On the Drug Abuse Screening Test, individuals who commit violent nonsexual offenses scored significantly higher than individuals who commit sexual offenses.

to identify particular patterns of substance abuse associated with individual prescription or recreational drugs. As a result, many teams (including our group) have included measures that investigate long-term patterns of “drug abuse” and one or more measures of alcohol abuse.

A second problem is that there is only a small number of studies that examine patterns of substance abuse among individuals convicted of sexual offenses. There are even fewer that rely on data using well-validated substance abuse instruments and employ measures of recidivism as the

(2011). Continuing from that point forward, our 2017 review scoured various databases, including PsycInfo, to present a comprehensive discussion of the research available until that publication (Abracen et al., 2017). In this article, we will review, at least briefly, some of our earlier controlled research related to substance abuse patterns in sexual and violent offenders.

Substance Abuse, Recidivism, and Causality

It should be noted that there are conflicting opinions regarding whether or not the

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study, McGue et al. (1999) demonstrated that alcohol abuse was primarily related to negative emotionality and not disinhibited behavior, as assumed by many writers at the time. However, the authors noted that this pattern only becomes apparent when the effects of alcohol and drug use are statistically controlled. At the time, we believed that this was an important finding in that negative emotionality was (and still is) viewed as an essential risk factor for sexual offending.

Attachment Theory and Intimacy Deficits. The issue of negative emotionality was also closely aligned with attachment theory. Bill Marshall, one of the originators of contemporary approaches to sex offender treatment, has persuasively argued that attachment theory and intimacy deficits, more specifically, were vital targets for intervention with sexual offenders (*see* Marshall et al., 2006, for a detailed discussion of this work). His approach to treatment emphasized the need to address issues associated with intimacy deficits using a strength-based approach. Central to these goals was an emphasis on addressing issues associated with negative emotionality. This approach has now been supported by several long-term outcome studies conducted

by our group and Marshall's group (*see* Abracen & Looman, 2016, for a comprehensive review; Marshall et al., 2006).

Comparing Violent Offender vs. Sexual Offender Prison Populations. Although McGue et al.'s (1999) findings were important, the study did not address criminal populations. In a series of five studies completed by our group on the Regional Treatment Centre High Intensity Sex Offender Treatment Program, the data collected strongly suggest that alcohol abuse, more so than drug abuse, is related to committing sexual offenses (Abracen et al., 2000, 2006, 2008; Looman & Abracen, 2011; Looman et al., 2004). In three of these investigations (Abracen et al., 2000, 2006; Looman et al., 2004), we compared separate groups of high-risk, high-need individuals serving time for sexual offenses with groups of individuals who had committed violent nonsexual offenses attending treatment for longstanding patterns of violent offending. Our reasoning at the time was simply that if different patterns of substance abuse existed between these two groups, data on very high-risk populations would accentuate such divergent patterns.

It is beyond the scope of this article to discuss each of these studies in turn, but a brief discussion of the first of our studies

is illustrative of the pattern of results we have reported. As noted above, Abracen et al. (2000) compared a group of individuals convicted of sexual offenses to a group of individuals convicted of violent offenses. As was the case in each of our comparison group studies, an experienced clinician went through each file of every individual convicted "only" of violent nonsexual offenses to ensure no history of sexual offending. This review was also performed to assess whether any purported sexual offense was actually pleaded down as a violent offense, which frequently occurs in the criminal justice field as part of the plea-bargaining process.

Sex Offenders Scored Higher on MAST, Lower on DAST. When we compared the sexual and violent offender groups on the Michigan Alcohol Screening Test (MAST; Selzer, 1971), we observed very high scores for rapists and child molesters. These scores were clinically significant and indicate lifetime histories of alcohol abuse. Individuals convicted of sexual offenses scored as having significantly higher scores on the MAST overall. We found the opposite pattern of data regarding the Drug Abuse Screening Test (DAST; Skinner, 1982). Regarding the DAST, we observed that the

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individuals convicted of violent offenses had significantly higher scores than those convicted of sexual offenses. Most rapists and child molesters fell into the “mild” group on the DAST. Other data reported by our team (Looman & Abracen, 2011) demonstrated that the MAST (but not the DAST) added to the prediction of serious (i.e., violent or sexual) offending after controlling for scores on the Sex Offender Version of the Violence Risk Appraisal Guide (SORAG), an actuarial instrument designed to predict the risk of sexual or violent recidivism.

Sex Offending Related to Alcohol Abuse and Negative Emotionality. Many of the studies that were produced prior to our 2017 review paper reinforced the finding that individuals convicted of sexual offenses appear to have more difficulties with alcohol abuse than with drug abuse and that these difficulties are related, at least in part, to negative emotionality.

Although there remain few well-controlled studies on patterns of substance abuse in offender populations, several relevant studies have been produced since the writing of our 2017 review paper.

Alcohol Abuse Related to Sexual Risk Behaviors. Since writing our 2017 paper, several review articles have been published related to alcohol and sexual health behavior. George (2019) reviewed the effects of alcohol on a wide range of sexual health behaviors. He noted that alcohol appears to be causally related to several of the outcomes reviewed. In particular, George (2019) concluded that alcohol appears causally related to various sexual risk behaviors, including inconsistent condom use and risky sexual partnering (e.g., non-steady partners). As is frequently discussed in treatment programs for individuals convicted of sexual offenses, having casual sexual encounters with strangers, especially when one or both partners are inebriated, can easily lead to situations in which consent cannot be assured.

Alcohol Consumption Increases Aggressive Behavior. Crane et al. (2016) reviewed the experimental research on the proximal effects of alcohol on male-to-female aggression. The review yielded 22 experimental studies conducted between 1981 and 2014. Results indicated a significant overall effect indicating that male participants who consumed alcohol were more likely to engage in aggressive behavior toward women than participants who did not consume alcohol while completing a laboratory aggression paradigm. The review

noted these findings applied to intimate partner and sexual aggression paradigms.

Several aspects of this review are noteworthy. First, examining only experimental studies, the authors note that more substantial claims can be made regarding whether alcohol is causally related to sexual aggression and intimate partner violence. Given that subjects were randomly assigned to an “alcohol” or “no-alcohol” condition, pre-existing differences between subjects were controlled. Notably, the authors suggest that alcohol is a significant risk factor in sexual offending, but that it is insufficient to explain sexual violence in and of itself. We agree with this statement and, in fact, a treatment model that we have recently developed, the Integrated Risk Assessment and Treatment System (IRATS) Model, includes issues associated with both sub-

such research in detail. Nonetheless, we will briefly discuss a few relevant findings.

In keeping with our view that alcohol—more so than drugs—is a risk factor for sexual violence, Lawyer et al. (2010), in a study of college women, found that 96.1% of those who experienced an incapacitated sexual assault reported drinking alcohol, as opposed to drug use, prior to the victimization. Alcohol use among college women may also be associated with a focus on salient cues (e.g., flirtation or flattery) and ignoring distal cues (e.g., possible sexual assault) (Parks et al., 2016).

The drinking location among college women may also represent a risk factor. Specifically, the drinking location may influence how much a person drinks, which may be associated with negative consequences (e.g., Miller et al., 2016).

Among college women, 96.1% of those who experienced a sexual assault while incapacitated reported alcohol consumption, as contrasted with drug use, prior to the victimization.

stance abuse and factors related to negative emotionality and other criminogenic needs (e.g., criminal thinking and associates, criminal personality). An earlier version of the Model was described in Abracen and Looman (2016), and the IRATS is discussed in detail in Abracen et al. (2017).

Alcohol Promotes “Rape-Supportive” Attitudes. Lastly, the authors discuss recent literature that suggests that alcohol may be related to sexual violence only among males already predisposed towards violence (e.g., Abbey, 2011). This last point is also in keeping with multifactorial models such as the IRATS. A recent experimental study conducted by Benbouriche et al. (2019) suggested that the effects of rape-supportive attitudes on sexual misperception are moderated by alcohol consumption. Alcohol appears to be a critical situational factor for activating men’s implicit theories.

Alcohol Consumption and Sexual Assault on College Campuses

There is an established literature examining the effects of alcohol consumption on sexual assault on college campuses. Although there is currently enough literature to warrant a review of this topic specifically, it is beyond the scope of the present review to discuss

Criminal Behavioral Patterns Among Justice-Involved Veterans

In a systematic review of existing literature on criminogenic risk within justice-involved veterans, a high-priority subgroup of the judicial system, Edwards et al. (2023) outline the most common risk factors through the lens of the RNR Model. Edwards et al. (2023) defined justice-involved veterans as individuals with prior military service in the U.S. armed forces and a history of being involved with the criminal justice system.

Recent research indicates that justice-involved veterans exhibit distinct characteristics compared to justice-involved civilians (Edwards et al., 2023). For instance, justice-involved veterans tend to be older, male, White, married, or divorced, and have higher rates of cardiac, arthritic, depressive, post-traumatic stress, and anxiety conditions (Edwards et al., 2023). Although often disregarded, previous research suggests that such veterans may also demonstrate unique patterns of criminal behavior (Edwards et al., 2023). This research focused primarily on mental health, demographics, trauma, and characteristics of military service history

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when assessing the criminal behavior and risk factors of justice-involved veterans (Edwards et al., 2023). Because the RNR Model (Andrews & Bonta, 1998) is the most widely validated model of risk for criminal behavior, research should be focused on this model when investigating the unique patterns of criminal behavior in justice-involved veterans—precisely the subject of research by Edwards et al. (2023).

Out of the “central eight” risk factors of the RNR Model, the Edwards et al. (2023) review found that a history of antisocial behavior and substance use had the strongest evidence as criminogenic risk factors for justice-involved veterans. This finding aligns with previously mentioned research examining substance use and negative emotionality, and their impact on sexual offending.

Furthermore, Edwards et al. (2023) found modest evidence for antisocial personality, occupational and educational difficulties, and family and marital disruptions as risk factors for criminal behavior in justice-involved veterans. Due to the lack of research, limited evidence was found for antisocial thinking, lack of prosocial activities, and affiliation with antisocial peers as risk factors (Edwards et al., 2023). Thus, the impact of these risk factors needs to be addressed further in research.

By gaining insight into the unique patterns of criminal behavior, interventions and treatments for veterans can be designed to meet their needs. The RNR Model argues that targeting specific criminogenic risk factors through tailored treatment programs can reduce the risk for future criminal behavior (Andrews & Bonta, 1998; Edwards et al., 2023).

Treatment Should Include Substance and Alcohol Abuse Components

While therapeutic interventions will vary for any of the populations discussed above, it may be beneficial to focus on the negative emotionality of the offending patient and the associated abuse of alcohol. Sexual assault patterns among college students, for example, demonstrate a need to focus on psychoeducation, alcohol cessation programs, and therapy emphasizing the underlying negative emotionality of alcohol use. Due to the relationship between alcohol and negative emotionality among perpetrators, interventions such as Dialectical Behavior Therapy, which focuses on negative emotionality and regulation, may be beneficial

in addressing the underlying issues that are associated with the consumption of alcohol.

In addition to negative emotionality, there are significant cognitive distortions that are unique to alcohol consumption. These may relate to issues of sexual entitlement, masculine/feminine identity, and ego, which can contribute to “rape-supportive” attitudes. Abbey et al. (2014) state:

Alcohol impairs a large number of higher-order functions associated with people’s capacity to integrate multiple sources of information when making a decision including working memory, planning, and response inhibition.

The negative emotionality that can drive and exacerbate problematic drinking is another contributing risk factor to the physical effects of alcohol. The physical effects of alcohol result in impaired long-term planning and a lack of awareness of others’ needs or wants, which has been found to lead to increased levels of sexual assault (Abbey et al., 2014). Thus, effective interventions must not rely on a single target or measure, and practitioners must seek to understand the implications of these multifaceted risk factors for any individual patient.

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