Advances in Preventing and Treating Violence and Aggression

Ruud H. J. Hornsveld
Floris W. Kraaimaat
Luk A. C. L. Gijs
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Assessment and Obligatory Treatment of Violent and Sexually Violent Offenders

Integrating Research and Practice

Springer

Advances in Preventing and Treating Violence and Aggression

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To the late Arnold P. Goldstein who paved the way for the development of treatment programs for adult violent and sexually violent offenders with a high recidivism risk.

Preface

This book presents an innovative group treatment approach that targets changeable (i.e., dynamic) risk factors of violent and sexually violent offenders. The clinically evaluated treatment programs comprise modules which can be combined by any clinician according to the needs of the offenders. For each module, a session plan is provided including material for conducting various interventions.

The described modules are primarily intended for violent and sexually violent offenders as well as violent and sexually violent forensic psychiatric patients with a cluster B personality disorder or a conduct disorder as their primary diagnosis. In a preliminary comparative study, we found that the differences between both populations in dynamic criminogenic needs were marginal. Because most of the research into assessment and treatment was performed at offenders, we refer to them in this book as offenders, unless in a study it concerns forensic psychiatric patients specifically. Some studies have been carried out on chronic psychotic patients who have been treated for their psychotic symptoms so that their cluster B personality disorder has become prominent.

The book comprises a theoretical part (Chaps. 1–5), a practical part (Chaps. 6–9), and a manual part (Chaps. 10 and 11). All three parts are formulated from a cognitive behavioral therapeutic frame of reference. It is our opinion that this frame of reference provides the best ground for the assessment and treatment of violent and sexually violent offenders. The book is primarily intended for clinicians who want to develop a new program for violent offenders or sexually violent offenders or to adapt their current program. That is why every theoretical chapter ends with conclusions and recommendations for clinicians.

Chapter 1 starts with information on the prevalence and costs of violence, followed by definitions of the aggression-related concepts that are frequently used in this book. Then, theories are described on aggression in general, on sexual aggression particularly, and the relation between personality domains and psychopathy on the one hand and aggressive behavior on the other. Definitions of forensic psychiatric patients are provided as they are used in several Western countries. Chapter 2 offers a model for aggressive behavior and two models for sexually aggressive behavior, which are based on our research and the literature on the dynamic criminogenic

needs of violent offenders and sexually violent offenders. In Chap. 3, an overview is provided of the "internal" and "external" factors that affect the responding to self-report questionnaires in populations of offenders and forensic psychiatric patients. For clinicians and researchers, conclusions and recommendations are presented for the use of self-report questionnaires in these populations. Chapter 4 addresses the assessment of violent offenders and sexually violent offenders by presenting in our view the current best applicable risk assessment instruments, neuropsychological tests, observation scales, and self-report questionnaires. Next, it offers practical guidelines on the formulation of functional analyses for individual treatment plans. In Chap. 5, recent literature on treatment programs for violent offenders and sexually violent offenders is described and evaluated. Based on the literature and our own clinical experience, requirements are formulated that have to be met in order for treatment programs to be effective.

The practical part of the book starts with Chap. 6, which describes a program for violent offenders and a program for sexually violent offenders as these have been tested in Dutch forensic psychiatric hospitals and forensic psychiatric outpatient clinics. For each module, aim and method are provided in great detail. Two flowcharts are presented which make it possible for clinicians to compose their treatment programs. In Chap. 7, a module that facilitates the generalization and maintenance of treatment results is described. Both are particularly important for offenders who have followed a treatment program in a closed setting (prison or forensic psychiatric hospital) and who are going on leave or are referred to an ambulant facility for further treatment. The educational level and practical experience that effective trainers need to have at their disposal and the way treatment programs should be implemented in prisons, forensic psychiatric hospitals, probation agencies, and forensic psychiatric outpatient clinics are described in Chap. 8. In Chap. 9, we reflect on what has been described in Chaps. 1–8, and we outline various possibilities for new developments in the assessment and treatment of violent offenders and sexually violent offenders. Then, we present suggestions for further research into the determinants of violent and sexually violent behavior and the design of further research into the effect of new and current treatments.

In Chap. 10, we offer clinicians modules and additional tools for the composition of treatment programs for violent offenders, including session plans, information brochures, various to be practiced interpersonal problem situations, and aims and criteria of prosocial skills. Chapter 11 provides clinicians with modules and additional tools for the composition of treatment programs for sexually violent offenders, including session plans, information on sexuality, problem situations on distorted cognitions, various to be practiced interpersonal problem situations, and aims and criteria of prosocial skills. The book ends with a Glossary in which definitions are given of the terms and concepts, which are most frequently used.

In this book, both the term therapists and trainers are used. By therapists, we mean professionals with academic education and further education as a psychotherapist or clinical psychologist. Trainers are seen as professionals with a higher professional education who are supervised by an experienced therapist in the performance of their duties. Both groups of professionals can be expected to have

experience in group treatments for poorly motivated clients or patients. The topics in this book are primarily related to heterosexual, male offenders. However, many interventions can easily be adapted by experienced professionals for offenders of different gender and different sexual orientation. Where “he” is used, this means that the subject can also relate to female professionals or female offenders.

Through this book, we intend to give insight in the way how to formulate cognitive-behavioral models by thorough assessment and how to compose treatment programs with modules that target dynamic criminogenic needs. We hope that it will inspire and help clinicians who want to treat difficult populations as violent and sexually violent offenders. We owe many debts of gratitude to the offenders and staff of the penitentiary and forensic psychiatric institutions who have provided us with valuable comments.

Although this book is primarily intended for clinicians involved in the assessment and treatment of offenders, it also provides useful information for other mental health professionals and, for instance, criminologists. Also, the book can be informative for students who are in training within the aforementioned fields.

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Part I
Theory

Chapter 1
Prevalence, Risks, Costs, Theories, and Legal Aspects

Ruud H. J. Hornsveld, Floris W. Kraaimaat, Luk A. C. L. Gijs, Kevin L. Nunes, and Emma J. Palmer

1.1 Introduction

In 1996, the World Health Assembly declared violence a major public health issue. To follow-up on this resolution, the WHO released in 2002 the first World Report on Violence and Health. The report analyzed different types of violence such as child abuse and neglect, youth violence, intimate partner violence, and sexual violence. For all these types of violence, the report explored the magnitude of the health and social effects, the risk and protective factors, and the types of prevention efforts that have been initiated (Krug, Mercy, Dahlberg, Mercy, & Zwi, 2002). In the report, it was estimated that 1.6 million people died from violence in 2000, which corresponds to 28.8 per 100,000 population. Almost half of these deaths were suicides, nearly a third were homicides, and a fifth was war-related. Rates appeared to vary considerably between and within countries. Although global estimates for the

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different types of violence were difficult to make, it was clear that violence is a worldwide problem. More specifically, in 48 population-based studies from around the world, between 10% and 69% of women reported having been physically assaulted by an intimate partner during their lifetime and about 20% of women reported having been sexually abused as children.

1.1.1 Legal Aspects of Sexual Offending

Sexual offending is generally defined as performing sexual activities with an individual who does not give consent or is deemed incapable of giving consent (Abel, Becker, & Cunningham-Rathner, 1984). There are several circumstances in which an individual can be considered as incapable of consenting to sexual contact, of which being under the "age of majority" is most common. The age of majority is the legally defined minimum age at which an individual is considered to have the full competency to make decisions, such as voluntarily agree to engage in sexual behavior or to get married without parental consent. The age of majority is set in the range of 14–16 years for most countries in Europe, while the North American jurisdictions have set limits between 16 and 18 years.

Sexual assault is sexual behavior without consent and can be divided into hands-on (contact) and hands-off (noncontact) offenses. Hands-on offenses include rape, attempted rape, harmful genital practices, forced oral-genital contact, prostitution of a victim, sadistic sexual activity, or intrusive sexualized kissing. Hands-off offenses include exhibitionism, unrecognized sexual jokes and comments, the unintended showing of pornography to a victim, and voyeuristic activities (Ramsey-Klawsnik, 2003).

In this book, we are mainly concerned with medium- to high-risk sexually violent offenders who have committed hands-on offenses and who are generally divided into two subgroups, namely rapists and child sexual abusers (De Vogel, De Ruiter, Van Beek, & Mead, 2004). According to Wilson, Mouilso, Gentile, Calhoun, and Zeichner (2015), rapists commit more nonsexual offenses than child sexual abusers.

1.1.2 Prevalence of Violence

Studies on the prevalence of violence focus predominantly on interpersonal violence (IPV) or domestic violence against women by their partner. For instance, Alhabib, Nur, and Jones (2010) reviewed the worldwide evidence on the prevalence of domestic violence against women, but the majority of the studies were conducted in North America (41%) and Europe (20%). The prevalence of lifetime domestic violence appeared to vary from 1.9% in Washington DC to 70% in Hispanic Latinas in the Southeast of the United States. Results showed that violence against women has reached epidemic proportions in many societies.

Koss (2000) concluded in an overview of the literature on partner violence in the United States that women are eight times more likely than men to be assaulted by an intimate partner and that independent estimates of the percentage of women who report domestic assaults to police range from 7% to 14%. Among the fraction of incidents known to police, almost half (48%) of the women were judged to have insufficient evidence for filing or acceptance of charges. The majority of perpetrators violated protection orders in some way within 2 years, 29% with severe violence. Although many women felt that temporary restraining orders helped document that abuse had occurred, few thought their partner believed he had to obey the order. Between 1992 and 1998, in Massachusetts half of the perpetrators battered a new victim within 2 years of their last restraining order, and 23% of offenders had two or more restraining orders taken out against them by different women. Civil protection orders did not appear to protect women adequately from further abuse, and primary reliance on these measures must be seriously questioned (Koss, 2000).

More specifically, Cho (2012) studied the differences in the prevalence of IPV and associated factors in women among major racial groups in the United States, using a nationally representative dataset from adults. The results showed that Blacks were victimized the most, followed by Whites and Latinos, and Asians were victimized the least. Asians were the least likely to be victimized by IPV, even when controlling for sociodemographic variables. Women who perceived themselves as financially secure were less likely to be victimized than those who did not, and older women were less likely to be victimized than younger women. Employment, education, and social networks did not affect victimization, and also race did not appear to be a significant predictor of perpetration.

1.1.3 Prevalence of Physical and Sexual Violence

Wincentak, Connolly, and Card (2017) reviewed 101 international studies reporting prevalence rates of physical and sexual teen dating violence for youth aged 13–18. They found an overall prevalence of 20% (ranging from 1% to 61%) for physical and 9% (ranging from 1% to 54%) for sexual teen dating violence. Gender differences in physical teen dating violence were significant for perpetration (boys 13% vs. girls 25%) but not for victimization (21% boys and girls). A different pattern was observed for sexual teen dating violence with girls reporting lower rates of perpetration compared with boys (3% vs. 10%) and higher rates of victimization (14% vs. 8%). Higher rates were found for sexual teen dating violence among older teens and for physical teen dating violence among cultural minority girls and among teens from disadvantaged neighborhoods.

Krahé (2018) reported on a study by the World Health Organization (2013) of the lifetime prevalence rate of women's experience of physical and sexual victimization by an intimate partner from the age of 15 years based on 151 original population-based studies from 81 countries. Only women who had ever been in a relationship were included. Across all 81 countries, the mean rate of women experiencing physical assault, sexual assault, or both from an intimate partner was 30%. However, there

was considerable variation by region. The report also compiled prevalence rates of non-partner sexual assault among women regardless of whether they had ever been in a relationship. Across all countries, 7.2% of women reported non-partner sexual assault, but again there was substantial variability between regions. The likelihood of being sexually assaulted by a man outside an intimate relationship appeared to be far lower than being sexually assaulted by a romantic or dating partner.

Stoltenborgh, Bakermans-Kranenburg, Alink, and Van IJzendoorn (2015) combined and compared the results of a series of meta-analyses on the prevalence of child sexual, physical, and emotional abuse, and physical and emotional neglect. Research on child maltreatment appeared to be dominated by a focus on sexual abuse, on studies in developed parts of the world and research using self-report measures. The overall estimated prevalence rates for self-report studies were 12.7% for sexual abuse (7.6% among boys and 18.0% among girls), 22.6% for physical abuse, 36.3% for emotional abuse, 16.3% for physical neglect, and 18.4% for emotional neglect. The researchers concluded that child maltreatment is a widespread, global phenomenon affecting the lives of millions of children all over the world.

1.1.4 Prevalence of Sexual Violence

Sexual offending has relatively high prevalence rates. The percentage of individuals who have ever become a victim of child sexual abuse is approximately 20% (Pereda, Guilera, Forns, & Gómez-Benito, 2009a, 2009b) and the prevalence of rape is about 15% (Kolivas & Gross, 2007). The exact scope of sexual offending, however, is difficult to determine. Studies regarding the occurrence of sexual offending are often based on official statistics, which are known to be subject to under-reporting. Especially sexual offenses for which the perpetrator is known to the victim (e.g., incest) are less likely to be reported to the authorities than sexual offenses committed by strangers under threat of physical violence such as rape (Chaffin, 2008). In case of sexual abuse reported to law enforcement in the USA, 93% of juvenile victims knew the perpetrator: 59% were acquaintances, 34% were family members, while 7% were strangers to the victim (Snyder, 2000).

Hawkins and Domoney (2012) concluded from the literature that in the United Kingdom the lifetime risk of sexual assault is 1 in 5 for women (15–25%) and 1 in 33 (3%) for men. In 2009 and 2010 15,000 rapes and 55,000 sexual assaults were reported to the police, but it was estimated that this was only 10% of the adult rapes that actually happened. Only 12% of assaults were by strangers, but 45% were by acquaintances and 43% by intimate partners. The incidence of child sexual abuse could not be established, but estimates were 5–30% for girls and 1–15% for boys. Only one in 20–50 assaults of children was known to supervising authorities and it was suggested that the prevalence was far higher than that reflected in numbers reported.

Lisak and Miller (2002) found that in a group of 1882 students at a commuter university in the United States, 120 men reported acts which met legal definitions of rape or attempted rape, but who were never prosecuted by criminal justice authori-

ties. A majority of these undetected rapists were repeating rapists, and a majority also committed other acts of interpersonal violence. The repeat rapists averaged 5.8 rapes each. The 120 rapists were responsible for 1225 separate acts of interpersonal violence, including rape, battery, and child physical and sexual abuse.

A meta-analysis of the prevalence of unacknowledged rape among American college students was performed by Wilson and Miller (2016). Twenty-eight studies, containing 5917 female rape survivors of 14 years and older, met the inclusion criteria. The overall weighted mean percentage of unacknowledged rape turned out to be 60.4%, but there was a large amount of heterogeneity and inconsistency among the included studies. The researchers found that prevalence was significantly higher among college student participants compared to non-college participants. Also, the findings supported that over half of all female rape survivors did not acknowledge that they had been raped.

A study in Chinese populations by Ma (2018) revealed no significant difference in the prevalence of childhood sexual abuse between Chinese men (9.1%) and women (8.9%). However, the prevalence of childhood sexual abuse in studies from mainland areas was significantly higher than that of Hong Kong/Taiwan. Ma's study was based on a meta-analysis from 36 articles with a total of 131,734 participants.

1.1.5 Sexual Perpetration and Victimization

Krahé et al. (2015) presented on young people's sexual victimization and perpetration from 10 European countries (Austria, Belgium, Cyprus, Greece, Lithuania, the Netherlands, Poland, Portugal, Slovakia, and Spain) using a shared measurement tool (N = 3480 participants, aged between 18 and 27 years). Between 19.7% and 52.2% of female and between 10.1% and 55.8% of male respondents reported having experienced at least one incident of sexual victimization since the age of consent. In two countries, victimization rates were significantly higher for men than for women. Between 5.5% and 48.7% of male and 2.6% and 14.8% of female participants reported having engaged in at least one act of sexual aggression perpetration, with higher rates for men than for women in all countries. Victimization rates correlated negatively with sexual assertiveness and positively with alcohol use in sexual encounters. Perpetration rates correlated positively with attitudes condoning physical dating violence and with alcohol use in men, and negatively with sexual assertiveness in women. At the country level, lower gender equality in economic power and in the work domain was related to higher male perpetration rates. Lower gender equality in political power and higher sexual assertiveness in women relative to men were linked to higher male victimization rates.

Peterson, Beagley, McCallum, and Artime (2019) asked a sample of 268 community men to complete an online survey on their adult sexual assault perpetration, their adult sexual assault victimization history, and their experiences of child sexual abuse. They also completed measures of traumatic sexual beliefs, dysfunctional sexual behaviors, sexual avoidance, sexual preoccupation, and distorted sexual self-concept. A statistically significant overlap was found between men's perpetration

and victimization of adult sexual assault. Compared with victims-only, perpetrators-only, and men with no adult sexual assault history, men with a history of both perpetration and victimization reported the highest rates of childhood sexual abuse and the highest levels of distorted sexual self-concepts.

1.1.6 Victimization

Much research has shown that the health consequences of violence are far broader than injuries or death. Victims of violence are at risk of psychological and behavioral problems, including depression, alcohol abuse, anxiety, and suicidal behavior, and reproductive or sexual health problems, such as sexually transmitted diseases, unwanted pregnancies, and sexual dysfunction (Krug et al., 2002).

Bacchus, Ranganathan, Watts, and Devries (2018) reviewed 35 cohort studies to determine the magnitude and temporal direction of the association between recent intimate partner violence (IPV) and a range of adverse health outcomes or health risk behaviors.

Eight studies showed evidence of a positive association between recent IPV and subsequent depressive symptoms, and five studies demonstrated a positive, statistically significant relationship between depressive symptoms and subsequent IPV. Recent IPV was also associated with increased symptoms of subsequent postpartum depression in five studies, although there was substantial heterogeneity. There was some evidence of a bidirectional relationship between recent IPV and hard drug use and marijuana use, although studies were limited. There was no evidence of an association between recent IPV and alcohol use or sexually transmitted infections (STIs), although there were few studies and inconsistent measurement of alcohol and STIs. They concluded that exposure to violence has significant impacts.

Sexual offending is related to several mental health problems in a large number of victims. Internalizing disorders such as anxiety, depression, and posttraumatic stress disorder (PTSD) are among the most frequently reported problems (Mason & Lodrick, 2013), but victims also report physical health consequences (Jina & Thomas, 2013), substance use (Ullman, Relyea, Peter-Hagene, & Vasquez, 2013), and self-blame (Peter-Hagene & Ullman, 2016). A meta-analysis of studies on the effects of child sexual abuse revealed that victims might suffer from PTSD, depression, suicide, sexual promiscuity, and problems in academic achievement (Paolucci, Genius, & Violato, 2001).

Dworkin, Menon, Bystrynski, and Allen (2017) conducted a meta-analytic review of the literature from 1970 to 2014 to understand the degree to which (a) sexual assault confers general risk for psychological dysfunction rather than specific risk for posttraumatic stress and (b) differences in studies and samples account for variation in observed effects. Results indicated that people who have been sexually assaulted report significantly worse psychopathology than unassaulted comparisons. Sexual assault was associated with increased risk for all forms of psychopathology assessed, and relatively stronger associations were observed for posttraumatic stress and suicidality.

They concluded that experiencing sexual assault is a major risk factor for multiple forms of psychological dysfunction across populations and assault types.

Dworkin (2018) reviewed 39 studies dated between 1970 and 2014 representing 88,539 individuals experiencing adolescent/adult and/or lifetime sexual abuse and unassaulted individuals. Results indicated that most psychiatric disorders were more prevalent in survivors of sexual assault with depressive disorders and posttraumatic stress disorder (PTSD) especially prevalent.

1.1.7 Costs of Violence

Thielen et al. (2016) investigated a representative sample of 7076 Dutch inhabitants aged between 18 and 65 years. Exposure rates in the sample ranged from 7% for sexual abuse to 25% for emotional neglect. The mean annual adjusted excess costs were found to range between € 869 and € 2893 per abused person, depending on the type of child maltreatment. Depending on the estimated exposure rates, the annual societal costs at population level ranged between € 88 million and € 395 million per one million individuals aged between 18 and 65 years.

The estimated lifetime costs of rape per victim in the United States were studied by Peterson, DeGue, Florence, and Lokey (2017) using data from previous studies and the National Intimate Partner and Sexual Violence Survey. Costs were defined as financial consequences because of attributable impaired health, lost productivity, and criminal justice costs from the societal perspective. The estimated lifetime cost of rape appeared to be $122,461 per victim, or a population economic burden of nearly $3.1 trillion United States dollars over victims' lifetimes, based on data indicating that more than 25 million adults have been raped. This estimate included $1.2 trillion (39% of total) in medical costs, $1.6 trillion (52%) in lost work productivity among victims and perpetrators, $234 billion (8%) in criminal justice activities, and $36 billion (1%) in other costs, including victim property loss or damage. Government sources pay an estimated $1 trillion (32%) of the lifetime economic burden. The authors concluded that preventing sexual violence could avoid substantial costs for victims, perpetrators, healthcare payers, employers, and government payers.

Based on previous research and available data, Letourneau, Brown, Fang, Hassan, and Mercy (2018) estimated the U.S. economic impact of child sexual abuse. Costs of child sexual abuse were measured from the societal perspective and include healthcare costs, productivity losses, child welfare costs, violence/crime costs, special education costs, and suicide death costs. All costs were estimated in U.S. dollars and adjusted to the reference year 2015. Estimating 20 new cases of child sexual abuse that occurred in 2015, the lifetime economic burden of child sexual abuse is approximately $9.3 billion, the lifetime cost for victims of fatal child sexual abuse per female and male victim is on average $1,128,334 and $1,482,933, respectively, and the average lifetime cost for victims of nonfatal child sexual abuse is of $282,734 per female victim. For male victims of nonfatal child sexual abuse,

there was insufficient information on productivity losses, contributing to a lower average estimated lifetime cost of $74,691 per male victim.

Peterson et al. (2018) combined data from previous studies with 2012 U.S. National Intimate Partner and Sexual Violence Survey data. Costs included attributable impaired health, lost productivity, and criminal justice costs from the societal perspective. The estimated intimate partner violence lifetime cost was $103,767 per female victim and $23,414 per male victim, or a population economic burden of nearly $3.6 trillion (2014 U.S. dollars) over victims' lifetimes, based on 43 million U.S. adults with victimization history. This estimate included $2.1 trillion (59%) in medical costs, $1.3 trillion (37%) in lost productivity among victims and perpetrators, $73 billion (2%) in criminal justice activities, and $62 billion (2%) in other costs, including victim property loss or damage. Government sources pay an estimated $1.3 trillion (37%) of the lifetime economic burden.

1.1.8 Costs and Benefits of Treatment

There is a lack of studies on the economic costs and benefits of offender treatment programs, probably because one of the most challenging questions is how to estimate the economic value of nonmonetary costs and benefits (Cohen, 2001). Nonmonetary costs can be divided in tangible costs such as medical costs and loss of wages, and in intangible costs such as pain, suffering, and reduced quality of life. For the determination of costs and benefits of a treatment program, a number of issues needs to be addressed, namely (1) from whose perspective are these costs and benefits measured, (2) what are the fixed costs and incremental costs per participant, (3) what are short-term and long-term benefits from such a program and how can these benefits be expressed in monetary terms, and finally (4) is there a difference between the targeted group for this treatment and the group exposed to treatment in earlier studies and is there evidence from replication studies. All these issues might explain why the number of studies on costs and benefits of treatment programs for offenders is limited. However, Cohen (2001) emphasized that even when a treatment program has been shown to reduce recidivism, it is also essential to know at what cost and at what benefit.

Gold et al. (2011) described the great pitfalls and challenges that arise when calculating the costs of IPV for families, populations, and governments. They reviewed the current research from the United Kingdom and Australia and concluded that evidence was small but promising. Interventions that have been economically evaluated to date appear cost-effective, offering additional benefits at relatively low additional cost, offering additional benefits at no increase in cost, or even offering additional benefits at a reduction in costs. In their opinion, an economic evaluation should always be considered in the design of IPV intervention research.

To calculate the extent of savings and benefits, Shapiro and Hassett (2012) analyzed a broad range of costs associated with violent crime in eight American cities.

Regarded as direct costs were local spending on policing, prosecuting and incarcerating the perpetrators of those crimes. These costs also encompass out-of-pocket medical expenses borne by surviving victims of violent crime as well as the income those victims must forgo as a result of the crimes. They also include the lost incomes that would otherwise be earned by the perpetrators of violent crimes had they not been apprehended. Altogether, the annual costs appear to range from $90 million per year in Seattle to around $200 million per year in Boston, Jacksonville, and Milwaukee, to more than $700 million in Philadelphia and nearly $1.1 billion for Chicago. Shapiro and Hassett (2012) also examined certain intangible costs associated with violent crime, including the pain and suffering of the surviving victims of violent crime and the costs to the families of murder victims. Across the eight cities, the total annual costs of violent crimes, including these intangible costs, ranged from more than $300 million per year in Seattle to more than $900 million in Boston, to some $3.7 billion per year in Philadelphia and $5.3 billion for Chicago. Budgetary savings that each of the eight cities should expect to achieve if their rates of violent crime declined by either 10% or 25%, including lower expenditures on law enforcement and the justice system, as well as the additional revenues that each city might expect to collect from applying local taxes to the income earned by those who otherwise would have been victims or perpetrators of those crimes. The estimated savings for municipal budgets from a 25% reduction in violent crime range from $6 million per year in Seattle to $12 million per year in Boston and Milwaukee, to $42 million per year in Philadelphia and $59 million for Chicago. Remarkably, the most substantial economic benefits associated with reduced rates of violent crime would arise from the impact of lower rates of violent crime on the housing values in the eight cities.

According to Settumba, Chambers, Shanahan, Schofield, and Butler (2018), the total judicial expenditures that offenders place on society were for the USA (2013), the UK (2015), and Australia (2016), respectively, 265 billion, 12 billion, and 11.5 billion United States dollars. The additional financial burden of crime was estimated at 1.7 trillion and 50 billion United States dollars in the USA (2012) and Australia (2014), respectively. These researchers found 17 studies, from the USA, Australia, and the UK, of economic evaluations of behavioral interventions (cognitive behavior therapy or multi-systemic therapy) among offenders in prison or the community. Six studies concerned young offenders (Borduin & Dopp, 2015) and 11 adults (Barrett & Byford, 2012), while 11 studies were cost-effectiveness analyses (CEAs) and 6 were cost-benefit analyses (CBAs). Cost-effectiveness studies focus, for example, on the cost per successfully treated offender who does not recidivate, while cost-benefit studies address the monetary values of benefits of treatment programs in relation to costs. It appeared not possible to state which treatment programs were most cost-effective or yielded more economic benefit given the methodological variations between the studies. All six CBA studies were found to have a positive net benefit or a cost-benefit ratio less than one, which means that the evaluated treatment yielded higher incremental benefits than the incremental costs when compared with an alternative. Among the CEA studies it was found that 6 out of 11 studies were more cost-effective than the alternatives, but three studies showed

that the investigated treatment programs were not cost-effective when compared to their alternatives. The authors concluded that given the huge economic burden that offenders place on society in terms of the resources required to police, prosecute, treat, and rehabilitate this group, and the societal cost of crime, it is worrisome that so little attention is paid to economic aspects of intervention and treatment programs. They recommend that a culture of robust economic evaluations be developed to ensure that the available resources are spent on the most cost-effective programs (Settumba et al., 2018).

1.1.9 Summary

In industrialized countries, a relatively large amount of research has been done into the prevalence of perpetrators and victims of violent crimes by both government institutions and researchers from private institutions. Although studies often concern different populations and different periods, their findings all point in the same direction, namely that the physical and psychological consequences for victims are serious, and the economic burden on society is considerable. The number of perpetrators is relatively small because many violent crimes are committed by the same perpetrator, most offenses are not reported to the police because the perpetrator is known by the victim, and a relatively small number of declarations lead to a conviction.

1.2 Concepts

In the literature, concepts such as hostility, anger, aggression, and violence are often used interchangeably without additional delineation (Eckhardt, Norlander, & Deffenbacher, 2004; Norlander & Eckhardt, 2005). Therefore, several definitions are provided for concepts that are frequently used in this book, without describing their various theoretical contexts. Hostility is defined as the propensity to negatively interpret the behaviors of others even when their intentions are nonthreatening (Blackburn, 1993). Anger is taken to reflect an emotion that is expressed in behaviors such as persistent, intense looking, loud talking, and standing close. State anger is an acute emotional-physiological reaction that ranges from mild irritation to intense fury and rage. Trait anger, by contrast, is a personality dimension that reflects the person's chronic tendency to experience the emotion of state anger with higher frequency, intensity, and duration than the average individual (Veenstra, Bushman, & Koole, 2018). Human aggression is defined as any behavior intended to harm another person who does not want to be harmed (Bushman, 2018) or who is motivated to avoid that harm (Allen, Anderson, & Bushman, 2018). Violence is seen as a specific form of aggressive behavior that mainly involves the infliction of physical harm (Allen & Anderson, 2017; Browne & Howells, 1996). Two types of aggression are often

distinguished, namely reactive and proactive or instrumental aggression (Dodge, 1991). Dodge, Lochman, Harnish, Bates, and Pettit (1997) described reactive aggression as "emotional, defensive and hot-tempered" and proactive aggression as "calculating, offensive and cold-blooded" (p. 38). Also, the reactive versus proactive distinction emphasizes the goal of the aggressive behavior, namely hurting someone versus obtaining some other goal, and emphasizes how thoughtless versus thoughtful the behavior is. Finally, the reactive versus proactive distinction reflects whether the behavior occurs in response to a (perceived) provocation or without provocation. The term personality domain refers in this book to one of the Big Five personality traits (Allen & Anderson, 2017; Costa Jr. & McCrae, 1992). Psychopathy refers to "selfish, callous, and remorseless use of others" in combination with a "chronically unstable and antisocial lifestyle" (Harpur, Hare, & Hakstian, 1989, p. 6).

Criminogenic needs are internal and external risk factors that are associated with a person's criminal behavior (Andrews & Bonta, 2010). Internal or personal criminogenic needs are an individual's characteristics and may comprise criminal history, drug, and alcohol use, feeling miserable, lack of prosocial conduct, and positive attitudes regarding criminality. External or environmental criminogenic needs relate to the criminal's social context regarding problems with housing, education and employment, income, and social interactions. Another critical distinction is the differentiation between static and dynamic risk factors. Static factors, such as having an extensive criminal history or having been raised in a single-parent family, are difficult or even impossible to change. On the other hand, dynamic factors such as inadequate social skills and antisocial attitudes and associates are, in principle, amenable to change**.**

1.3 Theories of Aggressive Behavior

In 1939, Dollard, Doob, Miller, Mowrer, and Sears presented the frustration-aggression hypothesis, which suggests that the existence of frustration always leads to some form of aggression. In this context, frustration is specified as the thwarting of a goal response, which is the final reinforcer in an ongoing behavior sequence. However, frustration can refer not only to the process of blocking a person's attainment of a reinforcer but also to the reaction to such blocking. Consequently, being frustrated means both that somebody else thwarted the access to reinforcers and that the reaction to this thwarting is one of annoyance. A few years later, Miller (1941) modified this position, in the sense that aggression is always preceded by frustration, but frustration does not always lead to aggression. In his criticism of the frustration-aggression hypothesis, Berkowitz (1978) also challenged the first point of departure by arguing that aggression can sometimes be instrumental or proactive, that is, intended to achieve a particular goal, even if someone is hurt by it. Moreover, there are indications that cognitions can influence the frustration that leads to aggression. The aggressor's interpretation of his feelings and his beliefs regarding the cause of his arousal can influence the strength of his attacks on the available

target. Nowadays, frustration is seen as a possible but not necessary condition for aggressive behavior (Allen, Anderson, & Bushman, 2018).

According to Bandura's (1973, 2001) social cognitive learning theory, people acquire aggressive responses the same way as they acquire other forms of social behavior, namely by direct experience or by observing others. The theory explains the acquisition of aggressive behaviors via observational learning processes, and provides concepts for understanding and describing the beliefs and expectations that guide social behavior. Key concepts regarding the development and change of expectations and how one construes the social world provides insight into the acquisition of aggressive behaviors and in explaining instrumental aggression (Anderson & Bushman, 2002).

A developmental model of aggressive behavior during early childhood was presented by Huesmann (1988, 2018). According to this model, aggressive behavior is always a product of personal predisposing factors and precipitating situational factors. The predisposing factors exert their influence by creating encoded social cognitions including schemas about the world, scripts for social behavior, and normative beliefs about what is appropriate. These social cognitions interact with situational primes to determine behavior and are acquired primarily through observational learning. Children and adolescents who are repeatedly exposed to violence will acquire social cognitions promoting aggression that last into adulthood. Thus, violence can be caused simply through its observation (Huesmann, 2018).

Dodge and colleagues (Coie & Dodge, 2000; Crick & Dodge, 1994) were strongly influenced by Bandura, Huesmann, and Berkowitz when they articulated the role that ongoing social-information processing plays in directing aggressive behavior. According to Dodge (2002), social-information processing not only includes cognitive processing and affective experiences, but also involves the setting of goals for responding to the social situation, accessing one or more possible behavioral responses, evaluating the accessed behavioral responses, and selecting one for enactment, and then translating a desire to perform an action into behavior. Dodge and Coie (1987) and Dodge et al. (1997) theorized that the distinct ways in which people process social information and differences in people's social goals both influence the likelihood that they will engage in one of two types of aggression.

The General Aggression Model (GAM) of Anderson and Bushman (2002) considers the role of social, cognitive, developmental, and biological factors on aggression. The GAM includes elements from many domain-specific theories of aggression, such as neoassociation theory (Berkowitz, 1993), social learning theory (Bandura, 1973), and script theory (Huesmann, 1988). By unifying these theories into one coherent whole, the GAM is supposed to provide a broad framework for understanding aggression in many contexts. All determinants of aggressive behavior are organized into three stages (Allen, Anderson, & Bushman, 2018), namely Inputs (person and situation), Routes (affect, cognition, and arousal), and Outcomes (appraisal and decision processes), resulting in thoughtful action or impulsive action.

In their behavioral model, Nietzel, Hasemann, and Lynam (1999) confine themselves to violent delinquents. They integrated various "multifactor behavioral models" with "other criminological perspectives" which resulted in a four-factor model comprising (1) distal antecedents, i.e., biological, psychological and social dispositions that facilitate the development of violent behavior, (2) indicators of aggressive behavior at a (very) young age, (3) social and individual factors that cause early behavioral problems to evolve into chronic antisocial behavior, and (4) perpetuating factors that support the maintenance and escalation of the violent behavior. According to Nietzel et al. (1999), their model underscores the necessity of early preventive measures to curb the development and escalation of violent behavior.

Finally, Andrews and Bonta (2010) presented their General Personality and Cognitive Social Learning (GPCSL) model of criminal conduct. According to these authors, there are many routes to crime, but some experiences in life are more influential than others. Within the GPCSL, the domains of education and employment, family, leisure, and substance abuse are referred to as the Moderate Four risk/need factors. The most proximal factors influencing criminal behavior are criminal history, pro-criminal companions, attitudes and cognitions supportive of criminal behavior, and antisocial personality pattern. The GPCSL model views these as significant determinants of criminality, and they are referred to as the Big Four risk/need factors. Together these eight factors are referred to as the "Central Eight."

Some meta-analytic reviews have found evidence for the primacy of the Big Four over the Moderate Four risk/need factors among general offenders (Andrews & Bonta, 2010; Andrews, Bonta, & Wormith, 2006; Gendreau, Little, & Goggin, 1996). In all of these reviews, indicators of psychological distress/dysfunction performed relatively poorly compared to the Central Eight. Traditional clinical variables such as anxiety, depression, mood, and major psychotic symptoms are therefore seen as minor risk factors. A meta-analysis by Bonta, Blais, and Wilson (2013) revealed that the GPCSL risk/need factors are just as relevant for mentally disordered offenders as they are for non-disordered offenders. However, they found no support for prioritizing the Big Four in the prediction of general recidivism and mild support in the prediction of violent recidivism. Also, analyses of the clinical variables showed that, except for antisocial personality or psychopathy, these factors were not predictive of recidivism.

1.4 Theories of Sexually Aggressive Behavior

In their overview of theories of sexually aggressive behavior, Ward, Polaschek, and Beech (2006) distinguish three types of theories on sexual offending, namely (1) single-factor theories, (2) multi-factor theories, and (3) descriptive models.

1.4.1 Single-Factor Theories

In *single-factor theories*, one risk factor is explored in depth. Examples are the theories of cognitive distortions, deviant sexual preferences, and pornography. Cognitive distortions were defined by Abel et al. (1984) as belief systems that justify having sexual contact with children, but also as justifications, perceptions, and judgments used by sex offenders to rationalize child abusing behavior or sexually assaulting/raping a woman (Abel et al., 1989). According to Ward's Implicit Theory Model (Ward, 2000), *cognitive distortions* may arise from underlying implicit theories of sexual offenses toward children or adult women. Specific offense-supporting cognitions allow offenders to justify their sexually offensive behavior as acceptable (for example: "Children as sexual beings" or "Women are sex objects"). The Multi-Mechanism Theory of Cognitive Distortions (MMT-CD) of Szumski, Bartels, Beech, and Fisher (2018) provided an updated theoretical account of cognitive distortions in males by adopting a dual-process perspective and incorporating the concept of motivated cognition and the effects of visceral factors. They proposed that cognitive distortions arise from three mechanisms, which can be identified in terms of their temporal occurrence to an offense. Mechanism 1 accounts for cognitive distortions that arise long before an offense is committed but serve to influence an individual's life-course and goals in a way that eventually brings them closer to sexually offending. Mechanism 2 accounts for distortions that arise in the lead up to or immediately before a sexual offense, thus, providing a justification for committing an offense. Finally, Mechanism 3 accounts for distortions that are formed post-offense as a result of the adversarial context of the individual's social environment.

Theories of deviant sexual preferences, such as McGuire, Carlisle, and Young's Sexual Deviation Theory (McGuire, Carlisle, & Young, 1965) or Laws and Marshall's Conditioning Theory (Laws & Marshall, 1990), propose that men who engage in *sexually deviant behavior* do so because they prefer it to socially and sexually acceptable behavior. According to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5; American Psychiatric Association, 2013), people suffering from a paraphilic disorder (1) feel personal distress about their interest, not merely distress resulting from society's disapproval or (2) have a sexual desire or behavior that involves another person's psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent.

The theory of the sociologist Russell (1988, 1998) is mainly focused on the role of *pornography* in the etiology of rape, in which pornography is defined as "material that combines sex and/or the exposure of the genitals with abuse or degradation in a manner that appears to endorse, condone, or encourage such behavior" (Russell, 1998, p. 3). The starting point of Russell's theory is the feminist idea that sexually aggressive behavior is the product of a patriarchal society that uses (the threat of) aggressive sexual behavior as a means to suppress women (Russell & Bolen, 2000). To this end, it is proposed that Western society socialize men to become persons with a high inclination to the rape of women. For instance, 25–60% of American men report thinking that they were not unlikely to rape a woman if they would have

the guarantee that they would not get caught (Malamuth, 1981). Also, 25–30% of the American men get aroused of violent images of rape (Malamuth & Check, 1980). Russell's model implies that pornography increases the chance of rape by four main effects: (1) pornography predisposes some men to want to rape women or intensifies the likelihood in those men already predisposed to do so, (2) undermines some men's internal inhibitions against acting out their rape desires, (3) undermines some men's social inhibitions against the acting out, and (4) undermines a woman's resistance, which increases the chance of rape. Russell (1998) stated that her model is in accordance with the empirical literature, but recognized that the model as such has not yet been empirically tested. However, recent research showed that the effects of (violent) pornography on sexually violent behavior are controversial. For instance, Wright, Tokunaga, and Kraus (2016) found that watching (violent) pornography contributes to more sexually violent behavior, while Malamuth (2018) concluded that this contributes only to more sexually violent behavior in men who are already (highly) predisposed to sexually aggressive behavior.

1.4.2 Multi-Factor Theories

Multi-factor theories are characterized by considering together the different risk factors that someone may predispose to a sexual offense in a particular situation. Examples of multi-factor theories are Finkelhor's Precondition Model of child sexual abuse (Finkelhor, 1984), Marshall and Barbaree's Integrated Theory of sexual offending in general (Marshall & Barbaree, 1990), Hall and Hirschmann's Quadripartite Model of rape and child sexual abuse (Hall & Hirschman, 1991), Malamuths's Confluence Model of Sexual Aggression (Malamuth, 1996), Ward and Siegert's Pathways Model, which is an integration of the three former models (Ward & Siegert, 2002), Ward and Beech's Integrative Theory of Sexual Offending (Ward & Beech, 2006), Stinson and Becker's Multimodal Self-Regulation Theory (Stinson & Becker, 2013; Stinson, Becker, & Sales, 2008), and finally Seto's Motivation-Facilitation Model of sexual offending (Seto, 2019).

For example, the Integrated Theory of Marshall and Barbaree (1990) suggests that evolutionary inheritance confers on males the capacity to sexually aggress, which must be controlled by appropriate socialization to instill social inhibitions toward such behavior. Variations in hormonal functioning during puberty and the ensuing early years of adolescence may make this task more or less difficult. Poor parenting, particularly the use of inconsistent and harsh discipline in the absence of love, may mean that men fail to acquire these constraints or may facilitate the fusion of sex and aggression rather than separate these two tendencies. Sociocultural attitudes because of, for instance, the availability of pornography may negatively interact with poor parenting to enhance the likelihood of sexual offending if these cultural beliefs express traditional patriarchal views. For example, a young man whose childhood experiences have ill-prepared him for appropriate sexual relationships may readily

accept these views to bolster his sense of masculinity. If such a man gets intoxicated, angry, or stressed, and he finds himself in circumstances where he is not known or thinks he can get away with offending, then this man is likely to offend sexually.

Based on his research, Malamuth (1996) suggested that coercive sexual behavior against women is the result of several factors that may be organized into the hostile-masculinity and the impersonal-promiscuity path. Sexual aggression is proposed to be the result of the confluence of these paths. Hostile-masculinity combines two interrelated components, namely a defensive and hostile-distrustful orientation toward women and gratification from controlling or dominating women. The impersonal-promiscuity path refers to a non-committal, game-playing orientation in sexual relations. Several studies yielded empirical support for the validity of the two paths (Hunter, Figueredo, & Malamuth, 2010; Malamuth, Linz, Heavey, Barnes, & Acker, 1995). In later publications, Malamuth placed his sexual coercion theory in an evolutionary psychological perspective (Huppin & Malamuth, 2017; Malamuth, Huppin, & Paul, 2005). In this way, he wanted to explain why the average man is more motivated to enter into sexual relationships with women than vice versa and why sex is for men easier to separate from intimate emotions than for women. Such differences could contribute to the use of coercion to overcome the unwillingness and resistance of women in conflict situations.

According to the Integrated Theory of Sexual Offending (ITSO) of Ward and Beech (2006), there are three groups of factors, namely biological, environmental, and neuropsychological factors, which play an essential role in sexual offending. They suggest that in all human beings, genes and environmental factors, such as learning through experiences in the social environment, manifest themselves in three neuropsychological systems, namely motivation, perception, and action selection. The clinical problems that are seen in sexual assaults, such as deviant arousal, emotional problems, cognitive impairment, and interpersonal problems, arise from the interaction between genetic predisposition, social learning, and neurobiological and neuropsychological systems. These clinical problems, in turn, lead to criminal offenses. The theory states further that the consequences of the sexual offense reinforce and therefore maintain this behavior. The sexual offender becomes socially isolated which further limits the chance of typical social contacts, or the social environment encourages further sexist behavior (Ward, Fisher, & Beech, 2016).

In his motivation-facilitation model of sexual offending, Seto (2019) identified the traits of paraphilia, high sex drive, and intense mating effort as primary motivations for sexual offenses, as well as trait (e.g., antisocial personality) and state (e.g., intoxication) factors that can facilitate acting on these motivations when opportunities exist. The model was initially developed to explain contact sexual offending against children, but it was subsequently extended as an explanation for child pornography offending and for online solicitations of young adolescents. Seto (2019) stated that his model has the potential to be expanded to explain other forms of sexual offending, including sexual assaults of adults and noncontact offenses involving exhibitionism or voyeurism.