The Forensic Relevance of Sexual Fantasy: Internal Mental Models, Self-Representation and Personality.

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ABSTRACT

Practitioners working within forensic environments will be acutely aware of the diverse risks, complex treatment needs and unique responsivity issues found within the multifaceted marginal group of sexual offenders. Deviant sexual fantasy (DSF) is considered to be important in the assessment and treatment of sexual offenders. Despite the recent growth in research, conclusions remain inconsistent on the significance of fantasy in offending behaviour. Furthermore, the underlying structural components of fantasy remain relatively unexplored. The aim of this thesis was to explore the forensic relevance of the fantasy phenomenon predominantly related to sexual offending populations. This was done by investigating the cognitive components of fantasy in regards to the intersection between fantasy, cognition, personality and self-representation (the latter constructs being considered as reflections of individual internal mental models).

Chapter one provided a context to the thesis by presenting an argument that fantasy is forensically relevant in terms of implicit beliefs (offence supportive), cognitions (cognitive distortions, offence supportive beliefs) and personality organisation and functioning (e.g. coping mechanisms). **Chapter two** detailed a literature review following a systematic approach, exploring the role of fantasy within sexual offending behaviour. Sixteen studies were included in the review. An associative relationship was found between offence supportive fantasy and sex offending behaviour. Personality (among others) was identified as one of the moderating factors within this relationship. However, key methodological limitations with the included studies were discussed. **Chapter three** utilised a case study approach to consider the complexities of assessment and treatment for a medium risk internet sexual offender (ST). This chapter explored ST's vulnerabilities in depth (low self-esteem, interpersonal difficulties, emotional dysregulation, rigid cognitive style) and provided a comprehensive assessment and formulation of risk (fantasy experiences reinforce offence supportive attitudes and cognitive distortions). Results suggested that fantasy could be mapped onto personality, organisation and functioning**.** ST's fantasy life was considered a latent variable that only became an acute and dynamic risk factor when combined with his distorted attitudes. **Chapter four** detailed a critique of the MCMI-III. Specific emphasis was placed on assessing the utility of the measure within forensic settings and how this could supplement assessment of fantasy experiences. The tool was found to be psychometrically stable, however it was suggested that use with a sex offender population is approached with caution. **Chapter five** investigated associations

between personality, fantasy proneness and sexual fantasies, in addition to exploring the function and structural components of sexual fantasy. An anonymous electronic questionnaire (containing several psychometric questionnaires e.g. IPIP-50, WSFQ, CEQ) was presented online for a period of 12 weeks. 259 males participated in the study. Links to fantasy proneness, certain personality markers (e.g. agreeableness, intellect/imagination) and early abusive experiences were found. Static fantasy experiences were associated with conscientiousness. Behavioural expression of fantasy was associated with extraversion. 'Vividness' of sexual fantasy was explained by the following themes: 1) Boundaries of imagination 2) Context 3) Structure of fantasy and, 4) Fantasy-Reality distinction. Finally, **chapter six** provides a conclusion to the thesis by summarising the main findings, with particular emphasis on how findings relate more directly to the fantasy phenomenon. The main suppositions and recommendations are as follows:

- Fantasies prime self-other associations. Thus, indirect measures of fantasy may be useful and allow the cognitive mapping of fantasy.
- A tiered definition of offence related fantasy is recommended pertaining to frequency, vividness, level of intrusion and the risk relevance.
- Control (and disintegration of), coping and cognitive capabilities are implicated as important concepts for fantasy prone individuals. To a certain point, offence related fantasy may act as a protective factor for some individuals, until the fantasy can no longer satiate their needs.
- The temporal ordering of fantasy function is important in determining risk relevance pertaining to protective factors (emotional regulation), risk inducing factors (priming offender identity) and high risk situations.
- Fantasy generation is a skill; the more involvement an individual has with their internal world the more adept they will be at generating complex fantasy experiences and, in turn, the more enmeshed fantasy and reality can become.
- Grounding techniques and acceptance commitment therapy may be a useful treatment recommendation for individuals that experience offence related fantasy.

Discussion is augmented within contemporary theoretical perspectives in order to consider clinical implications. Limitations of the current thesis and recommendations for future research are also outlined.

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GLOSSARY OF TERMS

Attachment: Early experiences of relationships develop internal working models of future relationships. The domains relevant in attachment include enduring patterns of thought, emotional and impulse regulation, motivation and interpersonal functioning (overlapping with the domains relevant the notion of personality, see below).

Cognitive Components of Fantasy: The mental processes involved in the generation of fantasy e.g. attention, working memory, knowledge, judgement, thinking patterns and biases.

Cognitive Distortions: Faulty thinking patterns such as inaccurate, exaggerated or irrational thoughts.

Cognitive Load: The extent of mental exertion imposed on working memory. Schemas (*see below*) are stored in long term memory and transferred to working memory when needed with the function to reduce cognitive overload.

Deviance: Behaviour that is incongruent, and occurs in the absence of, social norms.

'Deviant' Sexual Fantasy (DSF): Fantasies that are incongruent with social norms. This may or may not include those related to sexual offending behaviour. A commonly used term within the literature not necessarily endorsed by the author.

Ego Dystonic: Unwanted and potentially distressing, that are in conflict with the individual's needs or goals. Often refers to behaviours, values or feelings.

Ego Syntonic: Welcome and generally in harmony with an individual's needs or goals. Often refers to behaviours, values or feelings.

Externally Triggered Fantasy: Fantasy that is triggered by situational and/or external factors.

Fantasy: Acts of imagination that can depict a scenario unencumbered by reality. Often a mental by-product of experiences, circumstance and desire.

High Order Thinking: The premise that certain types of learning require more cognitive processing than others. This is particularly relevant when individuals encounter scenarios they are unfamiliar with. Examples include problem solving and critical thinking skills.

High Risk Situations (HRS): A combination of thoughts, feelings, behaviours and situations that increase the potential of relapse or recidivism.

Imagination: The creative and artistic expression within mental imagery.

Implicit Theories (implicit personality theory): Patterns and biases an individual uses when forming impressions, often based on a limited amount of information. Also see Schema.

Internally Triggered Fantasy: Fantasy that is internally generated and composed by the individual.

Manualised Treatment: Treatment which has exact steps so that each participant receives that same treatment.

Offense Supportive Attitudes: Enduring attitudes that support or justify the commission of an offence.

Personality: Characteristic patterns of thinking, feeling, behaving and, thus the lens in which the world is experienced.

Reinforcing Agents: Factors that have reinforcement influence and strengthen future associations and/or behaviour.

Sensory Preconditioning: A form of classical conditioning whereby an association between two stimuli is formed, prior to the process of reinforcement.

Schema: A cognitive framework that facilitates the process of organising and interpreting information.

Seemingly irrelevant Decisions: Poor judgments that sabotage plans to change e.g. engaging in behaviours that inadvertently increase risk of reoffending and lead to high risk situations.

Therapeutic Modalities: The interventions used to heal and/or rehabilitate an individual. These can include, but are not limited to, Cognitive Behavioural therapy, Schema Therapy, Compassion focussed therapy and Acceptance and Commitment therapy.

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CHAPTER ONE:

INTRODUCTION

INTRODUCTION

Setting the scene: Forensic Populations

It is well established that forensic populations incorporate a diverse and multifaceted spectrum of risks and treatment needs. Sexual offenders are heterogeneous in nature, possessing a range of offender characteristics and psychological profiles (Elliot, Beech, Mandeville-Norden, & Hayes, 2009; Henning, Renauer & Holdford, 2006; Robertiello & Terry, 2007; Leitenberg, 1995). Offenders have unique personal and criminal histories, with attitudes and beliefs that support deviant behaviour. As such, it is clear that offenders cannot, and should not, be reduced to mere archetypes but understood in the overall context of their personal narrative. This does not diminish the utility of investigating, defining and classifying the overall characteristics of a specific forensic population, but emphasises the importance of individualistic and specifically tailored assessment and treatment approaches. This approach is generally advocated by psychologists and some allied disciplines, with reliance on formulation techniques to understand an individual's offending behaviours, in the context of their idiosyncratic personal and environmental characteristics (Finklehore, 1984, Daffern, Jones, Shine, 2010; Sturmey & McMurran, 2011). In this way, formulation can offer insight to the individual's offence chain e.g. thinking that preludes/promotes sexual offending in regards to overcoming: internal inhibitions, external inhibitions and, victim resistance (see Finklehore's four preconditions of abuse, 1984).

Despite this, standardised assessment and treatment programmes are commonly implemented within correctional services throughout the United Kingdom (Andrews & Bonta, 2010; Dowden & Andrews, 2004). This popular wave of manualised treatment can be beneficial at both an organisational and service level perspective; being financially astute, facilitating the integrity of the approaches utilised and targeting criminogenic factors with the hope to reduce recidivism (Mann, 2009). However, the efficacy of certain manualised programmes is a long standing debate. For instance, Ho and Ross (2012) recently conducted an evaluation of the Sex Offender Treatment Programme (SOTP) and concluded that "twenty years since the SOTP was launched, its efficacy has yet to be convincingly demonstrated" (p. 5). For that reason, it is suggested that reliance on this 'population based perspective' can cause vulnerability in services by inhibiting, or at least not promoting, a more individualistic perspective on offender risk *(*Day, Kozar, & Davey, 2013). Accordingly, staff members may not necessarily be trained in more specialised areas that interact and moderate an offender's risk (e.g. psychopathology,

implicit theories, and clinical issues). Ultimately, this could result in disjointed and ineffective intervention that does not effectively nurture the likelihood of positive outcomes (Day, Kozar, & Davey, 2013; Mann, 2009).

The central aim of this thesis is to explore the interplay between diverse risks factors, treatment needs and, unique responsivity issues found within forensic settings. As such, the concept of mental models and organising internal schemata (to delve into the core of individual perspective) was of particular interest. Within this, concepts such as fantasy, personality and self-representation were explored. Due to the broad nature of the thesis topics, the introduction is presented in a way that illustrates both, the interlinking and, highly distinct nature of the phenomenon investigated within each chapter. The intention is to consider the intersection between these constructs (fantasy, personality, internal mental models) with aims to draw inferences on how they can be integrated into individual formulations of risk.

What is the relevance of fantasy in forensic contexts?

Definitions and the construct of fantasy

Fantasies are considered acts of imagination that enable individuals to create a scenario in their mind which can be imaginary, or more readily tied to reality (Leitenberg & Henning, 1995; Wilson, 1981). In this way, it is useful to consider that fantasy as a form of mental imagery is likely to involve a collection of cognitive processes working in co-operation (Bartels, 2013; Kosslyn, 1995; Leitenberg & Henning, 1995). Generally, fantasy has been portrayed as a dream, daydream, hope or desire (Freud, 1954; Wilson; 1981; Wilson & Lang, 1978). Definitions depict fantasy as being equally: deliberate and spontaneous, an elaborate account, a fleeting thought and a jumble of chaotic images (Bartels & Gannon, 2011; Gee, Ward, Belofastov & Beech, 2006; Hicks & Leitenberg, 2001; Kavanagh, Andrade & May, 2005; Wilson, 1978). Consequently, researchers have long disputed whether the variations of fantasy are linked to the same or differing psychological processes. Jones and Wilson (2008) described fantasy as both transient and dynamic in nature, being heavily influenced by mental models and real world experiences. Thus, fantasies are the product of the complex interaction between experiences, thoughts and arousal (Jones & Wilson, 2008). In this way, fantasies are activated as acute dynamic risk factors in response to external world triggers that interact within an individual's core schemas (or organising mental models) to produce and nurture offence supportive cognitions (Beech & Ward, 2004; Mann & Beech, 2003). Internally generated fantasies (as opposed to externally triggered fantasies) are depicted as a controlled process of

mental embellishment or 'cognitive elaboration' which requires resources of working memory to hold information about the target and imagined scenario (Kavanagh, Andrade & May, 2005; Bartels 2013).

Personality is suggested to shape the structure of fantasy (Proulx, 1999; Wilson & Jones, 2009) For instance; Birnbaum, Mikulincer and Gillath (2011) suggested that personality composition, specifically attachment styles, reflected the mental models an individual had of themselves in relation to others. A principal component of attachment theory is the assumption that an individual's early experiences of relationships develop an internal working model of future relationships. Thus, fantasies are personal experiences that are tied to an individual's narrative of how they wish to see themselves and the world (Levy & Inderbitzin, 2001; Wilson & Jones, 2009). Fantasy allows a person to reconstruct themselves and their self-identity within a fictional world attuned to their desires. Freud (1954) regarded fantasy as a manifestation of things that are psychologically dangerous to reveal, even to oneself. Although this may be the case for some individuals, the more contemporary perspective considers fantasy to be a healthy component of normal development (Leitenberg & Henning, 1995; Wilson & Jones, 2008). Fantasy involves a pseudo-reality in which elements of realism are assimilated and accommodated into the individual's 'self-other schema'. In this way, life experiences can provide a feedback filter allowing mental corrections to preserve an individual's internal fantasy world. The internet enables individuals to create and, delve into a pseudo-reality or 'otherworld' in which the construction of self-identities can be far removed from those palpable in everyday life (Long, Alison, & McManus, 2013; Reeves, Carla & Sadique, 2013).

Some fantasies are considered egodystonic (unwanted, incongruent and destructive to the person's ideal self-image), and others are considered egosyntonic (welcome and in harmony with the persons ideal self-image). These egodystonic fantasies or 'sexually intrusive thoughts' can be distressing and produce cognitive dissonance (a person holding contradictory beliefs), prompting a need to make alterations to internal processes to rectify this (Festinger, 1957; Renaud & Byers, 2005; Wetterneck, Smith, Burgess, & Hart, 2011). In some instances, these alterations are linked to the generation of faulty thinking patterns (cognitive distortions) which serve to reduce the adversarial effects of cognitive dissonance (Jones and Wilson, 2008; Mihailides, Devilly & Ward, 2005; Quayle and Taylor, 2003; Ward, 2000, Ward & Seigart, 2002). Thus, fantasy interacts with developmental processes to self-perpetuate and continually increase the magnitude of distorted thought patterns and perception over time (Finkelhor, 1984;

Howitt, 2004; Mangolio, 2010; Leitenberg & Henning, 1995; Wilson & Jones, 2008). Examples of cognitive distortions related to offending are also known as offense supportive beliefs (OSB). These include: justifications (there is a reason it is acceptable to offend), minimisations (it is not that bad, nobody got hurt), externalisation of blame (it's not my fault it's something or someone else's), objectification (the target is a purely sexual being) and super-optimism (I'm not a risk) which is linked to the concept of 'seemingly irrelevant decisions'. In adulthood, fantasy can become forceful, and distorted thinking patterns engrained. Thus, 'deviant' fantasies may strengthen, further engrain cognitive distortions and, thereby work to promote sexual offending behaviour.

Alternatively, it is relevant to consider that these cognitive distortions may be a reflection of an individual's implicit beliefs. In this way, these implicit beliefs underlie and may aid the formation of cognitive distortions which may increase the likelihood of an individual experiencing or actively generating 'deviant' fantasies for enjoyment or pleasure. Examples of implicit theories associated with sexual offending include: sexual entitlement bias, uncontrollability of sexuality, children as sexual beings, the nature of harm, and dangerous world bias (Ward, 2000). See figure 1.1 for a diagrammatical representation of the hypothesised interactional relationship between DSF, cognitive distortions (such as offense supportive beliefs; OSB) and implicit theories relevant to offending behaviour. Offence related implicit beliefs (if present) are suggested to inform potential cognitive distortions, with both working to structure the formation DSF. An important point when formulating an offender's risk is that some implicit beliefs may be situational rather than dispositional (Heckert & Gondolf, 2000). Consideration of these features of cognition may offer insight into the individual's offending identity which may be one facet of the individual's self-representations (e.g. an individual holding both a victim and perpetrator identity). Engaging in certain fantasies may make some aspects of the 'self' (or certain personality traits) more or less prominent than others. For example fantasies objectifying a child may decrease the individual's empathic ability when considering specific sexualised scenarios (Barber et al., 2005). Thereby understanding the complex and dynamic interaction between perception (augmented by personality; the lens through which the world is viewed) and cognitions is likely to generate a more sophisticated understanding of individual self-representations (plural) and how this can be reflected in fantasy experiences.

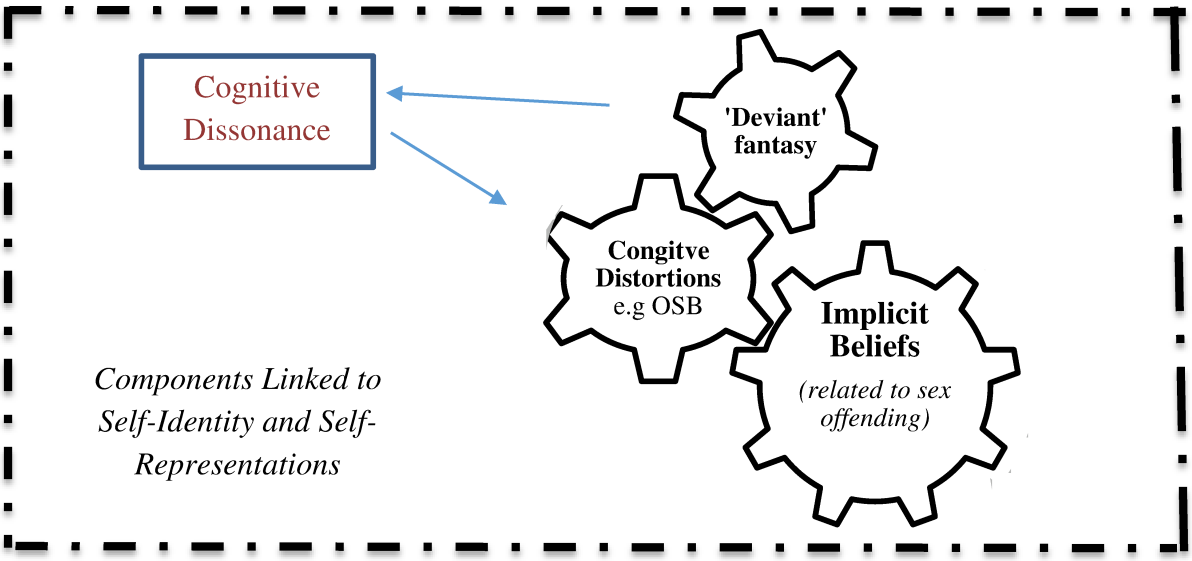


Figure 1.1 Simple diagrammatical representation of the suggested relationship between implicit beliefs, cognitive distortions and 'deviant' fantasy as conceptualised by the author.

More specifically, fantasy can be defined in numerous ways pertaining to (potential) offending behaviour. For instance, violent fantasy can be defined as a thought in which an individual imagines harming another person. Examples could include; physical assault, sexual assault, inappropriate sexual activity and murder (Gellerman & Suddath, 2005). Alternatively, Plaud and Bigwood (1997) define sexual fantasy as "a private or covert experience in which the imagination of desirable sexual activity with a partner is sexually arousing to the individual" (p. 222). Leitenberg and Henning (1995) found four varieties of fantasies in a normal population which included: 1) 'normal' sexual fantasies of current, prior or imaginary partners, 2) "bold" or "forbidden" fantasies in regards to unusual settings, questionable partners or special sexual activities, 3) fantasies about sexual irresistibility or seductive prowess, 4) fantasies of domination and submission. Sexual fantasy can encompass violent elements with the only prerequisite being that it leads to sexual arousal. These types of fantasies are normally labelled 'deviant' (Maniglio, 2011; Williams, Cooper, Howell, Yuille, & Paulhus, 2008) or 'offence focussed fantasies' (Gee, Devilly, & Ward, 2004). Thus, 'deviant' sexual fantasy, whilst inclusive of sexually violent themes, also includes sexual thoughts related to inappropriate targets such as children (Bartels & Gannon, 2011; Gee, Devilly & Ward, 2004). Unfortunately, although the term 'deviant sexual fantasy' is favoured within the literature there is no formal definition for this term. Therefore, more general definitions are used that embody a relationship between fantasy content and arousal (e.g., Carlstedt, Bood, & Norlander, 2011; Plaud & Bigwood, 1997; Sheldon & Howitt, 2008; Zurbriggen & Yost, 2004; Bartels & Gannon, 2011). However, the 'deviance' of fantasy is a contentious issue.

The dilemma of fantasy

Firstly, it is important to note that at present psychometric assessments of sexual fantasy are used as part of a battery of assessments to assess sexual offending risk and recidivism within correctional settings (Hudson et al, 2002; Smith et al, 2005). Despite this, a dilemma faced by forensic practitioners is the ethics and forensic relevance of fantasy (Gellerman & Suddath, 2005; Vanhoeck, Van Daele, & Gykiere, 2011). The dichotomy of fantasy and reality is evident, with both existing on distinct realms of experience. However, it is clear that on occasions these two distinct experiences can become interwoven and inextricably linked. For instance, there is evidence in the literature which suggests that fantasised actions can increase the likelihood of future behaviours, such as exercising or voting (Libby, Shaeffer, Eibach, & Slemmer, 2007; Milne, Rodgers, Hall, & Wilson, 2008). Jones and Wilson (2008) devised the offending space model of fantasy which comprises of three realms (see figure 1.2 below), including: 1) a psychological space (where fantasy is created and evolves; maintained or abandoned), 2) a physical space based in reality (where fantasies are acted out) and finally, 3) a virtual space being described as a pseudo-real space (where boundaries of acceptable behaviour become blurred and enmeshed). This virtual space fosters the potential transition between thinking and doing. Within this model, offence related themes may initially be restricted to the psychological space. It is not until these thoughts are verbalised or acted upon that they transition into reality, "enter the realm of physicality and cross the barrier between 'thinking' and 'doing" (p 236). Thus, naturally both clinicians and academics alike have endeavoured to understand the fantasy phenomenon, and the risk relevance to actualise offence related behaviours.

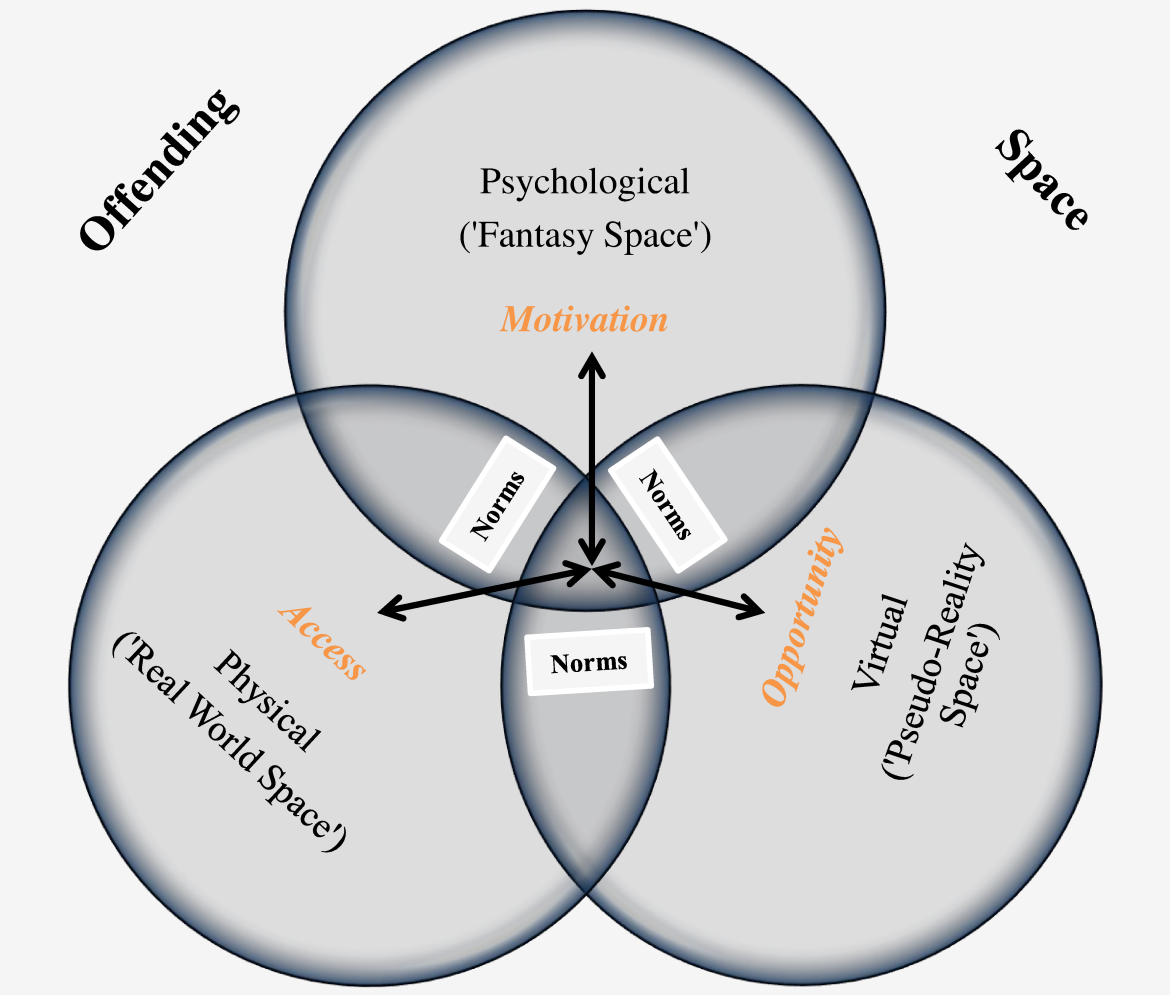


Figure 1.2: Offending Space Model (Jones & Wilson, 2008)

Hence, the element of fantasy within a forensic context raises some important questions (see below). Prior to this, it is important to acknowledge that fantasies are personal, private, unrestricted; offer unencumbered control and, belong to the individual (Adams, Motsnger, McAnulty & Moore, 1992; Vanhoeck, Van Daele, & Gykiere, 2011; Wilson & Jones, 2009).

- Question 1) Are there fantasies that individuals should not have?

There are fantasies that could be defined as disturbing or horrific in nature. However, it is unclear what these fantasies reveal about the individual based in reality.

- Question 2) Is it psychologically harmful to have these types of fantasies (Jones & Wilson, 2008)?

Jones and Wilson (2008) suggest that 'deviant' fantasies' are dangerous in that they normalise the deviancy. 'Deviant' fantasies are also suggested to strengthen sex-related associations (Quayle and Taylor, 2003).

- Question 3) Do 'deviant' fantasies indicate that there is something wrong with the person and, that they should be supressed?

The implication of this question is somewhat negated by the literature which has revealed that 'deviant' fantasies are prevalent in the 'normal' non-offending populations (Crepault & Couture, 1980; Bartels & Gannon, 2009; Williams, Cooper, Howell, Yuille & Paulhus, 2009: Grey et al, 2003; Zurbruggen & Yost, 2004). Equally, various studies have concluded that violent fantasies do not increase the prevalence of aggressive behaviour (e.g. Eagan, & Campbell, 2009; Nagtegaal, Rassin & Muris, 2005; Seebauer et al, 2014). Understandably, this relationship or lack thereof, has led to research attempting to understand an individual's propensity to fantasise (i.e. rich fantasy life) and whether, subsequent conclusions can be drawn on an individual's proclivity to actualise fantasy in reality.

Fantasy Proneness

Fantasy proneness has been described as a loosening of associations whereby fantasy is blended with reality (Curnoe & Langevin, 2002). This could lead to social alienation and, in turn, increase an individual's preoccupation with their fantasy world. Earlier studies found fantasy proneness to be related to factors such as: creativity, imagination, childhood experiences, hypnotisability, waking suggestibility and psychopathology (Lynn & Rhue, 1988; Rhue, & Lynn, 1987; Wilson & Barber, 1981). More specifically, it has been inferred that schizotypal personality (and possibly psychosis) may be related to fantasy proneness, and a moderating factor to the development of 'deviant' fantasy (Bauer & Power, 1995; Giesbrecht, Merckelbach, Kater & Sluis, 2007; Merckelbach & Giesbrecht, 2006; Wilson, & Barber, 1983). Accordingly, the notion of fantasy proneness may offer some insight to the developmental aspect of fantasy generation, with some individuals being more predisposed to generating fantasy experiences (Sahota & Chesterman, 1998).

For instance, some studies have found a link between aversive and traumatic formative experiences (negative affectivity). This prompts an internal retreat, when an individual is unable to constructively confront pain, and manifests in a tendency to utilise and generate fantasy experiences (Arrigo, 2007; Mangolio, 2011; Carlstedt & Norlander, 2011). For example, a child growing up in a neglectful, abusive and/or chaotic environment can promote the development of a disorganised attachment style whereby fear becomes the principal emotion associated with all future relationships (Bartholomew, & Horowitz, 1991). These disrupted self-states can be linked to maladaptive compensatory strategies (which could include

pathological fantasy emersion, aberrant fantasy themes) in response to intimacy deficits, difficulties with emotional regulation and cognitive distortions; thereby increasing an individual's propensity to sexual offending (McCormack, Hudson & Ward, 2002; Ward, Hudson & Marshall, 1996). In this way, fantasy has been found to serve some clinical functions to enable the individual to regain the psychological equilibrium. These include: to alleviate or abate negative emotions, to generate feelings of containment and, as a substitution for action (Gee, Ward, & Eccleston, 2003; Leitenberg & Henning, 1995). For example, fantasies involving control, domination or even violence may compensate feelings of being inferior which became entrenched via early experiences (e.g. see Hickey's Trauma-Control model; Arndt et al., 2004). Therefore, fantasy has been inferred as a positive coping skill (Douglas et al., 1995; Holmes & Holmes 2002; Wilson & Barber, 1983).

Fantasy and Personality

Personality may be a mediator of fantasy experiences. For instance, personality may guide perspective and consequently impact how individual's experience and report fantasy experiences (Woodhouse, & Gelso, 2008). Additionally, as suggested earlier specific personality traits may have implications on an individual's tendency to rely on certain types of coping strategies e.g. fantasy prone personality (Giesbrecht, et al, 2007). Proulx, Perreault and Ouimet, (1999) suggested that personality pathways could be investigated to provide insight into the dynamic nature of sexual fantasy. Nonetheless, there has been limited research exploring the relationship between personality and sexual fantasies (Bartels & Gannon, 2011). The few studies examining the relationship between personality and 'deviant' sexual fantasies, show that certain traits can be of importance; particularly psychopathy (Skovran, Huss & Scalora, 2010). This provides a valuable insight into how fantasies may develop in some individuals. However, the current conclusions are based on a very small number of studies indicating the need for more research in this area. Additionally, in non-offender samples, possible links between personality and sexual fantasies have proved inconsistent (Leitenberg & Henning, 1995). Thus, the assumption that aggressive or offence related fantasy leads to an expression of these themes, in isolation from personality, is challenged. Consequently, the assessment of violence and sexually inappropriate behaviour requires a thorough assessment of an individual's developmental history, organising schematic, cognitions and personality constructs.

THESIS OVERVIEW

The overarching aim of this thesis is to consider the intersection between personality, fantasy and internal mental models, with intentions to draw inferences on how they can be integrated into individual formulations of risk. The notion of fantasies being a reflection of organising internal schemata (e.g. implicit beliefs) was of particular interest. The thesis is structured into six chapters. Each of the main chapters has a unique focus with aims to enhance current knowledge on effective ways to manage particular forensic populations by focusing on a specific psychological construct. Chapter two, three and four consider assessment and treatment issues pertaining to perpetrator populations. The fifth chapter considers a non-offending sample to unpick the construct of sexual fantasy and inferred deviance. The chapters are as follows:

Chapter two is a literature review following a systematic approach which sought to analyse and appraise the quality of the existing literature exploring the role of fantasy within sexual offending behaviour. Although the majority of studies supported an association between offence related sexual fantasy and sexual offending behaviour, the heterogeneity of sex offender populations, array of research strategies utilised, and the subsequent methodological limitations suggest that conclusions should interpreted with caution. Hence, further studies exploring the temporal ordering of sexual fantasy function, in line with the developmental and contextual determinants, for specific sex offender typologies would be of benefit.

Using a case study approach, **chapter three**, considers the complexities of assessment and treatment in relation to a medium-risk internet sexual offender experiencing mental health difficulties (ST). Sexual fantasy is inherent within online sexual offending in regards to ST's use of illicit images to generate and store mental images, thoughts and scenarios. Assessment of personality, and sexual constructs, offered insight to both ST's adaptive coping mechanisms and his offence pathway. Mapping the cognitive components of ST's fantasy (e.g. sexual associations) was useful because it demonstrated that his fantasies were a reflection of his internal mental models. Considering responsivity factors were of particular importance to ensure the credibility of his risk formulation. Additionally, attending to responsivity issues were key to ensuring interventions could be designed and implemented to optimal effect. To some extent the intervention (reflective and insight orientated) demonstrated positive progress in terms of enhancing ST's insight to his vulnerabilities, idiosyncratic behavioural patterns and

the implications this had on future risk scenarios. The resultant formulation was particularly useful in terms of offering professionals an integration of ST's clinical difficulties and the vulnerabilities associated with his offence pathway.

Chapter four provides a critique of the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III: Millon, Millon, Davis & Grossman, 2008). The aim of this chapter was to consolidate and promote on-going appraisal of this popular tool. This tool was considered within the context of how personality measures can supplement assessment of fantasy in regards to the dynamic and evolving function of fantasy and the offender's personality narrative. The MCMI-III is considered psychometrically stable and well designed, also having several advantages over similar personality tests. However, the utility and subsequent applicability of the tool is enmeshed in the controversy on what constitutes a clinical population. As such, development in reference bases for specific offender populations is vital in a practitioner's ability to draw meaningful conclusions from interpretative profiles.

Chapter five considers the underlying psychological process, and associations between sexual fantasy, personality and fantasy proneness. An anonymous electronic questionnaire (containing personality and fantasy psychometric questionnaires) was presented online. Using quantitative analysis, fantasy proneness, early abusive experiences, static fantasy experiences and behavioural expression of fantasy were linked to certain personality markers. Using qualitative analysis, both the function and structural component ('vividness') of sexual fantasy were explored. Control (including a disintegration of control) and cognitive capabilities are implicated as important concepts for fantasy prone individuals. It is suggested that these overarching concepts, when combined with habituation and reinforcement processes, may offer a hypothesis to why fantasy (especially those considered offence related) can be more compelling for some individuals. Discussion around coping (defensive function) and self-representation is presented.

The final discussion (**chapter six)** provides an overview of the findings of this thesis, augmented within theoretical paradigms. Potential implications within both clinical and academic environments are discussed. Finally, this chapter offers recommendations for future avenues of research.

CHAPTER TWO

A LITERATURE REVIEW FOLLOWING A SYSTEMATIC APPROACH: THE ROLE OF SEXUAL FANTASIES WITHIN SEXUAL OFFENDING BEHAVIOUR.

ABSTRACT

Aims: The objective of this review was to appraise, and draw meaningful conclusions from, the current literature base addressing the role of sexual fantasy within sexually offending behaviour.

Methods: A preliminary scoping search was conducted to attain a synopsis of the existing literature, ascertain areas of need and, identify relevant search terms. Ten electronic databases (*BASE, British Library, Cambridge Journals, OpenGrey, Medline, ProQuest and ProQuest Dissertations, PsycINFO, Sage Journals, ScienceDirect & Web of Science)* were systematically searched, five experts were contacted, four of whom replied, and a general internet search was conducted. The studies identified were subject to inclusion and exclusion criteria. Subsequent to this, the quality of studies was critically appraised using pre-defined criteria.

Results: An aggregated total of 1965 papers were found. From this, 444 duplicates were removed and 1432 were excluded due to not meeting the pre-defined inclusion criteria (based on the title and abstract). 89 studies were attained for a full text evaluation which resulted in the exclusion of 57 studies. The remaining studies (n=32) were subject to the quality assessment pro-forma which resulted in the exclusion of a further 16 studies. Hence, 16 studies were included in the current review.

Conclusions: Although all the studies supported the association between sexual fantasy and sexual offending behaviour, the heterogeneity of the sexual offender population, heterogeneity of design and subsequent methodological limitations suggest that conclusions should interpreted with caution. Hence, studies exploring the temporal ordering of sexual fantasy function in line with the development and causal relationship, for specific sex offender typologies, would be of benefit. Several factors were found to moderate the sexual fantasy-offending relationship (e.g. abusive experiences, personality, pre and post fantasy affect). Clinical implications and recommendations for future research were discussed.

Key Words: *Sexual fantasy, sexual offending, risk, function, role, development*

Abbreviations: *HRSF (High Risk Sexual Fantasy), DSF (Deviant Sexual Fantasy), SO (Sexual Offender).*

INTRODUCTION

Fantasy plays a fundamental role in human sexuality, being a healthy part of sexual development (Leitenberg & Henning, 1995). The role of sexual fantasy has been predominately linked to the initiation, development and maintenance of sexual preferences (Langton & Marshall, 2001; Maruna & Mann, 2006; Howitt, 2004; Laws & Marshall, 1990). Behavioural theorists have postulated that fantasy occurs through reinforcement, being a core component of conditioning and social learning processes (Leitenberg & Henning, 1995). In this way, mental rehearsal will result in improved efficiency when utilising the fantasy as a source of pleasure and arousal (Gee, Ward & Eccleston, 2003; Leitenberg & Henning, 1995: Howitt, 2004). This direct reinforcement (sexual arousal, fantasy paired with masturbatory activities, positive affect e.g. feelings of pleasure, control and grandiosity) has been linked with fantasy escalation to overcome habituation effects and maintain erotic value (Laws & Marshall, 1990; MacCulloch et al, Meloy, 2000; Toledano & Pfaus, 2006). Research has established a strong relationship between deviant sexual preferences, cognitive components, and risk of sexual offending; in addition to deviant sexual preferences being the strongest predictor of sexual recidivism (Hanson & Morton-Bourgon, 2005; Ward, 2000; Ward et al, 2006). Thus naturally, both clinicians and academics alike have endeavoured to understand the fantasy phenomenon, and the risk relevance, within sexual offending populations.

It is suggested that, aberrant sexual fantasies can reinforce and strengthen offence related ideation (Laws & Marshall, 1990). Therefore, sexual fantasy is proposed to be an important motivating factor for the commission of a sexual offence e.g. a passive/implicit role in line with avoidant offenders (rehearsal, reliving previous offences, unconscious desire to offend) or an active/explicit role in line with approach offenders (simulation of future offences and conscious desire to offend) (Deu & Edelmann; Gee, Ward & Eccleston, 2003; Ward & Hudson, 2000; Ward, Hudson & Keenan, 1998; Ward, Polaschek & Beech, 2006; Wilson & Jones, 2008). Hence, aggressive sexual fantasies, where an individual places themselves in the role of the aggressor, have been linked to specific types of sexual offending such as rape and sexual homicide (Carabellese et al, 2011; Maniglio, 2010). Additionally, Beech, Fisher and Ward (2005) found that, in a sample of 14 sadistically motivated sexual murderers, 79% cited 'carrying out sexual fantasy' as the main motivation for their offence. In addition to this, Howitt (2004) asserted that sexual fantasies have a disinhibiting effect by lowering internal restraints. The individual can become desensitised to offence related themes, and in line with the process

of normalisation, this may render them more likely to enact the behaviour (Gee, Devilly & Ward, 2004). Thus, enactment of the fantasy through rehearsal will result in an escalation of themes as part of an increasing cycle of behaviour.

Despite this, a wealth of research has revealed that individuals without a history of sexually deviant behaviour do in fact experience aberrant sexual fantasies, with these fantasies being arousing but not resulting in inappropriate behaviour (Bartels & Gannon, 2009; Crepault & Couture, 1980; Grey et al, 2003; Williams, Cooper, Howell, Yuille & Paulhus, 2009; Zurbruggen & Yost, 2004). It seems that deviant sexual fantasy alone is insufficient as a predictive factor of offending behaviour; especially when considering risk as a fluid phenomenon with a multitude of factors simultaneously interacting. This raises questions regarding the usefulness of the term 'deviant sexual fantasy' favoured in the literature, when appropriating a link between sexual fantasies and offending behaviour. Leitenberg and Henning (1995) stated that this term becomes misleading if it is not associated with deviant behaviour. Thus, perhaps the conceptual definition of High Risk Sexual Fantasy (HRSF) proposed by Bartels and Gannon (2011, p. 553) is more fitting. The authors describe HRSF as "*any mental imagery involving an elaborate sexual scenario or script with distorted aims and/or means, whose repeated use can increase the risk of the fantasizer committing a sexual offense in the presence of certain contexts and/or dispositions"*.

Hence, the literature has endeavoured to elucidate the complex relationship and interrelation of risk factors between sexual fantasy and offending to provide an important insight to the internal world of a sexual offender (Gee & Belofastov, 2007). Therefore, when linking sexual fantasy to sexual offending, research has focused on important factors such as: the development of 'deviant' sexual fantasy, positive appraisal of 'deviant' sexual fantasy, disinhibitors, offence supportive beliefs, emotional and affective states, inappropriate coping strategies, pathological personality features and sexual fantasy paired with behaviour (Bartels & Gannon, 2011; Cortoni & Marshall, 2001; Curnoe & Langevin, 2002; Day, 2009; Gannon, Keown & Rose, 2009; Gee, Ward & Eccleston, 2003; Hunter et al, 2008; Mangolio, 2011; Meloy, 2000; Sheldon & Howitt, 2008; Ward & Hudson, 2000; Williams, 2009). Unsurprisingly, this is a complex relationship to navigate, with the potential of many confounding factors skewing research results, and subsequently the inferred role sexual fantasy has in the aetiology of sexual offending behaviour. This, in conjunction with the difficulties associated with defining, measuring, exploring sexual fantasy (e.g. impression management: Howitt, 2005; Leitenberg

and Henning, 1995) and the heterogeneity of the sexual offender population (Robertiello & Terry, 2007; Soothill, Francis, Sanderson & Ackerley, 2000), make it exceedingly difficult to draw conclusions, and an overarching theory or principles, from the available research base.

APPRAISAL OF PREVIOUS REVIEWS

During the initial scoping exercise, one systematic review (Maniglio, 2010) and five literature reviews (Bartels & Gannon, 2011: Carabellese, et al 2011; Howitt, 2004; Leitenberg & Henning, 1995) were found, in relation to sexual fantasy and sexual offenders. Of these reviews, one (the only systematic review) focussed on sexual fantasy as a contributory factor to sexual homicide (Maniglio, 2010). One explored the developmental contributors to 'deviant sexual fantasy' (Maniglio, 2011) and three considered the diverse role of sexual fantasy within a forensic paradigm; albeit, one paper provided a particularly succinct review of the literature (Bartels & Gannon, 2011; Carabellese, et al 2011; Leitenberg & Henning, 1995: Howitt, 2004; see table 2.1 overleaf for a brief summary of key conclusions of previous reviews). All the reviews were useful as a source of research consolidation, with studies that were considered relevant at the time of publication. The review conducted by Bartels and Gannon (2011) was considered particularly comprehensive in the exploration of more contemporary literature on sexual fantasy. This review offered a conceptual definition of HRSF as a useful framework to understand this phenomenon and its contributory value to offending behaviour. However, this review was narrative in nature and did not explore the literature in a systematic manner, having no explicit inclusion/exclusion criteria or quality assessment.

Due to the diversity of methodologies employed within studies exploring sexual fantasy and the difficulty discerning a causal relationship amidst a multitude of confounding or moderating variables, it was felt that a systematic approach may allow a more objective outlook on the quality of studies. The current review is considered an extension of previous reviews, offering some clarity on the strength of the evidence, validity, and subsequent interpretation of research findings. Furthermore, it was felt that an exhaustive exploration and discussion of the specific methodological constraints may aid the production of more consistent and quality research designs that can be directed towards areas of ambiguity. Finally, it is noteworthy to highlight that previous reviews focussed on literature up until March 2011, whereas the current review focussed on literature published up until November 2015.

Table 2.1: Summary of previous review concluding sentiments (chronological order)

Authors & Focus	Conclusions
Leitenberg & Henning, 1995 Focus: SF as a central component to sexual behaviour; gender comparisons.	▪ SF is not necessarily a reflection of dissatisfaction or pathology. ▪ SF does not occur due to absence of sexual activity. ▪ Feelings of guilt were reported by individuals experiencing fantasies that were considered immoral, socially inappropriate and indicative relationship
Howitt (2004) Focus: The role SF has on sexual behaviour for both offender and non-offending populations.	▪ Fantasy experience for non-offenders does not guide behaviour. ▪ Models of fantasy in offending are considered, including: 1) blueprint for offending 2) rehearsal for offending 3) to attain sexual arousal 4) common origins of fantasy and offending 5) fantasy enhancement as a cause of offending. ▪ Studies exploring SF in non-contact sex offenders may have theoretical and practical benefits for research and practice with sex offenders in general.
Mangolio, 2010 Focus: SF and sexual homicide.	▪ Deviant SF can promote sexual homicide when combined with early traumatic experiences, social and/or sexual dysfunction.
Carabellese, et al 2011 Focus: Serial sexual offender (case study) and SF development/ function.	▪ Fantasies of dominance, sexual coercion and forced sex were the primary drive mechanism in his offending behaviour. ▪ These fantasies were directly associated with his narcissistic personality organisation and functioning. ▪ It is suggested that in the minority of cases, fantasies of sexual aggression, coercion, and dominance of women may encourage grandiosity and omnipotence and may lead to sexual offending.
Bartels & Gannon, (2011) Focus: SF and sexual offending.	▪ Correlations between negative affect and DSF is a consistent finding. ▪ Developed a conceptual definition of high risk SF that focuses on risk as opposed to the content of fantasy. ▪ Further research on personality and SF is advocated.

DSF= Deviant sexual fantasy
SF=Sexual Fantasy

AIMS AND OBJECTIVES

To explore the role of sexual fantasy and an increased risk of sexual offending.

Review questions:

1. What is the role of sexual fantasy in the aetiology of sexual offending?
2. Are there specific themes or contents of sexual fantasies associated with sexual offending?
3. How does sexual fantasy link with other risk factors associated with sexual offending (specifically arousal, affect, personality and behaviour)?
4. What are the potential functions of high risk sexual fantasies?

METHOD

The literature search was conducted in-between August and November 2015

Search Strategies

Relevant publications were sourced using the following techniques:

1) Electronic bibliographic databases:

- BASE
- British Library
- Cambridge Journals
- Medline
- OpenGrey
- ProQuest
- ProQuest Dissertations and Theses A&I,
- PsycINFO
- Sage Journals
- ScienceDirect
- Web of Science

2) Key Systematic/Literature Reviews and Journals

The reference lists from key reviews/studies was manually searched and any study with a title that was considered relevant was retrieved for a full text review (hand searching). These

included: Howitt (2004), Maniglio et al. (2010), Bartels and Gannon (2011), and Carabellese et al. (2011).

3) Contacting Experts

Four authors (Ross Bartels, Theresa Gannon, Dennis Howitt and Roberto Maniglio) were contacted to ensure all relevant literature studies (published and unpublished) had been included in the systematic review**.** All the authors replied with three providing additional assistance and material.

4) Internet Searching

A general search of internet resources to identify any grey literature including, websites, conference papers and government papers was conducted. This was done using the Google scholar search engine with the following terms: 'sexual offending' and 'fantasy'. The first 200 links identified were investigated.

Search Terms

The following search terms were applied to all electronic bibliographic databases. However, they were modified slightly to meet the specific requirement of each database:

(Sexual Offence) OR (Sexual Offending) OR (Deviant Sexual Behaviour) OR (Rape/Rapist) OR (Paedophilia) OR (Sexual Abuse) OR (Sexual Sadism/Sexual Sadist)

AND

(Sexual Fantasy) OR (Sexual Fantasies) OR (Deviant Sexual Fantasy) OR (Paraphilic fantasy) OR (Paraphillia) OR (Mental sexual script) OR (Day dream)

All references identified were imported into Mendeley Desktop 1.5.2, with hand searched references being entered manually. The search syntax can be found in appendix A & B. After all the appropriate resources had been exhausted the identified references were collated and any duplicates were removed. References were excluded based on titles, then on abstracts, due to a clear failure to meet the inclusion criteria. Following this, the full text of references were analysed to obtain more detailed information about adherence to the inclusion criteria. Studies deemed suitable and appropriate to this review underwent a two stage selection process.

Inclusion and Exclusion Criteria

All studies identified as relevant to this research topic were subject to the following inclusion and exclusion criteria:

- **Population:** The population included were males aged 18 and above
- **Exposure:** 'Deviant' Sexual Fantasies
- **Outcome**: All sexual offending behaviour (including police reports, convictions and self-reports).
- **Study types**: Case control and cross-sectional studies.
- **Exclusion**: Females, individuals under the age of 18, mentally ill offenders; sexual murderers*, dreams, fleeting thoughts; reviews, opinion papers and case studies. The exclusion criteria was considered and defined in a way that would prevent a misrepresentation of the relationship between sexual fantasy and sexual offending behaviour.

**Sexual murders were excluded due to the distinction between sexual offending and sexual homicide in classification and etiopathogenesis (Maniglio, 2010). Furthermore, a systematic review has already considered the role of sexual murders and deviant fantasy e.g. Maniglio, 2010.*

Quality Assessment

A pre-defined criterion (see appendix C & D) was utilised to assess relevant studies and ensure that the information included in the current review was of the highest possible standard. This quality assessment criterion was devised and adapted in light of the Newcastle-Ottawa Scale (NOS: Wells et al., 2006) and the National Institute for Health and Clinical Excellence (NICE, 2009) guidance template. Separate forms were created for each study design (case control or cross-sectional), to ensure that focus was on the specific methodological biases relevant to each study. These include: selection bias, performance bias, attrition bias, detection and reporting bias. Hence, the following variables were appraised: sampling methods, suitability of study population, confounding variables, drop-out rates, and suitability of assessments and blinding.

According to the quality assessment criterion, a rating of 'good' (study fulfils all criterion), 'fair' (between one and three criterion is not fulfilled, but the study has no limitations that may invalidate the findings) or 'poor' (study does not fulfil four or more of the criterion and/or has

significant limitations that may invalidate findings). Pilot reliability testing was initially conducted with 10 random studies to ensure the predefined quality standards were adequately designed to measure the quality level of studies on this particular topic.

Quality assessments on all thirty two studies were carried out by the primary researcher, with a second reviewer (Enderdeep Garcha) independently inspecting 20% of randomly selected studies. A third reviewer (Shihning Chou) was consulted to make final decisions if any disagreements over fulfilment of certain quality criteria.

Data Extraction

Data was extracted from the included studies using pre-defined pro-forma (*see appendix E*). Thus, information pertaining to population characteristics, exposure and outcome, potential mediating variables, drop-out rates, the statistical analyses employed, results and the authors inferences were extracted appropriately. The process was carried out by the primary researcher. When information was sparse or unclear the information was marked as 'unknown' and researchers were contacted to clarify information.

Following completion of the online electronic database search, the total search yielded 1889 hits. As a result of hand searching key reviews and articles 15 studies were identified. Finally, consulting experts yielded a further 14 studies. In total 1965 studies were identified of which 1432 studies were excluded based on a review of the title/abstract and 444 were excluded due to duplication. Of the remaining studies 89 studies, 57 did not meet the inclusion criteria and were excluded. Finally 16 studies were excluded due to being assessed as poor quality according to the pre-defined quality criteria. Thus, 16 studies were included within the current review. Figure 2.1 illustrates the search results and the process of study selection.

Significant methodological differences were found between the included studies and their approach to defining and measuring DSF. Thus, the heterogeneity of included study's methodology, focus (content, frequency, affect, function) and sex offender subtype (e.g. child molesters, rapists) prevented the authors from combining study data in a way that would produce a valid and reliable meta-analysis.

Figure 2.1: Systematic Review Search Strategy

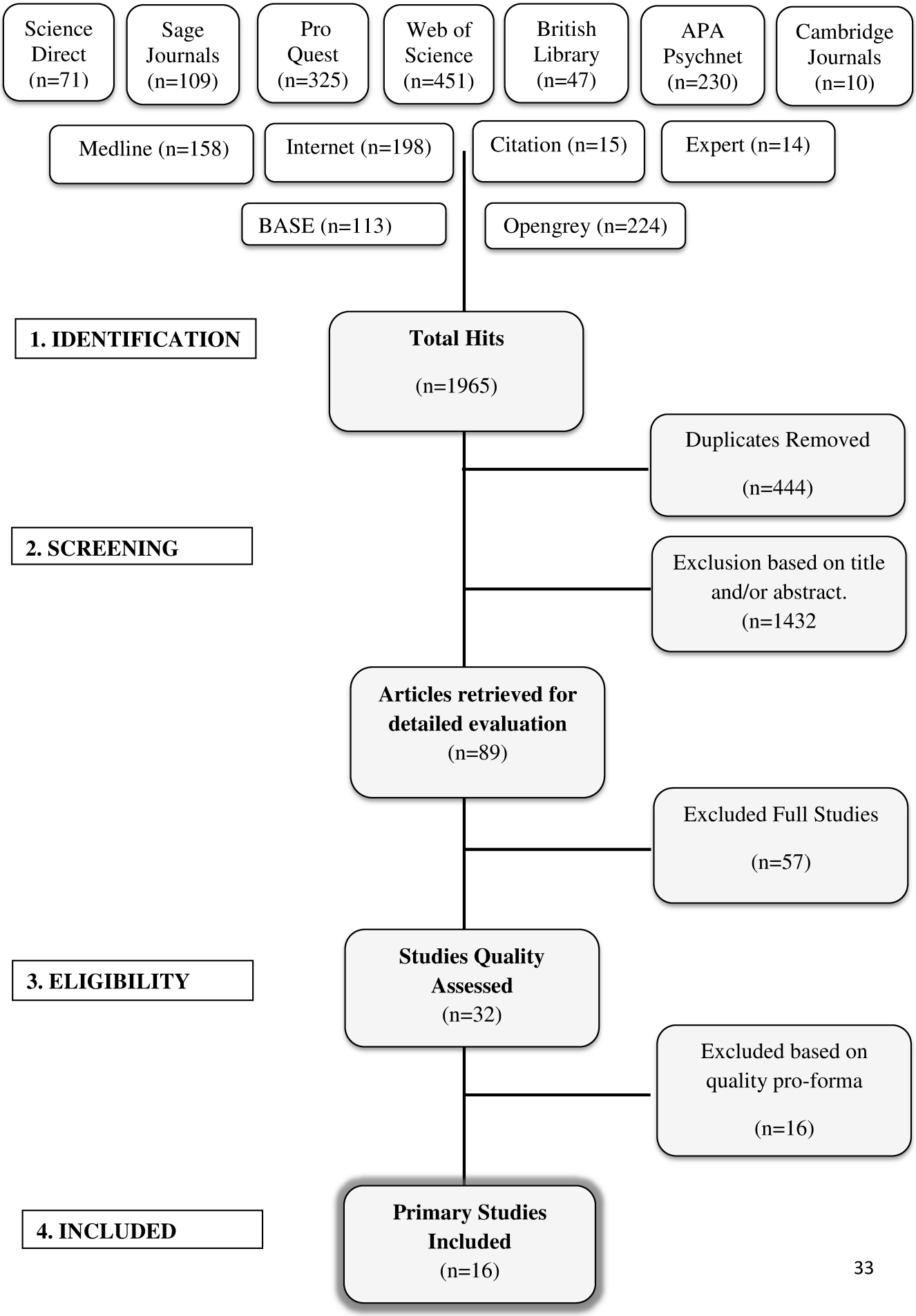


Table 2.2 shows a summary of the demographic information for all the studies combined *(Total=1551 participants; Age ($\bar{x}$) =36.8; Single ($\bar{x}$) = 62.8%; Years of Education ($\bar{x}$) = 10.6*. Overall, the average sample size for all included studies was 97, and the number of participants ranged from 22 to 228. The locations of eligible studies included; Canada (n=9), USA (n=4), UK (n=1), Australia (n=1) and Germany (n=1). All of the studies were published between 1994 and 2013.

Table 2.3 overleaf presents the details of the sixteen included studies. The methods employed by the studies involved cross-sectional (n=12) and case control (n= 4) based designs. Ten studies employed a clinical population such as forensic hospitals, five studies utilised a prison population.

Table 2.2: Demographics of participants within studies (average)

Author(s)	**Country**	**Year**	**Sample size**	**Age** *(yrs)*	**Schooling** *(yrs)*	**Single** *(%)*
Bartels (2013)	UK	2013	48	46.2	n/a	70.7
Baumgartner, Sclaora and Huss	USA	2002	105	32	11.5	75.9
Beauregard, Lussier & Prioux	Canada	2004	118	31.4	n/a	42.2
Curnoe and Langevin	Canada	2002	228	30	10	n/a
Dandescu and Wolfe	USA	2003	82	38.6	n/a	n/a
Langevin, Lang and Curnoe	Canada	1998	201	29	11	53
Looman	Australia	1995	51	n/a	n/a	n/a
Lussier, Prioux and McKibben	Canada	2001	42	37.3	8.9	83
McKibben, Prioux and Lusignan	Canada	1994	22	32.1	n/a	n/a
McKibben et al.	Canada	2001	32	38.1	9.4	56.3
Prioux, McKibben, Lusignan	Canada	1996	39	32.9	n/a	n/a
Prioux et al.	Canada	1999	44	41	n/a	n/a
Schaefer et al.	Germany	2010	160	35.5	n/a	67.5
Sheldon and Howitt	UK	2008	41	46.2	12.5	n/a
Skovran, Huss, Scalora	USA	2010	199	34.4	n/a	54
Woodworth et al	Canada	2013	139	43.8	n/a	n/a

*Studies did not provide any demographic variables
n/a= refers to data that was not available or presented in the study

Table 2.3: Methodology and findings of included studies

Author, Year, Type/ Setting	Participant*	Measure	Key Findings
Bartels (2013) Cross sectional. Secure treatment facility.	Extrafamilial abusers (n = 29) Non-extrafamilial abusers (n = 19)	WSFQ; Wilson, 1978), Thoughts and Fantasies Questionnaire (Thornton, unpublished), Go/No-Go Association Task (GNAT; Nosek & Banaji, 2001)	Of the 29 extrafamilial offenders, 72% (n = 21) reported using child-related fantasies and 60% (n = 8) of the 19 other offenders reported using such fantasies. A significant association was found between offender group and whether or not a child-related fantasy was used, χ^2 (1) = 4.41, p <.05. This indicates that the odds that extrafamilial child abusers will use an elaborate child-related sexual fantasy are 3.60 times more than the odds of non-extrafamilial abusers. To test the hypothesis that extrafamilial abusers would hold a significantly stronger association between children and sexual fantasy, D-scores of the experimental GNAT were analysed. Results showed that extrafamilial abusers had a significantly higher D-scores than the other child abusers, *t*(71) = 2.78, *p*<.01
Baumgartner, Scalora and Huss (2002) Case Control. Max security, Forensic Mental Health institution.	Total: 105. 64 CM, 41 NSO	WSFQ Other: Review of institutional files.	CM reported more overall SF than NSO. CM *(M=9.4)* expressed higher levels of active fantasies than NSO *(M=6.4, F (2, 102)) = 3.69, p = .028.* CM *(M=2.00, SD=1.54)* scored more highly on the items '*having sex with someone much younger than yourself*' than NSO *(M.85, SD = 1.46), F (1, 103) = 14.39, p < .001.* CM *(M=1.58, SD=1 72)* scored more highly on the items 'seducing an innocent' than NSO *(M=0.73, SD=1.34), F (1, 103) = 7.16, p = .009.* **CM experienced significantly more abuse as a child *(sexual: M= 43.8 and 14.6 respectively; physical: M= 32.8 and 9.8 respectively)*, and engaged in more sexually inappropriate behaviour as juveniles *(M=29.7 and 2.4 respectively)* than NSO.
Beauregard, Lussier and Proulx (2004) Cross-sectional. Maximum Security Prison.	Total: 118 sexual aggressors against women.	Semi structured interview which was coded using the Computerised Questionnaire for SA and Phallometric testing.	Humiliation and physical violence were positively correlated with a sexually inappropriate family environment *(r=.22, p=<.05; r=.19, p=<.01)*, the use of pornography*(r=.19, p=<.05 r=.17, p=<.05)*, deviant sexual fantasies *(r=.26, p=<.01)* and an impulsive/antisocial lifestyle *(r=.21, p=<.01).* Within a model of sequential regression, sexually inappropriate family environment *(1st Model: β=.29, p<.0; 2nd Model: β=.25, p< .05; 3rd Model: β= .24, p< .05),* pornography use (2nd Model: *β=.28, p< .05; 3rd Model: β= .25, p< .05*), and DSF (3rd Model: *β= .26, p< .05*) were positively related to the humiliation rape index, explaining 22% of the adjusted variance *(p< .01).*

CM*= Child Molesters., **NSO= Non sexual offenders, **SA**= Sexually Aggressors, **EX**= Exhibitionists, **P**= Paedophile, **iSO**=Internet sexual offender, **HomoP**= Homosexual Paedophiles, **HeteroP**= Heterosexual Paedophiles, **Incest-O**= Incest Sexual Offenders.*

			DSF in childhood and adolescence (*3rd Model: β= .24, p< .05*) were related to the physical violence rape index, accounting for 16% of the variable.
Curnoe and Langevin (2002) Cross sectional. Clark Institute of Psychiatry.	Total: 228. 57 multiple, 51 EX, 24 SA, 23 homoP, 14 heteroP, 17 incest-O, 42 NSO. *All pp assigned to either deviant or non-deviant fantasisers group.*	Clinical Interview, Clarke Sex History Questionnaire. <u>Other:</u> Minnersota Multi-phasic Personality Inventory.	30% (n=60) of the sample was defined as deviant fantasisers (DF): 56.5% (n=13) for homosexual paedophiles, 42.9% (n=6) Heterosexual Paedophiles, 36.8% (n=21) for Multiple or Misc. SO, 33.3% (n=17) Exhibitionists, 17.6% (n=3) Incest Offenders, 16.7% (n=4) Sexual Aggressors. DF's were more likely to be socially isolated and less emotionally stable. DF had more clinically significant scores on: ▪ Psychopathic deviant *(55.9% versus 37.2, p=0.012).* Specifically, the scales Social Alienation *(F=7.66, p < .006),* Self-Alienation *(F= 3.12, p < .10)* & Familial Discord *(F = 5.01, p < .05).* ▪ Masculinity-Femininity *(20.6% versus 8.3%, p=0.014).* Specifically the scales, Sexual Identification (*F=13.86, p < .001)* and Feminine Occupational Identification (*F = 6.86, p < .009*). ▪ Paranoia *(48.5% versus 32.7%, p=0.035).* Specifically the scale, Persecutory Ideas (*F=13.86, p < .001)* ▪ Schizophrenia *(50% versus 29.5%, 0.004)* compared to non-deviant sexual fantasisers. Specifically the scales, Social Alienation *(F=8.556, p < .004)*, Emotional Alienation *(F=5.158, p < .024)* and Defective Inhibition *(F=9.301, p < .003).* There was no interaction of fantasy groups and sex offender groups. Therefore the two factors groups can be considered independently.
Dandescu and Wolfe (2003) Cross-sectional. Private Clinic.	Total: 82. 57 CM and 25 EX.	Undefined Questionnaire, incorporating questions pertaining to deviant masturbatory fantasies.	<u>Child Molesters</u> 64.9% experienced deviant sexual fantasy **prior** to offence. Within this, 47% reported experiencing between 1 and 100 deviant masturbatory fantasies and, 17.5% reported experiencing between 100 and 500 deviant masturbatory fantasies. The average number experienced prior was 55.36 *(SD= 92.97).* 80.7% experienced deviant masturbatory fantasies **after** their first offence. Within this, 56.1% reported experiencing between 1 and 100 deviant masturbatory fantasies and, 24.6% reported experiencing between 100 and 5000 deviant masturbatory fantasies. The average number experienced after was 498.29 *(SD= 1519.49).* There was no significant difference between the number of deviant masturbatory fantasies aimed towards any child or a specific child, both prior to *(M= 19.7 and M=36.59 respectively, p= .18*) or after the offence *(M= 220.04 and M=278.21 respectively, p = .21).* <u>Exhibitionistic offenders</u>

			76% experienced deviant sexual fantasy **prior** to offence. The average number experienced prior was 93.29 *(SD= 214.04)*, with 62.12 involving any victim and 31.92 *(SD = 100.18)* involving a specific victim. 88% experienced deviant masturbatory fantasies **after** offence. The average number experienced after was 292.78 *(SD= 503.26).* Both the child molesters and exhibitionistic offenders reported a significantly larger number of deviant masturbatory fantasies after offence the first offence than before *(p = .0018 and p = .042 respectively).*
Langevin , Reuben and Curnoe (1998) Case Control. Institute of Psychiatry.	Total: 201 51 EX, 50 NSO, 23 homoP, 22 NSO, 24 SA, 17 incest-O, 14 heteroP	The Clark Sex history questionnaire. <u>Other:</u> Clinical Interview	A significant difference was found between the percentages of participant groups experiencing any DSF % *(x^2= 24.58, p < .001).* The prevalence of deviant fantasies for each participant group were as follows: ▪ 56.5% Homosexual Paedophiles, 42.9% Heterosexual Paedophiles, 33.3% Exhibitionists, 17.6% Incest offenders, 16.7% Sexual Aggressors, 12% Non-sexual Aggressors, 9% Heterosexual controls. A high percentage of all groups reported experiencing non-deviant sexual fantasies *(M=80.6%, ranging from 62.5-90.9%).*
Looman (1995) Case Control. Incarcerated in federal prisons.	Total: 61. 23 CM, 19 rapists, 19 NSO.	Combined questionnaire and structured interview (frequency, content of fantasies and conditions they arouse).	One of the rapists disclosed fantasies involving females 12-15 years old, as did 14 child molesters. 12 child molesters admitted to fantasies involving females under the age of 12. Three child molesters disclosed fantasy involving persuasive techniques for compliance *(Promise of favours: n=2; Restraint: n=1*) and occurring 'only occasionally'. Happiness was more likely to accompany sexual fantasies involving adults *(x^2=13.85, p< .001).* Negative affect was more likely to accompany fantasies involving children than adults *(e.g. guilty: x^2=15.03, p< .001; scared: x^2=11.74, p< .01).* There was a significant difference between the preceding mood of the participant and the focus of the fantasy. Thus, child molesters were more likely to fantasise about children when in a negative emotional state than a positive mood *(Rejected by female: x^2= 12.84; Depressed: x^2= 12.03, p=< .001; Argument with spouse; x^2=7.98, p= p < .01)* and vice versa they were more likely to fantasise about adults when in a positive emotional state than a negative one *(Good day: x^2=14.6, p < .01 ; Romantic: x^2=11.23, p < .001; Happy: x^2= 6.32, p < .01).* Rapists were slightly more likely than child molesters to fantasise when mildly angry *(x^2= 10.31, p=.03).*
Lussier , Proulx and	Total: 42.	Coping Strategy report (self-report	Two personality profiles were identified: 1) Dramatic profile (*n=21; presenting with higher scores on Histrionic, Narcissistic and Compulsive scales*). Individuals with this profile presented with more social

McKibben (2001) Cross Sectional. Maximum security psychiatric hospital	23 SA of women and 19 SA of children.	questionnaire to evaluate mood, sexual fantasy and coping strategy utilised). Other Millon Clinical Multiaxial Inventory- I	skills, more likely to assert themselves, higher self-esteem. 2) Anxious profile *(n=21; presenting with higher Schizoid, Avoidant, Passive Aggressive, Schizotypal and Borderline scales*): social skills deficits, low-self-esteem, difficulty relating to others and negative anticipations. Individuals with an Anxious profile reported avoidance strategies as most effective to cope with negative moods *(74.1%)* than compared to those with a Dramatic profile *(50%)* Those with a Dramatic profile reported approach strategies as most effective *(47.8%)* than those with an Anxious profile *(25.2%), F(1,38)=7.80, p < .01.* Participants with an Anxious profile *(82.3%)* reported a lower rate of effective coping efforts for DSF than those presenting with a Dramatic profile *(93.4%), (F (1,29) = 4.54, p < .05).* Personality profiles did not differ in strategies used to cope with DSF. Fantasy modification was the most effective method to cope with DSF *(M=51.4, SD: 20.8).*
McKibben, Proulx and Lusignan (1994) Cross-sectional. Medium secure psychiatric hospital.	Total: 22. 9 Paedophiles and 13 Rapists.	Fantasy Report, a self-assessment tool.	<u>Rapists</u> A significant relationship was found between: ▪ Presence of conflicts and *(DSF, x^2 (1) = 17.4, P < 0.001)* ▪ Negative mood and DSF *(x^2 (1) = 37.4, P < 0.001).* ▪ Conflicts and masturbatory activities while having DSF *(x^2 (1) = 6.5, P < 0.05).* Conflicts evoked the following emotions: loneliness (n= 64), humiliation (n 46), anger (n=41), inadequacy (n=17) and rejection (n=15). <u>Paedophiles</u> A significant relationship was found between: ▪ Negative mood and DSF *(x^2 (1) = 32.4, P= < 0.001).* No significant association was found between conflict and DSF. Conflicts evoked the following emotions: loneliness (n= 34), and oppression (n=16).
McKibben, Proulx and Lussier (2001) Cross-sectional. Medium secure	Total: 32. 18 SA of children and 14 SA of adult women.	Coping strategy self-report questionnaire (Participants were required, after training, to self-report their sexual	71% of child molesters and 88.8% of SA used adaptive methods to cope with DSF. These included: SF modification *(child molesters: 54%; sexual aggressors: 58.2%)* and cognitive strategies (*child molesters: 38.3% and sexual aggressors: 36.4%).* Cognitive strategies were reported to be the most effective to deal with DSF. Adaptive coping strategies were reported to be effective in 75.1% of the child molesters self-reports and in 91.1% of the sexual aggressors self-reports. SF modification was reported to be the most effective strategy (*child molesters: 73.6% and sexual aggressors: 84.2%)*

psychiatric institution.		fantasies among other variables).	Use of coping skills was reported for DSF for child molesters in 79 self-reports *(28.5%)* and for sexual aggressors in 19 self-reports *(12%).* Child molesters reported lack of will (35.5%) and anticipation of failure (37.5%) as justification for not using adaptive coping strategies in response to DSF. Whereas sexual aggressors of women most frequently reported emotional disturbance (38.2%) and lack of will (35.3%).
Proulx, McKibben and Lusignan (1996) Cross Sectional. Maximum security psychiatric hospital.	Total: 39 19 Rapists, 12 HeteroP, 8 HomoP	Fantasy Report (self-report, categorical data) every 2 days for 2 months.	<u>Rapists</u> A significant relationship was found between: ▪ Affective components (*conflicts: x^2 (1) = 9.92, p < .01; mood: x^2 (1) = 13.9, p < .001)* and masturbatory activities during DSF. ▪ Affective components and masturbatory activities during non-deviant SF (conflicts: *x^2 (1) = 4.2, p < .05; mood: x^2 (1) = 7.8, p < .01* The emotions provoked by conflicts included: anger *(reported 81 times)*, loneliness anger *(reported 78 times)* and humiliation anger *(reported 54 times).* <u>Heterosexual Paedophiles</u> A significant relationship was found between: ▪ Affect (*conflicts: x^2 (1) 22.4, p < 0.01; mood: x^2 (1) = 34.9, p < .001)* and DSF ▪ Conflicts and masturbatory activities during DSF *(x^2 (1) = 4.9, p < .05).* ▪ Affective components and masturbatory activities during non-deviant SF (conflicts: *x^2 (1) = 4.2, p < .05; mood: x^2 (1) = 7.8, p < .01* Emotions provoked by conflicts included: humiliation *(reported 47 times)*, loneliness *(36 times)*. <u>Homosexual Paedophiles</u> A significant relationship was found between: ▪ Affective components (*conflicts: x^2 (1) 19.1, p < 001; mood: x^2 (1) = 30.7, p < .01)* and DSF The emotions provoked by conflicts included: loneliness *(reported 31 times).*
Proulx, Perreault and Ouimet (1999) Cross sectional.	44 male sexual CM.	All information was gathered through the assessment process at the CRR. Looking at several factors a) pre-	<u>Pre-Crime</u> In 34.1% (n=15) of cases, DSFs were reported during the 12 hour period before sexual offence. Negative affect was reported in 63.6% of cases (*e.g. 20.5% Anxiety, 13.6% Loneliness and 6.8% Anger etc.*). Whereas positive affect was reported in 22.7% of cases, specifically 'calm down'. <u>Crime Phase</u>

Maximum security Prison.		crime, b) disinhibitors, c) modus operandus characteristics, d) victim characteristics. This was collected from official reports and interviews.	22.7% of participants reported a negative emotion *(e.g. 13.6% anxiety, 4.6% fear, 4.6% depression),* whereas 56.8% reported a positive emotion *(e.g. pleasure/sexual arousal).* <u>Post-crime</u> 45.5% of participants reported feelings of guilt after the offence. In regards to positive affect, 11.4% of participants reported feelings of 'calm down' and 4% reported feeling 'pleasure/ sexual arousal'. <u>Offence Pathway Comparison</u> Offenders using the Non-coercive pathway, used pornography (50% and 13.3%; x^2 *(1) – 6.8,* $p < .01$), experienced more DSF (*71.4% and 19.2% respectively;* $x^2(1) – 10.8, p < .01$) than offenders using the Coercive pathway.
Schaefer et al (2010) Cross Sectional. Community sample.	Total: 160 97 Potential offender (sexual preference for minors), 63 Dunkelfeld offenders (undetected cases of CSA)	Computer Assisted telephone interview (frequency, proportion, content of SF, the number of sexual contacts and perceived risk of sexual offending.	64.6% of the sample reported an awareness of sexual fantasy by age 20 *(62.1% Potential offenders; 68.3% Dunkelfeld offenders).* 84.3% of participants reported adults occurring in sexual fantasy. 36.5% of participants reported prepubescents dominated their sexual fantasies. Dunkelfeld offenders *(M=72.8, SD= 26.988)* reported a higher number of fantasies involving prepubescent and pubescent children compared to potential offenders *(M=59.4, SD= 30.065), t (151) = -2.800, p=0.006.* Participants believed sexual fantasies can influence their behaviour, with 89% of participants to be at risk of offending. Thus, a high proportion of participants reported moderate (12.5%) and severe (73.8%) distress in direct result of sexual fantasy. *Potential and Dunklefeld offenders were middle aged, better educated and have higher socio-demographic status than detected child sexual offenders.*
Sheldon and Howitt (2008) Cross Sectional. Private Prison.	Total: 51 convicted of offences involving children. 16 iSO, 25 contact only and 10 mixed (contact and internet)	52-point self-completed questionnaire designed around Wilson Sexual Fantasy Questionnaire. Detailed interview also conducted.	Most common sexual fantasies ($M \geq 2.00$) were adult-male heterosexual fantasies, with 'vaginal intercourse with a willing female adult' having the highest frequency (M=2.25). Fantasies involving force, humiliation, cross-dressing, necrophilia and sadistic elements were extremely rare or absent *(*$M \leq 1.14$). Some child orientated fantasies were common. These include: receiving oral sex from a girl (M=1.57), vaginal sex with a girl (M=1.51), viewing pictures/films of girls and then boys in sexual acts (M=1.51 and 1.31 respectively), giving oral sex to a girl and a boy (M=1.49 and M=1.39 respectively). Internet (M=0.37, p=.006) and Mixed Sexual offenders (M=.58, p=.003) shared similar levels of child orientated SF, with pure sexual offenders reporting the lowest frequency (M= -0.47).

			<u>Developmental Factors</u> Child SO commonly reported more sexually abusive childhoods (56%) in comparison to mixed SO (50%) and Internet SO (19%). No differences were found in the fantasies of those that reported sexually abusive childhoods and those that did not. Child SO reported a higher frequency of sex play, at any age, with adult males (40%) than mixed and Internet SO. Mixed SO reported the highest frequency of sex play, under the age of 12, with girl peers (40%) and to a lesser extent male peers (20%). ISO reported higher levels of pre-pubescent sex play with girl peers (31%).
Skovran, Huss and Scalora (2010) Cross-sectional. Maximum Security Forensic Hospital.	Total: 199. 95 CM, 20 Rapist, 19 Mixed (molester/ rapist), 65 NSO. 85.4% Non-Psychopaths and 14.6% Psychopaths	WSFQ, Revised version of Sexual Fantasy Questionnaire. <u>Other</u> PCL-R, Sexual Sensation Seeking Scale, The Nonsexual Experience Seeking Scale, Sexual Compulsivity Scale	A trend approaching significance was found when examining the six subscales of the SFQ between psychopaths and non-psychopaths *($\lambda = 0.887$, x^2 (6) = 10.71, p = .0098, with an 11.4% reclassification rate).* Analysis conducted across sexual offenders produced the following trend: *$\lambda = 0.849$, x^2 (6) = 11.76, p = .0068, with a 15% reclassification rate.* When combining the WSFQ and the SFQ subscales across all offender types, the following trend was found: *($\lambda = 0.817$, x^2(10) = 17.0, p = 0.075, with an 81% reclassification rate.* Psychopathic offenders reported a greater number of than non-psychopathic offenders. Psychopathic sexual offenders scored higher on each fantasy subscale than non-psychopathic offenders (except incest and molestation). The psychopathic group *(M=28.74 SD=7.20)* scored significantly higher on the sexual sensation seeking scale than the non-psychopath group *(M= 25.74, SD=6.63), F (1, 132) = 3.96, p= 0.048.* 83% of the time, when analysing across sexual offenders on all seven correlated measures, prediction of psychopath group members was successful.
Woodworth et al (2013) Cross sectional. High Risk Offender Identification programme.	Total: 139. 41 CM, 42 rapists, 18 rapist/molesters 30 mixed offenders.	File review. SF were coded into themes. <u>Other</u> Psychopathy PCL-R.	71% (n=99/139) of offenders reported engaging in some form of sexual fantasy. Offenders were significantly χ^2 (1, N=95) =39.17, p < .001 more likely to engage in deviant fantasies, involving child, and/or violent (53%). 42% of the variance in type of fantasy could be accounted for by offender type χ^2 (9, N=89) = 46.04, p < .001. A total of 64% (n=89) of offenders had at least one paraphilia. Within the group of exclusive rapists (n = 41), 27 reported having at least one paraphilia, of these 67% were classified in the sadistic category. The relationship between psychopathy and SF was significant, χ^2 (6, N=56) =12.91, p=.04, Cramer's V=.34. Specifically, 61% of psychopaths reported violent fantasies.

RESULTS OF QUALITY ASSESSMENT

The quality assessment pro-forma was separated into five sections, each incorporating methodological elements that could make significant differences to the conclusions of the study. Both appendix F and G demonstrate the weightings within the checklist appraisal process in terms of the items allocated to a particular domain. Table 2.4 overleaf identifies the overall quality of each study and highlights methodological limitations.

Selection and Sampling Bias

Selection bias refers to systematic differences between baseline characteristics of the participants in the study (Higgins, Altman & Sterne, 2011). Research objectives, as defined by the study, are the best indictors of an appropriate source population. All the studies included utilised a suitable population to address research hypothesis. However, the difficulty in utilising a sexual offender population rendered some studies (n=3) vulnerable to the ramifications of having a small sample size. The majority of studies (n=12) outlined sufficient demographic information to gauge representativeness and determine baseline measurements and subsequent comparability of groups. Opportunity sample procedures (n=15) were the most common method of recruitment. Although this method rendered some studies vulnerable to volunteer bias, in these cases the method of sampling was deemed appropriate to the study. Eleven studies utilised a pre-defined eligibility criteria in line with the studies research objectives and source populations. Only one study included reported refusal rates (Beauregard et al, 2004).

Performance and Detection Bias

Diagnostic method for assessing:

1. Outcomes: The majority of studies included used criminal convictions of sexual offending to correctly assign the participant as a sexual offender (n=15). In one study self-report was used to identify and categorise individuals who had committed a sexual offence but had not been caught by the relevant authorities (Schaefer et al., 2010).
2. Exposure: The majority of studies included within this review employed different measures to assess the presence and content of sexual fantasy, with two studies using multiple measures to assess sexual fantasy. All the studies utilised self-report tools. However, the empirical validity of the measures varied.

Table 2.4: Study Quality and limitations as defined by quality assessment

Author(s)	Poor Definition of DSF	Small Sample size	Systematic differences between groups	Missing data	Social Desirability	Study Rating
Bartels (2013)		▲				Good
Baumgartner et al, (2002)						Good
Beauregard et al, (2004)					▲	Fair
Curnoe et al, (2002)				▲		Good
Dandescu et al, (2003)			▲	▲		Fair
Langevin et al, (1998)						Good
Looman (1995)			▲			Fair
Lussier et al, (2001)				▲		Fair
McKibben et al, (1994)		▲		▲		Fair
McKibben et al. (2001)				▲		Fair
Prioulx et al, (1996)			▲			Fair
Prioux et al. (1999)	▲	▲				Fair
Schaefer et al. (2010)						Fair
Sheldon et al, (2008)					▲	Fair
Skovran et al, (2010)						Good
Woodworth et al (2013)			▲			Good

Thus, six studies utilised empirically validated measures that were either solely focused on sexual fantasy or had scales relevant to the assessment of sexual fantasy. Hence, three studies used the Wilson Sexual Fantasy Questionnaire (WSFQ: Wilson, 1978, 1988), two studies used the Clarke Sex History Questionnaire (SHQ: Langevin & Paitich, 2002), one study used the Sexual Fantasy questionnaire (SFQ: O'Donohue, Letourneau, & Dowling, 1997). In contrast, eleven studies utilised invalidated questionnaires. These questionnaires were often devised specifically for the author's research purposes e.g. Fantasy Report (McKibben, Proulx & Lusignan, 1994; Proulx, McKibben & Lusignan, 1996) and Coping Strategy Self Report (Lussier , Proulx & McKibben, 2001; Proulx, McKibben & Lusignan, 1996). In these instances, the focus was on the differentiation between deviant and non-deviant sexual fantasy. As such, participants who completed the questionnaire themselves were trained by the researcher on how to differentiate these types of sexual fantasy. Researchers who completed the questionnaire on behalf of the participant gathered relevant information which was then coded into the questionnaire. Nine studies used interview techniques and two studies incorporated a file review in the methodology to gain more detailed information, which was then coded into relevant questionnaires.

3. Moderating Variables: To explore the role of sexual fantasy within forensic populations numerous studies assessed the moderating role of different variables. These included: 1) developmental factors e.g. abusive childhoods, early sexual experiences and personality (n=5), 2) pre-fantasy factors e.g. affective experiences prior to fantasy (n=4), 3) fantasy experience e.g. sexual arousal, masturbatory activities accompanying fantasy, pornography usage, affective experiences during sexual fantasy, (n=6) and, 4) post-fantasy factors e.g. affective responses experienced after fantasy experience, coping strategies to manage sexual fantasy (n=3). Information regarding developmental experiences and affective elements of sexual fantasy was gathered via a structured interview (n=2), file review (n=2) and self-report questionnaires (n=6). To assess personality specifically, the following psychometric questionnaires were utilised: Millon Clinical Multiaxial Inventory Manual (MCMI-I: Millon, 1983), Minnesota Multiphasic Personality Inventory (MMPI: Hathaway & McKinley, 1989), Narcissistic Personality Inventory (NPI: Raskin & Hall, 1979), Psychopathy Checklist- Revised (PCL-R: Hare, 2003) and the Self-Report Psychopathy Scale (SRP-III; Paulhus et al.,2009).

4. Social desirability: The sensitive nature of sexual fantasy renders studies vulnerable to bias incurred by impression management or deception. The predominant method of minimising bias incurred by social desirability was to assure participants of the confidential and anonymous nature of the research (n=13). It may be of note that the volunteer aspect of recruitment methods (n=2) also infers that participants gave informed consent and were willing to disclose information pertinent to the research objectives.

Attrition Bias

None of the studies included in this systematic review reported on attrition. Only three studies (McKibben et al 1994; Proulx, McKibben & Lusignan 1996; McKibben et al 2001) used an assessment tool that required data collection over several months, none reported any incidents of participant withdrawal. Seven studies reported issues with missing data, of these studies, one withdrew all of it (Dandescu and Wolfe 2003) and two utilised appropriate statistical analysis to compensate. The remaining four studies did not acknowledge the missing data again in either the analysis or results.

Reporting Bias

Reporting bias is defined as selective differences in revealing desirable and undesirable results (Higgins et al., 2011). Eight studies specified outcomes in the method which reduces the potential for reporting bias to occur. However, the remaining eight studies did not pre-specify potential outcomes, instead opting for more exploratory objectives.

DATA SYNTHESIS

Prevalence of fantasy experiences

Fantasy life was found to be a prevalent in sex offender populations, more so than non-sexual offenders (Baumgartner, Scolara & Huss, 2002). This was particularly relevant in a group of high risk sexual offenders, with Woodworth (2013) reporting that 71% of his sample engaged in some type of fantasy (n=99/139). Sexual offenders were found to experience 'conventional' sexual fantasies e.g. involving mature adults (Schaefer et al, 2010; Sheldon & Howitt, 2008). For example, Langevin, Reuben and Curnoe (1998) found a high percentage of all groups (including five sub-types of sexual offending and two types of control groups) experienced

non-deviant fantasies (*M*=80%, ranging from 62.5-90.9%). DSFs were reported less frequently than conventional equivalents (Sheldon & Howitt, 2008). Despite this in the studies that included control samples, offenders were found to engage in DSF more than non-sexual offenders (Baumgartner, Scolara & Huss; Woodworth, 2013).

Six studies that reported on DSF in regards to child orientated fantasies (Sheldon & Howitt, 2008; Looman 1995; Woodworth et al, 2013; Baumgartner, Scolara & Huss, 2002; Dandescu & Wolfe 2003, Schaefer et al, 2010). Whereas only two studies reported DSF in regards to violence, force, or sadistic elements, however these themes were deemed to be rare (Sheldon & Howitt, 2008; Woodworth, 2013). In some cases prevalence of DSF significantly increased after the offence had been committed (Dandescu & Wolfe, 2003). Significant differences were found between sex offender typology and prevalence of DSF (Langevin, Reuben & Curnoe, 1998; *see table 2.5 overleaf*). Woodworth (2013) found that 42% of the variance in type of fantasy could be accounted for by offender type.

Formative Experiences

Baumgartner, Scalora and Huss (2002) found that child molesters suffered significantly more sexual abuse as a child and engaged in more sexually inappropriate behaviours as juveniles than non-sexual offenders. This finding was also supported by Beauregard, Lussier and Proulx (2004) who found that early exposure to explicit material, sexual proclivity, sadomasochistic cues, inappropriate family environment, and an impulsive and anti-social lifestyle were positively correlated with the development of DSF. Despite this, Sheldon and Howitt (2008) found differences between the sex offender typology, prevalence of abusive childhoods and the frequency of sex play, however no differences were found in the fantasy content of those that reported abusive childhoods and those that did not. Conditioning processes, including masturbatory activities and utilising pornography, in the maintenance of deviant sexual preferences were identified as relevant factors to DSF (Beauregard, Lussier & Proulx, 2004; McKibben, Proulx & Lusignan, 1994; Proulx, McKibben & Lusignan, 1996). Beauregard, Lussier and Proulx (2004) found that DSF in childhood and adolescence were related to the physical rape index

Table 2.5: Prevalence of DSF within different sex offender subgroups

Typology	Presence of DSF *(%)*	Authors (s)
Child Molesters	▪ 64.9 * (80.7**)	Dandescu and Wolfe (2003)
	▪ 46.9	Schaefer et al (2010)
	▪ 60.8	Looman (1995)
	▪ 34.1 *(12 hours prior*)*	Proulx et al, (1999)
	▪ 60.4	Bartels (2013)
Heterosexual Paedophiles	▪ 42.9	Curnoe and Langevin (2002)
	▪ 42.9	Langevin , Reuben and Curnoe (1998)
Homosexual Paedophiles	▪ 56.5	Curnoe and Langevin (2002)
	▪ 56.5	Langevin , Reuben and Curnoe (1998)
Exhibitionists	▪ 76.0 (prior*), 88.0 (after**)	Dandescu and Wolfe (2003)
	▪ 33.3	Curnoe and Langevin (2002)
	▪ 33.3	Langevin , Reuben and Curnoe (1998)
Incest	▪ 17.6	Curnoe and Langevin (2002)
	▪ 17.6	Langevin , Reuben and Curnoe (1998)
Sexual Aggressors	▪ 17.6	Curnoe and Langevin (2002)
	▪ 16.7	Langevin , Reuben and Curnoe (1998)
Non sexual offenders	▪ 11.9	Curnoe and Langevin (2002)
	▪ 9.0	Langevin , Reuben and Curnoe (1998)

**prior to offence*

***after offence*

Personality

Three studies found that individuals with psychopathic traits were significantly more likely to have DSF than those without (Curnoe & Langevin, 2002; Skovran, Huss & Scalora; Wilson, 2013). Psychopathy was also considered a pivotal factor in translating fantasy into reality (Skovran, Huss & Scalora). Similairly, Schaefer et al (2010) reported that 89% of the sample

(Dunkenfeld and 'potential offenders) believed that fantasy could influence behaviour. Curnoe and Langevin (2002) found no clear differences between sexual offenders and non-sexual offenders personality constellations. However, different personality profiles were found between individuals categorised as deviant fantasisers (30%, n=60) and those categorised as non-deviant fantasisers. Thus, traits implicated in deviant sexual fantasisers included social alienation, self-alienation, masculinity-femininity, paranoia, persecutory ideas and schizophrenia (more specifically the sub-themes, social alienation, emotional alienation and defective inhibition) (Curnoe & Langevin, 2002).

Lussier, Proulx and Mckibben (2001) found that individuals with anxious personality profiles (higher scores on schizoid, avoidant, passive-aggressive, schizotypal and borderline scales) were more likely to rationalise to maintain self-esteem and use distraction techniques to avoid negative moods. However, individuals with the anxious personality profile demonstrated low self-efficacy, with a tendency to think they were incapable of dealing with adverse experiences (e.g. DSF or stressful situations). Within this study, individuals with an avoidant personality profile also demonstrated low self-esteem, being more prone to anticipate failure.

Positive and Negative Affect

Various studies found a relationship between emotional affect and DSF (Looman, 1995; Mckibben, Proulx & Lusignan, 1994, Proulx, Anddre & Lusignan, 1996, Lussier, Proulx & Mckibben, 2001; Proulx, Perreault & Ouimet, 1999). Looman (1995) found that child molesters were more likely to fantasise about children when experiencing a negative emotional state rather than a positive one. In regards to rapists, moods such as anger, loneliness, feelings of rejection, and humiliation coincided with more DSF (Looman, 1995; Mckibben, Proulx & Lusignan 1994; Proulx, Anddre & Lusignan, 1996). However, Looman (1995) suggested that for some individuals, anger acts as an inhibitor of sexual arousal. In regards to paedophiles, humiliation and loneliness were most associated with the onset of DSF (Proulx, Anddre & Lusignan, 1996; Mckibben, Proulx & Lusignan 1994). However, Proulx, Anddre & Lusignan (1996) found that homosexual paedophiles experienced DSF independent of emotional states. The negative emotions triggering DSF could be prompted by general lifestyle issues, relationship issues, conflicts and negative appraisal of aberrant sexual behaviour (Looman, 1995; McKibben, Proulx & Lusignan, 1994; Proulx, McKibben & Lusignan, 1996). Compounding the link between affect and DSF, Curnoe and Langevin (2002) found that deviant fantasisers were more likely to be socially isolated (possibly generating negative affect)

and less emotionally stable. Deviant fantasisers also tended to be more suspicious and hold more persecutory beliefs (again possibly generating negative affect). It is important to note, that sexual offenders also experienced fantasies considered non-deviant in nature, generally accompanied by positive affect (Sheldon & Howitt 2008). However, the occurrences of negative affect would supress these 'normal' sexual fantasies and, increase the presence of more deviant themes with fantasy (Looman, 1995; Proulx, Anddre & Lusignan, 1996). Alternatively, some research found an association between positive affect and DSF (e.g. Proulx et al, 1999; Skovran, Huss & Scalora, 2010). Skovran, Huss and Scalora (2010) found that psychopaths scored higher on sensation seeking, the presence of sexual fantasy and exploratory subscales than non-psychopathic offenders.

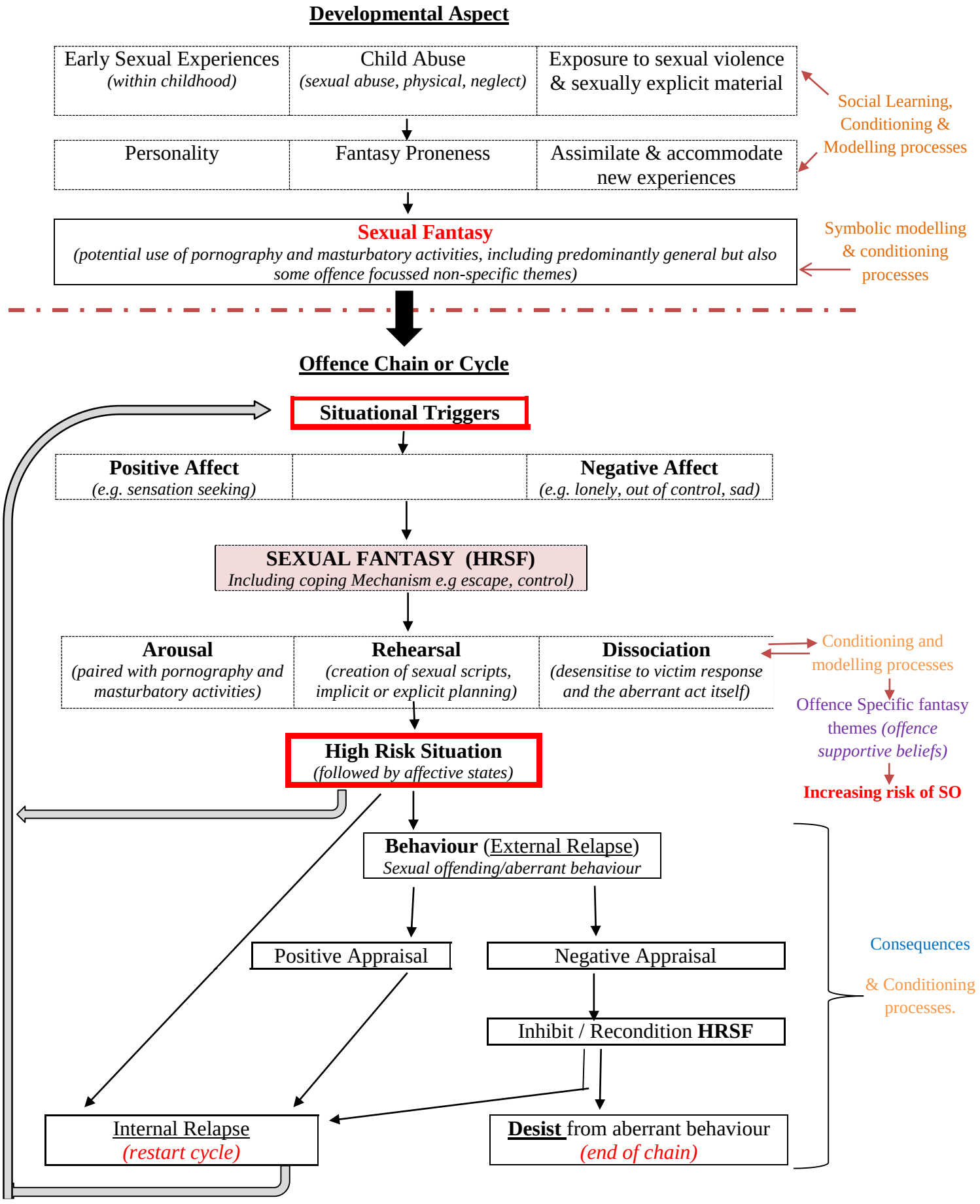
DISCUSSION

This review was undertaken to integrate and evaluate the literature investigating sexual fantasy and sexual offending behaviour. Despite the heterogeneity amongst the studies, the majority suggest that an association does exist in regards to DSF. Within the studies DSF refers to offence related fantasy experiences. For instance, some studies found that sex offenders tend to use DSF more (presence/frequency) than non-sex offender controls (e.g. Curnoe & Langevin, 2002; Langevin, Lang, & Curnoe, 1998) and, high risk offenders specifically show a high prevalence of DSF (e.g. 82%; Woodworth et al., 2013). Despite this, a causal relationship cannot be attributed. The current hypothesis is that the integrate functions of fantasy vary, being dependant on the stage of the offence process. Figure 2.2 overleaf attempts to consolidate the findings of the reviewed studies, incorporating a theoretical perspective. These findings will be discussed in more detail, specifically in regards to the offence process.

Developmental Factors and Conditioning Processes

Several included studies found that, fantasy development can emerge out of childhood experiences, in terms of early sexual experiences, childhood abuse, exposure to sexual proclivity and explicit material (Baumgartner, Scalora and Huss 2002; Beauregard et al, 2004; Sheldon and Howitt, 2008). Thus, DSF may be passive recall of sexual experiences, whereby individuals attempt to assimilate and accommodate early childhood experiences into their inner world. Thus, early use of deviant themes will reinforce and strengthen such ideation, while simultaneously deconditioning and weakening non-deviant themes. This may result in an individual becoming more reliant on deviant themes for erotic stimulation.

Figure 2.2: Developmental and Dynamic HRSF Model



Gee et al, (2003) concluded that fantasy experiences may evolve through an individual's offence pathway; proceeding, immediately prior, during, and after the offence has been committed. Therefore, in regards to preceding/developmental aspects, factors such as: personality traits, modelling (participant, symbolic, vicarious) and conditioning process (masturbatory activities, pornography), all seem particularly important (Leitenberg & Henning, 1995; Beauregard et al, 2008; Williams et al, 2008).

Personality

Personality traits may be implicated in offence pathways of sex offenders with DSF, most notably psychopathy (Proulx, Perreault & Ouimet, 1999). Skovran, Huss and Scalora (2010) also identified psychopathy to be a pivotal factor in the fantasy behaviour association. Within a sample of undergraduate students, Williams et al (2008) found that psychopathy predicted overall deviant sexual behaviour. Therefore they found that psychopathy increased the risk of deviant fantasy being translated into reality. Personality constructs are related to strategies that individuals utilise to cope with stressful situations. Similarly, Proulx, Perreault and Outimet (1999) cited low self-esteem as a common precursor to DSF and suggested that low self-esteem was specifically related to personality factors. Hence, certain personality constellations may have an inhibitory effect on some adaptive coping strategies. For example, when faced with stressful situations, individuals with avoidant traits may attempt to escape situations. However, this may make an individual a higher risk because some situations are unavoidable, and the individual will not have learnt to develop appropriate coping strategies. Therefore their risk will be harder to monitor, manage and predict.

The Evolution of Fantasy: Non-Deviant Fantasies and DSF

Although included studies found sexual offenders to have a high prevalence of fantasies with offence related themes, it was also apparent that sexual offenders experienced fantasies without deviant themes (Sheldon & Howitt, 2008). Thus, sexual offenders may experience conventional sexual fantasies when things are going well, but experience DSF in response to high risk situations which, in turn, generates strong affective responses (Curnoe & Langevin, 2002). Gee, Devilly and Ward (2004) suggested that non-specific fantasy themes may be an important means of advancement in the process of sexual offending. Within this study, offenders described both general and specific fantasy, prior to any offending behaviour (offence specific fantasies were considered conceptually distinct from non-specific offence fantasy). Over time, participants described a shift from general to specific fantasy theme

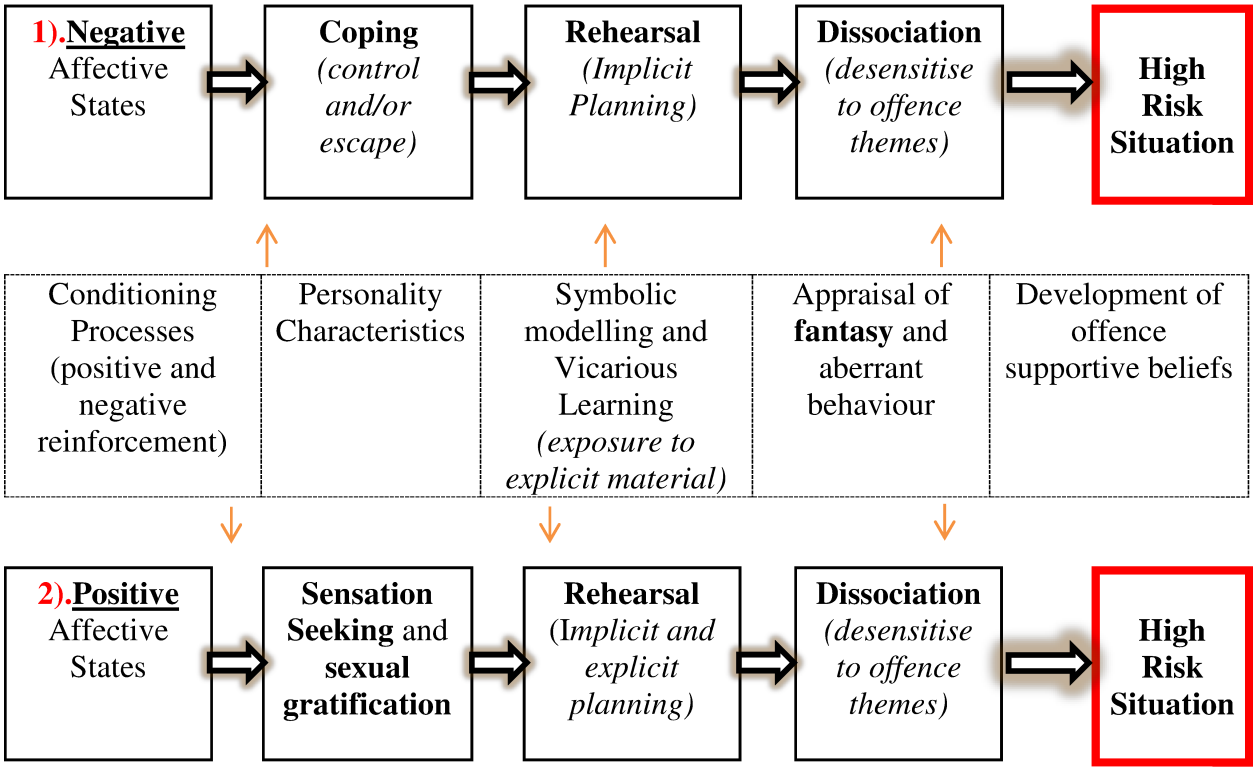
involving more contact behaviours, with forceful or unusual behaviours being incorporated. Hence, DSF may be used as a method, either consciously or inadvertently, to dissociate an individual from themselves, their victim's distress and offence related behaviours (Gee, Ward & Eccleston, 2003). The construction of an intricate, but objective fantasy script may allow an individual to develop greater mental distance from the reality of the aberrant act. Consequently, the individual may become desensitised to feelings of distress, guilt, fear, awkwardness or even embarrassment (Gee, Devilly & Ward, 2004). Curnoe & Langevin, (2002) suggested that social isolation may render an individual more likely to act on impulses as they are more able to objectify their victims. Repetition of the fantasy themes will reinforce their erotic value to the individual, making the envisioned sexual offence even more tempting. Hence, these sexual scripts not only have to potential to guide behaviour, but may also facilitate the generation of offence supportive beliefs (Bartels & Gannon, 2013; Hanson & Laws & Marshall, 1990; Morton-Bourgon, 2005; Ward, 2000; Ward et al, 2006). Furthermore, by fantasising an individual may unconsciously create an offence script that can be activated in the presence of relevant internal or external cues. Thus, rehearsal of DSF may function as passive (implicit) or deliberate planning of offence scripts, to prepare for plausible alternatives and stimulate behaviour (Ward & Hudson, 2000).

Affective States

Within the current review, affective states were implicated in the presence of DSF, providing a means to supress or alleviate negative and/or dysphoric moods in response to contextual stressors (McKibben et al, 1994; Looman 1995; Beauregard et al, 2008). Skovran, Huss and Scalora (2010) suggested that sensation seeking may also be a relevant concept prior to sexual offending. However, this link is yet to be substantiated. Gee, Devilly and Ward (2004) emphasised the dynamic nature of fantasy and postulated that sexual fantasies may have differing functions depending on the offence cycle process. Accordingly, it is suggested that the offence pathway can vary depending on the affective states which trigger DSF (*see diagram 2.3 overleaf)*. The possibility of both offence pathways being combined is also acknowledged. This idea is consistent with the self-regulation model and the relapse prevention model (Ward, Hudson & Keenan 1998; Ward & Hudson, 1998). The self-regulation model offers some insight into the research associating positive and negative affect to the presence of fantasy experience (Ward, Hudson & Keenan 1998). The diversity in sexual offending may be due to an individual's ability to regulate their emotions. Hence, some individuals may under-regulate, some miss-regulate and others may have adequate regulation abilities but inappropriate goals.

However, currently these models do not specifically delineate the role of sexual offending and fantasy.

Figure 2.3: Positive and Negative Affect Offence pathways



Appraisal of Fantasy

Fantasy after an offence can vary depending on the individual's appraisal of the act/offence and any consequences experienced in result of the behaviours (Ward et al, 2008). During the post offending phase, if the reality of the offence behaviour does not reflect the idealised DSF, this may threaten that perpetrators sense of control. Thus, the fantasy can be refined to regain control, possibly incorporating themes of degradation (Gee, Devilly & Ward, 2004; Wilson & Jones, 2008). At this stage sexual fantasy is likely to coincide with the general constriction of the perpetrator's potential sexual outlets. For instance, the individual may become incarcerated, experience relationship problems, become motivated to stop aberrant behaviours and make a conscious decision not to offend. Therefore, some individuals may attempt to inhibit the offence related themes within their fantasy. This negative appraisal of fantasy may motivate an individual to avoid such fantasies, also being reminded about the negative consequences of their offence behaviour (operant conditioning). In regards to the relapse prevention model an individual's inability to cope with high risk situations and subsequent negative affect, may

result in a lapse (Lussier et al, 2001). For instance, negative affect may trigger the use of fantasy as a coping mechanism. However, this may cause a feeling of cognitive dissonance (Festinger, 1957), whereby an individual feels aroused but appraises the fantasy negatively. Thus, the presence of a DSF demonstrates disparity between the individual's perception of being rehabilitated (e.g. an individual attempting to create a new identity as a non-sexual offender within treatment who does not experience offence related fantasies; Finklehore, 1984) and the attribution of a lapse (e.g. DSF may be viewed as an internal lapse and sexual offending an external lapse). This may lead to a self-perpetuating cycle, whereby the HRSF is both triggered by and, elicits negative affect (Looman, 1995). However, Mckibben, Proulx and Lussier (2001) acknowledged that not all sexual offending behaviours fit neatly within the relapse prevention model and offending can differ depending on emotional state.

Alternatively, positive appraisal of the aberrant or offence behaviour may increase the frequency of DSF. Relapse has been associated with a narrowing of fantasy to more specific comprehensive themes, becoming more detailed and intense (Gee, 2004). This theory is in line with the sensation seeking theory postulated by Skovran, Huss and Scalora (2010). Within this theory sexual desire diminishes when an act is repeated frequently. This offers an explanation to the escalation of DSF to sustain erotic value, and possibly deviant sexual behaviours (Laws & Marshall, 1990; MacCulloch et al, Meloy, 2000; Toledano & Pfaus, 2006).

Methodological Limitations of Included Studies

Unfortunately, many of the studies used novel approaches that made it very difficult to create an objective and systematic appraisal of the quality of each study. Similarly, there was little consistency in what studies reported regarding selection, attrition and results. Despite this, a thorough analysis of the included studies highlighted a pattern of methodological limitations that impeded the accuracy of findings portrayed in studies and, compromised comparability between studies. Predominately these were related to the notion of measuring sexual fantasy. Caution should be taken when interpreting prevalence rates of DSF as many of studies did not provide specific definitions of fantasy, and those included were inconsistent across studies. This is problematic as the ambiguity associated with DSF can lead to misleading interpretations (Bartels, 2013). For example, Langevin et al (1998) reported that only 33.3% of the sex offender sample reported experiencing DSF. The authors subsequently conclude that DSF has little aetiological significance. However, on closer inspection 33.3% actually refers to fantasies involving children (< 16 years old) rather than deviant fantasies in general. Furthermore, this

sample included various other types of sex offenders that are less likely to experience fantasies involving children (e.g. rapists, exhibitionists) and when examined separately the paedophiles (homosexual and heterosexual) reported the highest rate of child-specific fantasies (43% and 57% respectively). Sample size and sample characteristic issues were also frequently reported as limitations. These factors impact the strengths of any interpretations and the subsequent conclusions drawn within this review. These issues are discussed in depth, as follows:

The difficulty in measuring Sexual Fantasy

The studies discussed in the review varied in how they measured sexual fantasy. A lack of validity and reliability was found across assessment tools in all studies. Some studies used questionnaires to measure the presence of DSF. However, some questionnaires have more items pertaining to a fantasy theme than others do. For example, the WSFQ only has two items that pertain to child molestation (Baumgartner et al, 2002) and three other questions relating to offences (incest, bestiality and exposing yourself) whilst the remaining questions cannot be exclusively defined as deviant. Furthermore, some studies measure fantasies across an individual's lifetime (e.g. Sheldon & Howitt, 2008) whereas others focus on the last 24 hours (e.g. Lussier, Proulx, & McKibben, 2001). Prevalence rate may vary according to time period specified. Additionally, a clear issue with research focusing on DSF is the difficulty in gaining accurate accounts of a participant's internal world. Self-reported information is widely acknowledged for its flaws. A researcher has no way to determine whether they are receiving accurate representations or disingenuous reports, see as follows:

A) Impression Management

Participants may be reluctant to disclose fantasies that are not considered socially acceptable. Within offender populations, although the researchers generally informed participants that their disclosure would not affect their care/treatment (e.g. Looman, 1995; Proulx et al, 1999; McKibben et al, 2001; Lussier et al, 2001), it is still reasonable to consider that participants may be cautious, and therefore motivated to hide information that may be considered 'high risk' or detrimental to their release (especially if residing in a mental health unit as opposed to a prison).

B) Denial or Repression

An individual may attempt to disconnect from themes incongruent with their sense of self. If fantasies are considered repugnant to the individual then it is logical to assume that they may be less likely to report them due to feelings of shame. Hence, individuals may be engaged within a mental struggle to disavow their sexual preferences and consequently avoid any acknowledgement of related fantasies. Thus, individuals may not only want to present in a favourable way to their care team, but also to themselves.

C) Retrospective Recall

Retrospective recall of sexual fantasy has limitations associated with memory deficiencies (Leitenberg, 1995).

Measuring Sexual Deviance

The majority of studies used criminal convictions of sexual offending as a measure of sexual deviance (e.g. Baumgartner et al, 2002: Sheldon et al, 2008; Skovran et al, 2010). The use of criminal records as a measure of sexual deviance limits the ability to generate rich descriptive offence related information. Additionally, the offence an individual was convicted of may not be a true reflection of their preferences and their victims may simply be a victim of chance. These factors, may limit a researchers ability to derive the clear associative links between offence behaviour and sexual fantasy. Similarly, looking at retrospective crimes and the link to current sexual fantasies may be a restrictive method, due to the developing nature of sexual fantasies. Life experiences may allow the individual to input new themes into their scenarios, in line with their current situation/thinking patterns. Furthermore, it is important to consider that some individuals within control samples may have committed a sexual offence that has gone undetected. Similarly, some individuals within the control samples may represent those considered 'potential sexual offenders' as defined in Schaefer et al (2010). In regards to understanding the relationship between sexual fantasy and the translation into behaviour, it may be useful to consider the developmental pathway towards offending, where some behaviour may act as a stepping stone to a sexual offence. Hence, within research, greater sensitivity to the behavioural manifestations of HRSF may increase accuracy of risk assessments. However, this may not be relevant in all sexual offenders as some offences may be impulsive, with no obvious behavioural escalation patterns.

Sample

A fundamental limitation is whether the sample of participants incarcerated is a truly representative sample. The diversity in locations of the included studies suggests that the findings can be generalised across western cultures. However, cross cultural use of sexual fantasy measures may be inappropriate until appropriate norms are generated. Only Schaefer (2010) recorded data from individuals who reported sexual offences but had not been arrested. This may be relevant when considering that pathways in the offending process may differ from those who have avoided detection or prosecution (Prioux et al, 1999). Five studies included control samples of non-sexual offenders (offending sample). More effort needs to be made to match the control samples with the sample of sexual offenders. Within the studies non- sexual offender samples are diverse in nature. Thus, a more exact matching criterion may help alleviate these problems. Power issues were also found due to the unbalanced nature of samples, with all of the non-sexual offender samples being larger than sexual offender samples. The offender's stage of treatment is another consideration that should be addressed when designing research, making note of any previous psychological work they have completed. For instance, research looking at affect may record high instances of negative affect and make some association with the function of sexual fantasy. However, negative affect may be due to unsatisfied expectancies in applying social skills learnt in treatment and a feeling of inadequacy when applying skills inappropriately.

The majority of studies used small sample sizes to test their research hypothesis. This has severe implications on the statistical methods employed and their ability to find accurate relationships. This can become even more complicated when considering the potential of confounding variables embedded within forensic samples, potentially creating spurious relationships. Thus, the presence of sexual fantasy at the time of an offence does not mean it caused the crime. Variables in themselves indicate association rather than causation. The presence of DSF may be related to other common variables within the population. Furthermore, a small sample size hinders the ability for research findings to generalise to a wider sample of sexual offenders. The findings may be only apparent for the idiosyncrasies in that particular sample investigated. Due to this, it is important to consider the type of individuals that are likely to agree to take part in this type of research. Results may be systematically inflated by individuals more willing to take part. For instance, non- sexual offending samples without deviant fantasies may be less likely to return questionnaires as they do not think they have any anything to add to the research. This is likely to thwart clear results and make it difficult to

generate an understanding about the contentious notion of deviant ('abnormal') and non-deviant ('normal') sexual fantasy.

Researcher Bias

Researcher bias may play a role in the predominance of studies identifying a link between sexual fantasies and sexual offending. A researcher's personal beliefs and values may reflect the choice of methodology, the parameters of the research, and therefore the variables which are measured and those which are omitted. Hence, a researcher will ensure the variables that coincide with their particular hypothesis on the role of sexual fantasy are measured. When an associative relationship is found, researchers, depending on their theoretical orientation, may be biased in their conclusions on the role of DSF. This has resulted in an unclear relationship between sexual fantasy and sexual offending behaviour. Therefore in efforts to make sense of this relationship, the current theory is that the function of sexual fantasy changes depending on the offence process, individual preferences and the contextual factors. It may be useful to generate a comprehensive theoretical framework to provide some structure to the alternating function of sexual fantasy so this can be clearly tested. Gee, Devilly and Ward (2004) devised the Sexual Fantasy Content model and more recently Bartels (2013) devised the Dual-Process of Sexual Thinking model (DPM-ST). Thus, it may be useful for future research to use this, or a similar model, as a framework to their research in attempts to support, refute and refine the theoretical conceptualisation.

Strengths and limitations of the current review

There are several strengths of this review that facilitate the credibility of any conclusions made. However, it is important to note that the strength of the review somewhat relies on the strengths and limitations of the studies reviewed. Firstly, the explicitly defined inclusion and exclusion criteria ensured that the selected studies focussed on the role of DSF in sexual offending behaviour. Secondly, the predefined quality assessment criteria sought to reduce bias and enhance methodological consistency. Thirdly, the vast amount of literature regarding sex offender populations allows the findings to be augmented within a theoretical paradigm. However, like all research endeavours, the current review has flaws. A key limitation related to 'poorly' reported studies which made it difficult to determine how to assess the quality criterion. Ideally, authors would have been contacted for further information. However, time constraints prohibited this from being done efficiently. The review was limited by the

inclusions of English only publications due to the inability to translate foreign language publications. Due to this, it is recommended that a frequent update of the systematic review is conducted with aims to: include non-English publications, consult authors on unclear items pertaining to the quality criterion and, to incorporate the latest high quality studies (which may also be conducive to meta-analysis strategies). A regular update (perhaps annually) may help guide research endeavours and create more consistency between designs and variables measures so that more astute parallels can be drawn.

Future areas of research

From the studies reviewed, it is apparent that there are gaps in the research that have not yet been focussed upon. Firstly, the notion of fantasy proneness could offer some insight to the developmental aspect of fantasy generation, with some individuals being more predisposed to generating fantasy experiences (Sahota & Chesterman, 1998). Some research has found that internet sex offenders have a higher educational background than other contact offenders (Elliot, Beech, Mandeville-Nordon & Hayes, 2009: Sahota & Chesterman, 1998). A possible hypothesis is that internet sex offenders have an enhanced ability to fantasise which inhibits contact sex offences (in conjunction with other protective factors). In this way, an individual's ability to generate fantasies may be linked to their intelligence and therefore their educational success. Then again, elaborative fantasy may be linked to some other phenomena. For instance, Elliot et al. (2009) found that low IQ offenders had an extensive fantasy life. Research sampling mentally ill sexual offenders may be a useful population to consider, due to their tenuous grasp (at times) on reality.

It may be possible to consider fantasy proneness and developmental determinants such as adverse experiences. In this way, early childhood trauma could facilitate an individual's ability to utilise fantasy as a coping mechanism. This may be why some studies have implicated childhood abuse, in deviant fantasy themes, whereas others have implicated early deviant behaviours (Smith 1999; Baumgartner, Scalora & Huss, 2002; Beauregard, Lussier & Proulx, 2004). It could be possible that the childhood trauma facilitates fantasy proneness, whereas early sexual behaviour in conjunction with the arousal response shapes the themes within the fantasy. Future research could focus on an individual's sexual experience and the effects on the nature of fantasy. It may be useful to sample sexual offenders that have desisted from offending and explore their sexual fantasies. Would the same fantasies be present, or could it be that the individual fantasies have evolved? Although it is acknowledged that it would be

difficult to gain a representative sample, because how would one know that a sexual offender had truly desisted from any offending behaviours? Finally, personality pathways could be further investigated in order to help this emerging insight into the dynamic nature of sexual fantasy and reliance on fantasy as a coping mechanism (Proulx, et al, 1999). In line with this, Bartels and Gannon (2011) advocated the benefit of exploring the link between attachment and fantasy, the strength based approach of the primary human goods (as affiliated with the Goods Lives Model; Ward & Siegert, 2002).

Clinical Implications

It is clear that sexual fantasy is an important clinical dimension in the role of sexual offending behaviour, for some individuals. Smith (1999) stated that a thorough examination of fantasy life should be considered as a significant component of a comprehensive assessment and subsequent treatment for sex offenders (specifically psychotic offenders). Thus, assessment of sexual fantasy may aid clinical predictions of dangerousness, which is of huge practical importance. The research to date focusing on sexual fantasies has important implications for clinical practice. Sexual offenders are an extremely diverse range of individuals, and often the function of fantasy can depend on the phase of the offence process the offender is experiencing (Gee, Devilly & Ward, 2004). Hence, it can be inferred that emphasis should be placed on the importance of individual formulations to hypothesise the role of fantasy within the offence chain, investigating the sequential link of fantasy function in an offence process (Dandescu & Wolfe, 2003).

The self-regulation and relapse prevention theories are implicated as key concepts in the role of sexual fantasy and increased risk of sexual offending (Lussier et al, 2001). Thus, mood monitoring and anticipation of potential high risk situations are important components in managing future sex offending behaviour. Affective states can act as feedback regarding how the individual is coping emotionally, and can act as a warning sign for relapse. Identification of the sequence of an individual's prospective offence pathway may enable or prompt the individual to interrupt the sequence and employ adaptive management strategies. Offence pathways would include specific situations, cognitions, emotions, fantasies and behaviours (in line with the notion of seemingly irrelevant decisions and implicit planning of a sexual offence) which precede sexual aggression. Insight and acknowledgement of offence pathways will allow an individual to control the problem over time across various situations. Within the community, external supervision is proposed as a vital tool to enable sexual offenders to maintain insight

into their risk increasing factors. Furthermore, thought suppression is considered unrealistic and may lead to paradoxical outcomes for the individual, both preventing monitoring of risk level and potentially increasing preoccupation (Lussier, Proulx, & McKibben, 2001; Mckibben, Proulx, and Lussier, 2001).

At a more specific level, the various functions of sexual fantasies have highlighted some important factors to focus on within treatment. It is suggested that therapeutic modalities (the structure of the intervention) must address specific aspects of personality (Mckibben, Proulx, & Lussier, 2001; Curnoe & Langevin, 2002). This would include considering enduring personality traits, attachment patterns and consequent coping styles. The attachment model of deviance (Ward, Hudson & Marshall, 1996) can offer some insight into an individual's development of psycho-social deficits e.g. poor social skills and low self-esteem. Thus, attachment patterns can be addressed with emphasis on the formation of adequate and appropriate relationships with peers, with guidance on how to achieve intimacy and prevent loneliness. From a developmental perspective, early interventions may be a relevant consideration. Specifically with child molesters, Looman (1995) suggested clinicians focus on blockage and emotional congruence factors by changing the offender's perception of adult females so that their needs can be met in more appropriate ways.

The literature associating affect regulation and the presence of DSF stresses the importance of teaching individuals adaptive strategies to cope with dysphoria (rather than relying on DSF). Furthermore, it is suggested that empathy training will help compound an individual's commitment to adhere to their relapse prevention plan and actively disrupt their offence pathway. In regards to egodystonic fantasy, the distressing nature of the fantasy should also be focussed on within treatment (Schaefer et al, 2010). Mckibben, Proulx and Lussier (2001) stated that cognitive strategies may be more effective to deal with DSF. However, as stated earlier thought suppression may be an impractical target, and eventually lead to paradoxical outcomes (Johnston, Ward, & Hudson, 1997). Thus, cognitive strategies that incorporate acceptance whilst also strengthening a non-offending identity may be beneficial.

C**ONCLUSION**

The objective of the current review was to elucidate the role of fantasy in sexual offending behaviour. A critical appraisal of available primary studies highlighted that offence focussed fantasy is prevalent (presence/frequency) in sexual offender populations. This was

predominately related to child sexual fantasies and child sex offenders (Sheldon & Howitt, 2008). Fantasy related to force or violence was rarely reported, across all typologies. This may be a reflection of the measures used to assess sexual fantasy rather than a null relationship in violent sexual fantasies and offending. Offence focussed fantasy was found to be triggered by negative affect, with few studies associating positive affect and offence related fantasy (McKibben, Proulx & Lusignan, 1994). Personality was implicated as a moderator of offence focussed fantasy with traits pertaining to low-self-esteem and social alienation being prevalent (e.g. Curnoe & Langevin, 2002; Lussier, Proulx & McKibben). Abusive formative experiences and early sexual experiences were also implicated in deviant sexual fantasisers (Beauregard, 2004). The current review has highlighted the importance of generating a fully integrated framework to contextualise both the complexity of sexual fantasies and dynamic interaction between sexual fantasy, individual predispositions (e.g. personality) and high risk situations. On the basis of this review it may be recommended that consistency in research endeavours, regarding measurement of offence focussed fantasy and reporting of variables is pursued. In terms of clinical implications, emphasis is placed on individually formulating cases and steering away from the contentious definition of DSF and aligning with the more contemporary theoretical definition of HRSF (Bartels & Gannon, 2011).

CHAPTER THREE

THE IMPORTANCE OF ATTENDING TO RESPONSIVITY ISSUES IN AN INTERNET SEXUAL OFFENDER: A CASE STUDY

ETHICAL CONSIDERATIONS

The following case study is based on a factual account of the assessment and treatment of a male offender supervised by the probation service. The pseudonym of ST is used throughout this chapter to maintain the service user's anonymity. Furthermore, specific details that would facilitate exposing his true identity are omitted. ST gave formal written consent to permit access to his records and to publish details of assessment and treatment.

ABSTRACT

The present case study considers the complexities of assessment and treatment in relation to a medium-risk internet sexual offender experiencing mental health difficulties. Service user, ST was convicted of searching, viewing and storing illicit images of children. His consumption of indecent images was used to aid the generation of inappropriate sexual fantasy, which in turn was reinforced through masturbation. Based upon information obtained from archival sources and self-report material, it was possible to carry out a functional analysis, formulation of risk and subsequent treatment needs. Of particular relevance were the negative beliefs ST attached to adult women within a 'hierarchal dating system' and in turn the positive and arousing fantasies he attached to young girls. Consequently, emphasis was placed on his implicit theories which offered a heuristic approach to conceptualise his self-narrative and pathway to offending behaviour. Significant treatment challenges emerged in regards to responsivity factors (e.g. motivation, personality traits, a rigid cognitive style and a prevailing low self-esteem) which prompted a dynamic and flexible approach to treatment design and intervention. This dynamic approach offered moderate success in areas such as, developing ST's insight to self-defeating behaviours and facilitating a preliminary integration of vulnerabilities and risk. However, of key importance was the in-depth formulation offered to practitioners to aid the assimilation of the literature regarding risk, desistance, responsivity factors and the concept of realistic and meaningful change.

Key Words: *Internet Sexual offending, Responsivity, Implicit beliefs, Sexual Fantasy.*

INTRODUCTION

Evidence has uncovered a vast array of child pornography available via the internet and the receptive audience motivated to consume, and even produce it (Taylor & Quayle, 2006). The internet can be an attractive forum for subversive acts due to the anonymity, the presence of the online offending community and the level of disinhibition offered (O'Connell, 2001; Qualye & Taylor, 2002; 2003). Quayle and Taylor (2003) described how internet offenders often objectify the children in the images and engage in processes to cognitively distance themselves from their abusive nature. This process allows the offender to disconnect from any responsibility of the offensive nature of the behaviour (Howitt & Sheldon, 2007). These illicit images are often stylised to give the appearance that the child is a willing participant, sexually sophisticated and enjoying the scenario depicted (Taylor & Quayle, 2003). This stylisation meets the audience's demand and enables offenders to engage in fantasies of children that are compliant in sexual encounters. Therefore, the internet can be an accessible solution for offenders to gratify and fuel their sexual fantasies which in turn strengthens sex-related associations and makes offence related themes more cognitively accessible (Kloess, 2013; Long, Alison, & McManus, 2013; Ó Ciardha, 2011; Quayle & Taylor, 2003). Aberrant fantasy generation has also been discussed in the context of sensory preconditioning whereby associations are formed between stimuli which are presented together or in close succession and, paired together or 'primed' due to classical or operant conditioning (MacCulloch et al, 2000). This is relevant when considering the developmental precursors to desire. Psycholopathology and maladaptive personality functions are professed to play a significant role in the aetiology of (internet) sexual offending e.g. schizoid, avoidant and dependant personality traits (Ahlmeyer et al, 2003; Craissati, Webb & Keen, 2008). Consequently, researchers have concluded that internet sexual offenders (iSO) are a diverse population requiring comprehensive assessment, risk management and intervention planning (Middleton et al, 2006; O'Brien & Webster, 2007).

Typologies of iSO

Krone (2004) developed a comprehensive behavioural typology of iSO that identifies distinctions between different types of online behaviours (see table 3.1 overleaf). This typology includes three online behavioural factors which are each assessed on a continuum of seriousness. These include: 1) the nature of abuse e.g. indirect to direct victimisation 2) the offender's level of networking and, 3) the level of security employed to avoid detection. An

increase on any of these domains indicates a higher level of seriousness. Within this typology the importance of the online internet community, in regards to sourcing, developing and reinforcing offence supportive attitudes and cognitive distortions, is stressed (Krone, 2004). Although this typology offers a useful insight into individual offending patterns it does not adequately address motivational factors. Sullivan and Beech (2003) stated that motivational typologies are likely to offer practitioners a better understanding of an individual's predicted progression of offending and, in this respect, are considerably more useful. Hence, Lanning (2001) described seven motivations for iSO, including deviant sexual interests, personal use and distribution (see table 3.2 overleaf). While extensive, confusion can be evoked from the overlapping nature of the motivational categories (Beech et al, 2008). Beech et al. (2004) considered the similarities between these two typologies and proposed an overall integration. This amalgamation detailed four broad categories of iSO (Beech et al, 2008; Beech & Elliot, 2009). These include: 1) P*eriodically prurient* offenders, individuals who access abusive images sporadically, impulsively and/or out of curiosity 2) *Fantasy-only* offenders (without a history of contact offending), individuals who access and/or trade images to satisfy and fuel a sexual interest in children (Webb, Craisatti & Keen, 2007) 3) *Direct victimisation* offenders, individuals who access the internet to facilitate a pattern of online offending in regards to grooming and/or distributing self-produced abusive images; and 4) *Commercial exploitation* offenders, individuals who access abusive images for ostensibly non-sexual reasons e.g. financial gain. Typologies are useful in that they not only aid classification of iSO but also guide theoretical perspectives.

Table 3.1: Krone's (2004) **behavioural** typology of iSO

Category	Description
1) Browsers	Accidently comes across abusive images (e.g. responds to spam) and saves them.
2) Private Fantasisers	Creates digital images to use privately.
3) Trawlers	Search for abusive images via open browsers and may engage in some networking.
4) Non-secure collectors	Search for abusive images in open areas of the internet e.g. chat rooms. May also engage in networking.

5) Secure Collectors	Highly organised collectors who employ sophisticated security to conceal their online offending behaviour. Engage in an online paedophile network.
6) Groomers	Target and groom children via peer to peer interaction, chat rooms and interactive games.
7) Physical Abusers	Contact individuals who have an interest in abusive images as part of a fantasy cycle. May also photograph abusive behaviour for personal use.
8) Producers	Record sexual abuse of children for the purposes of distribution to networks to gratify own fantasy.
9) Distributors	Distribute abusive images for financial gain or as part of collecting behaviour.

Table 3.2: Lanning's (2001) **motivational** typology of iSO

Category	Description
1) Preferential	Definite sexual preference for children and use the internet as part of their pattern of contact sexual abuse e.g. access to victims, desensitise themselves prior to aberrant behaviour.
2) Diverse	Internet use provides gratification to deviant interests. Possess a multitude of aberrant sexual interests, but do not have a strong preference for children.
3) Latent	Individuals would not typically offend, however offending inhibitions are weakened and arousal patterns fuelled and validated by online activity.
4) Situational	Individuals search for sex and pornography and will commit abusive behaviour if the opportunity arises.
5) Morally Indiscriminate	Offenders who have a history of anti-social behaviour, with iSO being one facet of their criminal repertoire.
6) Profiteer	Engage in online behaviour for financial gain.
7) Miscellaneous	People who mistakenly believe they can circulate abusive images as part of valid and authorised news exposé.

Pathways Model of Sexual Offending

The Pathways model of sexual offending (Ward & Siegart, 2002) is a well-regarded theory that endeavours to integrate the best elements of prior theories in-order to generate a comprehensive aetiological theory. The theory maintains that varying types of psychological features, assembled into cluster pathways, predispose individuals to commit sexual offences when combined with specific situational factors. The five cluster pathways include 1) intimacy/social skill deficits 2) distorted sexual scripts 3) emotional dysregulation 4) cognitive distortions and 5) multi-dysfunctional mechanisms (Ward, 2002; see table 3.3 below). Elliott, Beech, Mandeville-Norden and Hayes (2009) examined the applicability of the Pathways model in relation to iSO. They found 60% could be assigned to a pathway successfully, with a high prevalence assigned to intimacy and emotional dysregulation pathways (Elliot et al, 2009; Middleton et al, 2005). Similarly, Webb, Craissati and Keen (2007) found that iSO had a tendency to experience difficulties associated with sexual self-regulation. According to the authors, the concept of sexual self-regulation comprises of sexual preoccupation, sex as a coping strategy and deviant sexual interests. They suggested that any difficulties associated with intimacy deficits may reflect general issues for a sex offender population in forming and maintaining functioning adult relationships. This theoretical framework contributes to the case formulation process by guiding perspective on aetiological pathways which assist in the generation of relevant treatment plans.

Table 3.3: Pathways Theory of Sexual Offending (Ward & Siegart, 2002)

Psychological Deficits	Description
1) Intimacy and Social Skill	Loneliness and unsatisfactory relationships can cause a person to engage in licentious relations with a child, transferring inappropriate feelings to them due to perceived acceptance.
2) Distorted sexual scripts	Dysfunctional implicit beliefs can affect the interpretation of relationships and sexual encounters. This misinterpretation of context can lead to a large amount of relationships being viewed in sexual terms which increases the possibility of creating deviant relationships.
3) Emotional Dysregulation	The inability to control emotions can leave an offender vulnerable to impulses; becoming uninhibited enough to carry these impulses out.

4) Anti-social cognitions	Attitudes and beliefs cause feelings of superiority, entitlement, and a disregard of social norms which leads to anti-social tendencies.
5) Multiple	Cognitive distortions, including sexual fantasies, view the sexual relationship with a child as the ideal outcome.

Treatment of iSO

The assessment and treatment tools for sexual offenders are often adapted to meet the needs and specific risks associated with iSO (Andrews, 2006: Middleton, 2006). Accordingly, the Pathways model can be used as a useful framework for assessing the risks and identifying treatment strategies of iSO (Connelly, 2006; Middleton et al., 2006). Each aetiological pathway suggests which underlying psychological traits are useful areas to target within treatment to alleviate future risk of re-offending. For instance, focusing on intensive reconditioning of the dysfunctional scripts displayed in pathway one, focusing on self-intimacy and sexuality for pathway two. In Pathway 3 the emphasis would be on skill acquisition, development of coping mechanisms and emotional control. Finally, intervention relevant to pathway 4, would focus on challenging cognitive distortions e.g. justification, normalisation, objectification of victims and collusion with a wider network (Middleton, 2006; O'Brien & Webster, 2005; Quayle & Taylor, 2003; Synder, 1988: Ward & Keenan, 1999: Ward & Siegert, 2002). Quayle, Vaughan, and Taylor (2005) outlined how Cognitive Behavioural Therapy (CBT) techniques could be used with iSO. Hence, examining offence related thought patterns in an attempt to identify related triggers and emotions. When these are identified, alternative ways of thinking, emotional awareness, increased empathic ability and psychological acceptance would be promoted with an attempt to instil them within the offender. Alternatively, Beech and Mann (2002, p.268) described a schema-based treatment programme that targets offence supportive attitudes, underlying self-understandings, motivations and implicit beliefs that correspond to offending pathways. However, despite the focus of treatment, it is widely acknowledged that other factors need to be considered to increase the likelihood of positive outcomes in response to treatment.

For instance, the *Risk-Need-Responsivity (RNR*) model (Andrews, 2006; Andrews & Bonta, 2007) is a relevant and seemingly integral component of treatment design and implementation of interventions targeted towards a sexual offender population (Hanson, Bourgon, Helmus & Hodgson, 2009; Andrews, Bonta, and Wormith, 2011). This approach highlights the

importance of adapting treatment content and style to an individual's needs and has three core principles (Andrews & Bonta, 2006, 2010). These include, 1) *Risk*: the intensity of the intervention should be targeted at the appropriate level of risk 2) *Need*: the intervention should focus on the relevant dynamic criminogenic needs of the individual and, 3) *Responsivity*: the intervention should be tailored to the individual's ability, motivations and cognitive learning style (Bonta, 1995). Examples of factors impacting responsivity include readiness to change (Prochaska, DiClemente & Norcross, 1992), personality features (Laulik, Allam & Sheridan, 2007) and certain clinical issues such as low self-esteem, anxiety or developmental disorders (Andrews et al, 2011; Murphy, 2010; Powell, 2002). The RNR model has been criticised for discounting the importance of basic human needs, described in the Good lives model (GLM), that underlie optimal personal fulfilment (Ward and Stewart, 2003). Thus, academics advocating the GLM argue that the fulfilment of goods should be the focus of intervention in line with a more strengths based approach. Yet equally, the GLM has been criticised for weakness in both theory and practical application (Ward and Gannon, 2010). However Andrews, Bonta and Wormith (2011) comment on the overlapping features of both models, with implications regarding the integration of both models within clinical practice. Thus, acknowledging the need for fulfilment of human goods pro-socially, within a risk framework of reducing criminogenic factors (Ward, 2010; Ward & Gannon, 2008).

AIM OF CASE STUDY (STRUCTURE)

This case study endeavours to explore the complexities of assessment and treatment in relation to a medium-risk internet sexual offender experiencing mental health difficulties. As such, the pathways model (Ward & Siegart, 2002) was used to aid case formulation and guide perspective when considering the psychological mechanisms responsible for sexual offending behaviour, whilst also incorporating, and acknowledging the importance of clinical issues (e.g. self-esteem) into an overall risk profile (Andrews & Bonta, 2010). Within this, the relevance of fantasy was also explored as a potential facet of ST's offending behaviour (e.g. Bartels & Gannon, 2011). Hence, fantasy was considered in the role of explicitly and implicitly priming 'self-other' associations, in regards to self-concept, sexual preference, power dynamics and fostering offence supportive attitudes (Bartels, 2014; Birmbaum, Simpson, Weisberg, Barnea, & Assulin-Simhon, 2012; Carabellese, Maniglio, Greco, & Catanesi, 2011; Haines & Kray, 2005). A range of sources (e.g. archival sources, clinical interview, psychometric questionnaires, functional analysis of index offence) were used to gather evidence to support

case formulation and ultimately guide a holistic and specifically tailored treatment intervention (insight and goal orientated).

METHOD

CLIENT INFORMATION

All information reported in this section has been obtained from ST's case record files, a semi-structured interview and discussions with professionals involved in his care and supervision. ST gave full consent for this information to be reported for the purpose of this case study (See appendix I for the consent form). Specific details have been omitted to protect ST's anonymity.

Summary

The client, ST, is a thirty five year old white British male, supervised under the National Probation service (see appendix H for general information). ST lives alone and has a relatively solitary life. His primary source of social activity involves contact with his family and professional meetings. ST's interests are predominantly asocial in nature. For instance, he enjoys reassembling non-motorised vehicles.

Index Offence

ST admitted to ten counts of making indecent images of children by downloading. He explained that he started downloading images in 2002 and continued to do so over an eight year period. ST said he initially downloaded adult pornography, however overtime his preference expanded to, and focused upon, images involving younger and younger girls. He disclosed downloading hundreds of indecent images from the internet. The images recovered ranged from level 4 to 6 according to the COPINE scale (Taylor, Holland & Quayle, 2001). The images predominantly involved female children between the ages of eight to fourteen years old. Despite this, ST stated that he found the younger images disgusting and downloaded these images accidentally. ST professed his sexual attraction to adolescent children aged from eleven to sixteen years old. He received a 12 month probation community order for this offence, which included mandated engagement in the community sex offender treatment programme.

Offending History

Aside from the index offence, ST has no other criminal convictions.

Clinical and Psychiatric History

As an adult ST was assessed for autism and subsequently diagnosed with Asperger's traits. ST has on-going mental health difficulties. He has received diagnoses of depression, body dismorphic disorder and various other anxiety disorders. He reports a 'blunted' feeling on his medication and a resultant low libido. His anxiety difficulties are less prevalent at present. ST is prescribed both anti-psychotic and anti-depressant medication. Consequently, ST has received intermittent support from community mental health services. Currently, ST struggles with motivation. He finds it difficult to generate, form and sustain activities that may improve his quality of life. ST experiences a chaotic sleeping pattern, which often results in him being nocturnal and sleeping during the day.

Relationships

ST was bullied frequently as a child, teen and young adult. He describes himself as a 'loner' and has not experienced any long term or meaningful intimate and non-intimate relationships. ST has described how in the past, prior to professional involvement, he would go for days without going out or speaking to anyone. Presently, ST is in contact with his immediate family. He has described a disruptive relationship with his mother, of whom he suspects also has mental health problems. ST said that he can gain practical advice, regarding debts and housing, from his step-father however, this is generally the boundaries of their relationship. There is some indication that ST experiences an underlying resentment for his brother. This is due to his perception of his brother being superior, and his belief that his family also share this perspective. ST enjoys the company of his grandfather as they both have an appreciation of creative things. ST reports that his family have been predominantly supportive of him after his conviction.

Intimate Relationships

ST has not disclosed experiencing any intimate relationships. He described having a girlfriend when he was younger but states that he was being used as the girl wanted to get closer to his brother. In the absence of intimate relationships, ST has spoken about utilising prostitutes for sexual gratification.

Education and Employment

ST left school with several average grade GCSE results. As a young adult, ST attempted to study a vocational diploma course. Although ST seemed to be academically able to complete this course he quit due to reports of bullying, anxiety and an overwhelming preoccupation with his imperfections.

ST has limited employment experience. He previously worked at retail shops for relatively short term periods. ST is currently unemployed and has not received paid employment since 2001. He is claiming benefits due to his mental health obstructing his ability to gain sufficient employment.

PROCEDURE AND MATERIALS

ASSESSMENT

Risk assessment is the appraisal of a person's potential for harmful behaviour (Blackburn, 2000). This process entails the consideration of a comprehensive range of factors associated with the individual's situation, personal dispositions and environmental factors. These factors may be related to offending behaviour in a fundamental or indirect manner (McGuire, 2000). The following methods were used to facilitate the comprehensive assessment of ST's current functioning and psychological vulnerabilities related to future offending behaviour:

1. File Review

A review of ST's case file documents, transcripts and reports were conducted to investigate ST's historical, clinical and offence related information. More specifically, the Internet Behaviour and Attitudes Questionnaire (O'brien & Webster, 2007) was used as a framework to explore his online offending behavioural patterns related to indecent child images and, attitudes towards such behaviours.

2. Clinical Interview

ST was initially interviewed on two occasions to help negotiate collaborative treatment targets and inform the structure of the intervention. The initial stages of the interview process mainly focussed on putting ST at ease and to establish rapport. The purpose of the assessment was

discussed and confidentiality issues explained. ST was asked about his progress within the iSOTP programme and any current difficulties he felt were not being adequately addressed. This interview session was used to engage ST in the idea of additional intervention and to communicate to him that his problems were being understood through the process of paraphrasing and reflecting back his description of his difficulties.

3. Risk Matrix-2000 (RM-2000)

The RM-2000 is an evidenced based actuarial risk assessment document that considers violent and sexual reconviction by considering static risk factors pertaining to anti-sociality, sexual deviance and immaturity (RM-2000; Thornton et al., 2003). It was designed, and used, primarily by the Prison, Probation and Police Services within England and Wales (Barnett, Wakeling, & Howard, 2010). According to this tool ST was considered a medium risk of reconviction for a sexual offence.

4. Structured Assessment of Risk and Need (SARN)

The SARN is a risk assessment tool that considers dynamic, and more psychological risk factors associated with sexual recidivism (Thornton, 2002). These sixteen risk factors are categorised into four domains including 1) *Sexual Interests* 2) *Distorted Attitudes* 3) *Socio-Affective Functioning and,* 4) *Self-Management*. The tool facilitated identification of ST's psychological vulnerabilities associated with his offending behaviour (see table 3.4).

Table 3.4: Summary of ST's SARN document*

Domain	Offence Chain	Generality
Sexual Interest		
Preoccupation with Sex	Yes	Yes
Sexual preference for children	Yes	Yes
Preferring sex to include violence or humiliation	No	No
Other offence related sexual interest	No	No
Offence Supportive Attitudes		
Men should dominate women	No	No
I have a right to sex	Yes	Yes
Child Abuse supportive beliefs	Partial	Partial
Women cannot be trusted	No	Yes

Relationships		
Feeling inadequate	Yes	Yes
Feeling more comfortable with children than adults	Yes	Yes
Suspicious, angry and vengeful towards other people	No	Yes
Self-Management		
Impulsive/unstable lifestyle	No	No
Not knowing how to solve life's problems	Yes	Yes
Out of control emotions or urges	Yes	No

*Preliminary assessment of dynamic risk factors that informed the formulation discussed below.

5. Psychometric Measures

In addition to the methods used at the assessment stage of intervention, several other techniques/instruments were used to assess and address the complexities of assessment and treatment for ST. These measures assessed a range of factors, including personality constructs, personality patterns, clinical syndromes, self-esteem, coping strategies in response to stressors and goal setting abilities. Two measures were used for assessment purposes and five methods were used as outcome measures (pre- and post-intervention), these included:

Assessment Measures

- Wilson Sexual Fantasy Questionnaire (WSFQ: Wilson, 1978). ST's fantasies were predominantly Intimate and Exploratory in nature involving pubescent female ranging from 11-16 years old. Fantasy plays an important role in his life due to sexual inexperience.
- Millon Clinical Multiaxial Inventory- III (MCMI-III; Millon et al, 2006). The following personality patterns and clinical syndromes were considered prominent in ST's MCMI-III profile:
    1. Severe Personality Pathology: Schizotypal (103), Paranoid (80)
    2. Clinical Personality Patterns: Avoidant (99), Schizoid (99), Depressive (95), Negativistic Passive Aggressive (76), Masochistic Self-Defeating (75)
    3. Severe Clinical Syndromes: Major Depression (105); Thought Disorder (101)
    4. Clinical Syndromes; Dysthyhmia (104), PTSD (100), Anxiety (95)

In terms of interpreting the scores, it is relevant for the reader to consider that a score of 75-84 indicates that a personality pattern is present, whereas a score of 85 or above indicates that it

is prominent. Furthermore the higher the elevation the more likely the interpretation descriptors are accurate. (see appendix L for a full description).

Outcome Measures (discussed in results section)

- Coping Inventory for Stressful Situations (Endler & Parker, 1990)
- Short Self-Esteem Questionnaire (Thornton, 2000)
- Goal Attainment Scaling (GAS) Techniques (Kiresuk, Smith & Cardillo, 1994)
- Repertory grid techniques (Jankowicz, 2004).
- Assessment of items pertaining to the Structured Assessment of PROtective Factors for violence risk, including sexual violence (SAPROF: De Vogel et al, 2011)

See appendix J for a full description of these measures/techniques and psychometric properties.

Responsivity Issues

As stated earlier, responsivity postulates that an individual may possess certain characteristics that will make them more or less responsive to treatment (Bonta, 1995). Consequently, consideration was given to the following factors identified during the assessment process, in in the context of risk and subsequent treatment planning:

A. Readiness to change and motivation: The GLM fundamentally defines that human goods are blocked by distortions in self-identity, perception of the world and criminogenic needs (Lindsay, Ward, Morgan, & Wilson, 2007). Hence, the transtheoretical model of change (including the concept of "stages of change") and motivational interviewing techniques were utilised to structure the initial assessment as a means to monitor ST's motivation throughout the change process (Bogue et al, 2004; Prochaska, DiClemente & Norcross, 1992). These techniques were also interfaced within the intervention process.
B. Personality: Laulik, Allam and Sheridan (2007) suggested that iSO may experience deficits in interpersonal functioning and affective difficulties. These types of difficulties are likely to translate within the therapeutic process of intervention. Consequently, the results obtained via the MCMI-III psychometric examination were used to predict how ST's personality difficulties and clinical syndromes contributed to not only his offending pathway (including fantasy generation) but how these traits may manifest within treatment.
C. Clinical issues: Those of particular relevance to ST's case seemed to be his diagnosis of Asperger's Syndrome, Body Dismorphic Disorder and prevailing low self-esteem

(Powell, 2002). Additionally, his diagnosis of Asperger's Syndrome indicates the presence of underlying psychological deficits that may have implications in regards to his offending behavioural patterns (Powell, 2002). These deficits include a rigid cognitive style, poor perspective taking abilities, limited awareness of societal rules and executive functioning deficits e.g. emotional regulation and implementing self-control (Murphy, 2010).

D. Attitudes toward women*:* ST demonstrates a somewhat hostile view of women. This was given consideration in regards to the impact gender could have on the dynamics of the therapeutic relationship (Macallum, 1997).
E. Protective factors and strengths*: (See formulation section for information pertaining to this item).*

Assessment Conclusions

Successful assessment of iSO requires knowledge of both the sexual offence pathways and the means of reducing the risk of reoffending (Blackburn, 2000; McGuire, 2002). When understanding ST's risk it was important to consider that his risk is contingent on current situational and contemporary factors (Doren, 2002). The assessment process highlighted ST's areas of vulnerability and that may navigate conditions that promote harmful behaviour (Ward & Seigert, 2002; Vess, Ward & Collie, 2008). Fantasy was found to have an important role in his life due to his ST's sexual inexperience. Specifically, fantasies involving children were associated with attempts to regulate his emotions and alleviate low moods. Particular attention was given to responsivity factors in line with ST's co-morbid mental health difficulties. Hence, in line with internal responsivity, it was apparent that practitioners would have to match the content and pace of sessions to ST's attributes, such as personality and cognitive maturity (Hubbard & Peeler, 2009).The self-report component of the assessment was somewhat compromised by ST's tendency to engage in secretive behaviour. This is not surprising, and can be a common difficulty associated with forensic populations. Yet, it does bear some consideration in light of the weighting of self-report information within the assessment process. To alleviate this problem, official records and other sources were also used to corroborate information. In addition, attempts to explore ST's personal constructs (Kelly, 2003; Ward, 2000) offered some insight into his implicit theories which allowed hypothesis generation on how these views facilitated offending behaviour.

FUNCTIONAL ANALYSIS

Individualised assessment via functional analysis helped to infer the function and relevant risk factors associated with ST's risk of offending behaviour. Functional analysis is a behaviourally anchored map of the cognitive, emotional, environmental and consequential factors associated with offending behaviour (Sturmey, 1997; Vess et al, 2008). This technique often utilises an A (antecedent): B (Behaviour): C (Consequences) framework (Herbert, 1987). *Antecedent* signifies any environmental precursors, both historical (distal) and current (proximal) that lead to *Behaviour*, which then result in *Consequences*. Hollin (1999) explained how each A:B:C sequence will inevitably act as an antecedent to further sequences of behaviour , being part of the individual's learning experience.

The information gained from assessment procedures described above, was used to generate and, incorporated into, a functional analysis and index offence chain analysis of ST's offending behaviour (see table 3.5 overleaf and appendix K).

FORMULATION

Eells (2007, p4) defined formulation as a *"…hypothesis about the causes, precipitants, and maintaining influences of a person's psychological, interpersonal and behavioural problems … [which] helps organise information about a person…. it contains structures that permit the therapist to understand contradictions ….it also serves as a blueprint guiding treatment"*.

Thus, the development of a case formulation requires interpretation beyond mere static and dynamic factors of sexual offending. This is achieved by incorporating a more comprehensive understanding of the developmental history within the framework of various domains associated with current functioning e.g. personality traits and clinical factors (Ells & Lombart, 2011; Sturmey, & McMurran, 2011). In this way, ST's sexual offending can be understood in terms of the schemas or implicit theories he has developed through both his early experiences and subsequent learning experiences (see figure 3.1 on page 83 for a diagrammatical version of ST's formulation).

Table 3.5: Summary A: B: C analysis of ST's offending behaviour

Antecedents	Distal ▪ Personality traits (e.g. avoidant traits) which impact interpersonal interactions, predisposition to patterns of coping adopted and the lens from which information is understood and processed ▪ Asperger's syndrome impacted ability to negotiate the social world and also empathetic ability ▪ Bullied and ridiculed by both female and male peers ▪ Lack of sexual experience Proximal ▪ Sexual preoccupation ▪ Feeling sexually frustrated ▪ Limited social network ▪ Unsuccessful interaction with women (both within reality and within ruminative thought processes)
Behaviour	▪ Searching, downloading, storing and masturbating over child pornography. ▪ Generating various **sexual fantasies** depicting adolescent females in consenting sexual scenarios. ▪ Masturbation
Consequences	Positive ▪ Facilitate sexual stimulation and arousal, ejaculation (fuel fantasies) ▪ Adrenaline/excitement ▪ Transient sense of mastery and escape from real world constraints ▪ Feeling part of an offending online community (*combating loneliness*) Negative ▪ Further detachment from the social world ▪ Lack of opportunities to develop appropriate sexual relationships ▪ Negative emotions (e.g. anger, frustration) associated with increasingly negative perception of women that were exacerbated by interaction with online offending social network ▪ Negative emotions associated with negative perception of self ▪ Experiencing guilt, shame and fear from sexual behavioural pattern

Presenting Problems

ST is a complex case displaying several interlinking problems that work to both reinforce and compound his current difficulties and vulnerability to future offence related behaviour. His difficulties are discussed as follows (*in no particular order*):

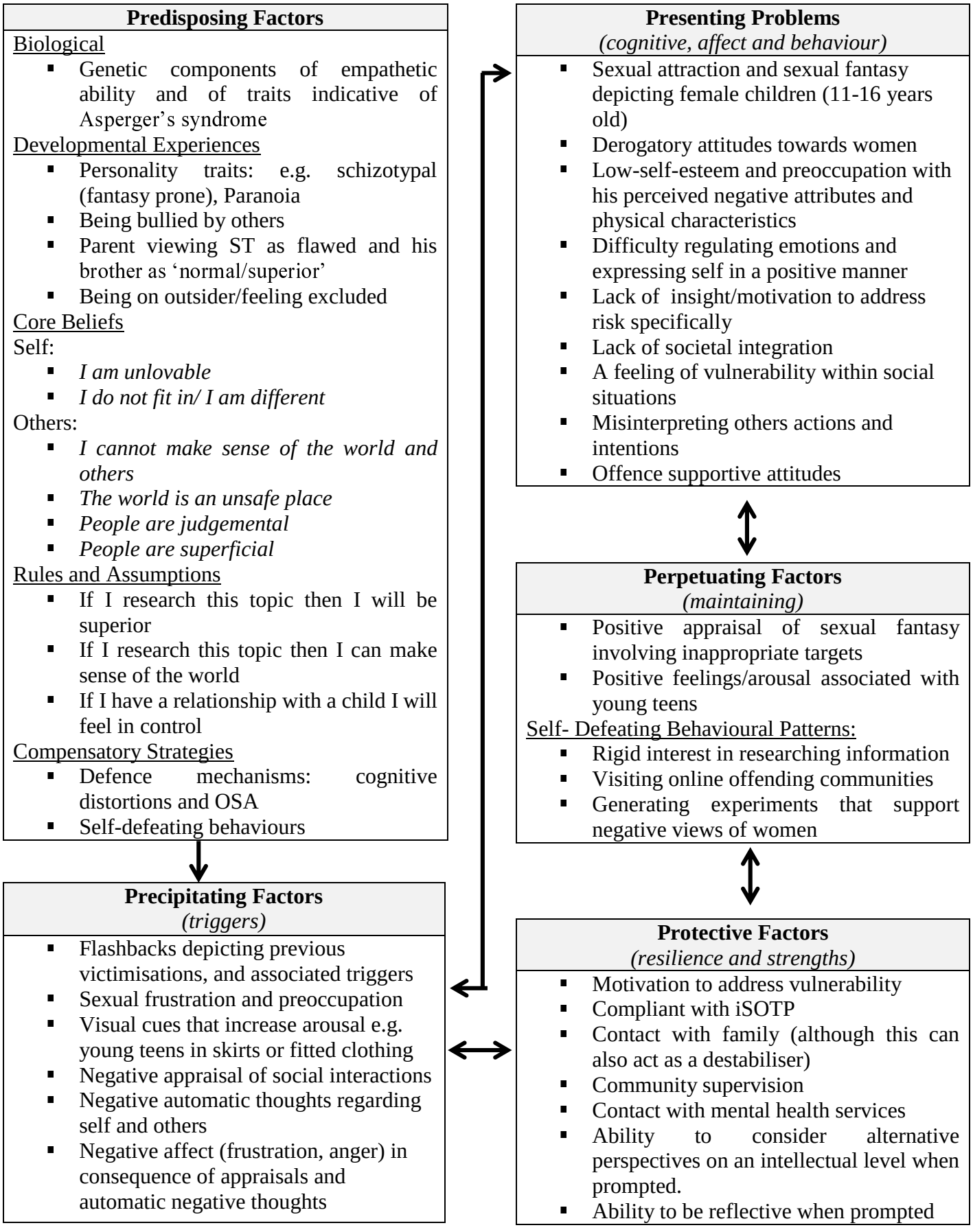
1. Sexual attraction to children (including inappropriate sexual fantasies)
2. Derogatory attitudes towards adult women

Service user ST said that he started to become attracted to younger girls in his early twenties. He attributes this to a desire to "recapture [his] teens" and the experiences he missed. ST has reported several inappropriate sexual fantasies involving pre-pubescent children. At times, these fantasies were intrusive and initially triggered by a low mood and sexual frustration. At other times, ST acknowledged initiating these fantasies, although he was making efforts to limit these fantasies due to sentiments from the i-SOTP. He initially described younger females as being inexperienced, naive, less shallow, less superficial and less "picky". These characteristics are in stark contrast to his descriptions of adult women. Thus, ST is extremely critical of women and his perception of their judgemental preferences for a partner. Despite this, ST has expressed a desire to have a 'normal' adult relationship. However, in his view, this is ultimately unattainable due to his physical appearance, his 'unattractive' personality, low status in life and women's focus on "looks...status...and money".

3. Preoccupation with Negative Experiences from the Past

ST can become preoccupied with his negative experiences from the past. He spoke about experiencing "flashbacks" of these incidents; predominantly incidents when he was being bullied and humiliated by others. ST stated that these "flashbacks" could be triggered by a certain song, and could "reduce [him] to tears". Consequently, ST experiences ruminative thoughts, including thoughts of revenge, about his traumatic experiences. These thoughts continue to reinforce a negative view of both himself and others, inhibiting his ability to discern his past experiences from the present.

Figure 3.1: Diagrammatical CBT Formulation (Johnstone & Dallos, 2006).



4. Sexual Preoccupation

ST said that previously his libido was so high that he would have to masturbate several times a day (intrusive fantasy experiences). On some occasions he said this could be five times a day. Recently ST said that he stopped his medication in part because of his low libido; also citing motivations such as experiencing nausea and low motivation. He described the benefits of having a high libido in regards to "excitement" within the right circumstances. This raises some questions about his motivation for wanting an increased libido and his commitment to desist from offending behaviour when he has stressed the unattainable nature of him engaging in consensual sexual relationships. However, this might be related to his desire to use the services of an escort.

5. Offensive Supportive Attitudes and Cognitive Distortions

ST has described thinking patterns that both minimise and justify his sexual offending behaviour. These include, but are not limited to:-

- Reporting that he had not collected many images considering the time period his offending behaviour took place, stating "some people collect millions of images in that time".
- Emphasis on having the correct label and being defined as a hebephile instead of a paedophile. He often described this in a hierarchical manner with clear emphasis on how the individuals he was attracted to had experienced puberty thereby diminishing the potential harm caused.
- Generating debate around the legality of age of consent and its flaws. ST inferred the laws imposed were arbitrary and used examples from history and other cultures to evidence his argument.
- Justifications that other men are attracted to young children, even researching and quoting statistics. However, he acknowledged that not all the individuals would act on their desires.
- Externalising blame towards things that he cannot alter for instance brain chemistry, in addition to seeing his arousal and subsequent behaviour as something beyond his control.

6. Difficulty Regulating Emotions

ST spoke about his difficulties expressing emotions. He said that although he experiences them he does not feel he can express them. ST said that at times he can feel like a "robot". It seems

that his difficulty regulating his emotions contributes to his offending pathway with ST engaging in self-defeating (see below) or inappropriate (sexual offending) behaviours to alleviate his negative emotions e.g. the association between mood and motive can activate ST's inappropriate sexual fantasies. His limits in the capacity and expression of empathy can also make it difficult for him to experience emotions that would inhibit harm from others. Additionally, his difficulty with emotions does at times make him vulnerable to misinterpreting others and in turn increasing his difficulty to successfully integrate into the social world.

Predisposing Factors

ST's experiences are influenced by biological and genetic factors which influence his information processing capabilities. The most palpable are the biological bases of his personality and the genetic predispositions to develop traits indicative of Asperger's syndrome. See table 3.6 for ST's MCMI-III personality profile. ST's personality profile also impacts the coping strategies that he is more prone to utilising during stressful situations. For instance, his preoccupied focus on his internal struggles (e.g. paranoid and depressive personality traits) disposes him to more emotionally orientated behavioural responses within limited self-control.

Service user ST's adverse experiences throughout his childhood and early adulthood have led him to develop and maintain maladaptive beliefs. These experiences include being bullied and harassed by others (including his brother), being an 'outsider' and feeling excluded. These feelings were likely to be exacerbated by his traits associated with Asperger's syndrome, making it more difficult for him to negotiate the social world. Consequently, ST may have developed negative core beliefs about himself *(I am unlovable, I do not fit in, I am different, I cannot make sense of the world*) and others (*the world is an unsafe place, people are judgemental and people are superficial*). These experiences and beliefs may have led him to develop a hyper-vigilance to perceived threats. Hence, he is more likely to focus on the negative aspects of interactions that confirm his negative view of the world. ST's engrained thinking patterns make it more difficult for him to consider alternative perspectives with a fundamental belief that he is likely to be the victim in most interactions, often expecting derision from others.

ST has described a fragile sense of self that is underpinned by his difficult experiences as a young adult. He can become excessively focussed on his perceived physical flaws and 'unattractive' personality characteristics e.g. being introverted.

Scale	Score	Description
		Modifying Indices
Validity	0	Suggestive of true/accurate responses assigned by the individual.
Disclosure	84	The disclosure score suggests ST responded in an open and revealing manner.
Desirability	15	This score infers there are no issues in regards to defensive responding.
Debasement	91	The scale reflects the extent to which the individual is describing themselves in negative, pathological terms. In context with ST other scores, his responses may indicate a 'cry for help' resulting from acute psychological distress.
		Severe Personality Pathology
Schizotypal	103	Schizotypal personality patterns are characterised by scattered and disorganised thought processes with a tendency to experience depersonalisation, dissociation and detachment from others. Individuals with this personality pattern tend to be mistrustful and communicate poorly. Magical behaviour and rituals, peculiar behaviour, having little distinction between fantasy and reality is also a feature of schizotypal.
Paranoid	80	This scale outlines a vigilant mistrust of others and an edgy defensiveness in anticipation of criticism and/or rejection. Individuals with this personality pattern are likely to perceive innocuous events as insults and attribute their shortcomings onto others.
		Clinical Personality Patterns
Avoidant	99	This scale describes individuals who live solitary and isolated lives, while possessing a desperate desire to be accepted and involved with other people. However, this desire is blocked by an intense fear of rejection.
Schizoid	99	Schizoid patients are characterised by their lack of desire and incapacity to experience depth in either their pleasure of pain. They tend to be apathetic, distant and asocial, possessing limited need for human affection and emotions. Thus, they function as passive observers, detached from the rewards or affections of human relationships.
Depressive	95	Enduring patterns of thoughts, attitudes and behaviours, and self-concepts related to depression. These may include traits such as pessimism, lack of joy and inability to experience pleasure.

Masochistic Self-Defeating	75	Masochistic (self-defeating) personality patterns present themselves as inferior, insecure, reluctant to accept pleasure and happiness and anything positive is expressed with little enthusiasm. Individuals with this personality pattern tend to be self-sacrificing within interpersonal relationships and ruminate on past failed relationships.
Negativistic Passive Aggressive	76	This scale describes that individuals will struggle between rewards offered by others and those desired for themselves. This struggle represents an inability to resolve conflicts. These conflicts will remain close to the individual's consciousness and intrude into everyday life. Their behaviour alternates between explosive anger and stubbornness followed by guilt/shame.
Dependant	74	A core component of this scale is feeling incapable and incompetent of functioning independently. Thus, individuals with this personality style will feel inadequate, insecure and have low self-esteem.
Severe Clinical Syndromes		
Major Depression	105	This scale represents the extent that the individual has difficulty with daily functioning. Psychological difficulties would include a sense of hopelessness, suicide ideation, pessimism, ruminating, and fear of the future.
Thought Disorder	101	High scores on this scale suggest that the individual has thoughts that are bizarre, disorganised and inconsistent. In addition, their behaviour might be regressed, secretive and incongruous, and they may be confused, withdrawn and disorientated.
Clinical Syndromes		
Dysthyhmia	104	This scale reflects sadness, pessimism, hopelessness and apathy, low self-esteem and guilt.
PTSD	100	Elevations on this scale suggest that the individual is likely to have experienced an intense life event that resulted in extreme fear, helplessness and arousal. It is likely that their reaction to this event has resulted in uncontrollable, recurrent images or emotions linked to the event.
Anxiety	95	High scores such as this indicate individuals complaining of tension, difficulty relaxing, indecisiveness and apprehension. Physiological symptoms may also be present such as headaches and nausea etc.
Somatoform	75	High scores reflect somatic complaints expressed in areas such as fatigue, generalised pain, vague complaints and preoccupation with health related difficulties. If individuals experience legitimate illness then this is likely that they will be preoccupied with, and possibly exaggerate their difficulties.

His preoccupation with his physical appearance can become so extreme that he finds it difficult to see his reflection in surfaces. To compensate for his fragile sense of self, ST can rigidly externalise blame onto external sources e.g. other people (particularly women), imposed societal expectation, natural selection and emphasis on the biological components of his perceived difficulties. These thinking patterns promote his desire to find answers to why he was victimised as a young adult and why he is sexually aroused by pubescent children.

Precipitating Factors

Precipitating factors are situations that may trigger offending behaviour patterns. ST's sense of self is grossly fragile so that his negative schemas can be activated within the most outwardly benign scenarios, often due to the narrative he applies to the world. The following factors are likely to heighten ST's risk of future offending behaviour, both directly and indirectly:

- Excessive use of the internet: Specifically visiting forums that perpetuate his negative attitude towards women
- Use of pornography that is on the edge of inappropriate material
- Sexual preoccupation. ST confirmed that stopping his medication increases his libido and subsequent preoccupation with sex, thus non-compliance in medication.
- A feeling of desperation and limited self-efficacy
- Stress, for example difficult family dynamics
- Boredom and lack of positive routine
- 'Flashbacks' of the past and his negative experiences
- Social isolation and lack of positive social interactions i.e. via group activities
- A limited ability to consider future goals
- An inability to utilise the support he is afforded from services
- Preoccupation with his negative self-view

Maintaining Factors

ST's risk is maintained by cognitive, emotive and behavioural factors. These factors are all interlinked and continue to influence and reinforce each other. ST's thoughts are influenced by his personality traits and implicit beliefs in which he processes, frames and understands information. Hence, the narrative that ST conceptualises his experiences in, includes the attributions he applies to himself (*low self-esteem*) and others (*negative attitudes* to *women and*

positive attitudes towards children, particularly within sexual dynamics). These thoughts fuel ST's sense of vulnerability, inadequacy, worthlessness, feelings of isolation and being out of control. This promotes the need for action to resolve these intense negative feelings. An accumulation of all feelings surrounding negative thoughts/ruminations fuel his desire to engage in self-defeating behaviours. Hence, ST engages in self-defeating behavioural patterns that both reinforce his negative view of women and facilitate a negative self-perception. These include:

- Researching information that confirms his negative view of women and the hierarchal dating system
- Researching information that condones or offers 'excuses' for adult-child relationships
- Visiting forums with an online community that also embrace a distinctly negative view of women
- Generating controversial conversations on forums in line with his negative view of women. These topics generate a plethora of responses from individuals making ST feel clever and important.
- Posting his picture online and inviting others to comment on his looks.
- Generating 'experiments' involving dating websites and the number of responses men and women receive.
- Disclosing his sexual offence to other people online and examining people's reactions. He spoke about how he received mixed views on this.

Protective Factors

It is important to consider ST's strengths and support systems that will help him to cope and overcome his problems. ST presents as relatively compliant with services. Therefore, although he described offence supportive attitudes and cognitive distortions he is willing to engage within the therapeutic process and explore these factors. This is particularly true when the focus is placed on his vulnerabilities and clinical issues. However, it is important to note that his engagement thus far has been mandatory, with the threat of returning to court if he does not meet requirements. ST's family have been generally supportive of him after his conviction and openly advocate his engagement with services. Despite this, ST has also reported difficult family dynamics. ST is generally compliant with his medication regime. The subsequent reduction in symptoms enables him to more effectively engage within intervention processes

without any substantial mediating factors impeding his cognitive functioning. For example his medication helps alleviate his depressive symptoms, anxiety and 'odd' thoughts.

INTERVENTION

From examining ST's functional analysis and subsequent formulation it was apparent that ST's underlying issues manifested in an array of 'presenting problems'. This highlighted the complex interplays between numerous distal (including self-narrative) and consequent proximal risk factors. Primarily, ST needs to become aware of the factors that increase his risk of offending behaviour. Secondly, he needs to develop an understanding on how his thoughts are important in maintaining his behaviour. These aims would be facilitated by attempts to integrate his understanding, and address, ST's perceived vulnerabilities (including clinical issues) and risk factors.

The structure of the intervention was devised in accordance with the literature on reducing recidivism of iSO (Middleton et al, 2006). However, as ST was also engaging in the accredited i-SOTP emphasis was placed on the complexity of his case in regards to the numerous responsivity factors (specifically clinical issues) that were identified during the assessment process. Supporting this, Hubbard and Peeler (2009) suggest that offenders with multiple clinical issues may require an alternative treatment approach than conventionally adopted. In light of the psychological characteristics and vulnerabilities highlighted in ST's assessment and subsequent formulation, it was felt that intervention would be understood, and framed, within the context of ST's pervasive internal models (resilient beliefs) and subsequent appraisal of events indirectly fuelling his offence supportive attitudes. Thus, the primary effort of treatment was to facilitate ST's ability to integrate his vulnerabilities and the role this plays in his offending behavioural patterns, being a predominantly insight-orientated intervention. The secondary effort of treatment was to enhance ST's self-esteem (via a goal orientated framework) which indirectly impacted his pathway to offending behaviour.

ST attended twenty individual sessions with Sade Sowemimo, Trainee Forensic Psychologist. The sessions took place from July 2013 to November 2013 and were approximately 60-70 minutes long (see table 3.7 overleaf and appendix N for a summary of sessions). The collaborative aims of the intervention were as follows:-

- To explore my attitudes towards children, women and understand the impact this has on my life
- To explore the view I hold of myself and understand the impact this has on my life
- To work on goal setting and consider positive ways to express myself

Engagement

ST voluntarily attended sessions which demonstrated a motivation to engage with services and address his difficulties. However, his motivation to attend sessions diminished at times and, on four occasions, he missed appointments without any prior notice. ST generally attributed his non-attendance to his chaotic sleeping pattern. Overall, ST presented as engaged within the session content, intermittently introspective and, often completed homework tasks when assigned. Hence, ST's self-reported difficulties were discussed within the theoretical paradigm of 'high risk situations' and the pathways model of offending (Beech & Ward, 2004; Mann & Beech, 2003). In particular, attention was given to determining, and improving ST's understanding of the natural components of his difficulties, to develop a more sophisticated paradigm of cause and effect and ultimately strengthen his commitment to change. At times, he took a more oppositional stance to the information discussed within sessions with attempts to generate a 'debating' dynamic. On these occasions, he found it difficult to alter focus from the 'hierarchal dating system', his negative view of others and his ability to consider alternative perspectives.

Table 3.7: Summary of Face to Face Contact

Session	Theme*
1	Orientation to Intervention e.g. building rapport, Therapeutic Contact
2	Clinical Interview, Therapeutic Contract, Psychometric Administration
3	Clinical Interview, Psychometric Administration
4	Repertory grid
5	Repertory grid, Strengths and Vulnerabilities
6	Strengths and Vulnerabilities (Basic Formulation)
7	Emotional Regulation (start using mood diary)
8	Attitudes towards others
9	Offence Pathway

10	Offence Pathway and High Risk Situations
11	Self-Defeating Behaviour and Review of Sessions
12	Self-Defeating Behaviour
13	Negative Automatic Thoughts
14	Negative Automatic Thoughts
15	Internal Sources of Support including goal setting *(coping strategies)*
16	Internal Sources of Support including goal setting *(coping strategies)*
17	External Sources of Support *(coping strategies)*
18	Endings, Revise Formulation
19	Endings, Psychometric Administration
20	Feedback

**a flexible approach was adopted in regards to the implementation of specific themes*

RESULTS

Repertory grid (Jankowicz, 2004).

ST wanted to consider relationships in line with his perception of the '*hierarchical dating system*' (see appendix M). The elements he chose to consider included:

- Alphas: Adult males which are exceptionally attractive.
- Betas: Men with an 'average' level of physical attractiveness
- Deltas: Adult males that ST often chats to on forums. These individual call themselves 'unintentionally celibate' and hold negative views of women.
- Children : 11 years and below
- Girls: 12-17 years old
- Adult Females: 18 years and older
- Self-Now
- Ideal Self and,
- Self when offending

Prior to 1:1 intervention, analysis showed that ST viewed women in a wholly negative manner with children and girls being attributed more positive traits. He attributed positive sexual traits to girls and adult women respectively, with children not being viewed as sexual beings. ST perceived 'self when offending' and 'deltas' to possess similar characteristics. Betas and 'ideal self' also seemed to be closely related. Subtle differences were found in ST's scores after the

1-1 intervention. ST had further cognitively distanced himself from 'offending self' and 'deltas'. This indicates a shift in his negative self-perception and subsequently alludes to a slight risk reduction. ST ascribed a lower rating of negative traits towards women, although again this change was minimal.

Short Self-Esteem Questionnaire (Thornton, 2000)

Prior to the intervention ST's results suggested his self-esteem was low (before: 2 after: 3). After the intervention ST's results slightly improved. It seems relevant to consider that his focus seemed to be more heavily placed on societal demands and other people's expectations rather than an inward focus on his difficulties. Subsequently ST viewed his self-esteem as dynamic, with low self-esteem only emerging during social situations.

Coping Inventory for Stressful Situations (CISS: Endler and Parker, 1990)

ST's results (see table 3.8) suggest that he predominantly relies on emotionally orientated behavioural responses during stressful situations. He places less emphasis on task orientated coping mechanisms which may be associated with his limited focus on envisioning goal orientated solutions. Thus, ST is more likely to focus on the emotional consequences of a stressful situation rather than the problem at hand. It seems the pre- and post-assessment use of the CISS demonstrated little, if any positive change (non-significant changes across all scales). However, this is not highly surprising considering the engrained nature of ST's difficulties and, the intervention itself. Thus, use of this measure helped augment his understanding of his predominant coping methods in response to stressors.

Table 3.8: ST's raw scores from the **CISS**

Coping Styles	Pre-Intervention	Post-Intervention	% Change
Task Orientated	Below Average (39)	Below Average (35)	-11.3
Emotion Orientated	Slightly Above average (56)	Slightly Above Average (57)	+1.8
Avoidance Coping	Average (48)	Average (45)*	-6.7
Distraction	Slightly Above average (60)	Average (69)*	+13.0
Social Diversion	Below Average (36)	Much Below average (34)	-5.9

**considered positive improvement*

Goal Attainment Scaling

Goal attainment scaling (GAS) measurements were used to identify any changes that occurred during the course of the intervention. Table 3.9 (overleaf) shows fluctuations in positive outcomes for each goal and outlines the scaling system employed. Using the calculation outlined by Turner-Stokes (2009) below, the current study was able to chart the fluctuation in score from baseline to outcome, with lower scores indicating positive improvement. All five goals were given the same weighting for this calculation as all were judged to be equally as important.

$$\text{Overall GAS} = 50 + \frac{10\,\Sigma(w_i x_i)}{[(1-\rho)\,\Sigma w_i^2 + \rho(\,\Sigma(w_i)^2]^{1/2}}$$

Where:
w_i = the weight assigned to the *i*th goal (if equal weights, $w_i = 1$)
x_i = the numerical value achieved (between –2 and + 2)
ρ = the expected correlation of the goal scales

ST's baseline score (overall; week 10) was 56, this was unchanged in week 13. Week 14 saw a negative change with the score rising to 62. The score then improved to 50 at week 15 and again to 41 at week 16. In the final week the total score was measured at 44, a slight decrease from the previous week, however still 12 points greater than at baseline. Specific behavioural indications of the (potential) positive impact of intervention include:

- Increased levels of self-disclosure. ST was more open to disclosing aspects of fantasy and on-going difficulties during the latter sessions.
- ST was more open to considering internal aspects of his risk to sexual offending
- ST reported spending less time engaging with online communities that reinforced his offence supportive attitudes
- ST reported conducting fewer online 'experiments' that served to fuel his negative attitudes
- On four occasions ST attended organised group social activities
- ST was able to provide more detailed 'goal setting' descriptions/plans

Table 3.9 ST Goal Attainment Scaling

Goal*	Session No.					
	10	**13**	**14**	**15**	**16**	**17**
Motivation to engage to everyday activities	+1	+1	+2	0	-1	-1
Overall Internet Use	0	0	+2	-1	-1	0
Speaking to others on online forums	0	0	-1	-1	-1	-1
Researching 'hierarchical dating system'	0	0	-1	+1	0	0
Sleeping Pattern	+1	+1	+2	+1	0	0

*Scale: -2 (Much better than expected), -1 (better than expected), 0 (expected), +1(worse than expected), +2 (much worse than expected)

However, throughout the course of intervention ST continued to engage in self-defeating behaviours, struggled with motivation, experienced a chaotic sleeping pattern and intermittently voiced (usually when presenting in a defensive manner) OSB's and cognitive distortions. The continuation of behaviours indicative of risk caused significant concern with professionals involved in ST's care. Therefore, as an outcome from ST's engagement a more formal consideration of his protective factors were considered to help augment and offer a more balanced perception of his risk assessment. Thus, several factors were considered in line with the literature informing The Structured Assessment of PROtective Factors for violence risk, including sexual violence (SAPROF: De Vogel et al, 2011; De Vries Robbé, De Vogal & De Spa, 2011). See below for a summary. It is relevant to note that although providing a useful baseline these areas would benefit from further development.

Structured Assessment of PROtective Factors Items

Intelligence and Introspection: ST seems comfortable in assigning blame to women for his difficulties and the external standards he feels are so heavily weighted on him. He has spoken about the positive feelings he experiences when gathering information about the hierarchical dating system because it confirms his beliefs and offers answers to his difficulties. ST described feeling intellectually informed by having such insight. Unfortunately, these defence mechanisms inhibit his ability to consider alternative perspectives. In regards to his risk, ST believes that he is a low risk of reoffending (in terms of internet child pornography) and at no risk of contact offending. Although unsubstantiated, it may be relevant to consider

ST's previous disclosure of touching young girls within the public forum. Furthermore, ST views risk as a dichotomous term, with increased risk synonymous to definite re-offending behaviour. This somewhat hinders his ability to comprehend the subtlety of risk, his offence pathway and seemingly irrelevant decisions.

Empathy: ST gave feedback, and has demonstrated a developing ability to empathise with the victims of his offending behaviour. He was able to identify a more comprehensive perspective of consequences of his behaviour, commenting on the impact his behaviour would have on the children in the images, his family and even professionals who had invested time into his care. It may be relevant to consider the realistic level of empathic ability ST can consider in regards to his Asperger's traits. Furthermore, heightened experiences of distress more easily guide his focus to his own difficulties.

Motivation for Treatment: Lack of motivation is an on-going difficulty for ST, augmented by his external locus of control. It is useful to comment that alongside his mandated engagement in the iSOTP, ST engaged within voluntary 1:1 sessions as described within this document. During the final session, ST also expressed a desire to engage in further psychological work with a specific focus on negative automatic thoughts.

Professional Care and Supervision: ST has a strong supportive network of professionals to help him manage his mental health and supervise his risk behaviours. He is often seen by the assertive out-reach team, engages in iSOTP on a weekly basis and generally sees his offender manager on a monthly basis. His engagement with services can vary in line with his motivation and level of rigid preoccupied thinking patterns. Therefore, at times ST can present in a defensive manner. He can be distrustful of professionals, with a belief that other people are not "honest" and "realistic" about the world. ST is particularly sensitive to this presentation when experiencing interpersonal dynamics, which he feels focuses predominantly on his risks without incorporating his distress and vulnerabilities.

ST described thoughts that professionals tell him that his view is incorrect as a method to try and prevent sexual offending behaviour, even though they know he is right. Thus, he does not necessarily feel the support intended from services involved in his care. For instance, he described some professionals as judgemental, waiting for him to do something wrong so they

could "claw" at him. Hence, there is a sense that ST does not feel collaborative within his treatment pathway. He described feeling "on [his] guard" which I suggest facilitates his reliance on his engrained thinking patterns and self-defeating behaviours because they are comfortable and can act as a protective mechanism. His thoughts of mistrust and feelings of being 'unsafe' are likely to inhibit his ability to change. In consequence, ST is less able to accept the available help from practitioners and instead 'count down the days' until his supervision order is over.

Life goals: ST has identified both medium and long-term life goals that he feels will provide meaning and positive life fulfilment. These include: [deleted specific information]. At present he can perceive some of these goals as unattainable due to his negative views of others, external locus of control and difficulty goal setting in realistic and smaller increments. Thus, ST is more prone to being overwhelmed by long term or particularly difficult goals.

Leisure: ST has expressed a desire to become more active. During the course of this intervention he can be commended for attending a [deleted information] team practice on approximately four occasions. ST described himself as a creative person and has demonstrated an interest in several hobbies. These interests act as a useful starting point whereby encouragement to engage in these activities can promote routine, maintain wellbeing and, promote pro-social contacts.

Support Network: ST is in contact with his family. This social interaction can prevent him from being completely isolated from others. However it is relevant to note that his family dynamic can generate stress at times. For example, he spoke about his parents arguing, his tendency to negatively compare himself to his brother and, his mother's unstable mental health. ST has also described initiating conversations to female strangers in coffee shops which do not go how he desires. This may be related to unrealistic expectations about communication with strangers and the likely reception he will receive.

Self-Identity Shift: ST's identity has significantly shifted from when he was engaging in offending behaviour to his current perception of himself (see table 3.10). Thus, it seems he has a more positive perception of himself than his 'offending self'. Despite this, in all areas

discussed ST feels he needs to make more improvement to become his ideal self. This shows a level of insight into his current difficulties.

Table 3.10: Results extracted from the (post) repertory grid ST completed

Construct	Offending Self	Self Now	Ideal Self
Positive Characteristics			
Good Knowledge of the world	4	6	7
Honest about sexual desires	5	7	7
Confidence	4	5	6
Desirability (physical appearance)	1	3	5
Ability to 'brush off' negative comments.	2	5	7
Negative Characteristics			
Lack of motivations, goal and purpose	6	6	2
Sexual Preoccupation	7	5	4
Compare and, Feeling Jealous of others	4	4	2
Judgemental	4	3	5
Abusive to others/Superficial	3	2	2
Dominant/Bossy	1	2	4
Easily controlled by others	4	2	1

*Likert scale of 1 (Least characteristic) to 7 (most characteristic)

Summary and Recommendations

ST experiences enduring feelings of inadequacy and low self-worth, characterising himself as a "low status male". These thoughts are reinforced by his preoccupation with his past and rumination over his negative early experiences (being bullied, feeling excluded and socially isolated). His personality profile offers insight to his perception of the world, subsequent information processing style; also being cognitively mapped onto his fantasy experiences. It is vital to incorporate ST's traits that are indicative of Asperger's syndrome into his overall risk profile. These traits are likely to make it more difficult for him to navigate the social world e.g. form, sustain and manage intimate relationships, express emotions and easily feel empathy for others. It may also offer some explanation to ST's rigid thinking patterns and tendency to think in 'all or nothing' terms.

ST seems to be striving for acceptance. However, I infer to protect his fragile sense of self he externalises blame onto others, placing predominant focus on the responsibility others have on the distress he feels rather than his particular vulnerabilities. He does not have a concrete sense of control over his life and his sexual drive, which can result in his desire for external forces to 'fix' and 'recondition' him. This stance can somewhat hinder a more collaborative approach in his treatment.

ST has expressed ambivalence about his offending behaviour. Thus, although on occasion he has expressed shame and regret associated with his offence related sexual fantasies and offending behaviour he also seeks out information that condones adult and child (pre-pubescent) sexual relationships. Thus, ST engages in self-defeating behaviours that reinforce and maintain his negative view of women. There seems to be an addictive quality to this behaviour, with it acting as a protective mechanism for the negative feelings associated with his inappropriate sexual preferences. However, these behaviours also enhance ST's feelings of superiority in regards to feeling clever and more knowledgeable than most people about the social world. This works to reassert his sense of control over his difficulties and fantasy experiences. ST rationalises his behaviour as a crusade to learn and spread the truth. This seems to give him both a sense of purpose and to reinforce his negative attitudes which in turn elicit both positive and negative affect.

Based on the above information the following recommendations were made regarding ST's treatment needs in relation to risk of violent and sexual harm:

- To place emphasis on making ST's treatment and supervision more collaborative. This may provide an environment that more successfully nurtures his ability for change. This collaborative approach may also diminish his tendency to react in a defensive manner and externalise responsibility onto others by placing more emphasis on his accountability, level of control within situations and subsequent level of self-efficacy.
- A compassion focused approach may be a useful therapeutic modality. ST may benefit from enhancing his ability to coping strategies and ability to self-sooth. Specifically his ability to tolerate intrusive thoughts focussed on his earlier negative experiences. This may negate his reliance on self-defeating behaviours.
- Developing ST's ability to challenge his automatic negative thoughts. However, this may be something that he will be more able to address later in his treatment pathway.
- Encourage ST to engage in social activities when appropriate. This may offer a more positive structure to his time and promote the need for a more stable sleeping pattern.

However, it may be useful to consider that the distress caused by negative social interactions could act as a destabilising factor.

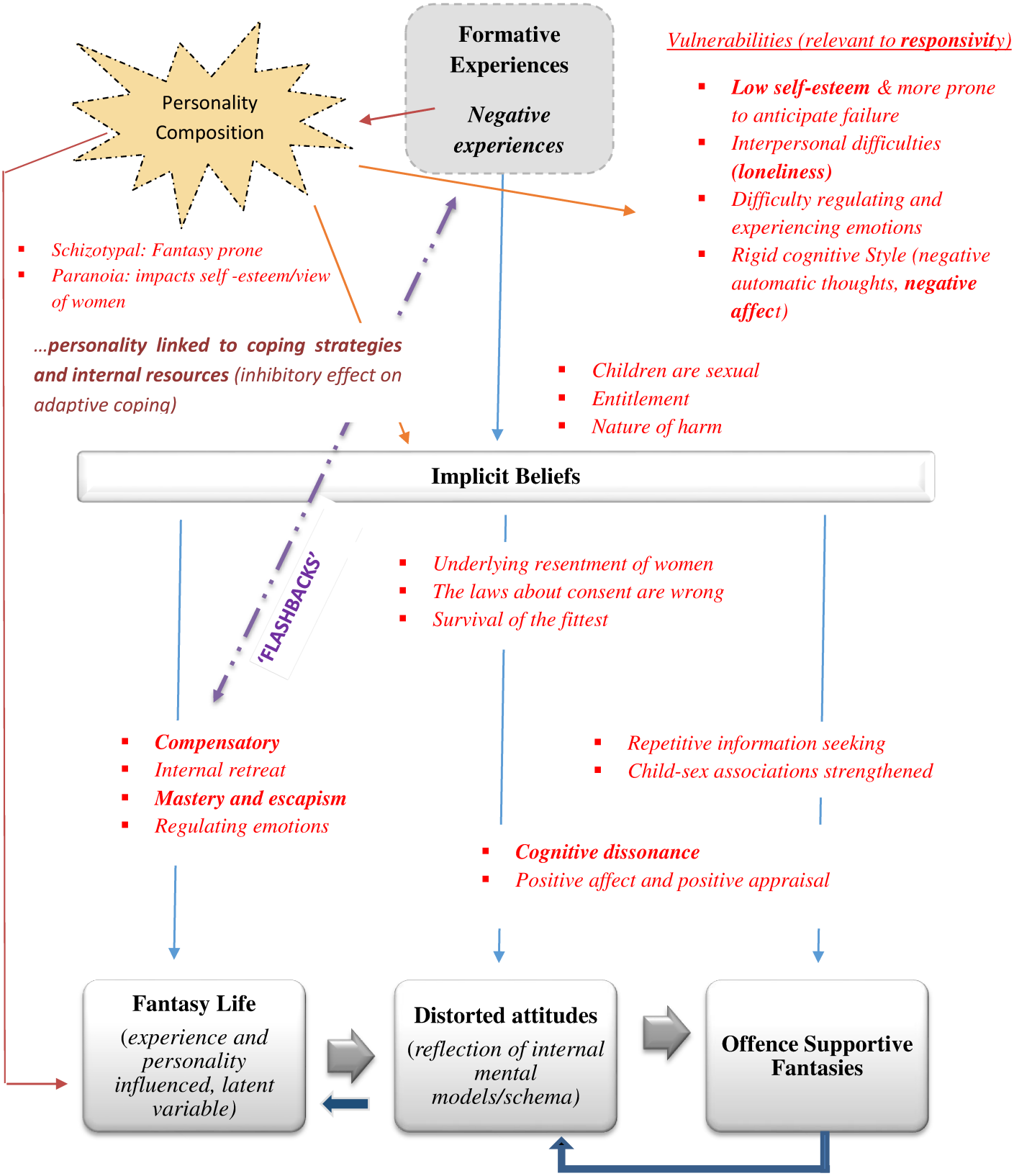
DISCUSSION

ST's personality traits could be cognitively mapped onto his offence related sexual fantasies. Traits of specific relevance were Schizotypal, Paranoid, Avoidant and Depressive traits. It seemed the anonymity, disinhibition and the accessibility of pornography encouraged ST to utilise the internet to fulfil certain unmet needs (Lanning: 2001; Quayle & Taylor, 2003). In this way, online offending could be considered a behavioural representation of ST's desires and sexual fantasies (Krone, 2004). Self-regulation also seemed to be an important concept, with ST describing the use of illicit images to alleviate negative affect and facilitate positive affect by being an 'escape from reality' (Ward, Morgan & Wilson, 2007; Yates & Ward, 2008). In this way, ST's low self-esteem (in response to his experiences of rejection) was found to be a major influential factor in the aetiology of his offending behaviour. Specifically, ST's conscious effort to generate fantasy as a method to compensate for real world constrains, worked to prime child-sex associations by the process of sensory preconditioning (Gee et al., 2006; MacCulloch et a1 , 2000; Proulx, Paquette, Longpré & Coutre, 2009; Ward & Hudson, 2000). See figure 3.2 page 101, for a diagrammatical representation the how the hypothesised components of fantasy, mapped onto his overall formulation and thereby incorporated into his risk profile. Thus, ST's fantasy was considered a latent variable, becoming acute and dynamic when combined with distorted attitudes (Bartels, 2013). Additionally, the behavioural methods ST used to support his cognitive distortions (e.g. use of forums, and researching literature that denigrates women and promotes children as sexual objects,) served a validating function in alleviating the cognitive dissonance (Festinger, 1957) caused by the criminality of his offence and 'deviant' nature of his fantasies. Both cognitive distortions and OSB's facilitated ST's ability to engage in this behaviour with muted negative psychological consequences (Quayle & Taylor 2003, 2002; Ward & Siegert, 2002). Hence, the intimacy/social skill deficits and cognitive distortion can be considered the most prevalent pathways to ST's offending (Ward & Siegart, 2002). Thus, the on-going assessment of characteristics relevant to his offence pathway, and risk reducing factors helped augment consideration to his projected offending behavioural patterns. ST possessed several characteristics that have been empirically linked to sexual re-offending behaviour and several psychologically meaningful risk factors (Hanson & Morton-Bourgon, 2005; Mann, Hanson & Thornton, 2010).

In addition to the likelihood of ST's recidivism, another key question pertains to behavioural escalation. Therefore, it was important to consider the likelihood that his online offending will evolve into contact (or offline) offending behaviour. Calder (2004) suggested that desire for contact offending is implicit within the use of pornography. At present, there is no empirical evidence to support a causal link between viewing pornography and contact sexual offending (Marshall, 2000). Researchers have suggested that utilising pornography can escalate the commission of contact sexual offences (Quayle & Taylor, 2002; Sullivan & Beech, 2003). This is done through the process of fantasy, masturbation, cognitive distortions and a feeling of mastery that increases proclivity to offending behaviour (Marshall, 2000). Hence, ST's use of pornography can work to justify an already established set of beliefs (Jones & Wilson, 2008). Alternatively, Sullivan and Beech (2004) postulated that viewing online pornography can result in the inappropriate fantasy being normalised which in turn fosters a disinhibited state. An offender can become bored with certain content and over time seek more 'intense' pornography (Williams, 2008). This combination of disinhibition and risk taking behaviour alludes to the possibility that an iSO may seek 'real life experiences' and therefore perpetrate offline sexual offending. Despite this, it seems that only a small number of pornography-only offenders progress to offline offending (Webb et al, 2007). Thus, emphasis was placed on understanding the dynamic nature of ST's 'high risk' situations and future vulnerability to re-offend. Consequently, emphasis was placed on the use of psychometric questionnaires to facilitate embellished formulation with restraint being applied to (pre and post) interpretations predicting recidivism (Barnett et al, 2012).

Prior to the commencement of the current intervention ST was mandated to attend the iSOTP. Consequently, one could question the rationale for further intervention when he was already engaging within an accredited treatment programme specifically designed to reduce the risk of sexual recidivism. To justify the rationale attention can be drawn to the concerns regarding the large scale application of treatment for offenders and, the literature highlighting the importance of responsivity. For instance, Andrews and Bonta (2006) specifically highlighted the danger that correctional agencies 'overmanualise' interventions with a 'one size fits all approach'. This can be particularly problematic with manualised treatment, affording little flexibility in the content and implementation of the prescribed intervention. Although, the iSOTP does offer tailored guidance to match the aetiology in the offender's offence pathway it does not offer information to the potential mediating effect of clinical factors (Middleton et al, 2006; Middleton & Hayes, 2006). Thus, prior to formal assessment, it was apparent that ST possessed

Figure 3.2: Structural component of fantasy (hypothesised) mapped onto ST's Formulation



1. Fantasy Prone. More prone to experiencing negative affect.
2. Offence related fantasies triggered by negative affect.
3. This promotes distorted attitudes to alleviate cognitive dissonance.
4. Vicious cycle (e.g. **conditioning, priming**)

characteristics that were likely to render him less responsive to treatment (Bonta, 1995; Powell, 2002). A risk-needs-responsivity framework (Andrews & Bonta, 2007) was used to review ST's strengths, problem areas, and consider the more appropriate structure of intervention. Consequently, ST was deemed a 'complex' case that would benefit from a specifically tailored assessment and intervention (Hubbard & Peeler, 2009) to augment and compliment his engagement within the iSOTP.

Utilising a formulaic approach, the importance of self-esteem was highlighted as a significant contributor to ST's offence pathway and vulnerability to certain 'high risk' situations. Although self-esteem is not considered a criminogenic risk factor of sexual offending behaviour, Andrew's et al. (2011) acknowledged that addressing non-criminogenic factors may be a vital strategy, in the context of targeting a responsivity factor. Hence, an underlying theme throughout the current treatment effort was pertaining to ST's low self-esteem. Marshall et al. (2003) concluded that collaborative working and, a cultivation of empathy and warmth could increase self-esteem in sexual offenders. Andrew's et al (2011) noted that addressing non-criminogenic factors in isolation were unlikely to reduce re-offending behaviour. Hence, the secondary aims of the intervention were to address ST's attitudes towards others (*cognitive distortions*), specifically within the context of his enduring low self-esteem and his offence pathway. In particular, attention and distinction was given to rationalisations considered most toxic to re-offending behaviour (*OSA*) and those more neutral explanations ST holds onto, to maintain self-esteem (Synder, 1988). In this way, OSA can be reconstructed as implicit theories which can ultimately lead to distorted perceptions of the world (Marshall et al, 2003; Ward & Keenan, 1999). These deeply held beliefs about himself and others, are both consequences of, and shape (in ST's case, inhibit) social development. Finally, an on-going theme, and facet of the individualised intervention, was motivation for change within the cognitive social learning perspective (Dowden, 2008).

As predicted several factors presented as obstacles to the therapeutic process, successful intervention and the subsequent empirical basis of the case study. Of particular significance were ST's fluctuating motivation and rigid thinking patterns. His rigid cognitive style is a trait indicative of Asperger's syndrome, and as such, this raises questions regarding the realistic changes ST can make. Hence, it is useful to consider how individuals diagnosed with Asperger's syndrome often display restricted and repetitive interests (Murphy, 2010). The question arises whether ST's self-defeating behavioural patterns can be classified as a fixation?

If so, does he possess the ability to disengage from his repetitive information seeking behaviour, which works to both rationalise and reinforce future offending behavioural patterns? Similarly, cohesion of 'theory of mind' and empathic ability are vital assets to facilitate insight and alleviate and challenge psychological vulnerabilities, core to in individual's offence pathway (Murphy, 2010). This may offer some explanation why a CBT has proven less successful for ST. Furthermore, as ST possesses significant impairments associated with interpersonal interactions, it was evident that these difficulties would translate within the current therapeutic relationship. The therapeutic relationship is vital to the success of the intervention process, providing a safe dynamic for the offender to practice relationship building skills (McMallum, 1997; Middleton et al., 2006). In regards to ST's underlying resentment towards women, consideration had to be given to the impact this would have on the therapeutic relationship. For instance a female practitioner could be forced into the 'traditional' role of a women and/or a destructive male versus female dynamic. However, on balance one could argue that this dynamic could offer ST a 'unique' perspective to his negative views of women and model real world interactions (McMallum, 1997).

In summation, to assess the success of the intervention it is important to consider the initial aims and how well, within a realistic framework, these aims were addressed. During intervention, ST intermittently adopted an introspective perspective to his offending behavioural patterns. He acknowledged the primary psychological deficits that interacted to create vulnerability to sexual offending behaviour. Information obtained from a range of sources assisted the generation of a functional analysis, formulation of risk (incorporating clinical difficulties) and paralleling treatment needs. These psychological frameworks offered practitioners a comprehensive perspective of ST's vulnerabilities. Additionally, prior to intervention professionals involved in ST's care did not consider him to possess any protective or risk reducing factors. The current intervention helped to begin cultivating several protective factors, whilst also considering factors relevant to HRS. In addition, a closer examination of the contemporary domains associated with risk reduction/desistance offered a more intricate perspective on protective factors (De Vogel et al, 2011), in line with a 'strengths based approach' (Andrews et al, 2011; Ward, 2010). Despite the benefits of this case study, it is acknowledged that the complexity and wealth of information addressed make it difficult for readers to delineate a parsimonious cause and effect relationship. However, this approach is reflective of real world offenders and the multifaceted nature of risk.

CONCLUSION

The heterogeneity of sexual offenders is widely acknowledged, and the present case study adds credence to this assumption. Thus, consideration of responsivity factors was of particular importance to ensure the credibility of ST's formulation of risk. Additionally, attending to responsivity issues were key to ensuring interventions could be designed and implemented to optimal effect. Assessment of personality composition offered insight to both ST's adaptive coping mechanisms and his offence pathway. In particular ST scored highly on Paranoid and Schizotypal personality patterns, the latter being categorised by an inability to distinguish fantasy from reality. In summation, the current intervention demonstrated positive progress in terms of enhancing ST's insight to his vulnerabilities, idiosyncratic behavioural patterns and the implications this had on future risk scenarios. Sexual fantasy was inherent within ST's use of illicit images to store and generate mental images, thoughts and scenarios, which were reinforced through masturbation. ST's fantasy life served several functions e.g. to regulate emotions, to compensate for a low sense of self-worth and to prime child-sex associations. Despite this, ST's 'deviant' fantasy life was negatively appraised due to the criminality associated with his preference. This resulted in his efforts to find 'evidence' to rectify this inconsistency between sexual fantasy and societal/ criminal constraints which in turn worked to reinforce his offence supportive attitudes. ST incorporated and elaborated on these stored images into his fantasy experience which in turn worked to strengthen self-related associations (or schemas) via a feedback loop (Ó Ciardha, 2011). Thus, consideration of ST's internal working models facilitated his ability to reflect on his self-narrative and the cognitive components associated with his sexual arousal to children.

Although it can be assumed that sexual contact is implicit within the use of pornography and sexual fantasy (Calder, 2004), a long standing question is whether online offending will escalate into contact offending (Vanhoeck, Van Daele, & Gykiere, 2011; Jones & Wilson, 2008). It appears that several ameliorating characteristics and conditions need to be in place to increase an offender's vulnerability and subsequent proclivity to re-offending behaviour. Particular attention is drawn to the facets of self-representation and understanding the complex and dynamic interaction between perception (augmented by personality; the lens through which the world is viewed) and cognitions in terms of weakening the permeable barrier between thinking and doing (Jones & Wilson, 2008). Thus fantasy, acting as a reflection of unconscious

and conscious identities, may offer a more sophisticated understanding of the offending identity and ultimately inferences towards risk, vulnerabilities and areas in which strengths can be built.

CHAPTER FOUR

CRITICAL APPRAISAL OF THE MILLON CLINICAL MULTIAXIAL INVENTORY, THIRD EDITION (MCMI-III: MILLON, MILLON, DAVIS AND GROSSMAN, 2009)

PREAMBLE TO CHAPTER FOUR: RATIONALE FOR INCLUDING A CRITIQUE OF THE MCMI-III

Personality is suggested to shape the structure of sexual fantasy experiences (Levy & Inderbitzin, 2001; Proulx, 1999; Wilson & Jones, 2009) with fantasy being linked to self-identity and self-other representations (Birnbaum, Mikulincer & Gillath 2011; Levy & Inderbitzin, 2001; Proulx, 1999; Wilson & Jones, 2009). Additionally, personality constructs are related to coping strategies utilised within stressful situations e.g. fantasy as a method to provide psychological equilibrium (Proulx, Perreault & Ouimet, 1999). In this way, personality traits may be implicated in offence pathways (Proulx, Perreault & Ouimet, 1999; Skovran, Huss & Scalora, 2010). It is suggested that engaging in specific fantasies may make some aspects of the 'self' (or certain personality traits) more or less prominent than others. Thus, understanding the multifaceted and dynamic interaction between perception (augmented by personality; the lens through which the world is viewed) and cognitions is likely to cultivate a more sophisticated understanding of individual self-representations (plural) and how this can be reflected in fantasy experiences. See preceding chapters for information on the link between fantasy and personality.

The first chapter discussed the relevance of personality in fantasy experiences, being linked to fantasy composition, fantasy proneness and the likelihood of enacting fantasy in reality. The second chapter presented a sound argument on the relevance of personality as a mediator of the nature and function of offence focussed sexual fantasy. This corresponds to the previous literature which has suggested that personality organisation and functioning could offer insight to the dynamic nature of sexual fantasy (Carabellese et al., 2011; Curnoe & Langevin, 2002; Proulx, et al, 1999; Gee, Ward & Eccleston). The third chapter tested this idea further by integrating criminogenic (e.g. personality factors, offence supportive attitudes) and clinical risk (e.g. clinical difficulties, fantasy) factors into the offenders overall risk profile. The MCMI-III was used in chapter three as a measure of personality. The supposition was that ST's fantasies reflected the mental models he had of himself and others, constructing an ideal and at times deviant self-identity, to provide equilibrium in response to his psychological vulnerabilities (Birnbaum, Mikulincer & Gillath, 2011; Douglas, Burgess & Ressler, 1995; Holmes & Holmes, 2002).

As an assessment of personality, the MCMI-III measures emotional, behavioural, or interpersonal difficulties that may be associated with maladaptive behaviour. The purpose of this chapter is to provide a contemporary appraisal of the MCMI-III with efforts to draw conclusions on the specific utility within forensic settings. Carabellese et al. (2011) argued that personality organisation and functioning should be a vital component of comprehensive assessment and treatment for sexual offenders. This critique is particularly relevant when considering how a personality measure may supplement assessment of fantasy, in regards to the dynamic and evolving function of fantasy and the offender's internal narrative. Thus, certain personality compositions as identified by the MCMI-III could be incorporated into formulations of risk in regards to offence pathways and, the adaptive function of fantasy for sexual offenders.

ABSTRACT

This chapter is focused on providing a critique of the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III: Millon, Millon, Davis and Grossman, 2008). Particular emphasis is placed on investigating the scientific properties and the utility of the tool. The MCMI-III is identified as a powerful measure to assess psychopathology and guide practitioners towards specific therapeutic modalities. This has significant clinical and forensic utility. It is considered psychometrically stable and well designed, in addition to having several advantages over similar personality assessments (Groth-Marnat, 2003). This review cautions the use of the MCMI-III within certain forensic settings and populations, specifically child custody cases, sexual offenders and high risk offender populations. Thus, research generating norms for specific forensic populations, also having a cultural and gender focus, may increase the MCMI-III's applicability and utility within forensic settings.

INTRODUCTION

The MCMI-III is an internationally used (Jackson, Rudd, Grazis, & Edwards, 1991; Vereycken, Vertommrn, & Corveleyn, 2002) psychometric tool designed to assess an individual's psychopathology (Millon, Millon, Davis & Grossman, 2009). Hence, the specific purpose of the MCMI-III is to assess emotional, behavioural, or interpersonal difficulties that may be associated with maladaptive behaviour. The instrument helps to assess the interaction between axis 1 (enduring personality patterns) and axis II (clinical syndromes) disorders based on the Diagnostic Statistical Manual of Mental Disorders IV classification system (DSM-IV: APA, 1994, 2000). Thus, the MCMI-III identifies pervasive personality characteristics underlying an individual's overt symptoms and, facilitates an integrated understanding between personality traits and clinical syndromes. When formulating risk, a tool that assesses personality traits and clinical syndromes is extremely useful. Consequently, the MCMI-III is frequently used by professionals for assessment purposes. Results from the MCMI-III can aid the generation of formulations regarding an individual's underlying difficulties and areas of need. This can help practitioners devise effective treatment plans to manage any identified issues (Gibbons, Collin & Reid, 2011). Over 600 published research studies have utilised the MCMI test as a major assessment (Millon et al, 2009). The current review examines the MCMI-III in terms of its scientific properties and its applicability within forensic settings.

THEORETICAL BASIS

The MCMI-III and its predecessors (MCMI, 1969: MCMI-II, 1986: MCMI-III, 1994: MCMI-III, 2008) were developed within a bio-evolutionary framework of personality disorder and pathology which incorporates behavioural principles of reinforcement and conditioning (Millon, 1990: Millon & Davies, 1996). This theory describes a continuous model of personality whereby normal and abnormal traits lie on a continuum and can be assessed in categorical form (Millon, 1996; Millon & Grossman, 2006). Millon (1996) differentiates between severe and basic pathology with the idea that all living organisms need to adapt to their environment to survive. Thus, individuals develop personality disorders (or severe personality pathology) in reaction to harsh and problematic conditions as either an adaptive or passive method of coping. Within this, Millon (1990) proposed five primary types of reinforcement (independent, dependant, ambivalent, discordant, detached) and three survival

aims (exist, adapt and replicate). This model of psychopathology postulates that personality is based on cognition, in conjunction with a variation of clinically applicable domains such as object representations, temperament, self-regulation and interpersonal conduct etc. (Millon, 2006). Within this paradigm, Millon (1990) posits that variant personality profiles and clinical syndromes are related to each other in a predictable way. The guiding suppositions are that personality traits influence: 1) the form and severity of problems an individual may experience 2) the expression of the symptoms and, 3) the type of interventions that would be most effective (Strack & Millon, 2007). Thus, although clinical syndromes (axis 1) can be considered transient states they are accentuated by stressful events which in turn provide valuable information about an individual's more pervasive functional style. Corroborating this, Haddy, Strack, & Choca (2005) found a substantial overlap between Personality Disorders (PD) and Clinical Syndromes (CS).

Loevinger (1957) stated that incorporating theoretical principles is vital in the validation of a psychometric tool. Evidently, the MCMI-III is based on a comprehensive theory of PD (Millon & Grossman, 2008), encompassing several concepts which are not restricted to any one particular perspective. Thus, each successive version of the MCMI (e.g. Millon, 1983, 1997: Millon, Millon, Davis, & Grossman, 2009) has been refined in accordance with theoretical and empirical developments. Despite this, the MCMI-III is a reflection of a particular conceptualisation of PD, and as such, it is important to comment on the controversy surrounding the dimensional (Millons and Lively's theories) and categorical models (DSM-IV: ICD-10) of PD's. The prominent focus of this debate regards the existence of 'normal' and pathological dichotomies versus a continuum of normal to severe personality pathology (see Krueger, Skodol, Livesley, Shrout, & Huang, 2007; Strack & Millon, 2007; Trull, Distel, & Carpenter, 2011; Trull & Durrett, 2005; Widiger, 2011; Widiger, Livesley, & Clark, 2009).

As the MCMI-III is a theory driven psychometric instrument the assumption is that the theory and assessment should marry. However, Salinas et al., (2012) analysed the profile of 50 individuals diagnosed with PD and 50 controls. The factor structures did not reflect Millon's classification of personality disorder. Despite this, the MCMI-III reflects the diagnostic criteria used in the DSM-IV. This adds credibility to the clinical syndromes being assessed. However, although the MCMI-III PD and clinical syndromes are closely related to DSM-IV disorders they are not identical. For instance: Self-defeating and Aggressive PD's are not present in DSM-IV, instead being derived from Millons theory (Millon, 1996). Furthermore, Salinas et

al. (2012) found that the factor structures did not reflect the cluster divisions of the DSM-IV. Accordingly, Salinas et al's (2012) findings deserve further exploration. Finally, it is important to comment on the alternative mental disorder classification system entitled the International Classification System of Mental Disorders (ICD-10: World Health Organisation, 2008) intended for use within the UK. The ICD-10 demonstrates less consistency with the MCMI-III scales. Yet, despite the ICD-10 being the official coding system for use in the UK (the DSM-IV is based on U.S norms) the DSM-IV continues to be a popular tool among mental health professionals (Andrews, Slade & Peters, 1999).

OVERVIEW OF TOOL

The MCMI-III is specifically designed for adults (over the age of 18) of both genders who require mental health appraisal and/or treatment. The MCMI-III is not designed for non-clinical populations, individuals under 18 years old and physically ill individuals. Due to this, other personality measures such as the Millon Index of Personality Styles Revised (Millon, Weiss & Millon, 2003), Millon Adolescent Clinical Inventory (Millon, Millon, & Davis, 1993, 2006) and the Millon Behavioural Medicine Diagnostic (Millon, Antori, Millon, Meagher & Grossman, 2006) are more suitable equivalents. The MCMI-III is a 175 item true/false self-report tool that measures fourteen personality patterns and ten clinical syndromes (APA, 1994: *see appendix P).*

In accordance with Millon's postulation that theoretically related personality and clinical scales share particular items, the number and weighting of each shared item varies across the measure. Millon (2006) distinguished the most defining features of a PD and assigned a scoring weight of two. Whereas the less definitive or peripheral characteristics were assigned a scoring weight of one. It can be argued that this manual allocation of weightings by Millon may be biased in comparison to more objective statistical methods. Yet, the comprehensive theoretical structure underlying these weightings somewhat diminishes this argument. It may also be relevant to note that factor analysis has found limited support for the MCMI-III structure (Choca, Shanley, & van Denburg, 1993; Craig & Weinberg, 1993). Although this claim has been attributed to the high level of item overlap. Millon (1996, 2006) contends that the item overlap is consistent with the model of psychopathology, and therefore both logical and necessary. More recently within the MCMI-III, Grossman and del Rio (2005) introduced the idea of facet scales which indicate subtypes of primary scales (*see appendix O*). The purpose of these scales is to address

the complexities of assessment and treatment, allowing a more intricate view of core problems (Grossman & del Rio, 2005; Millon, 2006). The facets enable a more discriminative assessment as a full elevation of a primary scale is not necessary to hold interpretative value.

Norm samples (BR rates) and Bias

Normative data is useful when using a psychometric tool as it allows a comparative analysis of a sample that is considered similar. The MCMI-III was developed and standardised with the intention to be used within clinical contexts e.g. patients in a psychiatric hospital or with mental health problems. Accordingly, the instrument has only clinical norms, being based on 998 psychiatric patients from the United States and Canada (Millon, 1996). Millon (2009) divided this overall sample into two groups for test development purposes. Thus, 600 patients were used to create the scales and 398 patients were used for cross validation purposes. More recently, an updated normative sample of 752 individuals was used. It is important that normative sample issues such as diversity, ethnicity, social economic status and education are considered when developing a clinically representative sample. Thus, although the MCMI-III's normative sample can be considered as relatively modest, it represented a wide range of demographic characteristics (Craig, 2005). Despite this, the clinical samples have been criticised for being unrepresentative of minority groups (Craig, 2005). For instance, 86% of the normative sample was Caucasian (Millon, 1996). Additionally, 78.3% were outpatients or inpatients as opposed to 4.6% being taken from correctional settings. This raises questions in regards to the validity of the MCMI-III used on ethnic minority individuals and, within forensic settings.

The MCMI-III has been criticised for not recognising certain cultural contexts in which personality traits should be interpreted differently. Corroborating the importance of this, Frueh, Smith and Libert (1996) reported that African Americans scored significantly higher on the paranoid personality disorder scales than Caucasian Americans. To date there has not been published explanations of these differences. Clark, Anderson, Clark and Williams (1999) acknowledged the importance of considering racism as a stressor on the psychological functioning. The historical experiences of an ethic minority group (e.g. being severely exploited and mistreated) may contribute to feelings of distrust and suspicion from individuals that identify with this group. Furthermore, African Americans individual experiences of racism

in the past may contribute to a contrast in answers on certain items relevant to the paranoid profile, e.g. "I get the raw deal in life" (Colligan et al, 1994; Millon et al, 1997).

From these normative clinical samples base rate (BR) scores were developed, which are unique to the MCMI-III. BR scores can be used to determine the presence (scores 75-84 indicate the individual possesses a trait similar to the disorder) or prominence (BR > 85 indicates presence of a disorder) of a trait/syndrome. BR score transformation enables the probability of a disorder to be incorporated in test output and diagnostic thresholds. Hence, diagnostic labels assigned to individuals within the normative sample provide reference points for the scales that could reflect the prevalence (and subsequent BR score) of each condition (Millon et al., 2009). Grove and Vrieze (2009) argue that the MCMI-III documentation is incomplete and fails to meet interdisciplinary test documentation standards. They contend that the BR transformation is not optimal, stating that the single BR per diagnostic category does not take into account the variation of BR's among clinical settings. Consequently, Grove and Vrieze (2009) suggest an alternative transformation using Bayes theorem, which should integrate a BR of a disorder applicable to the respondent's characteristics, e.g. demographics, presenting issues, clinical history etc. It is also relevant to note that no explanation has been provided for the assignment of BR scores to the personality facets, which have been more recently incorporated into the MCMI-III (Millon & Grossman, 2006).

Additionally, the manual does not provide the rationale underpinning gender focussed BR transformations or information pertaining to scales most commonly elevated in male or females. For example, McMann et al, (2001) reported a high prevalence of elevations on Compulsive, Histrionic and Narcissistic scales within child custody cases. For females, raw scores on each of these scales result in higher BR transformations. Thus, although a male and female may produce the same raw score the BR transformation could result in the males receiving a score below the cut-off point, and in contrast, the female receiving a score above the cut-off point. This gender difference is unsupported by personality disorder prevalence rates (e.g. Coid, Yang, Tyrer, Roberts, & Ullrich, 2006; Lenzenweger, Lane, Loranger & Kessler, 2007) and the DSM-IV (APA, 1994) does not report gender differences for these disorders. Furthermore, a comparable personality assessment such as the Personality Assessment Inventory (PAI: Morey, 1991) does not have raw score transformations based on gender.

Administration, Scoring and Interpretation

The MCMI-III is a relatively easy tool to administer, being designed compactly and taking respondents approximately 20-30 minutes to complete. This completion time is significantly shorter than other comparative personality tests (Aluja, García, Cuevas & García, 2007: Colligan, Moorey & Offord, 1994). The format of the dichotomous (true/false) optional responses is suggested to be "easily tolerated" by respondents (Retzlaff, Stoner & Kleinsasser, 2002 p4). However, the arrangement of questions has been criticised for its vocabulary and use of double negatives. The MCMI-III authors acknowledge respondents' potential difficulty and recommend that an eight-grade level is commensurate with the test (Millon et al, 2006).

The MCMI-III is accompanied by a comprehensive standardised manual which provides specific instructions for administering, scoring and interpretation. The manual provides a considerable amount of guidance on interpreting particular constellations of personality traits within the wider context of overall functioning. Scoring stencils are supplied for manual scoring. This takes approximately forty-five minutes, being both long and complex (Craig, 2004). Alternatively, a supplementary computer system has been devised to ease the scoring process; also providing a template interpretative report which highlights the key features of an individual's profile (Retzlaff, Stoner & Kleinsasser, 2002). Although an invaluable tool, this computerised system could render professionals reliant on such tools, and discourage independent judgement. Using a sample of psychologists, Bow, Flens, and Gould (2010) found that 79% continued to use generated MCMI-III reports which provide outcomes in isolation. Another concern is that the generated reports use a cut-off of 60 (as opposed to 75). This can give interpretations with a pathologisation bias. Consequently, McCann (2002) recommended that computer generated reports are avoided in forensic practice.

Similarly, the MCMI-III instrument itself has been criticised for its tendency to over pathologise examinee's profiles (Boyle & Le Déan, 2000). The items have a specific focus on dysfunction rather than adaptive features of a trait. For example, items assessing traits such as confidence or extroversion may identify narcissistic and histrionic traits in a personality profile without considering the various manifestations and potentially adaptive functions of these traits. This is particularly relevant when considering that the MCMI-III is underpinned by a continuous model of PD with scales measuring extreme levels of personality traits. Compounding this concern, Craig (2004) commented that the imbalance of true to false responses, with a higher proportion of items being directed towards the true direction, may encourage respondents to acquiesce to items. For instance, if individuals are presented with an

item that they consider equally true and false, they may be more likely to agree, and inadvertently over pathologise their profile. This renders false positive errors more likely to occur than false negative errors (Craig, 2004). Similarly, this format can be particularly challenging for individuals with lower intellectual ability, or those disinterested in the assessment. These respondents may reply to repetitive questions in a similar manner without attending to the specific, and slightly different, focus of the question. Again, this may result in an individual's profile being overpathologised. However, these criticisms are combatted by the inclusion of modifying indices which detect biases in individual's responding.

Modifying Indices and Response Style

Within psychometric measures, validity scales are devised with intentions to assess the accuracy of self-report by examining response patterns and subsequent credibility (Piedmont, McCrae, Riemann & Angleitner, 2000). The MCMI-III contains three modifying incidences (disclosure, desirability and debasement) which detects biases or distortions in responding, and two random response indicators (validity and inconsistency) that may compromise the clinical validity of the assessment. The modifying indices judge the examinee's willingness to disclose personal information, any attempt to impression-manage, or to exaggerate levels of emotional disturbance and, indications of random/inconsistent responding (Millon, 2006). The MCMI-III manual identifies several factors that would render a respondents test invalidated. These include:

1. unspecified gender,
2. below 18 years of age,
3. twelve or more omitted responses,
4. two or more items on the Validity scale marked as true,
5. scoring < 34 or >178 on the Disclosure scale,
6. none of the clinical personality pattern scale BR scores are above 59,
7. high levels of inconsistent/contradictory responding on paired items.

As stated earlier, the modifying indices are particularly relevant when considering the self-report nature of the assessment. Self-report measures have inherent limitations due to the fact they rely on respondent's perception, insight and overall presentation (Widiger & Samuel, 2005). False negative errors can occur when individuals respond in a defensive manner (White

& Gandolf, 2000), have limited insight into their functioning, or those who deliberately obstruct the results for nefarious reasons. Similarly, Kaye and Shea (2000) concluded that self-report from individuals presenting with a grandiose self-image (e.g. Narcissistic PD) should not be taken at face-value. Aguerrevere et al. (2011) found all indices were useful in identifying intentional exaggeration of symptoms associated with traumatic brain injury. Yet, interestingly, researchers have argued that elevations in scales such as compulsive, histrionic and narcissistic traits could be interpreted as an absence of pathology within the context of defensive responding (Craig, 2005; Ortiz-Tallo, Cardenal, Ferragut & Cerezo, 2011). Furthermore, it is relevant to consider that people evaluate the severity of their symptoms against previous experiences and stored schemata of 'illness'. Thus, self-perception and insight into their problems may impact an individual's ability to report these difficulties objectively. The MCMI-III works to alleviate these problems both by adjusting respondent's scores and recommending that all interpretative profiles are considered in the context of a formulation and structured professional judgement.

Despite the intended benefit of validity scales, previous research has not generated consistent support for the value of validity scales within psychiatric measures (Strack, 2008). Furthermore, despite the buffering effect of the modifying indices, some studies have indicated that even these protocols do not eliminate the problem of random responders going undetected; and therefore inaccurate MCMI-III interpretations being generated (Charter, 2000; Charter & Lopez, 2002). Charter (2000) predicted that 12% of random responders will have zero true responses on the validity scale, and 35% of true responders will have one true response which would inaccurately suggest questionable validity. Charter and Lopez (2002) utilised a computer programme which generated forty thousand tests for each arrangement of gender, setting and duration possibilities to assess validity (*specifically related to 4,5 and 6 on the list above*). Of the random responders tests 12.4% and 37.7% were marked with zero and one true responses, respectively. In regards to disclosure, no test scored < 34 or > 178. Furthermore, none of the BR scores of clinical personality patterns scored above 59. Therefore, the disclosure scale and BR scores offered no help in identifying random responders. Similarly, Schoenberg, Dorr and Morgon (2003) investigated the MCMI-III's ability to detect respondent's attempts at malingering psychopathology. This study demonstrated that although the disclosure scale best classified malingerers, generally the modifying indices had minimal ability in distinguishing malingerers from psychiatric inpatients. To combat these issues, Charter and Lopez (2002) recommended that, in line with the probability theory, the MCMI-III validity scale should have

more items to increase the sensitivity and subsequent ability to detect random responding. Alternatively, Piedmont, et al, (2000) advocate a movement away from validity scales, but instead towards the validity of assessments instead.

PSYCHOMETRIC PROPERTIES

Kline (1986) stated that a psychological assessment can be defined as 'good' if it possesses the following features: 1) at least interval data, 2) reliability, 3) validity, 4) discriminative ability and, 5) appropriate normative data. The MCMI-III will be discussed in light of these proposed requirements.

Reliability

Reliability refers to the capacity of an assessment to consistently measure a construct accurately, with minimal error (Cook & Beckman, 2006). Thus, psychological tests need to meet a certain standard of reliability to offer confidence in consistency. Although it is acknowledged that some level of error is inevitable. Cronbach's alpha (1951) is the preferred coefficient in measuring reliability, ranging from 0 to 1 (Cook & Beckman, 2006). Nunnally (1967) recommended that reliability coefficients should be .90, as a "minimal tolerable estimate" when used for clinical purposes. However, Striener (2003) commented that this estimate is too high and may actually suggest item redundancy rather than a desirable level of consistency. Thus, researchers have proposed that acceptable levels of reliability coefficients may range from .70 to .90 (Clark & Watson, 1995; Kaplan & Sacuzzo, 1997). Historically, the MCMI-III has demonstrated good levels of consistency (Strack & Millon, 2007). For instance, Piersma (1989) found stability coefficients ranging from .82 to .90 (Millon, 1994). This is to be expected, considering the pervasive and engrained nature of underlying traits which the tool is attempting to measure.

Internal Consistency

Internal consistency is how well the items measure the same construct (Nunnally, 1978). A high level of consistency is required for a psychometric measure, particularly the MCMI-III, to ensure the cohesiveness of underlying traits. A high alpha co-efficient suggests that the items of a scale are consistent and more highly correlated. The MCMI-III manual estimates the internal consistency of scales to be between .66 and .89 using Cronbach (1951) alpha (Millon, 2006). Although Millon (1994, 1997) reported that 20 of the 26 scales exceeded alpha

coefficients of .80 (with Major Depression reaching a coefficient of .90), one scale was below the recommended minimum coefficient (Compulsive = .66) suggesting that the MCMI-III may not be a reliable measure of this trait. More recently, Wise, Streiner and Walfish (2010) conducted a review regarding the reliabilities of the MCMI-III. In regards to internal consistency, 78% of the scales obtained alpha coefficients greater than .80 (Wise et al, 2010). Hence, the MCMI-III demonstrated consistently high alpha coefficients (>.70); this time excluding the Compulsive and Narcissistic scales, scoring .66 and .67 respectively. These coefficients suggest these Compulsive and Narcissistic scales are inadequate at measuring these traits (Nunally, 1978). Blais et al. (2003) utilised a sample of patients diagnosed with DSM-IV anxiety disorders to examine the psychometric properties of the anxiety and avoidant personality scales. Results indicated the avoidant personality scale to be extremely reliable (.89) and the anxiety scale to be reasonably reliable (.78). Blais et al., (2003) stated that removing item 124 would further increase the anxiety scale coefficient alpha to .81. More specifically within forensic settings, Dyer and McCann (2000) summated that the MCMI-III was reliable, with the majority of PD scales having an internal consistency above .80.

Test re-test Reliability

Test–retest reliability indicates how stable test scores are over time (Nunnally, 1978). The correlation coefficient between two responses is frequently used to measure test-retest reliability, assuming the examinee has not changed between testing e.g. undergone a treatment programme (Kline, 1986). Guildford (1957) recommended that a minimum coefficient of .70 should be used since the standard error below this coefficient becomes so large that any interpretative value is ambiguous. Using intervals of five to fourteen days, Millon (1997) reported a reliability correlation of .91 (Debasement achieved the lowest correlation of .84 and Somatoform the highest of .96). Wise, Streiner and Walfish (2010) found similar results. Test-retest reliabilities computed after 5-14 days were all greater than 0.80. 100% of scales demonstrated test-retest reliability ≥.80. Similarly, Craig and Olsen (1998) reported that the test re-test reliability of the anxiety scale was .81. These studies suggest that the MCMI-III outcomes are stable over relatively short periods. Craig (1999) evaluated stability over longer intervals (five days and six months), and found a median retest reliability of .78 across the PD scales, (ranging from .58 to .93) and .80 for the clinical syndrome scales. This reduced to .73 for the personality scales, and .59 for the clinical scales over a four year time scale (Lenzenwegers, 1999), implying that the re-test reliability of CS reduces over time.

Additionally, although one would expect the personality scales to have superior stability than the clinical scales (due to the enduring nature of personality traits and more transient nature of clinical syndromes), limited distinctions have been reported (Craig, 1999; Millon 1994; Piersma & Boes, 1997). This is in deviation from Millon's theory of enduring personality disorders.

Beutler and Groth-Marnat (2003) purport the MCMI-III reliability coefficients are among the highest of the available personality psychometric assessments. Despite these positive findings, there is a concern that these positive results will inhibit practitioners' abilities to formulate the individual on an idiosyncratic basis; instead having a tendency to rigidly fit the assessment results to the examinee. Wise et al., (2010) advocated further reliability studies to be conducted with more diverse populations, because as Steiner (2003) summated, a test's reliability cannot be generalised beyond the initial group from which the estimate was calculated. Additionally, attempts to refine the Compulsive and Narcissistic scale would increase clinical utility for identifying such constructs.

Validity

Validity can be defined as the how well a psychometric tool measures what it intends, being an accurate reflection of a specific construct (Goodwin & Leech, 2003). The MCMI originally underwent a three stage validation process (substantive, structural and external) with efforts to make the psychometric as efficient as possible (Loevinger, 1957). However, the use of BR scores is one of the main challenges to the validity of the MCMI-III. According to Millon (1997), the BR scores were devised and adapted in response to the rates of PD's and CS's reported in an unidentified epidemiological studies (no raw data was included). This incomplete description of BR transformation presents as an obstacle in assessing the validity of the MCMI-III (Grove & Vrieze, 2009). Another concern is that the epidemiology studies included may not have fit the general aims of the MCMI-III. For instance, adjustments based on the general population are inconsistent with intention for the MCMI-III to be used on clinical samples. Additionally, the manual does not provide the rationale underpinning gender focussed BR transformations or information pertaining to scales most commonly elevated in male or females. This lack of clarity is concerning.

Face Validity

Face validity is the degree to which an instrument appears to assess what it proposes to test. Robson (2002) stated that the MCMI-III seems to have good validity. The MCMI-III intends to measure constellations of personality traits and the presence of clinical syndromes. The strong theoretical underpinning and inclusion of validity scales facilitates the presence of face validity. However, empirical evidence would be beneficial to corroborate that the MCMI-III measures what it purports to.

Concurrent Validity

Concurrent validity is the degree to which a psychometric measure correlates with previously validated measures of the same construct (McIntire, Miller & Lovler, 2010). To ensure validity, Millon et al., (1997) required participants to complete a range of supplementary tests and found concurrent validity between the Beck Depression Inventory and the MCMI-III's Major Depression scale and Dysthymia scale was .74 and .71 respectively. Reviews of the MCMI-III have concluded that the instrument compares well to other self-report measures of personality, with the scales correlating with similar scales on comparable personality assessments (Aluja, et al., 2007: Choca, 2004; Craig, 1999; Rossi, Van den Brande, Sloore & Hauben, 2003). Despite this, the item redundancy among scales has also been suggested (Boyle, 1991; Clark & Watson, 1995; Cortina, 1993) as an explanation for the high Cronbach alphas, as reported by the MCMI-III manual (Millon, 2006).

The highest concurrent validity has been found between the MCMI-III and the Minnesota Multiphasic Personality Inventory, Second Edition, with correlations ranging from .56 and .75 (Rossi, Van den Brande, Tobac, Sloore & Hauben, 2003; Van der Heijden et al, 2012). In particular the MCMI-III and the MMPI-2 compulsive scale did not positively correlate. However, although .56 does not meet the criteria for strong concurrent validity, it is unclear whether this represents a weakness of the MMPI-2 as a psychometric measure, as opposed to the MCMI-III (Nullally, 1978). Conversely, these findings may represent differences in the developmental and theoretical frameworks that underpin the measures. Rossi et al. (2003) conducted a survey of the literature and identified a pattern of poor concurrent, convergent and discriminant validity for all versions of the MCMI-III compulsive scale. This infers that Millon's conceptualisation of disorder is different from that of other test developers (Choca,

2004; Craig, 1999). Additional research is needed to evaluate the MCMI-III's construct validity more clearly.

Hesse, Guldager, and Lindeberg (2010) validated the clinical scales of the MCMI-III against a structured diagnostic interview (Mini International Neuropsychiatric Interview), the Montgomery-Asberg Depression Rating Scale (Mongomery & Asberg, 1979), and the Beck Anxiety Inventory (BAI). The MCMI-III anxiety scales demonstrated consistently high correlations to the BAI and the Major depression scale. Furthermore, Blais et al., (2003) demonstrated the Anxiety and Avoidant personality scales to have good concurrent validity when compared to established anxiety and personality measures such as the Personality Diagnostic Questionnaire – Revised (Hyler & Reider, 1987) and the Beck Anxiety Inventory (Beck & Steer, 1990). However, the authors found insignificant correlations between the Anxiety and Avoidant personality scales and the Hamilton Anxiety Scale (Hamilton, 1959).

Predictive and Incremental Validity

Predictive validity refers to the tools ability to predict the outcome of another measure whereas incremental validity measures a psychometrics ability to increase predictive ability of comparable measures of assessment (McIntire, Miller and Lovler, 2010). Retzlaff (1996) found the positive predictive powers of the MCMI-III scales to be poor. However, this validity study had significant flaws, both inherently and in execution. Alternatively, Rossi et al., (2003) found positive predictive power to be consistently high ranging from 94-100%. Thus, researches have suggested that the MCMI-III can predict both the outcomes of an intervention and diagnosis. For instance, Stark and Campbell (1988) found a correlation between drop-outs and low scores in certain personality patterns (Avoidant, Depressive, Histrionic, and Paranoid) and clinical syndromes (Thought Disorder, Major Depression, and Delusional Disorders). Similarly, Ball, Nich, Raunsavile, Eagan, and Carroll (2004) found some MCMI-III scales to correlate with better outcomes on non-incentive treatment programmes.

The MCMI-III manual claims the tool is the "strongest in the measurement of Axis II disorders (Millon et al., 1997: p. 68). Thus, diagnostic validity can be measured in terms of prevalence (the probability an individual has the disorder), sensitivity (the tools ability to detect the presence of a disorder) and positive and, negative predicative power (PPP: probability of positive cases that have the disorder and NPP: negative cases that do not) (Retzlaff, 1996). Millon (1997) found eleven PD scales to have PPP of $\geq .50$. This score is considered valid

(Rogers et al, 1999) and suggests that the MCMI-III is more likely to predict a correct diagnosis than not. The Depressive (.49), Negativistic (.39) and Masochistic (.30) personality scales were those to score below the threshold. Using the original PD data reported by Millon (1997), Retzlaff (2000) calculated a NPP of ≥ .94. This suggests that it is unlikely the MCMI-III would not predict a diagnosis that was not present. In regards to Axis I disorders, Retztlaff (1996) stated that PPP is likely to be incorrect four of the five times, (PPP =.18; false positives = 82%). Despite this, the MCMI-III CS's evidenced more effective NPP (NPP =.93; false negatives = 7%). Consequently, Millon (1997) concluded that from 1994 to 1997 the MCMI-III displayed a "modest but generally upward trend" in its sensitivity and PPP (p. 102). Corroborating this, and utilising Cohen's (1988) effect size guidelines, Hsu (2002) concluded that from these dates the effect size increased from just above 'medium' to nearly three times what Cohen defines as 'large'. It can be argued that these results were obtained due to confirmatory bias due to raters being selective in attention to supporting patient information and consequently elevating PPP scores (Garb, 1998). Equally, in the latter study (1997 as opposed to 1994) the raters may have developed a greater familiarity with clients and/or the concept of personality itself.

Incremental validity of a positive test diagnosis significantly ranged from 26% (self-defeating) to 75% (Paranoid). Additionally, the MCMI-III has proven useful in assessing substance misuse (Craig, 1997) post-traumatic stress disorder (Craig and Olsen, 1997), domestic violence (Gondolf, 1999) and violence risk assessment (Kelln, Dozois & McKenzie, 1998).

Content Validity

Content validity is the ability for the tool to assess the facets of a particular construct (McIntire, Miller & Lovler, 2010). Anastasi and Urbina (1997) argue that content validity is a misleading concept when applied to theoretically driven instruments such as the MCMI-III. They stress that because the facets of a construct are based on the researcher's theory it is difficult to determine what is being measured. The absence of controlled inter-rater studies of MCMI-III personality scales and correspondence to the DSM-IV has attracted some criticism (Rogers, Salekin & Sewell, 1999). However, it can be argued that because the MCMI-III was developed to parallel revisions in the DSM-IV then content validity is relatively self-evident. Furthermore, during the developmental phase, six out of eight practitioners independently and blindly approved the allocation of items to particular scales, suggesting high content validity (Millon, Millon & Davis, 1997). Rossi et al., (2003) found that the sensitivity of some MCMI-III scales

were low. Corroborating this, Hesse et al., (2012) found that sensitivity ranged from 44% (passive-aggressive scale) to 92% (Paranoid scale). Although, Hesse et al., (2012) noted that the lowest validity estimates came from the measures that were not present in the DSM-IV and therefore suggested this may have caused confusion for raters (American Psychiatric Association, 1994, 2000). Unfortunately, there is limited external research assessing the content validity of the MCMI-III.

Construct Validity

Construct validity is the extent items/scales accurately measure a desired construct (Streiner, 2003). The focus of construct validity within the MCMI-III relates to the tools paradigm of personality functioning and clinical syndromes. More specifically, within the concept of construct validity, discriminative and convergent validity collaborate to demonstrate evidence of its existence. Convergent validity refers to the degree constructs are theoretically related. Discriminative validity refers to the degree the constructs are unrelated and the tests' ability to reflect these theoretically driven constructs. Rogers, Salekin and Sewell (1999) found the MCMI-III to lack criterion-related and construct validity for both Axis I and Axis II disorders. The authors conducted a meta-analysis of three studies (including Millon, 1994) and found the convergent validity to be low for all scales, ranging from .07 to .31. Furthermore, eleven of the scales demonstrated higher discriminant correlations than convergent correlations. Bagozzi and Yi (1991) advised that the proportion of 'comparison violations' (when discriminant validity correlations exceed the convergent validity coefficients) should be calculated, and if this exceeds 33% then the construct validity is low. Rogers, Salekin and Sewell (1999) reported 62% of comparison violations for Axis II scales. In this way, the MCMI-III fails to meet the Daubert standard (a criterion related utility in court proceedings).

Dyer (1997) used statistics presented in the MCMI-III manual and deduced that convergent validity of the MCMI-III, in correspondence to the DSM-IV, was superior to other widely used personality assessments. It can be argued that this data is biased as it is sourced from the MCMI-III manual and the independent literature often cites the MCMI-III's poor convergent validity with standard psychiatric measures across most of the scales (e.g., Craig, 2005; Strack, 2002). Despite this, Hesse, Guldager and Linneberg (2012) found the MCMI-III items to have substantial convergent validity and generally measured the constructs they are intended to. They concluded that the major depression scale is a valid measure of depression, and the

delusion scale is a validated measure of psychotic symptoms. Similarly, Magalhães and Lewis (2010) supported the validity of the drug and alcohol scales for identifying substance related difficulties. Craig and Olson (1997) generated a list of adjectives, which were validated by experts to represent key descriptors for each PD. This list of responses correlated with examinees responses on the MCMI-III. Results suggested high convergent validity for the interpersonal descriptive domain for the MCMI-III scales. Similarly, Saulsman (2010) explored the construct validity and diagnostic efficiency of the depression and anxiety related scales. Within this study 696 outpatients were administered the MCMI-III, concurrent depressive and anxiety measures and, an Axis I structured diagnostic interview. The authors reported "sound construct validity" for the Avoidant and Depressive personality scales and the Dysthymia and Major Depression clinical syndrome scales. Conversely, poor validity was reported for the anxiety scale. It demonstrated a moderate convergence with panic and worry associated anxiety measures, although had difficulties discriminating from depression. In regards to differentiating depressed from anxious patients, discriminate validity for major depression scale was fair, but poor for the Anxiety and Dysthymia scales.

Boyle and Le Déan (2000) concluded that the discriminative validity of the MCMI-III subscales remains ambiguous. The authors drew particular attention to the finding that the MCMI-III's lack of discrimination between personality, clinical syndrome and the delusional disorder scales. The suggestion being, that the items may not measure the constructs they intend to. Furthermore, it has been suggested that the differential sensitivity of the MCMI-III personality and symptom subscales may be deficient (Boyle & Le Déan, 2000). Hesse et al, (2012) found that the discriminant validity was good for alcohol and drug dependence, moderate for major depression and delusional thinking and, poor for thought disorder and anxiety. Another independent study assessed the validity of the anxiety scale (Blais et al, 2003). Within this study, the scale demonstrated good convergence with the Beck Anxiety Inventory and Hamilton Anxiety Rating Scale, but low discriminative validity against depressive symptoms.

A relevant consideration when assessing discriminant and convergent validity is to what extent the problems observed reflect flaws of the MCMI-III as a psychometric measure, and to what extent the issues are a reflection inherent issues within the DSM-IV's definition of certain axis 1 disorders (APA, 2013). An example would be the substantial correlation between anxiety and depression disorders, and subsequently the associated constructs. Thus, some inter-correlations

would be expected between certain clinical scales. Consequently, some scales that the MCMI-III intends to assess are difficult to discriminate with other instruments. Reanalysis of the agreement data reported by the first manual of the MCMI-III suggested that the tool did not fulfil the minimum requirements for validity (Retzlaff, 1996). However, this study was criticised for having several flaws. The second MCMI-III manual reported excellent validity (Hsu, 2002). Yet this second study has also been criticised for the confounding variables (such as clinicians knowing the patient's diagnosis) (Hsu, 2002; Rogers et al., 1999). Thus, definitive conclusions about validity cannot be drawn, although current research infers good validity. However, it is also relevant to consider the potential impact of publication bias, whereby positive finding are more likely to be publicised.

UTILITY

Screening and Treatment Pathways

The MCMI-III is a popular assessment tool used by practitioners, having various utility in mental health and forensic mental health settings (Millon, 1997; Piotrowski, 1997; Camara, Nathan, & Puente, 2000; McMann, 2002). Although the MCMI-III augments and adds to diagnostic formulation it does not equate to a formal diagnosis, making it apt for screening purposes (Rossi et al, 2003). For instance, Craig and Olson (1997) supported its usefulness as a broad screening tool for Post-Traumatic Stress Disorder. The MCMI-III has been used for mental health triage purposes within correctional settings, being used to identify the presence of axis 1 disorders that may necessitate mental health management (Retzlaff, Stoner & Kleinsasser, 2002). The interpretative information ascertained from the MCMI-III can help facilitate decisions regarding the suitability of particular treatment pathways (Retzlaff, Stoner & Kleinsasser, 2002). Thus, the MCMI-III can elucidate psychopathological characteristics relevant for treatment and interventions can be tailored accordingly (Craigie, Saulsman & Lampard, 2007; Ball, Nich, Rounsaville, Eagan & Carroll, 2004: Davies & Archer, 2010). Piersama and Boes (1997) even suggested the MCMI-III could be used as a treatment evaluation instrument by assessing statistical differences in certain scales after treatment.

Formulating Risk/ Risk Assessment (Profiles of psychopathology)

It is widely acknowledged that the study of personality traits is a core component towards understanding violent behaviour (Loinz, 2012). Researchers have suggested that the MCMI-III has the ability to predict future institutional behaviour, indicating individuals at lower and increased risk of violent episodes (Kelln, Dozois & McKenzie, 1998; Retzlaff, Stoner & Kleinsasser, 2002). Retzlaff, Stoner and Kleinsasser (2002) reported that brief personality based descriptions facilitated correctional staff member's ability to understand the examinee and, differentiate interaction. This proved particularly useful among atypical individuals with high scores on Avoidant, Depressant, Schizoid and Delusional Disorder scales. Within the New Zealand Corrections Department (high risk population) the MCMI-III was used as a primary risk assessment tool to identify prisoners with a 70% risk of serious recidivism (Wilson, 2004). Additionally, the MCMI-III is a valuable tool in the assessment of intimate partner violence (IPV), being used to generate internationally proposed typologies (Craig, 2003; Johnson et al, 2006; White & Gondolf, 2000). Despite this, researchers have concluded that there is no single offender profile for IPV, emphasising the diversity between offenders (Craig, 2003: Loinaz, Ortiz-Tallo & Ferragut, 2012). A similar summation of diversity underpins other attempts to differentiate broad offender profiles, using the MCMI-III.

The MCM-III is one of the most popular multi-scale personality inventories used within forensic evaluations in civil and criminal evaluations (Archer, Buffington-Vollum, Stredny & Handel, 2006; Boccaccini & Brodsky, 1999: Bow et al, 2005; Dyer, 2005; McCann, 2002; Schutte, 2001) also being regularly used within child custody evaluations (Ackerman & Acherman, 1997; Quinnell & Bow, 2001). Will (1994), cited in Ackerman (2006), contends that the MCMI-III should not be utilised in child custody settings due to the likelihood of generating false positives and overpathologising examinees. However, McMann et al (2001) summated that the MCMI-III profiles did not overpathologise respondents, within child custody settings. Another criticism argues that parents desires to impression manage may render profiles invalid (McMann et al, 2001). Lampell (1999) found that although 64% of respondents within child custody litigations had significant elevations on the defensiveness scale, profiles continued to be interpreted. Despite this debate, the revised MCMI-III manual sanctioned the use of the tool in child custody evaluations (Millon, Davis & Millon, 1997).

Limitations and Further Considerations

The utility and subsequent applicability of the MCMI-III is enmeshed in the controversy on what constitutes a clinical population. Forensic populations have different normative features than those acquired from clinical samples. Generally, key characteristics of forensic samples include (Singleton, Meltzer, Gatward, Coid & Deasey, 1998).

- individuals aged between 18-45 years old,
- a high proportion of individuals from ethnic minorities
- a high proportion of individuals who have not completed secondary school
- a prevalence of PD, although less so than and with less severity than those observed in psychiatric samples

Thus, although a considerable amount of research, and the MCMI-III manual itself, has endorsed the use of the MCMI-III within forensic settings (Ahlmeyer, Kleinsasser, Stoner, & Retzlaff, 2003; Blackburn, 1998; McCann and Dyer, 1996; Millon, Davis & Millon, 1997) initial data may have caused a misrepresentation of the characteristics of a forensic sample in the United Kingdom (Lally, 2003; Rogers, 2003). Furthermore, Rogers, Salekin and Sewell (1999) criticised the MCMI-III for not being validated against specific legal criteria e.g. competence or legal insanity. More recently, Bow, Flens and Gould (2010) investigated a psychologist's administration, and perception of usefulness, of the MCMI-III within forensic cases. Overall, psychologists rated the scales as moderately useful. Despite this, it can be argued that the use of the MCMI-III in some forensic situations is inappropriate, especially those without any clinical facet to the forensic case, for instance within child custody situations.

Practitioners have attempted to use this instrument on both violent and sexual offender populations (Ahlmeyer, Kleinsasser, Stoner & Retzlaff, 2003: Craig, 2003; Kelln, Dozois & Mckenzie, 1998). When considering utilising the MCMI-III within violent populations, specifically high risk cases, the literature relating to personality and psychopathy is a relevant factor. Individuals within this population are more likely to present with psychopathic traits and score highly on the Psychopathy Checklist-Revised (PCL-R: Hare, 2003). Thus, although the MCMI-III is a measure of personality and assesses anti-social and narcissistic personality traits which are associated with psychopathy, it does not fully profile the affective and interpersonal components of psychopathy. However, lack of integration of PCL-R components is not surprising considering Psychopathy is not referenced in the DSM-IV. Thus, within specific contexts that MCMI-III may need to be used in conjunction with the PCL-R assessment.

Davis and Archer (2010) suggested that the lack of reference base from a sex offender population inhibits a practitioner's ability to draw any meaningful conclusions on the use of the MCMI-III within this population. The authors conclude that it may be more useful to use tools that are more specifically designed for the sex offender population rather than attempting to use a tool that was not designed for this specific purpose. Yet, although the MCMI-III may be unable to identify sex offenders from other socially deviant populations it may still have utility for individualised treatment planning. It has also been suggested, in line with the questionable discriminant validity and only limited support for the clinical syndrome scales in the screening of psychopathology, that the MCMI-III would be better suited as a research tool, having limited use for diagnostic formulations and clinical practice (Boyle & Le Déan, 2000). Moreover, it can be argued that the clinical utility within forensic settings is somewhat limited due to the very nature of forensic populations. For instance, prisoners may be more likely to disengage from the assessment process due to the very nature of their psychopathology. If they do decide to engage then they may be more likely to distort the results and potentially invalidate the assessment.

CONCLUSION

It is clear that there is no infallible measure of personality (Wise et al, 2010). However, the MCMI-III can be commended for being anchored on a combination of comprehensive theoretical principles which transcends any one school of personality and statistical properties (Millon, 2006). Additionally, the MCMI-III continues to be refined in accordance to research discoveries (Millon & Grossman, 2009). Overall, empirical literature has supported the reliability of the MCMI-III scales (Dyer, 1997; Dyer and McCann, 2000; Strack and Millon, 2007). Beutler and Groth-Marnat (2003) argue that the MCMI-III's reliability coefficients are amongst the highest of all psychometric personality assessments. The MCMI-III has few validation studies (the majority of data surrounding gender, age and race comes from MCMI-I studies), and available research infers validity problems, specifically in relation to convergent and discriminative validity (Boyle & Le Déan, 2000). A potential weakness of the MCMI-III is the suggested bias inherent within the tool, specifically related to cultural and gender differences. However, it may be that the MCMI-III does not have test biases but simply taps into the differences within populations. The validity of the BR scores underpins the validity of the tool. Consequently, a useful focus for more contemporary research would be to review the BR scores, address any potential biases and consider implications for interpretation.

Furthermore, research exploring the validity of the assessment in line with the introduction of the new DSM-VI (APA, 2013) will be necessary.

The MCMI-III provides a relatively quick assessment, being able to contextualise an individual's presenting difficulties within a personality framework and in line with the DSM-IV conceptualisations (Retzlaff, Stoner & Kleinsasser, 2002). The MCMI-III has been criticised for having a tendency to overpathologise respondents being weak at detecting minor personality pathology (Ackeman, 1999). However, these criticisms are minimised by inclusion of modifying indices and the more recent addition of the Grossman facets that consider a more molecular perspective on personality patterns (Millon et al. 1996; Millon et al. 2006; Grossman & del Rio, 2005). It is acknowledged that the MCMI-III should not be used in isolation. However, it helps balance practitioner bias, offer objective support and augment hypothesis (Retzlaff, Stoner & Kleinsasser, 2002; Rossi, Hauben, Van den Brande & Sloore, 2003). Hence, the MCMI-III has significant utility within both clinical and forensic settings in regards to generating formulation, informing triage procedures, guiding and evaluating treatment and, informing risk assessment and management (Schutte, 2001; Retzlaff, Stoner & Kleinsasser, 2002). Despite this, the lack of normative scores and BR rates for forensic populations has implications on the validity of interpretative profiles. Accordingly, the generation of normative samples within forensic settings and specific forensic populations (e.g. sexual offenders) is necessary to ensure utility within these settings.

CHAPTER FIVE

EXPLORING SEXUAL FANTASY EXPERIENCES, FANTASY PRONENESS AND PERSONALITY

ABSTRACT

Aims: The aim of this study was to explore associations between personality, fantasy proneness and sexual fantasies. The nature of sexual fantasy was also explored with emphasis on function and intensity of fantasy experiences.

Method: An anonymous electronic questionnaire (comprising of several psychometric questionnaires such as the IPIP-50, WSFQ, CEQ) was presented online for a period of 12 weeks. Overall, 259 males participated in the study (*M* age = 26.6, *SD* = 8.1).

Quantitative analysis

1) Quantitative analysis (e.g. regression, correlation) investigated the relationship between fantasy experiences and personality traits. Links to certain personality markers (e.g. agreeableness, intellect/imagination) and fantasy proneness were found. A relationship between early abusive experiences and fantasy proneness was also found. Individuals that did not report variation in fantasy scored significantly higher on the conscientiousness personality scale. Behavioural expression of fantasy was associated with extraversion. Emotional stability was linked to both intimate and sadomasochistic fantasy themes. Extraversion and agreeableness were both significant predictors of intimate fantasy score.

Qualitative analysis:

2) Free response data was categorised according to the function reported (Weber, 1990). Functions (and corresponding frequency) included: Sexual arousal (*97 times*), Alleviate negative emotions (*92 times*), Experience ideal scenarios and the 'ideal' self (*83 times*), Exploration and preparation (*69*), Induce positive feelings and emotions (*43 times*), No constraints or real world ramifications (*43 times*). Multiple functions were reported for the use of fantasy with an average of 2 different functions being mentioned per participant.

3) Thematic analysis (Braun and Clark, 2006) was used to explore the structural components of sexual fantasy with particular emphasis on the complexity and intensity of fantasy experiences (173 male participants were included in this analysis). 'Vividness of sexual fantasy' was used as an overarching concept to organise the themes, in which four themes were discussed. These included: 1) Boundaries of Imagination 2) Context 3) Structure of Fantasy and finally, 4) Fantasy-Reality Distinction.

Conclusion:

**Each concluding point refers to the three different methods of analysis used and marked 1,2 or 3 above.*

1) Control (and disintegration of) and cognitive capabilities are implicated as important concepts for fantasy prone individuals. These overarching concepts, when combined with habituation and reinforcement processes, may offer a hypothesis to why fantasy (especially those considered offence related) are enacted in reality.
2) Sexual arousal is suggested to be the overarching function of sexual fantasy with all further functions interlinking and serving as secondary motivations and reinforcing agents.
3) The commonality between variable fantasies seemed to be the requirement to fulfil urges. The length of time spent attending to fantasy experiences was an underling feature of creating more complex and intense fantasies.

INTRODUCTION

The role of sexual fantasy has been predominately linked to the development and maintenance of sexual preferences (Langton & Marshall, 2001; Maruna & Mann, 2006; Howitt, 2004). Research has established a strong relationship between deviant sexual preferences, cognitive components (including sexual fantasy), and risk of sexual offending; in addition to deviant sexual preferences being the strongest predictor of sexual recidivism (Hanson & Morton-Bourgon, 2005; Ward, 2000; Ward et al, 2006). Thus naturally, both clinicians and academics alike have endeavoured to understand the fantasy phenomenon, and the risk relevance, within sexual offending populations. It is suggested that aberrant sexual fantasies can reinforce and strengthen offence related ideation (Laws & Marshall, 1990). Therefore, sexual fantasy is proposed to be an important motivating factor for the commission of a sexual offence e.g. conscious or unconscious rehearsal, desensitising an individual which may render the individual more likely to enact the behaviour in reality (Deu & Edelmann; Gee, Devilly & Ward, 2004; Gee, Ward & Eccleston, 2003; Meloy, 2000; Ward & Hudson, 2000; Ward, Hudson & Keenan, 1998; Ward, Polaschek & Beech, 2006; Wilson & Jones, 2008). Gee et al (2003) devised the sexual fantasy function model (SFFM) which comprises of four categories that describe the functions of fantasy within the offending process. These include 1) Affect regulation 2) Sexual arousal 3) Coping and 4) Modelling (see table 5.1).

Table 5.1: The SFFM Model descriptors.

Function	Description
1. Affect Regulation	To supress or alleviate a dysphoric mood, elevate an ambivalent mood or enhance pre-existing positive feelings.
2. Sexual Arousal	To induce or enhance sexual arousal.
3. Coping	A defensive function by means of either control (exerting power over internal threats) or escape (allowing the individual to detach or supress realisation from their current situation.
4. Modelling	To relive previous experiences during masturbation and/or to escalate fantasy experiences as a form of preparation to take action.

Despite this, a wealth of research has revealed that individuals without a history of sexually deviant behaviour do in fact experience aberrant sexual fantasies, with these fantasies being arousing but not resulting in inappropriate behaviour (Bartels & Gannon, 2009; Crepault & Couture, 1980; Grey et al, 2003; Williams, Cooper, Howell, Yuille & Paulhus, 2009: Zurbruggen & Yost, 2004). Prevalence rates of deviant sexual fantasies are difficult to evaluate, in part because of the competing definitions of deviance. Thus, the concept of 'deviant' sexual fantasy is a contentious issue. This raises questions regarding the appropriateness and usefulness of the term 'deviant sexual fantasy' favoured in the literature when appropriating a link of sexual fantasy and offending behaviour. Leitenberg and Henning (1995) stated that this term becomes misleading if it is not associated with deviant behaviour. Deviant sexual fantasy is criticised for being an inclusive term that is not easily defined or measured (Leitenberg & Henning, 1995; Bartels & Gannon, 2009). The challenges in assessing DSF include the methods used to investigate this phenomenon, such as issues with self-report, retrospective recall and demand characteristics. Similarly, the tools to measure SF can be criticised (in various levels, depending on the specific measure) for detachment from (or at least tenuous link to) empirical and/or theoretical literature and, more contemporary views of sexual expression (Leitenberg & Henning, 1995). Despite this, it is apparent that exploration of non-offending populations is vital in deciphering the concept of 'deviant' sexual fantasies and the risk level associated with enacting these fantasies (Leitenberg & Henning, 1995; Howitt, 2004).

Personality as a mediator of sexual fantasy also has implications in terms of an individual's tendency to rely on specific types of coping strategies due to specific personality traits. Thus, personality pathways could be investigated in order to help this emerging insight into the dynamic nature of sexual fantasy (Proulx, et al, 1999). Nonetheless, there has been limited research exploring the relationship between personality and sexual fantasies. Within the few studies that have been conducted three areas have been of particular focus. These include the role of personality and: 1) differences between deviant sexual fantasisers and non-deviant fantasisers (Curnoe & Langevin, 2002), 2) the link between deviant fantasisers and behaviour (Williams et al., 2009), and 3) the adaptive coping strategies used to deal with deviant fantasies (Lussier, Proulx, & McKibben, 2001). To summarise, the empirical literature examining the relationship between personality and deviant sexual fantasies shows that certain traits can be of importance, particularly psychopathy (Skovran, Huss & Scalora, 2010). Other traits (e.g. social alienation, paranoia, defective inhibition) and types (e.g. anxious) appear to relate to other correlates of deviant fantasy such as loneliness. This provides valuable insight into how

fantasies may develop in some individuals. However, the current conclusions are based on a very small number of studies, indicating the need for more research in this area. Additionally, in non-offender samples, possible links between personality and sexual fantasies have proved inconsistent (Leitenberg & Henning, 1995).

Curnoe and Langevin (2002) discussed the notion of fantasy proneness in terms of the loosening of associations and perhaps the blending of fantasy and reality. Hence, some individuals may find it difficult to distinguish fantasy from reality. This could lead to social alienation and, in turn, increase preoccupation with their fantasy world. According to Lynn and Rhue (1988, p. 35), fantasy-proneness refers to "a unique constellation of personality traits and experiences that coalesced around a deep, profound, and a long-standing involvement in fantasy and imagination". These fantasy prone individuals or 'fantasisers' will engage in fantasy for most of their waking life, often in secret due to the awareness of social norms (Lynn & Rhue, 1988; Merckelbach, Horselenberg & Muris, 2001). Two developmental pathways were proposed which increases the likelihood of becoming a 'fantasiser'. These include: 1) encouragement to fantasise and 2) the defensive use of fantasy as a coping mechanism in adverse circumstances. Previous studies have found an association between fantasy proneness and an inability to control cognitive processes, maladjustment, poor emotional regulation, psychopathology with fantasy proneness (Geraerts, Lynn & Rhue, 1988; Merckelbach, Jelicic, Smeets & van Heerden, 2006; Rauschenberger & Lynn, 1995). Accordingly, fantasy proneness may offer some insight to developmental aspects of fantasy generation, with some individuals having a predisposition to generating fantasy experiences (Sahota & Chesterman, 1998).

Within this, education could also be implicated (as stated earlier in the thesis), whereby an individual's ability to initiate fantasy experiences may be linked to their intelligence (Sahota & Chesterman, 1998). This coincides with research that has found internet sex offenders have a higher educational background than other contact offenders (Elliot, Beech, Mandeville-Nordon & Hayes, 2009: Sahota & Chesterman, 1998). A possible hypothesis is that internet sex offenders have an enhanced ability to fantasise (with sources such as pornography being mentally manipulated to generate explicit fantasy that satiates desires) which inhibits any contact sexual offences (in conjunction with other protective factors). Alternatively, elaborative fantasy generation may not be linked to education but some other phenomena. For instance, Elliot et al (2009) found that low IQ offenders still had an extensive fantasy life. Thus, it may be possible to consider fantasy proneness and a developmental aspect. In this way, early

experiences and attachment patterns could facilitate an individual's ability to utilise fantasy as a coping mechanism (Bartels & Gannon, 2011). Secondly, future research could focus on an individual's sexual experience and the effects on the level (frequency, duration, content, vividness) of their fantasies.

IMPORTANCE OF THE TOPIC

From the sexual fantasy literature reviewed, it is apparent that there are gaps in the research that have not yet been focussed on. This research aims to provide some insight into these under-researched areas. Hence, the current study aims to promote both academics' and clinicians' understanding towards the complex relationship between sexual fantasy, personality and fantasy proneness (*quantitative analysis*). This will help decipher the robustness and utility of the term/concept 'deviant' sexual fantasy within both a non-offending and offending population (Howitt, 2004; Leitenberg & Henning, 1995; Wilson & Jones, 2006). Implications of this research could help inform the clinical assessment of sexual offenders. It may help to guide clinical judgement, formulations, identification of specific treatment targets and relevant intervention strategies. In addition, this study may indicate whether sexual fantasies are static or fluctuating in nature, over an individual's lifespan. This could consequently inform preventative strategies and help allocate appropriate resources to 'potential' sex offenders. Finally, the study aims to explore the dynamic nature and concept of fantasy more thoroughly in regards to intensity, length and complexity, by incorporating a free response question that can be built on in future research endeavours (*qualitative analysis*).

RESEARCH QUESTIONS (Quantitative analysis)

The aim of the present study was to investigate associations between personality, fantasy proneness and sexual fantasies.

Hypothesis 1: Specific personality characteristics will be linked to specific fantasies.

Hypothesis 2: Individuals with low levels of agreeableness will present with more offence related sexual fantasies.

Hypothesis 3: Specific personality characteristics will be linked to behavioural expression of fantasy. For example: extraversion.

Hypothesis 4: Fantasy proneness will be associated with intellect.

Hypothesis 5: Participants who have experienced any form of abuse in their past (sexual, physical or psychological) will report higher levels of sexual fantasy.

METHODOLOGY

Design

The study employed a within subjects correlational design utilising questionnaires to gather data. The independent variable was personality. The dependent outcome variables were fantasy content and fantasy proneness. The study adhered to the guidelines for ethical practice in conducting psychological research online (British Psychological Society, 2007).

Procedure

An anonymous electronic questionnaire (comprising of the psychometric questionnaires described below) was presented online for a period of 12 weeks. An opportunity sample of the general population was recruited. All participants were recruited online via the University of Nottingham intranet, social networking sites and psychological research websites. This electronic questionnaire was created through an online survey generation service. No identifiable information was recorded to enhance the anonymity of the data. The study questionnaire included participant information sheets, a consent form, questionnaire instructions, a written debrief, and contact information should there be any concerns about the study or the behaviours examined. The resultant data was automatically saved to file.

Due to the sensitive nature of this research several steps were taken to prevent socially desirable responses. All participants completed questionnaires online and no personal information was required to complete the study. It was stated several times that the study was totally anonymous. Participants were asked to create a unique identification code that could be used if the participant wanted to withdraw from the research. There were no incentives offered for the completion of this study.

Participants

Participants consisted of 259 males sampled through an online questionnaire (*M* age = 26.6, *SD* = 8.1). Due to the method of data collection respondent's nationalities were varied (58.2 % North American, 15.8 % British, 15.8 % European, and 10 % Australian). Other demographic information was collected for each participant (see table 5.2). All participants were from western societies and did not have statistically different scores on the questionnaires between

groups, thus cultural differences were considered and accounted for appropriately with the minimal information ascertained. A post hoc power analysis was conducted using the G*power software (version 3.0.10, Faul and Erdfelder 1992). The sample size of 259 was used for all calculations and the alpha level was set at 0.05. For the independent *t* tests, ANOVAs and multiple regressions with the effect size set at both moderate and large, the power exceeded 0.99, however for the small effect size, this power dropped across all tests (0.44, 0.52 & 0.62) respectively. This suggested that there was an adequate sample size to detect power at the moderate to large effect size level.

Table 5.2: Participant demographic information

		N	%
Highest Level of Education Completed*	**PhD**	4	1.5%
	Masters	45	17.4%
	Undergraduate	125	48.3%
	A- Level	72	27.8%
	GCSE	13	5.0%
Employment Status	**Employed**	133	51.4%
	Self-Employed	13	5.0%
	Student	87	33.6%
	Unemployed	26	10.0%
Psychological Abuse	**Yes**	24	6.2%
Sexual Abuse	**Yes**	9	3.5%
Physical Abuse	**Yes**	16	9.3%

*Highest level of education or equivalent

Materials

The specific questionnaires used within this study were as follows:

1. International Personality Item Pool Big-Five personality factor markers

The IPIP used within this study was the 50-item representation of the Goldberg (1992) markers for the big-five factor structure. The current study makes use of the 50-item version consisting of 10 items for each of the Big-Five personality factors: Extraversion (E), Agreeableness (A),

Conscientiousness (C), Emotional Stability (ES), and Intellect (I). The study administered the IPIP items with a 5-point Likert-type scale, ranging from 1 (very inaccurate) to 5 (very accurate) as in the original instrument (Goldberg, 1999). The IPIP has good internal consistency and relates strongly to major dimensions of personality assessed by the NEO-FFI and EPQ-R (e.g. Gow et al., 2005 = .85; Saucier & Goldberg, 2002 =.84) The current study found the internal consistency (Cronbach's alpha = .87) closely matched previous research. The items selected for IPIP proxies of commercial scales are based on empirical correlations with the original scales, and consequently the correlations between the proxy and parent scales tend to be high (Goldberg, 1999; Goldberg et al, 2005; also see table 5.3). Alpha reliabilities reported in Gow et al (2005) are as follows: Emotional Stability (ES, equivalent to low 'Neuroticism', a¼ .88), Extraversion (E, a¼ .93), Intellect (I, corresponding to 'Openness to Experience' in big five theories of personality, a¼ .88), Agreeableness (A, a¼ .89) and Conscientiousness (C, a¼ .90).

Table 5.3: Characteristics of the Preliminary IPIP Scales Measuring the Big-Five Domains

Big-Five Domain	Number of Items	Mean Item Intercorrelation	Coefficient Alpha	Correlation with Markers*
1. Extraversion	5 + 5 = 10	.40	.87	.73 [.84]
2. Agreeableness	6 + 4 = 10	.31	.82	.54 [.66]
3. Conscientiousness	6 + 4 = 10	.29	.79	.71 [.90]
4. Emotional Stability	2 + 8 = 10	.38	.86	.72 [.84]
5. Intellect/Imagination	7 + 3 = 10	.34	.84	.67 [.80]
Total/Mean	**26 + 24 = 50**	**.34**	**.84**	**.67 [.81]**

***** *The 100 unipolar Big-Five factor markers are provided in Goldberg (1992).*

2. Creative Experiences Questionnaire

The Creative Experiences Questionnaire (CEQ) is a 25 item self-report measure of fantasy proneness; containing forced choice yes/no categories in order to establish the capacity for fantasy proneness (Merckelbach, Horselenberg & Muris, 2001). The questions contained in the CEQ incorporate aspects of the developmental precursors of fantasy proneness, intense involvement in fantasy and daydreaming, as well as the associated elements and consequences of fantasising (Merckelbach et al., 2001). The authors reported acceptable levels of test-retest stability (*r* = .95) and internal consistency (Cronbach's alpha = .72). The internal consistency

of the CEQ within the current study was very similar (Cronbach's alpha = .74). The CEQ has demonstrated good predictive and concurrent validity as it correlated well with closely related concepts such as absorption, dissociation and schizotypy (Merckelbach et al, 2001).

3. Wilson Sex Fantasy Questionnaire

The Wilson Sex Fantasy Questionnaire (WSFQ; Wilson, 1978) is a 40 item self-report measure of sexual fantasies. The items were compiled from a survey of scientific, clinical, and popular magazines (Wilson, 1978) and represent a range of sexual themes, "from the normal and innocuous to the deviant and potentially harmful" (Wilson, 1988, *p*. 49). The sexual fantasy items are categorised into four fantasy subtypes consisting of 10 items each. These subtypes include: 1) Exploratory (e.g. group sex, promiscuity, and mate-swapping), 2) Intimate (e.g., kissing passionately, oral sex, masturbation, and sex outdoors), 3) Impersonal (e.g., sex with strangers, watching other people engage in intimate behaviour, fetishism, and looking at obscene pictures) and 4) Sadomasochistic (e.g., whipping or spanking, being forced to have sex). The 40 items are structured to allow analysis between active fantasy (e.g. hurting a partner) and passive fantasy (e.g. being hurt by a partner). The underlying four-factor structure has demonstrated good internal consistency (Cronbach's Alpha = .87, Baumgartner et al. 2002) across multiple assessments among male subjects. The current study found very similar constancy scores (Cronbach's alpha = .85). Furthermore, the sum of all 40 items provides a total fantasy score that may be considered as an indication of "overall sex drive" (Wilson, 1988, *p*. 50).

4. Free Response Question

Participants will be asked to give detailed responses to the following questions.

- **Q1: "***What is the purpose of sexual fantasy and what are the reasons you use it*".
- **Q2:** *"Does the complexity and intensity of your sexual fantasies vary? If so, in what way and why."*

Data screening

All data collected from the administered psychometrics was screened prior to analysis. Due to the format of the online questionnaire participants were unable to leave any answer blank and as a result no missing data was found. Several outliers were identified as a result of participant

error when typing responses; these were successfully corrected as in each case the letter 'o' had been entered instead of the numeric '0'. To investigate socially desirable answering the mean response was calculated for all psychometrics and each participant's scores were correlated against this. There was no significant deviation from the norm. The final screening was to assess overuse of the same response option. Each participant's responses were assessed to ensure no unusual patterns were present.

Before any analysis was conducted the data from all three tests (WSFQ, CEQ and IPIP) were assessed for normality. Visual inspection of histograms from each test was carried out initially. This was followed by statistical analysis of kurtosis and skewness. The majority of data showed normal distribution however two factors deviated from normality. The agreeableness factor within the IPIP questionnaire was negatively skewed (-.707). The data was transformed by using the square root of this factor, this brought the skewness into the normal range (George and Mallery, 2003) (-.198). Within the WSFQ the grouping factor sadomasochistic was identified as not normal in both skewness (.980) and kurtosis (.924). Again this data was transformed by using the square root. This resulted in a skewness of -.165 and kurtosis -.597. Table 5.4 shows the overall scores on the psychometrics for the entire data set.

Table 5.4: Overall scores on the psychometrics for the entire data set (n = 259)

		M	*SD*
CEQ	Creative Experience score	8.6	4.1
WSFQ	Overall score	66.4	31.7
	Exploratory	16.1	9.7
	Intimate	27.2	11.3
	Impersonal	12.5	7.8
	Sadomasochistic	10.6	8.9
Personality traits	Extraversion	29.2	8.5
	Agreeableness	37.1	6.4
	Conscientiousness	32.3	7.2
	Emotional Stability	31.6	7.8
	Intellect/Imagination	41.2	4.8

Data analysis

Statistical analysis was conducted using IBM Statistical Package for the Social Sciences (SPSS) version 20. One way ANOVAs were conducted across all psychometric data to

investigate any potential confounding effects of the differences between participants. There were no significant differences between participant response data and the level of education F $(1,258) \geq 0.43 = p > .0.05)$, employment status F $(1, 258) \geq 0.30$ $p > 0.05)$ or previous sexual abuse F $(1, 258) \geq 2.54$ $p > 0.05)$. Multiple linear regressions were utilised in the analysis within the first four hypotheses, to identify which personality traits are the best predictors of sexual fantasy factors (WSFQ) and sexual fantasy proneness (CEQ & WSFQ). Additionally a one way ANOVA was utilised to test hypothesis two, assessing WSFQ score on deviant fantasy questions against agreeableness score. Within hypothesis three and four Pearson's product moment correlations were used to supplement the regression analysis. In addition to this analysis, groupings were created based on certain questionnaire data and this allowed between subjects testing across sexual fantasy and personality measures. One way ANOVAs were used to investigate the relationship between offence related fantasy and personality. Independent samples *t* tests were used to test whether reported historical abuse had any influence on sexual fantasy scores. Finally two open questions were completed by participants. Groups were formed based on participant responses and independent samples *t* tests were used to investigate any differences in both personality and sexual fantasy scores.

RESULTS

Regression analysis

All correlations between independent variables were small ranging from .06 (Intellect/imagination and conscientiousness) to .28 (agreeableness and extraversion), this indicates multicollinearity was not a problem. Each dependent variable (WSFQ factors) was positively correlated with each of the independent variables (personality traits) ranging from .006 (Intimate and agreeableness) to .26 (exploratory and extrovert). With all data suitably correlated to the respective dependent variables this allowed investigation through multiple linear regression to be reliably undertaken. Since no order of entry was relevant for the predictor variables a direct method was utilised for each multiple regression.

Hypothesis one: Specific personality characteristics will be linked to specific fantasies.

Hypothesis one investigated the relationship between the WSFQ factors (Exploratory, Intimate, Impersonal and Sadomasochistic) and personality traits. Multiple regressions were conducted to investigate whether personality trait score could significantly predict participant's ratings on the individual WSFQ factors. For sadomasochistic the five personality traits explained 5.1% of the variance (R^2 =.051, F (5,253) = 2.72, $p < .05$). It was found that emotional stability significantly predicted sadomasochistic fantasy score (β = -.171, $p < 0.05$). No other personality traits had a significant effect. For intimate fantasy score the personality traits explained 11.4% of the variance (R^2 =.114, F (5,253) = 6.54, $p < .001$). Only agreeableness (β = .240, $p < .001$) and extraversion (β = .158, $p < .05$) were significant predictors of intimate fantasy score.

Table 5.5: Multiple regressions of WSFQ factors and personality trait score.

	Model		Personality Traits (β)		
Factors	R2	B	Extraversion	Agreeableness	Emotional Stability
Exploratory	0.04	1.50	.08	.11	-.06
Intimate	0.11	-0.35	.16*	.24***	-.05
Impersonal	0.03	1.47	.11	.06	-.06
Sadomasochistic	0.05	-0.63	.08	.09	.17***

** p < .05, ** p < .01, *** p < .001*

Correlation analysis

The active and passive items within the WSFQ were investigated to understand how they related to personality traits. A Pearson's product moment correlation found a significant positive relationship between active fantasy score and both extraversion r = .209 $p < .001$ and agreeableness r = .172 $p < .01$. No relationship was found between the other personality factors. Significant positive relationships were found between passive fantasy score and two of the personality types, agreeableness r = .174 $p < .01$ and intellect/imagination r = .125 $p < .05$. Passive fantasy and emotion stability had a significant negative relationship r = -.126 $p < .05$.

Hypothesis two: Individuals with low levels of agreeableness will present with more deviant sexual fantasies.

Several multiple linear regressions were conducted to evaluate the effect that personality type has on total fantasy score as measured by the WSFQ and the CEQ. With WSFQ overall score as the dependent variable a significant regression equation was found (F(5,253) = 4.09 $p <$

.001) with an R^2 of .075. Within the model, only agreeableness had a significant contribution to the prediction (β = 0.160, p < .05). With CEQ score as the dependent variable, a stronger relationship was found (F(5,253) = 0.94 p < .001) with an R^2 of 0.164. Within this model, agreeableness (β = 0.211 p < .001), emotional stability (β = -0.156, p < .05) and intellect/ intelligence (β = .299 p < .001) all added significantly to the prediction.

Table 5.6: Multiple regression of overall fantasy score calculated from WSFQ and CEQ with personality traits as the independent variables.

	Model		Personality Traits (β)	
Factors	R2	b	Agreeableness	Intellect/Imagination
WSFQ	0.08	2.00	.16*	.11
CEQ	0.16	-3.27	.21**	.3***

** p < .05, ** p < .01, *** p < .001*

Three questions within the WSFQ include defiant sexual fantasy themes; these were used to investigate this hypothesis. By grouping participants based on the total score given across the three questions it was possible to see the difference in agreeableness between them. A one way ANOVA was conducted to investigate whether the hypothesis could be accepted. There was no relationship found between agreeableness and scoring on the deviant fantasy themed questions within the WSFQ F(8,258) = 1.15 $p \geq 0.33$,

Hypothesis three: Specific personality characteristics will be linked to behavioural expression of fantasy. For example: extraversion.

To investigate how the behavioural expression of fantasy interacted with personality traits the WSFQ was utilised. The WSFQ assesses themes from four behavioural factors (exploratory, intimate, impersonal and sadomasochistic). By focusing on the 'have done in reality' scoring the study wanted to understand how personality traits interacted with each of these four factors, multiple linear regressions were conducted for each. Prior to analysis the assumptions were reviewed again due to the different dependent variable. The independent variables were the same so multicollinearity was not an issue. Positive correlations were confirmed between all dependent and independent variables, ranging from .05 (impersonal and conscientiousness) to .37 (exploratory and extrovert). The direct method of entry was utilised for each multiple regression.

Table 5.7 shows the strength of each regression model along with the β for each interaction. The ANOVA conducted alongside each multiple regression was significant for all four factors (F (5,253) ≥ 2.71, p < .05). For the exploratory factor the five personality traits explained 18.6% of the variance with both extraversion (β = -.293, p < 0.05) and agreeableness (β = -.183, p < 0.05) contributing significantly to the model. The personality traits explained 17.4% of the variance for the intimate factor, extraversion (β = -.235, p < 0.05), agreeableness (β = -.171, p < 0.05) and emotional stability (β = -.167, p < 0.05) were significant predictors. Finally, the five personality traits explained 7.4% and 4.5% of the variance in the impersonal and sadomasochistic factors respectively. Extraversion was the only individual personality trait that contributed significantly to either (impersonal β = -.144, p < 0.05, sadomasochistic β = -.147, p < 0.05).

Table 5.7: Multiple regressions of behavioural factors within WSFQ and personality traits.

	Model		Personality Traits (β)		
Factors	R2	b	**Extraversion**	**Agreeableness**	**Emotional Stability**
Exploratory	0.19	-11.9	.29***	.18**	.06
Intimate	0.17	-6.56	.24***	.17**	.17**
Impersonal	0.09	-4.27	.21**	.09	.04
Sadomasochistic	0.07	-7.7	.14*	.1	-.02

** p < .05, ** p < .01, *** p < .001*

Hypothesis four: Fantasy proneness will be associated with intellect.

In addition to the multiple linear regression presented in table 5.6 page 144, showing the significant relationship between intellect/intelligence and CEQ score, further analysis was conducted. A Pearson's product moment correlation was used to look at the relationship between intellect/intelligence and fantasy proneness in isolation. Significant positive relationships were found between intellect/imagination score and both measures of fantasy proneness, WSFQ r = .15 p < 0.05 and CEQ r = .31 p < 0.01.

Between groups analysis

Hypothesis five: Participants who have experienced any form of abuse in their past (sexual, physical or psychological) will report higher levels of sexual fantasy.

Independent samples t tests were conducted to investigate the difference in fantasy score (WSFQ and CEQ) and personality between those participants who had experienced physical,

sexual or psychological abuse compared those who had not. To enable a comparison, participants were grouped into either a yes group, $n = 49$ (any abuse in past) or no, $n = 210$ (no abuse reported). Homogeneity of variance was confirmed as assessed by Levine's test for equality of variance. Participants who reported experiencing abuse had significantly higher scores on the WSFQ ($M = 76.51$ $SD = 33.2$) than those who did not ($M = 63.88$ $SD = 30.9$), $t\ (257) = 2.56$ $p < .05$. A significant difference was also found for the CEQ score, with the yes group ($M = 9.59$, $SD = 4.32$) reporting higher scores than the no group ($M = 8.33$, $SD = 3.96$); $t\ (257) = 1.89$ $p < .05$. There were no significant differences across any personality trait between the abuse and no abuse group.

Additional Analysis

Variety in sexual fantasy experiences and personality traits.

Participant's answers to the closed question "does the intensity and complexity of your fantasies vary" were coded to create yes and no groups. 173 participants responded yes, 82 responded no and the remaining 4 did not provide a suitable answer and were excluded from this analysis. Independent samples *t* tests were conducted to compare these two groups across the measures of fantasy and personality. A significant difference was found for the CEQ score with the yes group recording higher scores ($M = 9.03$, $SD = 4.05$) than the no group ($M = 7.63$, $SD = 3.78$); $t\ (253) = 2.58$, $p < .01$. A significant difference was also found in the overall fantasy score in the WSFQ between the yes ($M = 69.60$, $SD = 32.35$) and no ($M = 60.66$, $SD = 29.71$) groups; $t\ (253) = 2.12$, $p < .05$.

When this analysis was conducted on the personality traits, only two of the five factors found a significant difference. For conscientiousness score, the no group ($M = 34.50$, $SD = 6.81$) was significantly higher than the yes group ($M = 31.34$, $SD = 7.07$); $t\ (253) = -3.38$, $p < .001$. Finally, Intellect/imagination scores were significantly different, with the yes group recording higher scores ($M = 41.57$, $SD = 4.68$) than the no ($M = 40.22$, $SD = 5.09$) group; $t\ (253) = 2.10$, $p < .05$.

Offense Focused Fantasy

As part of the WSFQ all participants were required to select the theme they found most exciting in reality and in fantasy. The current research wanted to investigate participants who reported offence related themes as the most exciting. We supplemented this analysis by coding the

qualitative question "Do you have a favourite fantasy that we have omitted"? This resulted in 32 participants being identified as being excited by offence related fantasies (see table 5.8). There was no difference in age between the participants who reported offence related fantasies (25.6 yrs) and those who did not (26.8 yrs) t (257) = 0.44 p > .05. The data was normally distributed and a one way ANOVA was conducted to analyse the differences in personality traits between participants experiencing offence related fantasies compared to those experiencing non offence focussed fantasy themes. There were no significant differences found across any of the five personality traits between participants experiencing offence related fantasy themes and participants reporting non-offence related fantasy themes $F(257) \geq .002$, p > 0.05. Post hoc comparisons employing Tukey HSD confirmed there was no differences in personality score; Extroversion (Offence M = 29.3, SD = 8.4 vs. Normal M = 29.2, SD = 8.6), Agreeableness (Offence M = 37.1 SD = 6.1 vs. Normal M = 37.2, SD= 6.4), Conscientiousness (Offence M = 31.4 SD = 9.2 vs. Normal M = 32.5, SD = 6.8), Emotional Stability (Offence M = 29.2 SD = 7.5 vs. Normal M = 32.0, SD = 7.8) and Intellect/Imagination (Offence M = 40.8, SD = 4.5 vs. Normal M = 41.2, SD = 4.9).

Table 5.8: Summary of offence related themes reported by participants

Offence Related Theme*	No. of Participants reporting this theme
Rape	8
Bestiality	2
Incest	16
Sex with someone below the age of consent	4
Indecent exposure	2

**only explicit offence related themes were included*

Qualitative analysis

227 participants gave a response as to what they believed to be the function of sexual fantasy, the remaining 32 choose not to answer. Data driven content analysis (Weber, 1990**)** was used to analyse the data. Due to the response style (straight forward, simple sentences, categorical), responses were coded and quantified into six meaningful categories (Patton, 2002; see table 5.9). The generated categories corresponded to the SFFM proposed by Gee et al, (2003); with the exception and addition of the fourth and sixth category (‘*Experience ideal scenarios and the ‘ideal’ self*’ and ‘*No constraints or real world ramifications*’ respectively). These two

categories were added in due to the participant's responses. To determine the prevalence on the self-reported function of sexual fantasy the categories were scored once per participant (either present: 1 or absent: 0). Accordingly, the frequency for each category was out of 227 (total number of responses). The frequency of each function was as follows: Sexual arousal (*97 times*), Alleviate negative emotions (*92 times*), , experience ideal scenarios and the 'ideal' self (*83 times*), exploration and preparation (*69 times*), induce positive feelings and emotions (*43 times*), no constraints or real world ramifications (*43 times*). Participants often reported multiple functions for the use of sexual fantasy, with an average of 2 different functions being mentioned per participant.

Table 5.9: Function of Fantasy

Function (frequency*)	Operational Definition
1) Sexual arousal (97)	To enhance, intensify and/or facilitate arousal and pleasure during sexual stimulation. This may be whilst masturbating or during sexual encounters with other individuals.
2) Alleviate negative emotions (92)	To alleviate negative emotions (e.g. boredom, frustration, sadness), offer escape and or distraction from a less than desirable reality. This may also make reality easier to bear.
3) Experience ideal scenarios and the 'ideal' self (83)	To fulfil desires by experiencing ideal scenarios (that may be unrealistic) and becoming the 'ideal' self.
4) Exploration and Preparation (69)	A normal outlet of human nature to explore and understand aspects of the self. This may involve preparation from future acts (either unconsciously or consciously) and an abstract way to solve problems.
5) Induce positive feelings and emotions (43)	To induce positive emotions (e.g. excitement, fun, enjoyment, entertainment) and offer feelings of control.
6) No constraints or real world ramifications (43)	A safe outlet without any real world constraints and ramifications e.g. social, situational and/or legal.

**no. of times each categories was present per participant*

** see appendix Y for examples of participant quotes and corresponding category.*

Complexity and Intensity of Fantasy

Respondents were asked whether the complexity and intensity of fantasies varied. Of the sample, 82 participants stated that their fantasies did not vary in complexity or intensity. Some participants elaborated on this further by using phrases such as '*fairly static*', '*evenly distributed'*, '*…very similar on repeats*' etc. 173 participants confirmed that the complexity and intensity did vary. Accordingly, these responses were analysed using the sequential thematic analysis as described by Braun and Clark (2006). The following steps were adhered to: 1) Familiarisation with data 2) Generating initial codes; see table 5.10 overleaf, for an example of initial coding, 3) Searching for themes 4) Reviewing the themes, and finally 5) Defining and naming the themes. The epistemological stance taken was consistent with the social constructionist approach which stipulates that experience is embedded and understood within the context of culture, language and the social world (Gergen, 1999). The epistemological approach aligned with inductive-realism.

Quality

To ensure the quality and subsequent validity of composite analysis, standards as described by Yardly (2000), were adhered to. The standards assert the importance of sensitivity to context, rigour, coherence and, transparency (see Yardly, 2000). Accordingly, the following strategies were undertaken to address such concerns:

- Participant demographic information was provided by the participants so that the readers can assess the extent to which results can be generalised.
- Extensive reading on the procedure of thematic analysis was undertaken prior to commencing analysis to demonstrate rigor (Fereday & Muir-Cochrane, 2004).
- Superordinate and subordinate themes were grounded in verbatim examples. Thus, each thematic section is supported, exemplified and augmented with excerpts from the transcripts to produce richness and 'thick' descriptive detail (Cresswell, 2003). This added meaningful analysis, depth and context to the findings.
- A process of 'triangulation' was undertaken. This involved 1) supervision to reflect on the generation of themes and minimise individual bias, 2) a peer review process involving consultation and independent coding of themes to ensure credibility of the themes and, 3) consultation with relevant literature after analysis to determine coherence of themes discussed (Smith, 1996).

Table 5.10: Example of Initial Coding*

Line No.	**Original Transcript**	**Initial Codes** *(relevant line)*
1	The more I fantasize about something, the more	Time (1).
2	complex and intense the fantasy becomes. I think this	Cognitive capabilities (2).
3	is very exciting. I am not in control of my fantasies, I	Arousal (3). Positive Emotion
4	believe they are driven by my emotions. When a	(3). Locus of control (3, 4, 5)
5	fantasy becomes more complex, it becomes more	Active/passive? (5),
6	interesting, and perhaps easier to find a definite	Positive emotion (6) Evolve (6)
7	emotional cause of various aspects of a fantasy. I often	Uncertainty (8). Function of
8	catch myself thinking "why do I feel this way about	fantasy (7, 8). Analysis/
9	this" while fantasizing about something. Upon this I	Introspection (8,10, 11, 12,15)
10	often explore the fantasy by giving it various	Attributions (11, 12, 15), Self-
11	attributes, and "test" my emotional response to it.	awareness (12, 14, 15)
12	Often I will find an attribute that "feels" right, and I	Emotion (13)
13	then will realize I have an emotion that the attribute	
14	resonate with. Sometimes I then apply more attributes	
15	to further define the emotion I am feeling.	

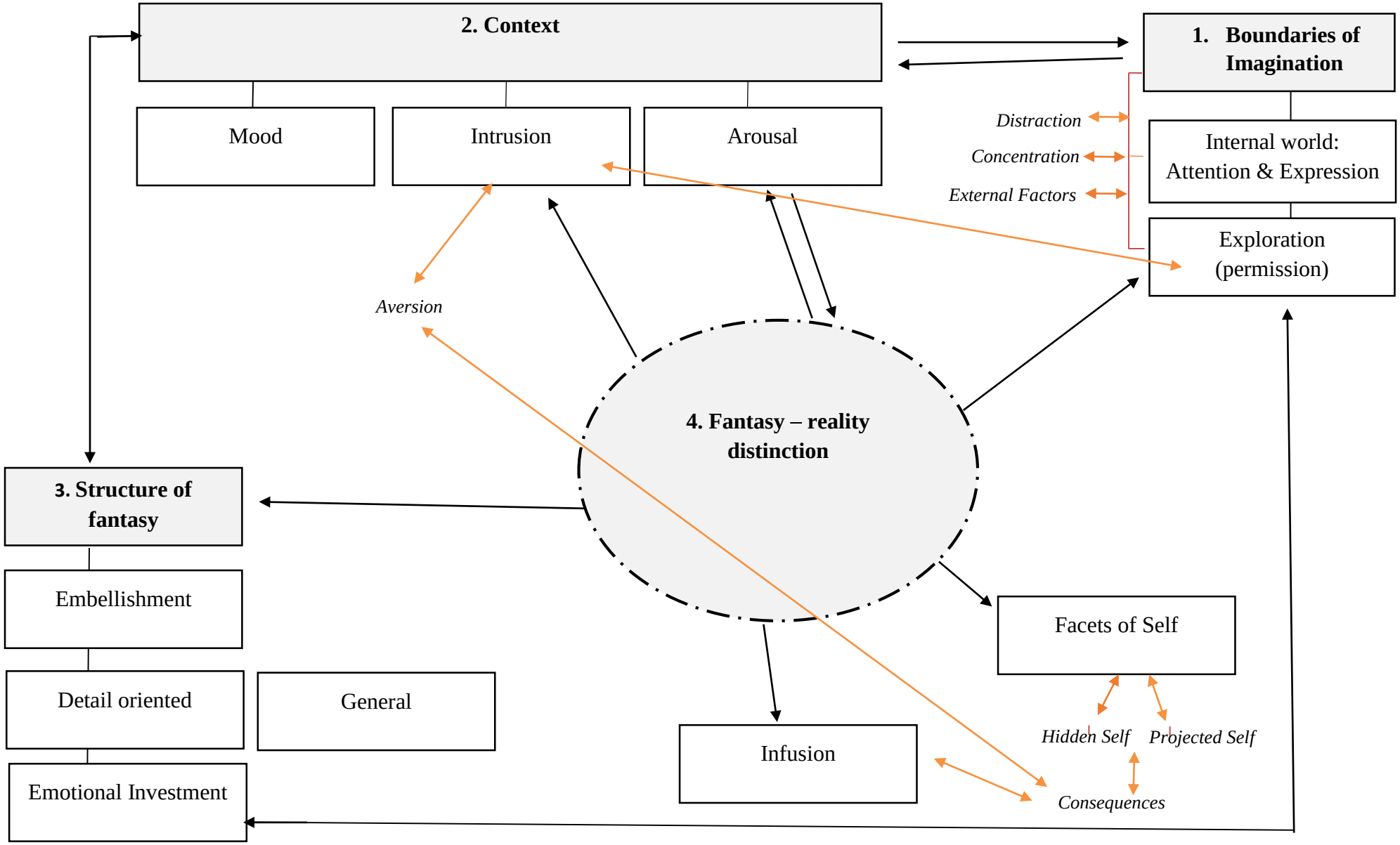
**see appendix Y for examples of how the initial codes relate to the superordinate themes*

FINDINGS

The organising concept of the themes are a 'vividness of sexual fantasy' (see figure 5.1). This encompasses the richness of a fantasy experience and the subsequence compelling nature of the experience. Each of the four themes (boundaries of imagination, context, structure of fantasy and fantasy-reality distinction) reflect components of the fantasy experience that dynamically interact to either supplement or detract from the overall fantasy experience. The individual themes (both primary and their respective subthemes) are described below and, presented in the following sequential manner: 1) Superordinate theme 2) Sub-theme and, 3) Supporting evidence e.g. verbatim excerpts. Figure 5.1 depicts a schematic mapping of the themes generated from an analysis of the transcripts as a whole. The themes overlap to some extent, due to the interplay of experience and understanding, but still provide a comprehensive overview of sexual fantasy.

(Continue onto next page)

Figure 5.1: Schematic Mapping of overall themes relating to the Vividness of sexual fantasy experience.



Boundaries of imagination

This theme, extremely prevalent within the data, encompasses the parameters and boundaries of fantasies. This may be due to individual differences in creative ability, imagination and any internal and external constraints that effect an individual's fantasy experience. The sub-themes, described below, dynamically interacted to either encourage or restrain the possibility of sexual fantasy generation and exploration.

Internal World: Attention and Expression

The majority of participants made reference to the process of attending to a fantasy and the level of concentration involved. Some participants acknowledged that their inner world was related to their creative ability; with some believing themselves to be more creative and thus more apt at sculpting sexual fantasies of a more intricate and intense nature.

I suppose they do [more detailed, intense] b*ecause I have a creative mind* (Participant 51).

When I fantasize it is consistently at the very limits of my imaginative capabilities (Participant 145).

Participant's described the cognitive efforts (e.g. "…*like computing power in a computer,* Participant 46) and cognitive strain that was involved in generating fantasy.

I'd rather focus on a simpler situation after a long day of work, while on a free day I'd take more time to build up a more complex situation. My works [sic] involves a lot of mental activity (Participant 16).

If I am tired I have fewer fantasies (Participant 18).

To counter this, some participants spoke about how they could overcome any constraints to their individual ability to generate 'successful' (intense/complex) fantasy experiences. For instance, the use of aids such as pornography were described as useful in enhancing fantasy experiences. In this way, cognitive limitations were supplemented with more concrete examples of sexual encounters.

My fantasies will become more complex and intense if aided by pornography, which in turn leads me to look for more intense pornography to fulfil these fantasies, and so on (Participant 160).

For example watching porn of very specific genres. Listening to erotic hypnosis files to stimulate detailed fantasy (Participant 155).

In a similar way, fantasies that drew on real world experiences or memories were also described as being easier to generate than completely fictional scenarios.

If they are known the more vivid the fantasy can be (Participant 21).

I know what being with her is like, whereas being with a stranger leaves a whole lot more to fantasize/imagine (Participant 84).

External factors or disturbances could act as a distraction to internal fantasy experiences. Within this, participants spoke about the level of attention they would assign to a fantasy. A conscious effort had to be made to hold onto, immerse themselves within, and mould fantasies as desired.

The biggest factor in the complexity and intensity of my fantasies is the background noise or other disturbances (Participant 129).

The less distractions around me the more intense my fantasies are (Participant 5).

The complexity of my fantasies largely depends on outside stimulation. The more I ignore my surroundings, the more I can lose myself in my own imagination (Participant 163).

<u>Exploration (permission)</u>

This sub-theme is related to the individual's unconscious or conscious effort and ability to engage a fantasy experience. This can relate to situational factors, whereby a private place was deemed a more appropriate environment conducive to engaging and immersing themselves into fantasy experiences. Whereas, when the situation was deemed inappropriate, participants spoke about how the fantasy would be seen more as a fleeting thought that would be disregarded when the individual did not want to attend to/or retreat into their inner world.

If I am at home by myself my fantasies can become vivid as if I'm watching a movie while if I'm out in public with others the distinction between the real and imaginary is extremely clear (Participant 5).

The intensity varies with the amount of privacy and time I have available (Participant 113).

For some participants, the nature of the fantasy was also important for the individual to give permission to experience the fantasy.

Yes, the complexity and intensity does vary depending on the situation and how much I choose to delve into the fantasy and meld it with reality (Participant 122).

Similarly, one participant spoke about factors that are known to reduce inhibitions and how this made them more willing to generate sexual fantasies.

They are more vivid and simple if I am buzzed with weed or alcohol. There is a lot of synergy between imagining something and feeling something physical, if I am masturbating. It is easier to get lost in my fantasies then (Participant 18).

In this way, reduction of inhibitions could be related to external factors such as alcohol consumption or use of illicit substances. Therefore, when inhibitions were lowered individuals were more likely to acquiesce to desires which allowed more complex and intense fantasies to be generated.

Context

Context, as a theme, seemed integral to whether the complexity and intensity of a sexual fantasy experience. Participants spoke about how the factors surrounding the reason for the fantasy determined the experience itself. For instance, one participant succinctly stated '*They vary* [complexity and intensity] *because they serve different purposes* (Participant 13). The sub-themes therefore describe the milieu in which fantasy can come to be, whether this is internally or externally triggered.

<u>Mood</u>

Mood was a commonly referenced sub-theme which described the dispositional factors that influenced the profile of the fantasy experience. Respondents reported that certain moods were more conducive to certain types of fantasies, with fantasies seeming to have a specific purpose for the individual. When these fantasies were experienced for a specific (triggered) purpose then they seemed to have more force.

Sometimes I just want to feel happy and I'll fantasize about a girl kissing me out of nowhere. Or something great (or not so great) happening to me out of nowhere, just to make me feel something (let it be anger, sadness, happiness) (Participant 4).

Yeah, when I'm depressed my fantasy is very intense. But when I feel happy I rarely ever fantasize (Participant 103).

Context is key. Depending up on the height or depth of my mood, my fantasies tend to vary in both complexity and intensity. When I'm in a good mood and am feeling positive, my fantasies tend to be light and minimal, and the opposite is true when I'm in a poor mood and am feeling negative (Participant 63).

Some participants spoke about how mood dictated their fantasy experience (e.g. '*My fantasies vary depending on my mood. If I'm feeling sad or depressed, I can fantasize about a co-worker giving me pity sex. If I'm feeling on top of the world, I might fantasize about being with two women', participant 100)* and reduced their feelings of control of their inner experiences (e.g. *I am not in control of my fantasies, I believe they are driven by my emotions, Participant 71).* Thus, locus of control for some individuals was related to their real life experiences and the intensity of the emotions they were feeling at the time of a sexual fantasy experience. At these times, it seemed like lateral thinking and reality testing were reduced with individuals feeling like a passive recipient of sexual fantasies (irrespective of content).

On occasion [low mood] I have incredibly complex and detailed fantasies that almost seem to build themselves. Other times I think of large disbodied [sic] breasts. The why is something I don't know, probably to do with both arousal and the x factor of inspiration (Participant 133).

<u>Intrusion</u>

This sub-theme described the invasive nature of some fantasies (an invasiveness scale from fantasies considered welcomed to those that are unsolicited and unwanted). This may be linked to fantasies that were externally triggered (e.g. fantasies the individual does not actively try to generate being more triggered by situational factors).

.....Sometimes just catches you by surprise and you were fantasising about something unusual (Participant 1).

Often, the fantasy is disrupted by dominance/submission play which is not gratifying for me (Participant 69).

They are often triggered by some kind of media: a news report, literature or film. Whether the theme is mentioned in a positive light or not is not relevant to its ability to spark my interest (Participant 97).

If talking from a sexual point of view then it will be mostly external stimulus that would trigger a fantasy, e.g. if I see a woman who I find attractive I would be inclined to conjure up a scenario in my conscious brain that would be pleasurable and this might stay with me for a while (Participant 168).

For some individuals they spoke about methods to discard these fantasies, however this seemed to be an active internal process whereby the individual made a conscious decision not to 'participate' in the fantasy experience.

Other brief fantasies I try to kill as soon as they happen (Participant 85).

I try my best not to fantasize about anything (Participant 91).

Although, specific explanations were not given about the rationale for this or the inferred 'fear' of particular fantasy experiences. However, it may be related to situational factors and the context in which the fantasy ignites rather than an aversion to particular fantasy experiences in general.

Arousal

The sub-theme of arousal related to an individual's sexual desire, sexual pre-occupation and specific biological factors that may render the fantasy experience more intense.

Depends on how turned on I am. If I am very aroused, my fantasies are much more vivid than if I am not (Participant 11).

Much more complex and intense when masturbating (Participant109).

Hormone changes probably also have attributed to the variation in intensity (Participant 95).

In this way, participants spoke about how sexual activity could act as a reducing factor on the intensity and complexity of any fantasies afterwards.

Following sex, they [sexual fantasy] drop off again. Masturbation produces the same reducing effect, but it is not as pronounced, and does not last as long (Participant 62).

My [description omitted] *fantasy is extremely strong 99.9% of the day. After ejaculation while thinking of the idea, I find it repulsive (Participant 30).*

Consequently, this seems logical to consider the role of sexual pre-occupation and how this may make an individual more vulnerable to experience fantasies (external triggers) and attending to them consciously (moulding the fantasy to purpose). A high proportion of participants spoke about a parallel relationship between their build-up of arousal and the intensity of a fantasy.

They are usually pretty complex, with build-up (Participant 57)

…vary based on how close to climax I am at the time (Participant 166).

As for intensity, I guess intensity usually tracks libido. When libido is low, I think intensity is usually low. When libido is high, intensity is usually a little higher (Participant 20).

It seems likely that urges and accumulated arousal (being compelling in nature) could inhibit high order thinking, with the individual being more prone to engage in fantasies with the intention to attend to any 'primal' compulsions.

They definitely vary depending on the theme. I'd say that sexual fantasies are more primal and directive (Participant 165).

…some fantasies bring me a simple erotic pleasure which is stronger than other fantasies or sexual activities (Participant 12).

Sometimes they are visceral and sometimes they are just wisps in the back of my mind (Participant 108).

In this context, it seems relevant to consider how this may make it more difficult to disregard any 'unsafe' fantasies ('unsafe' refers to fantasies the individual would view as unfavourable when the individual is able to think in a more objective manner).

Structure of fantasy

This theme describes the composition of the fantasy and how it is experienced by the individual. Participant's spoke about the components of fantasy experiences and how emphasis could be placed on different aspects, depending on the overall purpose and parameters of the fantasy.

<u>Embellishment</u>

This sub-theme relates to the active process of storing and manipulating fantasies. Due to the cognitive cost of generating fantasies, participant's spoke about possessing templates of fantasies which they stored, maintained and updated throughout their life. Time was a very important component of this sub-theme; the more time assigned to a specific theme, the more the fantasy could transform and evolve into different facets of itself.

I have "ongoing" fantasies sometimes that I make more complex as time passes…Sometimes I get back to an old fantasy, but not where I left it, or there is altered settings. I reinvent it every time (Participant 4).

*For me and this may go for others too, I have a few 'core' fantasies which are my 'go to' ones when I want to get in the mood or get off, there are others but the main ones are always going to be there… .. Lesser fantasies may come and go but the main ones stick and seem to have stuck for a large period of time so far (*Participant 43).

Despite having these templates, participant's spoke about the need to manipulate fantasies in line with their life experiences and the dynamic relationship between situational and dispositional factors.

It builds on both real memories and private fantasies, and the details may vary slightly but the common core of being surprised to see her and enjoying her body remain the same (Participant 151).

Another kind of detailed fantasy is one that draws from memory and builds on it (Participant 151).

….certain situations experienced in real life will lead to the development of new fantasies (Participant 174).

This manipulation of fantasy experiences was to promote excitement. Thus, the intensity of a fantasy was said to reduce when a recipient became too familiar with a certain fantasy.

Much like a drug, a tolerance is developed with regular use. A fantasy that is good today may not have the same effect in a week or two. Unlike drugs, there is no withdrawal, so I often take breaks from porn/masturbation/sex and let my tolerance recede (Participant 148).

But once a fantasy makes appearances that feel too frequent, it's time to change it up and I'll usually find something else to fantasize about (Participant 111).

Detail Orientated/General

This theme related to the level of detail assigned to a scenario in the fantasy. Some participants spoke about generating more general fantasies (e.g. '*shallow and undetailed* ', Participant 87) which only consider the brief impressions of a sexual act. Whereas others spoke about how specific details were what made the fantasy more arousing.

I imagine whole persona and their backgrounds, maybe what got them into the current situation and so on. Sometimes it's more like a single aspect excites me, for example the difference in skin colour in interracial encounters (Participant 158).

Again, this seemed dependant on the purpose and context of the fantasy.

I suppose the more busy or stressed I am the more generalized the fantasy. If I am relaxed and free thinking I can come up with more detail (Participant 52).

When I'm in a good mood and am feeling positive, my fantasies tend to be light and minimal, and the opposite is true when I'm in a poor mood and am feeling negative (Participant 63).

I'm not sure why, but I think it [complexity] depends a lot on the purpose I have when I start out fantasizing (Participant 89).

For some individuals the use of details in a fantasy was particularly important because it made the fantasy seem more realistic and thereby induced more intense fantasies and/or arousal reactions.

This is because my brain particularly likes full details, even if they're complex, instead of short descriptions. For example, I prefer fantasizing about sex in the bedroom with said person late at night, and then fantasizing about what specifically happens during sex…(types [vaginal, anal, oral], how long it's done for, order of types), then just "we had sex". My brain is stimulated more that way (Participant 117).

Emotional Investment

This sub-theme related to the amount of connection and/or attachment the recipient felt within the fantasy experience. Some fantasies were considered more abstract and disconnected in nature. Whereas other fantasies were described as more directly related to the individual's life. For instance, one participant stated that the variation in intensity was primarily due to whether the content was *'more or less importance to myself' [sic].* Thus, participants spoke about

empathic ability, love and a strong emotional connect to some fantasies due to the scenario depicted.

They usually vary depending on my level of sexual arousal and feelings of love at a given time (Participant 67).

The intensity changes with my emotional investment (Participant 5).

...detailed moments are more common than a running narrative. Moments that produce a strong emotional spark (Participant 44).

The level of detachment or connection to a fantasy related to the individual ability to empathise with the individuals within the fantasy.

... And I'll inject my character (me or a version of me, or a character I create that I'm "playing") into it, or if there is a character I can empathize with, I'll see through his eyes. Sometimes I only feel my emotions (or the ones of my character), and sometimes I also feel the ones of the people I'm interacting with, particularly the ones I'm supposed to have a deeper connection with. (Participant 4).

Fantasy- Reality Distinction

This theme describes the distinction between what is real, what is fictional and, the permeable barrier in-between. Attributions of the fantasy experience seemed particularly relevant, in terms of fantasies that are viewed positively by respondents and those that are viewed in a more harmful light.

<u>Infused Realism</u>

This sub-theme is centred about the incorporation of realistic elements into their fantasy experience. The incorporation of realistic elements into a fantasy could either supplement or diminish arousal and or intensity depending on the individual.

If I fantasize about a random partner, I become aroused, but if I put my significant other in that fantasy, I immediately lose arousal (Participant 10).

I will fantasize about a specific person, location, act and try to imagine as many details as possible. This makes the fantasy much more realistic and therefore much more intense (Participant 73).

For some individuals, if this fantasy experience became too realistic this could reduce the allure as real world logic and consequences would also be incorporated.

When I begin to reason with myself about that fantasy (usually involving infidelity), the intensity decreases while the complexity increases as if I was writing a (non-sexual) romantic novel. These are the most poignant fantasies since they became more realistic (i.e. the consequences, the forbidden nature of infidelity, hurting your partner(s) (Participant 154).

It also appeared that environmental triggers could increase the seduction and intensity of a fantasy. As discussed earlier, individuals could store aspects of reality in their mind for use later (with the details being more readily available) enabling the individual to construct a more realistic scenario with more ease.

For instance I was in the presence of an 'innocent' recently and the fact that I knew we would be alone and we were getting on well-made that particular fantasy much stronger than it normally would be as I had a specific person to put to that situation. Even though nothing ended up happening, I certainly imagined it as I was masturbating later as it was such a strong fantasy whereas normally I wouldn't use my imagination during masturbation (Participant 39).

Whereas for other participants it was the distinction of fantasy from reality that made fantasy experiences more intense. In this way, fantasies were experienced in a more intense manner if there was no possibility that they could engage in the behaviour in the real world.

I think the most intense ones tend to be the ones that are more realistic yet least likely to happen (Participant 74).

…any fantasies are likely to be more detailed and involved and more naughty/taboo, for example fantasizing that I'm someone else and having a tryst with a sibling (though I don't fantasize about any real life siblings; that crosses over too much into reality, and I have no desire to do so in reality) (Participant 150).

This may imply an underlying acknowledgement that fantasies do have some impact on the individual's behavioural expression. Thus, individuals are more willing to immerse themselves into fantasy elements that they believe cannot spill over into everyday life.

Facets of Self-representation

Some individuals described uncertainty about the nature of sexual fantasies e.g. '*There doesn't seem to by any rhyme or reason'* (Participant 101). Whereas others described the process of exploring inner experiences with the inference that these experiences would offer some insight into their inner world and self-narrative.

*I don't understand many of my fantasies, but I know that I will come to a conclusion for better or worse eventually. The idea of being caught while in public is arousing... but why? I have nothing to gain by publicly dominating someone... unless it's to arouse the passerby? I have no idea (*Participant 15).

The fantasy has to make sense in some way, thus sometimes one must make the fantasy more complex to agree with it in your mind (Participant 139).

Thus, some participants acknowledged that their private fantasy experiences were related to the 'self' they presented to the outside world and the purpose for the sexual fantasy experience in the first place.

Most of my fantasies are fleeting, and I think just entertaining them a bit resolves whatever need caused them to arise (Participant 74).

However, this relationship was not always obvious.

I believe my fantasies, especially the sexual ones, are projections of my emotional self. The emotional self however is often hard to interpret, and it is hard to know where these fantasies are coming from. It is fun, and perhaps necessary, to explore these fantasies to get a better understanding of myself and my emotions (Participant 99).

I often catch myself thinking "why do I feel this way about this" while fantasizing about something. Upon this I often explore the fantasy by giving it various attributes, and "test" my emotional response to it (Participant 71).

It seemed that aspects of some fantasies were more intense when they related to aspects of the individual's self that they needed to resolve.

Sexually, the more angry [sic] I am, the more aggressive and rough my fantasies become, to live out my anger and regain control….If I just need a quick release, then it's the same, just not as much of a power trip, I don't go into verbal abuse for example. In such situations I don't imagine, for the lack of a better description, a human fucktoy, that's reserved for rather angry

mind settings. If I'm happy, then I'm filled with softer fantasies and don't act as rough in bed (Participant 142).

They do, depending of my mood, sometimes I want something rougher, other times I just want to give pleasure. Most of the time I only think about my pleasure in those fantasies, like receiving oral sex. That's when I am feeling down or need to feel manlier for some reason (Participant 35).

It seems that certain facets of an individual's personality could be explored in isolation within fantasy scenarios, without the constraints afforded to the self when all facets are intact. For some participants, fantasy experiences were seen as an outlet to explore the facets of self that were less than desirable and may not be deemed socially appropriate.

I rarely construct a whole and complete fantasy and instead use a variety of different components which are each individually titillating to create a patchwork fantasy that explores a variety of my kinks. Sometimes fantasies incorporate thoughts or ideas which are otherwise uncomfortable for me (watching other people engage in bestiality, for example.) These fantasies are a safe outlet that doesn't support an act which is morally (Participant 69).

DISCUSSION

Quantitative Analysis

The current study utilised an anonymous online questionnaire to assess a community sample of men across measures of sexual fantasy and personality. The aim of hypothesis one was to investigate whether certain personality traits were linked to specific sexual fantasies. Analysis found that emotional stability was related to sadomasochistic fantasy. In this way, sadomasochism may be more associated with capacity to both entertain and cope with pain/humiliation, with individuals being more open to new experiences (e.g. as a form of recreational leisure), rather than malevolent in nature. Additionally, both extraversion and agreeableness were both significant predictors of intimate fantasy score within the WSFQ. The structure of the WSFQ allows investigation of active and passive fantasy themes. Using correlation analysis this study found there was a significant positive relationship between active fantasy and both extraversion and agreeableness. Whereas, passive fantasy score was positively related to both agreeableness and intellect/imagination. It may be that agreeableness is related to the notion of reciprocity, being equally relevant to both passive and active fantasies. Within passive fantasy a significant negative relationship was found with emotional stability. It could

be inferred that that both emotional instability and passivity relate to a lack of control, thus fantasy may meet an individual's needs for an external source of control.

The aim of hypothesis two was to assess whether individuals with low levels of agreeableness would present with more asocial or aberrant fantasies. The current study will reject hypothesis two as it seems that there was no relationship between these variables. However, it may be relevant to note that a relationship was found between agreeableness and overall fantasy score on both WSFQ and CEQ. It may be that the agreeableness trait plays a fundamental role in fantasy predisposition. In this way, fantasy can act as a compensatory coping strategy (Lynn & Rhue, 1988; Merckelbach, Horselenberg & Muris, 2001; also see Hickey's Trauma-Control model, Arndt et al., 2004) when adverse conditions arise which are in conflict to their agreeable nature and consequent perception of the world. Taking this inference further, it could be suggested that some individuals with agreeable traits may be more vulnerable to being taken advantage of and feeling a heightened need to resolve this internal distress (through the use of fantasy) that does not outwardly disrupt their agreeable self-identity.

Hypothesis three explored whether specific personality traits were linked to behavioural expressions of fantasy. This study found that certain personality characteristics could be linked to the behavioural expression of fantasies as found within the WSFQ factors. The strongest finding was the positive relationship between extraversion and the four factors. In each regression conducted, extraversion score was a significant predictor of the overall factor score. Unpicking extraversion as a personality trait, this could be related to confidence in the social environment to enact fantasy experiences in reality. The agreeableness personality score was a significant predictor in both exploratory and intimate scores. This may be related to the agreeable trait being linked to empathic ability, reciprocity and emotional connection to others. It could be, that if an individual is more empathically in tune with another individual, then they are more able to gauge whether their partner would be willing to enact certain fantasies. Finally, emotional stability was a significant predictor in the intimate factor score. This could give some insight into what facilitates intimacy. Thus, emotional instability, although not preventing, may be an obstacle to relational closeness. This is a logical assertion when considering an internal focus (due to emotional turmoil) will hinder perspective taking and empathic ability. However, it may be relevant to note that due to the design of the WSFQ, self-reported frequency of behavioural expression could only account for the pre-existing items on the tool not the additional fantasy themes that participants submitted (in response to favourite themes that they felt had been missed off the questionnaire).

The fourth hypothesis investigated whether fantasy proneness was associated with the trait of Intellect/Imagination. Within this study, results on the CEQ and the WSFQ overall fantasy scale were highly correlated. This suggests that both scales were measuring similar markers associated with fantasy proneness (albeit the CEQ considered fantasy proneness in general, whereas the WSFQ more specifically focussed on fantasies of a sexual orientation). Hypothesis four was tested within a multiple linear regression alongside the other personality markers and in isolation via a Pearson's product moment correlation. The regression showed a significant positive relationship between CEQ score and intellect/imagination score as measured by the IPIP-50. This was supported by the correlation, finding that both the WSFQ and CEQ overall scores were significantly positively related to intellect/imagination. In this way, general fantasy generation is linked to (predisposed) imagination and creativity. These elements may offer some insight into why some individuals have a predisposition to an internal world focus (Sahota & Chesterman, 1998) which may not necessarily be sexual in nature. It is suggested that a more visceral component (e.g. urges) supplement imagination to generate sexual fantasy. The supposition is that imagination and sensitivity to urges/fantasy are categorised in a different manner.

Hypothesis five was interested in how historical abuse may influence an individual's propensity to engage in sexual fantasy. Participants were asked whether they had experienced abuse in their past. In order to investigate these differences all participants experiencing some form of physical, psychological or sexual abuse were grouped together. The study found that in both markers of fantasy proneness (CEQ) and overall sexual fantasy score (sub-scale on the WSFQ), the group who had experienced abuse scored significantly higher. However, there were no significant differences across any personality trait scores. Again, this is in line with previous literature that suggests that early abusive experiences can disrupt normal personal development (Arndt et al., 2004) and, for some individuals developmentally becoming a fantasiser may serve a coping function (Lynn & Rhue, 1988; Merckelbach, Horselenberg & Muris, 2001). Evolutionary perspectives may add weight to this hypothesis with fantasy proneness being a survival mechanism for some individuals. In this way, it may be worth considering how the 'exploration and preparation' function of fantasy (discussed in the following section) could potentially increase vigilance to future harm.

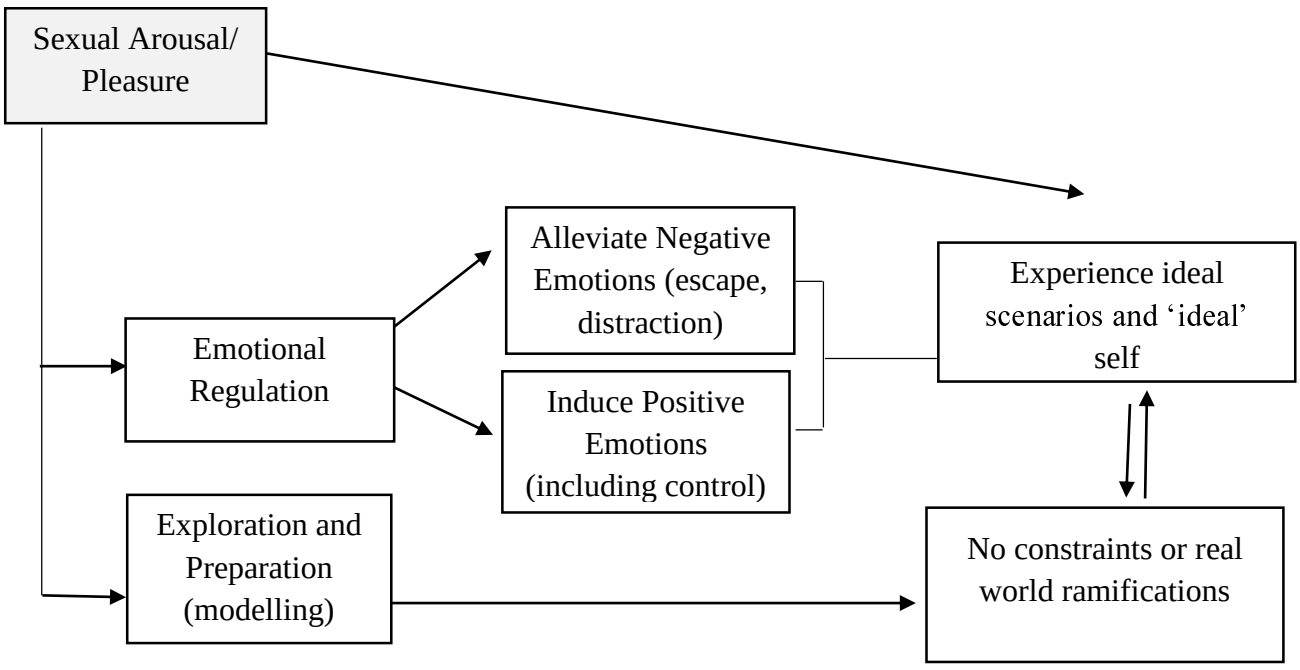
Supplementary analysis found that 12.4% of participants reported offence related fantasies. This is in line with previous studies that have found non-offending populations do experience offence related fantasies, being arousing but not necessarily guiding behaviour (Bartels &

Gannon, 2009; Crepault & Couture, 1980; Grey et al, 2003; Williams, Cooper, Howell, Yuille & Paulhus, 2009; Zurbruggen & Yost, 2004).

Qualitative Analysis

The secondary focus of the study was to explore the nature of fantasy by paying particular attention to the function, intensity and complexity of sexual fantasy. The purpose of this free response question was to investigate the influential role of cognitive processes within fantasy experiences (such as perception, thought content and vividness of the imagery) in shaping and determining the magnitude and impact of fantasy experiences. Within this study, participants described functions that tally with Gee et al's (2003) SFFM model (e.g. Affect Regulation, Sexual Arousal, Coping and Modelling; discussed earlier). However, two additional functions were found, these include 'Experience ideal scenarios and the ideal self' and 'No constraints or real world ramifications'. Arguably these additional functions could be merged with those within the SFFM, however as these functions were consistently mentioned it was felt they added more intricacy and supplemented the SFFM. Diagram 5.2 depicts the hypothesised hierarchical relationship between the functions of sexual fantasy experiences. Sexual arousal is suggested to be the overarching function with all further functions interlinking and serving as secondary motivations and reinforcing agents. These additional themes may be useful when considering sexual offending populations in terms of potentially anti-social tendencies and the emphasis on pro-social based interventions (e.g. Good Lives Model; Ward, 2010; Ward & Brown, 2004; Ward and Stewart, 2003). In this way, these themes may guide therapeutic focus within treatment (e.g. solution focussed and/or compassion based interventions).

Figure 5.2: Hypothesised relationship between function of fantasy



A thematic analysis was conducted from participant responses to understand the complexity and intensity of sexual fantasy. From this, vividness of sexual fantasy was used as an overarching concept to organise the themes. The following themes were produced: 1) 'Boundaries of Imagination' which described the general processes involved in creating a rich internal world, 2) 'Context' detailing the conditions in which the fantasy would arise 3) 'Structure of Fantasy' describing the configuration of the fantasy experience and finally, 4) Fantasy-Reality Distinction whereby fictitious or unrealistic elements could be interwoven with realistic elements and/or memories. The commonality between these variable fantasies seemed to be the requirement for some type of fulfilment of urges and whether this is achieved by social or asocial (aberrant) methods. Although themes were generated from the transcripts (in regard to the process and nature of fantasy), it is not surprising that fantasy was a very personal experience. Consequently, it seems like fantasy is a fluid and amorphous experience, being both tied to stable (e.g. personality, formative experience, fantasy proneness) and dynamic (e.g. mood and circumstance) influences. Therefore different cognitive processes (attention, perception, retrieval of memories, high order thinking) can shape different depths of fantasy such as a fleeting fantasy, purposeful extended story or unsolicited images/narrative (Leitenberg & Henning, 1995; Wilson, 1978; Wilson, 1988). When considering these differing cognitive processes, it may be useful to contemplate why some fantasies are insatiable in reality. Some fantasies may be completely unattainable (no opportunity) or just presently unattainable due to proximity. Alternatively, some individuals may choose to engage in fantasy experiences even though the opportunity is available in reality.

'Boundaries of imagination' had several components including a predisposition to creativity, the focus/time spent attending to fantasy and, any facilitating or constraining factors such as cognitive strain, distractions and resistance to engaging in a fantasy. External factors were also implicated such as pornography and substance misuse to supplement fantasy experiences. Substance misuse may link with the notion of 'seemingly irrelevant decisions' whereby an individual may inadvertently increase risk of experiencing risky fantasies. This theme suggests a dyadic relationship between internal factors (innate ability/predisposition to generate fantasy and desire) and external factors which are based in reality (pornography, substance misuse) and often largely influenced by the context and the rules of the social world. A lot of subjectivity lies between the continuum of acceptability to illicit sexual acts and parallel fantasies (from acceptability, taboo, aberrant, and finally those deemed illicit and unlawful). Defining the boundaries of what is considered acceptable by these social rules may be

individualised and impact the freedom advocated (and restrictions imposed) in fantasy experiences.

The theme of **'Context'** was associated with fantasies that were intentionally generated, externally triggered or a mixture of both. Dispositional (e.g. mood, arousal) and situational triggers were a core component to this theme in addition to the feeling, or absence, of control. These ideas align with the SFFM (Gee et al, 2003). Control was closely linked to permission to explore the fantasy and active/thoughtful calculation (whether the intention was to immerse themselves into or disregard the fantasy). Varying depths of contextual triggers were discussed in regard to varying levels of control. This is supported by previous research that has found a link between fantasy proneness, an inability to control cognitive processes and, emotional dysregulation (Geraerts, Lynn & Rhue, 1988; Merckelbach, Jelicic, Smeets & van Heerden, 2006; Rauschenberger & Lynn, 1995).

The third theme **'Structure of Fantasy'** included the active process of embellishment to continually update and manipulate fantasies, the level of intricacy achieved and, the emotional connection to the fantasy. The purpose of this was to maintain enthusiasm and the allure of fantasy experiences (Laws & Marshall, 1990; Leitenberg & Henning, 1995, MacCulloch et al, 1983; Meloy, 2000) whereby static fantasies were found to be less intriguing and sexually stimulating. This process also links to the dynamic nature of the individual and their fluctuating needs (in the longer term growing with the person over their life span/maturation and in the shorter term changing with the individual's daily needs).

The final theme presented was **'Fantasy-Reality Distinction'.** This process seemed to both 1) facilitate the individual's ability to generate the fantasy/reduce cognitive strain and, 2) aid the individual's attachment to, and emotive/erotic nature, of the experience. Within this, it is suggested that facets of the individual's identity/personality could be explored in isolation (egocentric focus) without the restriction of social acceptability. This loosening of associations (Curnoe & Langevin, 2002) may have a reciprocal relationship with the 'Context' theme, in that disconnection from reality may decrease their ability to successfully integrate into a community, increase social alienation and, in turn, increase preoccupation with their fantasy world to compensate. It is suggested that the allure of fantasy could diminish when realistic elements were incorporated, specifically related to less than desirable consequences of certain sexual acts.

LIMITATIONS

Sexual fantasy is a difficult topic to explore, being a private and sensitive experience embroiled within many research biases. For one, it is unclear whether participants have a shared understanding of (sexual) fantasy. This was minimised by the free-response design, allowing participants the freedom to describe the parameters of their fantasy experience. It was felt that fostering the anonymity offered by recruiting participants online would facilitate the generation of honest answers by inhibiting the need for impression management or socially desirable responses. This is somewhat supported by the frank and detailed responses offered by participants. Despite this, it is relevant to note that online recruitment may exclude some individuals that do not have access to the internet and consequently may represent a particular subset of individuals. Similarly, participants who contributed to research of this nature, may be different to individuals that would not freely give their time to partake in this type of research. For example, individuals may only decide to participate if they feel they have something to contribute and/or if they have concerns about their fantasy experiences. Additionally, it is acknowledged that there is a risk of over-emphasising the role of sexual fantasy in participant's lives due to the exclusion of fantasy as a general concept.

These factors are important to consider as they may impact the generalisability of results to a wider population. Nevertheless, the online nature of the study coincides with the vast amount online resources of pornography that can be used to escalate and enhance fantasy experiences. It is also important to comment on the generalisability of the results to an offending population. It is widely suggested that, aberrant sexual fantasies can reinforce and strengthen offence related ideation (Laws & Marshall, 1990). Despite this, it is apparent that exploration of non-offending populations is vital in deciphering the concept of fantasy, 'deviant' sexual fantasies, and the risk level associated with enacting offence related fantasies (Wilson & Jones, 2008).

Finally, when considering the limitations of the current study it is also relevant to consider the utility of the psychometrics utilised. This seems particularly relevant when considering the secondary aim of the study was to investigate the nature of fantasy in itself. Of specific relevance is the criticisms garnered to the WSFQ. The WSFQ is one of the most widely used tools to examine sexual fantasy (Baumgautner, Sclora & Huss, 2002; Smith et al 2005; Sierra & O, 2006, Hudson et al, 2002; Hudson, Wales, Bakker & Ward, 2002). It was developed to measure fantasy in both offending and non-offending populations and was an appropriate tool for the present study. However, criticisms of the WSFQ relate to 1) the methods used to devise

the WSFQ e.g. the original survey on which the items were based was limited to level of availability and acceptability of sexual explicitness at the time, which is arguably tamer than today's accepted level of sexual expression (Holmes, 1991), 2) the small number of items assigned to each scale which do not reflect the complexity of SF and are too simplistic (Baumgartner, Scalora and Huss, 2002; O'Donohue et al., 1997; Tavernier et al., 2011), 3) the ambiguity and overlapping nature of the statements potentially causing misinterpretation of outcomes e.g. 'having sex with someone much younger' can be interpreted differently depending on the age and personal attitudes of the respondent (O'Donohue et al., 1997) and, 4) the four sub-categories are not explicitly linked to any theoretical or empirical literature. Despite this, Carlstedt, Bood and Norlander (2011) reported exceptional internal validity. Skovran, Huss, & Scalora, 2010 stated that all the scales have acceptable, good or exceptional internal reliability (exploratory α=0.84, intimate α=0.92, impersonal α=0.77, and sadomasochistic α=0.81).

In a similar manner, the IPIP markers are not immune from criticism. The most controversial aspect of this measure relates to the omission of any validity scale due to the underlying assumption of the necessity of validity scales. However, efforts were made to assess and determine the validity of the measure utilising techniques to examine outliners, overuse of the same response, social desirability and inconsistency in responding (Piedmont, et al, 2000; Johnson, 2005 & Dudley, et al., 2005). The benefits of the IPIP-50 markers relate to the collective effort of the scientific community to cultivate and continually refine personality inventories. This is done by pooling items and devising instruments that are more contemporary and evolutionary in line with empirical literature. These markers provide useful avenues of exploration and a more streamline continuation of research.

IMPLICATIONS AND RECOMMENDATIONS

The themes from this study may elucidate, and help advance towards a more sophisticated understanding of sexual fantasy (Leitenberg & Henning, 1995) and the overlap between underlying pathology and, cognitive processes. This, in turn, may offer some insight on how to examine risk (incorporating a pro-social perspective on offence supportive attitudes to appropriately balance risk assessments), deduce high risk situations and recidivism, in some sexual offenders (Leitenberg & Henning, 1995 (Hanson & Morton-Bourgon, 2005; Howitt, 2004; Ward, 2000; Ward et al, 2006). Unravelling components of certain critical personality traits may offer some clarity on what specific personality markers motivate and sustain the

structure of fantasies that can become compelling, and in some cases offence related, in nature. Agreeableness and the potential relationship to fantasy predisposition may warrant some further exploration. Specifically, self-representation and an individual's role in fantasy may be an important consideration. For instance, will an individual with agreeable traits within the fantasy present as agreeable or as suggested by the qualitative analysis, will an individual use fantasy as an opportunity to explore facets of self that are deemed less desirable.

Markers of extraversion (including overlapping personality traits) and fantasy enactment may also be a useful avenue of research. Although personality markers may be linked to the generation of more vivid/compelling fantasies it is acknowledged that this information would only offer a segment of the relationship to how fantasy can transform into behaviour. The notion of control and how it manifests (and potentially disintegrates) within these traits may also be valuable. For example, theoretically if agreeableness is seen as a form of effortful control of temperament, is fantasy a form of cognitive control? However, it is proposed that not all forms of coping are consciously generated with the idea that intrusive fantasy may be associated with risk. Finally, intellect/imagination being linked to fantasy proneness is an interesting concept. Previous researchers have considered that intelligence may influence an individual's ability to generate fantasy experiences (Sahota & Chesterman, 1998). However, overlapping markers in empathy and intelligence could account for, and mediate, this relationship (Lauterbach & Hosser, 2007).

The length of time spent attending to fantasy experiences was an underling feature of creating more complex and intense fantasies. This seems to link to the idea of sexual preoccupation, which is also a known risk increasing factor for sexual offenders (Hanson & Morton-Bourgon, 2005; Ward, 2000; Ward et al, 2006). Thus, habituation is a relevant concept, in that the familiarisation with certain fantasy themes may cause them to become more accepted (Deu & Edelmann; Gee, Devilly & Ward, 2004; Gee, Ward & Eccleston, 2003; Ward & Hudson, 2000; Ward, Hudson & Keenan, 1998; Ward, Polaschek & Beech, 2006; Wilson & Jones, 2008). The suggestion is that a vivid fantasy becomes more compelling for the individual, "When a fantasy becomes more complex, it becomes more interesting" (Participant 141). It seems like fantasy generation is a skill, and in this regard, the more involvement an individual has with their internal world then the more adept a person will be at generating complex fantasy experiences and, in turn, the more enmeshed fantasy and reality can become. Participant 163 stated "and it takes a conscious effort to draw myself back into mindfulness of the present". Accordingly, strengthening an individual's grasp on reality may be a useful consideration (Curnoe &

Langevin, 2002). This process may require a lot of cognitive effort and it would be difficult for a practitioner to monitor the use and effectiveness of these techniques. Introducing grounding techniques, augmented by enhancing empathic connection to real life consequences, could be a useful treatment focus in sexual offenders. The process of habituation, in combination with 'fantasy skill development', may be at the core of fantasy enactment. Although fantasy can be a useful coping mechanism, at some point it may not be enough to satiate unmet needs. Accordingly, it may be useful to have some type of structure to incrementally categorise the intensity/intrusiveness of fantasy. This would allow incorporation into risk assessments and scenario planning of high risk situations. Thus, although the WSFQ may be useful as a screening tool, it omits more in-depth analysis of fantasy predisposition, intensity, complexity, preoccupation and the compelling nature of fantasy. Further research could explore the (varying) compelling nature of fantasy, control and behavioural expression.

CONCLUSION

The aim of this study was to explore the relationship between sexual fantasy and specific personality traits. The construct of sexual fantasy was also explored in regards to intensity and complexity. Within this study, links to certain personality markers and fantasy proneness were found. Control (and disintegration of) and cognitive capabilities are implicated as important concepts for fantasy prone individuals. These overarching concepts, when combined with habituation and reinforcement processes, may offer a hypothesis as to why fantasies (especially those considered offence related) are enacted in reality. It is vital that the most appropriate measures are utilised for the purposes of both research endeavours and effective clinical practice (e.g. accurate identification of treatment needs). This aids the formulation of an individual's risk profile and treatment needs (Andrew & Bonta, 2006). Although the measures utilised were useful in some respects, endeavours to improve the scope of the current psychometrics will only work to improve the quality of research efforts and how the notion of fantasy is understood within a forensic context. Thus, the qualitative aspect of the current study was useful in producing a richer variation in the concept of fantasy. This can hopefully be incorporated into our understanding of fantasy, how we examine these experiences, and how this may be incorporated into an individual's risk profile. A number of questions still remain outstanding about the dominating nature of fantasy experiences and what propels a person to actualise fantasy. For example, in what way do early experiences and attachment patterns facilitate an individual's ability to utilise fantasy as a coping mechanism and how are individual differences in fantasy proneness reflected in variations in the functional content? It seems that

gaining better knowledge of this concept, as well as sexual functioning in general, could improve risk assessments and clinical work related to sexual offending. 'Deviant sexual fantasy' as a term seems too simplistic and infers that it should be considered as a single risk factor. Assessment of fantasy experiences in line with maladaptive cognitions/emotions, negative self-views and disrupted internal working models seems more appropriate.

CHAPTER SIX
GENERAL DISCUSSION

GENERAL DISCUSSION

Thesis Aims

The aims of the thesis were to consider the intersection between fantasy, personality, and internal mental models, to draw inferences on how these concepts can be integrated into individual formulations of risk and need. This exploration was undertaken by utilising both quantitative and qualitative strategies. Hence, the thesis used the variety of research strategies (systematic review, single case study analysis, a critique of a psychometric measure, quantitative and qualitative methodologies) to generate discussion around the forensic relevance of fantasy. This area of inquiry is of significant importance due to the practical implications when making judgements on offender risk and devising appropriate interventions. In light of this, it is crucial to establish the best scientific methods to assess components of fantasy and extrapolate the implications this has on an individual's risk; being either a direct or indirect pathway to offending behaviour. This thesis contributed to this field of inquiry by attempting to integrate established psychological concepts in order to offer insight into the complexity of diverse risks, treatment needs and unique responsivity issues within forensic settings.

More specifically, the aims of the chapters were as follows:

- To present an argument and rationale for the forensic relevance of fantasy (**Chapter one**).
- To appraise, and draw meaningful conclusions from the current literature base addressing the role of sexual fantasy within sexual offending behaviour (**chapter two**).
- To explore the complexities of assessment and treatment in relation to a medium-risk internet sexual offender experiencing mental health difficulties (**chapter three**), placing particular emphasis on the role of fantasy, psychopathology and clinical difficulties.
- To critically evaluate the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III: Millon, Millon, Davis and Grossman, 2008; **chapter four**) and discuss the tool's utility within forensic settings (including sexual offending populations as a means to supplement assessment of risk).

- To investigate associations between personality traits, fantasy proneness and sexual fantasies, whilst also exploring the active nature of fantasy pertaining to intensity and complexity (**chapter five**).

The summary findings of each chapter will be discussed in the context of existing literature.

Chapter one (Introduction/literature review)

The introduction introduced theoretical paradigms and presented an argument on the forensic relevance of the fantasy phenomenon. Most notably, fantasy was mapped to cognitive components of psychological functioning. These included: cognitions, internal mental models, personality, and experience.

Chapter two (Systematic Review)

The systematic literature review, sought to appraise and draw meaningful conclusions on the role of fantasy within sexual offending behaviour. Accordingly, the overall aim was broken down into several research questions exploring: the nature (aetiology, content, function) of fantasy within the fantasy-behaviour association. The included studies found a relationship between sexual fantasy and sexual offending, for some sexual offenders, with offence focussed fantasy often being more prevalent than in control samples. Overall, the review gave indications towards the multifaceted nature of sexual fantasy (Bartels & Gannon, 2011; Gee, Ward, & Eccleston, 2003). The main findings of the included studies allow the following assertions to be made:

1. Different developmental pathways are implicated in the acquisition and function of offence related fantasy (Beauregard, Lussier & Proulx, 2004; Sheldon & Howitt, 2008). These included aversive childhood experiences, sexually inappropriate behaviours as juveniles and specific personality profiles e.g. anxious, and socially isolated.
2. Sexual offenders also experience 'conventional' fantasies.
3. Personality traits may be implicated in a sex offender's ability to cope with adverse situations, particularly anxiety, social alienation and low self-esteem.
4. For some individuals, offence related fantasy can be triggered by negative affect as a means to supress or alleviate negative and/or dysphoric moods.

5. Psychopathy increased the risk of deviant fantasy being translated into reality.

These assertions of fantasy are generally assumed and established within the theoretical literature. For instance, Ward et al (2006) suggests that offence related fantasies encourage the development of deviant behaviour and, play a key role in the offence chain. Consequently, sexual offenders that frequently fantasise about deviant activity are deemed to be at a higher risk of sexual offending (Bartels & Gannon, 2011). The review highlighted the importance of generating a fully integrated framework to contextualise both the complexity of sexual fantasies and the dynamic interaction between sexual fantasy, individual predispositions (e.g. personality) and high risk situations (Gee et al, 2006). Unfortunately, biases and their ability to inflate or diminish the significance of fantasy within offending populations were of key concern. This was particularly relevant when considering the divergent focus (e.g. prevalence, content, function) of the studies and the range of variables measured. The included studies predominantly reported 'DSF' as related to child focussed fantasies. This is a likely reflection of the limitations of the current measures used to assess fantasy and specifically offence focussed fantasy. Thus, attempts to explore other content relevant to offending may be of benefit e.g. violent fantasies. Hence, the ill-defined phenomenon of 'deviant' fantasy (a term favoured in the literature), heterogeneity of the sexual offender population, heterogeneity of design and subsequent methodological limitations, suggest that conclusions should be interpreted with caution.

Chapter three (Case Study)

The third chapter utilised a case study framework to consider the complexities of assessment and treatment in relation to a medium-risk internet sexual offender experiencing mental health difficulties (ST). Assessment of internal mental models, personality and fantasy offered insight to both ST's vulnerabilities, adaptive coping mechanisms and his offence pathway. Fantasy was related to enduring personality organisation and function, and a reflection of internal mental models. Attending to responsivity factors were of paramount importance when refining ST's risk formulation and implementing an intervention (introspective and goal-orientated) to optimum effect. Thus, consideration of ST's mental models assisted his ability to reflect on his self-narrative and the cognitive components associated with his sexual arousal to children. This involved exploration/cognitive mapping of ST's fantasies and, investigation of the significant impact this had on his perception of himself and others. The comprehensive assessment was particularly useful as it enabled an integration of the clinical difficulties (e.g. self-esteem,

anxiety related difficulties) and criminogenic factors (offence supportive attitudes, as augmented by his fantasy experiences) associated with ST's offending behaviour. These personal and situational factors all congregated to create a unique offender profile which assisted understanding of the complexity of his offending behaviour.

ST could be described as a prolific internet user. He spent a large portion of his time frequenting forums that denigrated women, researching literature that advocated or justified adult-child relationships and utilising online pornography. It is suggested that during times of stress (or 'cognitive load') it can be difficult for individuals to fantasise (Bartels, 2013). This promotes the use of external sources (the internet) to incorporate into fantasy experiences (Gee et al, 2006). For ST this translated into offending behaviour due to his use of illicit images to fuel his fantasy experience (Kloess, 2013; Long, Alison, & McManus, 2013; Ó Ciardha, 2011; Quayle & Taylor, 2003). ST disclosed fantasies predominantly intimate and exploratory in nature, depicting young female teenagers and child partners (Wilson, 1978). As fantasies are fundamentally uninhibited, attributable to the high level of personalisation, they provide the perfect opportunity for deviance without fear of reprimand (Jones & Wilson, 2008). Hence, the psychological realm of fantasy (Jones & Wilson, 2008) gave ST the opportunity to simulate urges and desires that would be prohibited in the real world. For ST, the virtual realm contained a blend of fantasy (psychological space) and reality where he was able to overcome his difficulties and create a compensatory (and deviant) 'self-other' identity. In this way, his fantasies were found to serve clinical functions such as providing: a psychological and emotional equilibrium in reaction to past experiences (generate a sense of control), and alleviation from real world constraints (e.g. psychological vulnerabilities such as anxiety, low self-esteem, difficulty establishing relationships and situational factors such as lack of environmental stimulation). The function of ST's fantasies seemed to be dynamic in nature corresponding to his fluctuating needs, being both situational and mood specific. For instance, ST did report some fantasies involving adult females at times when he felt more stable in mood.

Accordingly, ST's fantasy life is considered a latent variable that only became an acute and dynamic risk factor when combined with his distorted attitudes. See figure 6.1, overleaf, for a schematic representation of the hypothesised structural component of ST's fantasies. This template provides a visual representation of the structural components of fantasy and facets that contribute to the forensic relevance of fantasy. This template can be adapted and utilised to organise relevant, and influential, factors for offence related behaviour. The implication of

this hypothesis is that indirect measures of implicit cognitions could detect (explicit) offence related fantasy associations (Bartels, 2013). In this way, frequently fantasising about a deviant theme can cause several cognitive based consequences (Bartels, 2013). For example, deviant themes can generate or 'prime' deviant sex-related associations (O' Ciardha, 2011). Thus, associations between specific moods and motives may trigger a relevant fantasy. Fantasies are more likely to be reused if they are congruent with an individual's internal mental models. A mismatch between the two can cause cognitive dissonance (Festinger, 1957). This cognitive dissonance is suggested to be a motivational factor, triggering ST's excessive internet use (serving a defensive function) and aligning his desires and internal mental models in a manner that allows a more positive appraisal of offence related themes.

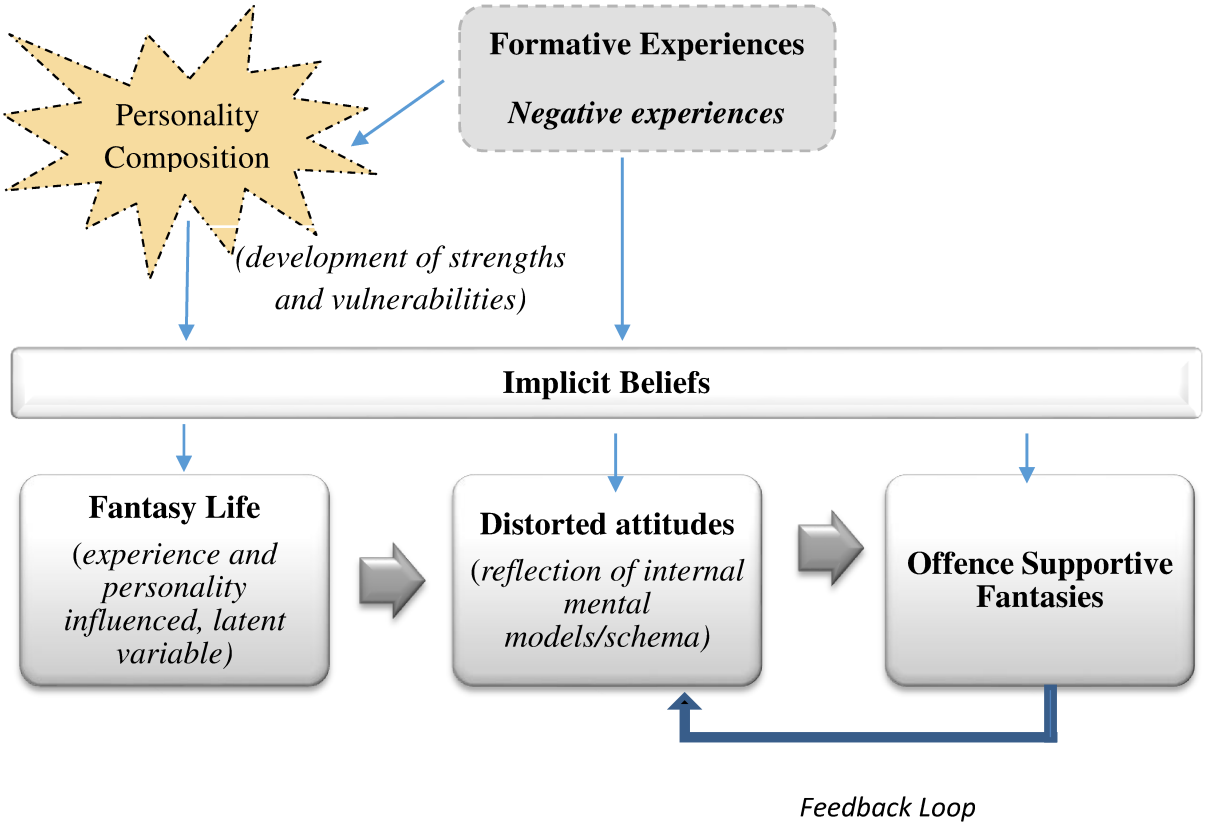


Figure 6.1: Structural component of fantasy, offence related (hypothesised)

Despite the obvious ethical and legal issues involving online child pornography, the extent to which these fantasies are problematic is questionable (Vanhoeck, Van Daele, & Gykiere, 2011; Jones & Wilson, 2008). However, the offending space model acknowledges the permeable barrier of the virtual and physical space whereby normalisation and acceptability afforded by fantasies weakens the barrier between thinking and doing (Jones & Wilson, 2008). Thereby,

fantasy coupled with ST's offence supportive attitudes increased his risk of recidivism. Furthermore, although it can be assumed that sexual contact is implicit within the use of pornography and sexual fantasy (Calder, 2004,) a long standing question is whether online offending will escalate into contact offending. Elliot, Beech, Mandeville-Nordon and Hayes (2009) for example, presented a hypothesis that internet sex offenders have an enhanced ability to fantasise which inhibits any contact sexual offences, in conjunction with other protective factors (Curnoe & Langevin, 2002). Hence, it appears that several ameliorating characteristics and conditions need to be in place to increase an offender's vulnerability and subsequent proclivity to re-offending behaviour (Ward & Siegert, 2002).

According to the pathways model, psychological vulnerabilities are considered crucial components of dysfunctional mechanisms that result in sexual offending behaviour (Ward & Siegert, 2002). The implication being that, if these dysfunctional mechanisms become functional then the individual will not resort to offending behaviour. ST's pathway to offending could be attributed to intimacy/social skill deficits, deviant fantasies/sexual scripts and cognitive distortions coupled with emotional dysregulation. This supports the assertion within the offending space model that mechanisms in isolation are too simplistic as a framework to understand the interplay between 'high risk' fantasy, emotional dysregulation, dysfunctionality in acceptability and, lack of control (Jones & Wilson, 2008). This emphasises the need to provide a comprehensive idiosyncratic exploration of fantasy and the interaction between criminogenic and clinical factors to effectively design risk reducing interventions.

Chapter four (Critique of MCMI-III)

The purpose of this chapter was to provide a contemporary appraisal of the MCMI-III with efforts to draw conclusions on the utility within forensic settings. In its current form the MCMI-III is a progressive tool which taps into a wide range of psychopathologies and clinical syndromes. As such, chapter four has specific relevance when considering the battery of assessments utilised within correctional services for standardised programmes, such as the SOTP (Andrews & Bonta, 2010; Dowden & Andrews, 2004; Ho & Ross, 2012; Mann, 2009). The range of disorders explored in the MCMI-III facilitates practitioner's understanding into the overall context of the offender's personal narrative. This offers insight into the possible range of characteristics and psychological profiles which interplay to generate vulnerabilities to offending behaviour within the right environmental contexts; in addition to delving into the

core of individual perspective (Elliot, Beech, Mandeville-Norden, & Hayes, 2009; Daffern, Jones & Shine, 2010; Henning, Renauer & Holdford, 2006; Robertiello & Terry, 2007; Sturmey & McMurran, 2011; Ward & Siegart, 2002). Thus, alike chapter three, the use of the MCMI-III may offer insight into the evolving function of fantasy throughout an offender's lifespan when utilised in conjunction with specific measures of sexual fantasy (e.g. WSFQ; Wilson, 1978; SFQ: O'Donohue, Letourneau, & Dowling, 1997, CHS; Langevin, Lang, & Curnoe, 2000; MSI; O'Donohue et al., 1997). However, use of the MCMI-III by professionals untrained in the specific area of personality or clinical syndromes could be detrimental, with inaccurate assumptions being made on how to effectively incorporate the results into the offender's risk assessment (Day, Kozar, & Davey, 2013; Mann, 2009). Furthermore, the applicability of the MCMI-III within a forensic setting is enmeshed in the controversy on what constitutes a clinical population. Thus, appropriate norms for specific forensic populations would be necessary in increasing the validity of the tool within these settings.

Alternatively, a new measure which more readily integrates the literature on the dynamic nature and the different use of fantasy may be more appropriate. Attempts to emulate and integrate the strengths of the MCMI-III into a measure of fantasy are advocated. In particular, inclusion of 'modifying incidences' or something similar may have a significant benefit in augmenting the validity of the tool's interpretative value, especially in regards to concepts such as social desirability, disclosure and denial. Furthermore, synthesis of personality and more transient states into the fantasy phenomenon, in terms of mental models, proclivity and function of fantasy, may work to somewhat increase a practitioners ability to incorporate findings more readily into an offender's overall risk profile. In order to evaluate fantasy it is essential to place the construct in the wider context of existing literature and theoretical knowledge (Komarzynska, 2013). Accordingly, it seems of particular importance that sexual fantasy is examined in regards to stimulating a deviant self-identity, reduction of behavioural inhibition and as a coping mechanism (Carabellese et al., 2011). Hence, specific tools used to measure fantasy would gain more validity if they demonstrated cohesion to the available and more contemporary literature base, also generating appropriate norms.

Chapter five

The fifth chapter utilised both quantitative and qualitative methods to investigate the nature /structure of fantasy and personality correlates. An anonymous electronic questionnaire

(containing several psychometric questionnaires e.g. IPIP-50, WSFQ, CEQ and two free response questions) was presented online for a period of 12 weeks. Overall, 259 males participated in the study (age, *M*= 26.6, *SD* = 8.1). All participant's reported Western nationalities (58.2% North American, 15.8 % British, 15.8 % European, 10% Australian).

Key findings were as follows:

- Fantasy Proneness: A significant positive relationship between fantasy proneness (creative experiences questionnaire score; CEQ), overall sexual fantasy score (Wilson sex fantasy questionnaire; SFQ) and the intellect/imagination personality trait (IPIP-50 Big-Five personality factor markers). Individuals that reported no variation in complexity or intensity of fantasy experience scored significantly higher on the conscientiousness personality scale. A relationship was found between agreeableness and overall fantasy score on both WSFQ and CEQ.
- Fantasy Themes: Emotional stability (IPIP-50) was related to sadomasochistic fantasy themes (WSFQ). Extraversion and agreeableness (IPIP-50) were both significant predictors of intimate fantasy score within the WSFQ. Emotional stability (IPIP-50) was a significant predictor in the intimate fantasy theme (WSFQ).
- Behavioural Expression: A positive relationship was found between behavioural expressions of fantasy (WSFQ, self-report of behaviour expression) and extraversion (IPIP-50).
- Vividness (as explored by qualitative analysis): The length of time spent attending to fantasy experiences was an underlying feature of creating more complex and intense fantasies. Individuals that reported variation in complexity or intensity of fantasy scored significantly higher on the intellect/imagination personality scale.

This study may give some insight into the overlap between underlying pathology (e.g. aspects of personality composition) and, cognitive processes. Intellect/imagination, as a personality trait, being linked to fantasy proneness is an interesting concept. Previous researchers have considered that intelligence may influence an individual's ability to generate fantasy experiences (Sahota & Chesterman, 1998). However, overlapping markers in empathy and intelligence could account for (as suggested in chapter five), and mediate, this relationship (Lauterbach & Hosser, 2007). For example: considering alternative perspectives and reciprocity. The notion of control and how it manifests, and potentially disintegrates, within

personality traits may also be valuable. Theoretically, if agreeableness is seen as a form of effortful control of temperament, is fantasy a form of cognitive control? If so, how does this concept relate to intrusive fantasy experiences and high risk situations? This seems to link with the idea of sexual preoccupation, which is also a known risk increasing factor for sexual offenders (Hanson & Morton-Bourgon, 2005; Ward, 2000; Ward et al, 2006).

Due to the suggested association between fantasy and coping, the question arises about whether fantasy can be considered a protective factor for some offenders? Although fantasy can be a useful coping mechanism (Curnoe & Langevin, 2004, Gee et al, 2003; Leitenberg & Henning, 1995) at some point it may not be enough to satiate unmet needs. Markers of extraversion (including overlapping personality traits) and fantasy enactment may also be a useful avenue of research. Within this, the relationship between personality traits and the generation of more vivid and/or compelling fantasies may offer insight into why fantasy is transformed into behaviour. It may be useful to have some type of structure to incrementally categorise the intensity/intrusiveness of fantasy to incorporate into risk assessments and scenario planning of high risk situations. Habituation is a relevant concept, in that the familiarisation with certain fantasy themes may cause them to become more accepted (Deu & Edelmann; Gee, Devilly & Ward, 2004; Gee, Ward & Eccleston, 2003; Ward & Hudson, 2000; Ward, Hudson & Keenan, 1998; Ward, Polaschek & Beech, 2006; Wilson & Jones, 2008). Furthermore, it is suggested that fantasy generation is a skill, and in this regard, the more involvement an individual has with their internal world then the more adept a person will be at generating complex fantasy experiences and, in turn, the more enmeshed fantasy and reality can become. Accordingly, strengthening an individual's grasp on reality may be a useful consideration (Curnoe & Langevin, 2002).

Limitations

The current thesis is embedded within limitations that influence the interpretations of the main findings. Each of the chapters specific limitations have been discussed throughout the thesis, being enmeshed within the research strategies utilised and the specific phenomenon investigated. For instance, chapter three (utilising a case study design) and chapter five (utilising a qualitative design on a non-offending population) are somewhat limited by the generalisability and transferability of the results within different contexts, due to the research strategies adopted. The unifying limitation of the thesis is threefold, and relates to the broad range of topics explored within each chapter which make it difficult to integrate findings in a

meaningful manner. Firstly, the topics, considered in unison, are a relatively unexplored avenue of prior research. Consequently, the largely unexplored intersections between these diverse topics suggest that the results should be considered with caution. However, to add integrity to the suppositions made within the thesis, all findings are augmented within contemporary theoretical perspectives in a theory knitting process.

Secondly, fantasy is an ill-defined and relatively unknown phenomenon. The difficulty lies with the intangible and individualistic nature of fantasy, being tied to concepts such as perception, imagination, creativity and an individual's tendency to retreat into their internal world (Lynn & Rhue, 1988; Rhue, & Lynn, 1987). As such, interpretation of fantasy components are hindered by what researchers, and participants, constitute as relevant fantasy, in the context of a risk related paradigm. Fantasy is acknowledged as a highly personal and sensitive topic. Accordingly, investigation into the topic is impacted by the logistical and ethical constraints, social desirability, variable disclosure levels, self-deception and, discrepancies between idiosyncratic reports and reality (Gellerman & Suddath, 2005; Vanhoeck, Van Daele, & Gykiere, 2011).

Thirdly, personality is a highly complex phenomenon (discussed in chapter four) with variant perspectives on development e.g. continuous or categorical models of personality. Millon's conceptualisation of personality is adopted. This model stipulates that personality is based on cognition, object representation, self-regulation and interpersonal conduct (Millon, 2006); being shaped by reinforcement and survival aims as an active or passive method of coping (Millon, 1990, 1996; Millon & Grossman, 2006). However, the multifaceted nature of personality traits, self-representation, personality constellations and the relationship to clinical syndromes, make it difficult to discern the reason why some traits are associated with sexual fantasy. Accordingly, the author recommends further research into the configuration of fantasy and personality markers to either substantiate or refute inferences made about the personality trait and fantasy associations (chapter five discussion).

Recommendations and implications

Definition and categorisation of fantasy is considered paramount in advancing understanding of the complexity of fantasy within the context of deviant behaviour (chapter one, two). At present the definition of 'deviant' fantasy includes ambiguous, inclusive and overlapping

concepts (Bartels & Gannon, 2011). This can lead to misinterpretation of the outcomes, and the context in which the relevance of fantasy, within forensic populations should be placed (chapter two). It is felt that this 'fuzzy' concept should be defined according to degree as opposed to absolute conditions. This is particularly relevant when considering the potential paradoxical impact the label of DSF could have on an individual. For instance, labelling certain fantasies as 'deviant' could both elicit and trigger negative affect in an individual, having implications on relapse prevention. Offence related fantasy is a term favoured by the current author.

The construct of fantasy is made further indistinct when considering that pornography can be used as a substitute, or to fuel fantasy during times of 'cognitive load' (chapter three, five; Gee et al, 2006). The relevance of fantasy cannot be considered in isolation and relies on the interplay between static (e.g. personality) and dynamic (e.g. more transient clinical difficulties) risk factors (chapter three; Ward & Beech, 2004). Therefore, caution should be taken when considering sexual fantasy as a single risk factor (Vanhoeck, Van Daele, & Gykiere, 2011). The nature of an individual's fantasy life may indicate the necessity of further assessment to determine potential escalation and manifestation of fantasy as a precursor to deviant behaviour (Baker & White, 2002). This is particularly useful in formulation and scenario planning within a rehabilitation setting (chapter three). Despite this, it is important to remember that disclosing fantasies is a difficult and exposing process for individuals, that is only relevant in treatment when a functional link (direct or indirect) to offending behaviour can be found (Vanhoeck, Van Daele, & Gykiere, 2011; also see hypothesised offence chain diagrams in chapter two; figure 2.3).

Within Bartels and Gannon's (2011) theoretical paradigm of HRSF, a tiered definition of fantasy is recommended with attempts to quantify and gather baseline information regarding frequency, intensity, level of intrusiveness or absorption, vividness, depth, complexity and whether this bears any relevance to an individual's risk (chapter five). In order for this to be effective, normative scores need to be generated for fantasy scales over a wide range of populations, in relation to both, content, function and level of scrutiny (chapter four, five; Langevin, Reuben & Curnoe, 1998). This is particularly relevant when attempting to delineate the relationship between fantasy and various psychological processes; also having potential implications on what factors to focus on within treatment (Bartels & Gannon, 2011; Gee, Ward, Belofastov & Beech, 2006; Hicks & Leitenberg, 2001; Wilson, 1978). Content of fantasy is an

area that would benefit from greater exploration, specifically in regards to fantasy themes and how this can be embedded into contemporary empirical and a theoretical literature base of sexual offending behaviour e.g. dominance, submission, romance and overcompensation. It is vital that measures of sexual fantasy evolve and reflect the zeitgeist of sexuality (chapter two). Exploration into these areas would facilitate the ability to make assertions on the significance and functional link between fantasy and deviant behaviour.

The notion that fantasies prime self-other associations (reflective of internal mental models and personality traits) suggests that an indirect measure of fantasy may be applicable (chapter five; Gee et al., 2003; Carabellese, Maniglio, Greco, & Catanesi, 2011). Specifically, self-representation and an individual's role in fantasy may be an important consideration. Bartels (2013) suggested that indirect measures could detect individuals that habitually use 'high risk' fantasy regardless of aberrant sexual preference. This could counteract the problems associated with measuring fantasy (e.g. impression management, denial, deception; chapter two). Chapter five highlighted the benefit of utilising a free response strategy which facilitates the attainment of rich qualitative data pertaining to individual narrative, thoughts and feelings, without such rigid constraints of a checklist or 'question-frame' (Craissati, 1998; Scott, Rajakaruna & Sheridan, 2013). This has significant research and clinical implications in regards to the best way to assess sexual fantasy, especially when considering the potential validity of indirect measures and cognitively 'mapping' fantasy (Bartels, 2013; Gee et al., 2003). Thus, a sexual fantasy measure could incorporate a framework that facilitates descriptive information but offers a clear structure that allows swift classification of this descriptive information. Therefore, incorporating the concept of fantasy into overall cognitive impressions could open new avenues of exploration and implications for intervention (chapter three). For example, cognitive restructuring and acceptance commitment therapy (ACT) as an intervention technique for fantasy may be a useful avenue of research (Bartels, 2013; chapter five).

Control (and disintegration of), coping and cognitive capabilities are implicated as important concepts for fantasy prone individuals (chapter five). These overarching concepts, when combined with habituation and reinforcement processes, may offer a hypothesis to why fantasy (especially those considered offence related) are enacted in reality (also see diagram 2.2 in chapter two). Focus on management of fantasies of aggression or dominance may not be effective, due to more enduring personality organisation (see chapter five for discussion on personality theory and consequent assessment). In this way, the fantasy is seen as a symptom

rather than the cause. In addition to the idea that some individuals are predisposed to using fantasy as a coping mechanism, it is suggested that fantasy generation is a skill. In this way, the more involvement an individual has with their internal world then the more adept they will become at generating complex and immersive fantasy experiences (chapter five). This raises an important question: at what point do these experiences fail to satiate the fantasiser's needs? Seemingly irrelevant decisions and high risk situations are suggested to play a core feature in behavioural expression of offence related fantasies. Strengthening an individual's grasp on reality may be a useful consideration (Curnoe & Langevin, 2002). This process may require a lot of cognitive effort and it would be difficult for a practitioner to monitor the use and effectiveness of these techniques. Despite this, introducing grounding techniques, augmented by enhancing empathic connection to real life consequences, could be a useful treatment focus in sexual offenders (chapter five).

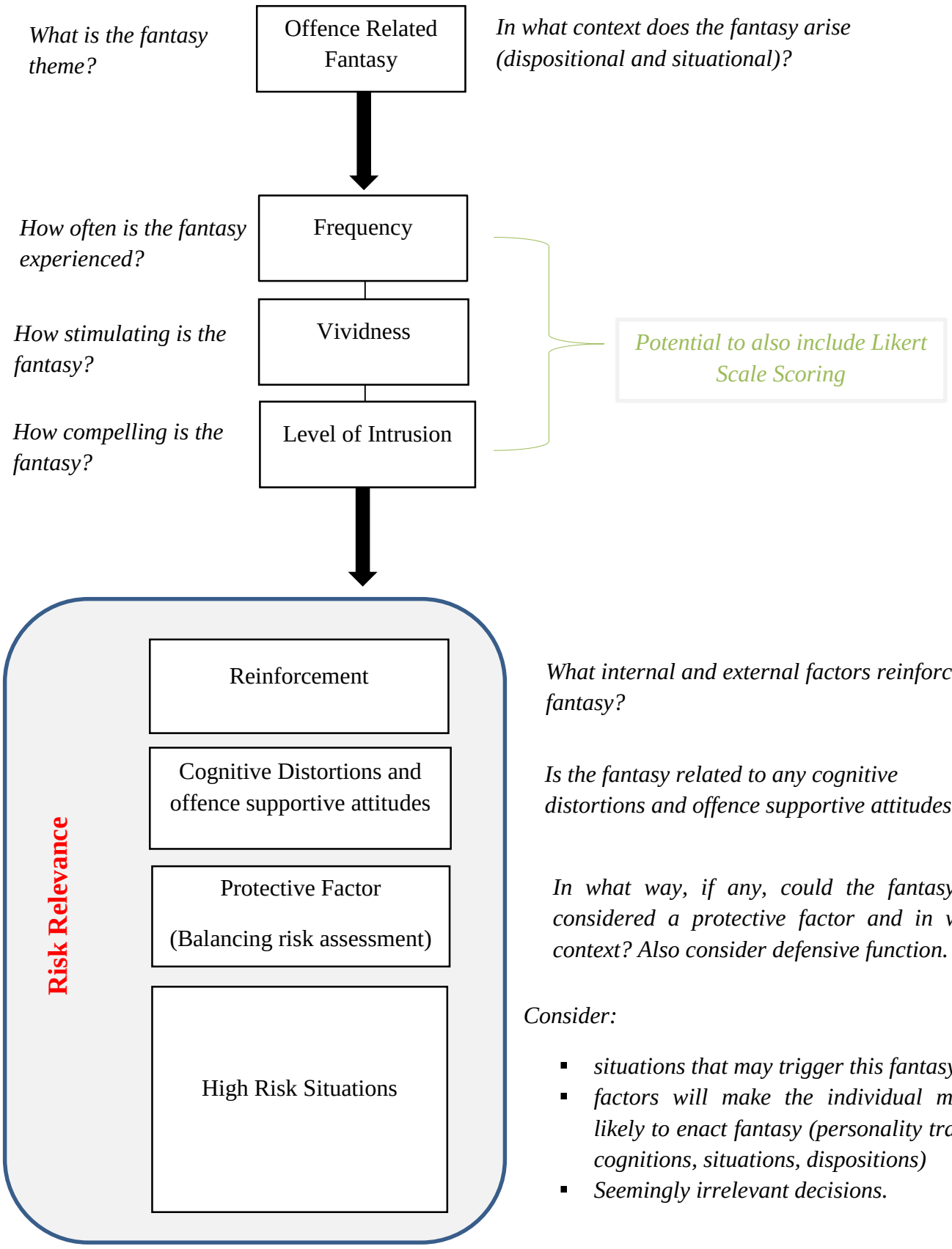
The dynamic nature of fantasy is something that seems to being tied to an individual's needs and circumstance (chapter two, five; Jones & Wilson, 2008; Gee, Devilly, & Ward, 2004; Gee, Ward & Eccleston, 2003; Wilson & Jones, 2008). This would aid an understanding into the advancing nature of sexual fantasy and their function through an offence cycle (chapter two, chapter five). Gee, Devilly and Ward (2004) highlighted the benefits of sexual fantasy measures that could clarify the chronological link between the content of sexual fantasy, incorporating the concept of relapse. Consequently, an argument is presented on the benefit of augmenting the construct of fantasy with elements of the pathways, self-regulation and relapse prevention model (Wilson & Jones, 2008; Ward, Hudson & Keenan 1998; Ward & Hudson, 1998; Ward & Siegert, 2002). However, further empirical evidence (e.g. longitudinal studies) to explore this supposition, also accounting for more static variables (e.g. childhood experiences, personality), is of vital importance. Therefore, studies exploring the temporal ordering of fantasy function would be of benefit (chapter two). In order do to this successfully, efforts need to be made to generate a measure that encompasses the dynamic nature of sexual fantasy, specifically in relation to the offence pathway; level of intrusiveness and varying function (chapter five). Figure 6.1 is particularly useful as it offers a hypothesis on how sexual fantasy is experienced and understood, which can be tentatively incorporated within established models of risk and recidivism. Endeavours to improve the scope of the current sexual fantasy psychometrics will only work to improve the quality of research efforts and how the notion of fantasy is understood within a forensic context.

To capture the complexity of fantasy a screening tool could be devised that can assess fantasies in a standardised way, to indicate certain tendencies/proclivities and give indication to the interplay between criminogenic and potential clinical factors (see figure 6.2 overleaf). The strength of this screening tool would be in its simplicity to direct clinical interviews and further assessments by providing an organising template on how fantasies can be implicated in an offender's vulnerabilities and risk (Carabellese et al., 2011; Vanhoeck et al., 2011). This could also be useful in allocating a tiered or hierarchal definition of offence related SF. A combination of figure 2.3 (elicited from the systematic review, chapter two) and figure 5.1 (chapter five) could offer a more in-depth assessment by incorporating and formulating the developmental and dynamic nature of offence related SF (with inferences on indirect measures of assessment). A requirement for correctional services, such as the probation service, is that treatment is psychologically informed (Andrews & Bonta, 2010). Hence, this model could inform service provision by offering guidance on relevant training areas from staff and, may facilitate practice by managing the development of assessment protocols in services that may not readily have access to formal psychometric measures. Additionally, these models can act as a theoretical framework to guide future research. Thus, future studies can either provide support, or refute aspects of the model and recommend ways to alter current ideas.

Conclusion

This thesis has attempted to draw attention to novel and relatively unknown avenues of exploration, with the aim to consider the intersection between seemingly distinct topics and provide a platform for future research endeavours. The results of the chapters supplement the accumulating body of knowledge in these distinct areas, whilst also attempting to consider the interplay between each construct. In summation, the present thesis has outlined and detailed a variety of unique and interesting findings which highlight the elusive and heterogeneous nature of fantasy (Bartels & Gannon, 2011; Gee, Ward, & Eccleston, 2003). A link is suggested between fantasy, enduring mental models and, personality organisation (Gellerman & Suddath, 2005). Specifically, attention is drawn to the implications of fantasy as implicit characterisations of 'self-other' representations. This suggests that although fantasy is considered a central role in SOTP, current management strategies may be ineffective (Vanhoeck, Van Daele, & Gykiere, 2011). This may offer insight into examining risk

Figure 6.2: Proposed screening tool to determine risk relevance of sexual fantasy in sexual offenders



(incorporating a pro-social perspective on offence supportive attitudes to appropriately balance risk assessments), deducing high risk situations and recidivism, in some sexual offenders (Leitenberg & Henning, 1995 (Hanson & Morton-Bourgon, 2005; Howitt, 2004; Ward, 2000; Ward et al, 2006). Hence, the importance and utility of implementing person-orientated assessment and treatment strategies is advocated (Vanhoeck, Van Daele, & Gykiere, 2011). Implications of this research could also help inform clinical assessment and formulations of relevant intervention strategies.

Despite this, there are many unanswered questions which relate to fantasy definition, prevalence, and theoretical insight (Bartels & Gannon, 2011). It is apparent, that research in this area will benefit from an agreement on the fantasy phenomenon and a standardised and more competent tool, which measures both the cognitive facets and forensic relevance of fantasy in line with contemporary literature. Attention to individual differences, including the evolution of fantasy reliance and function, may also be risk relevant and assist in formulating the problems and treatment planning (Andrews & Bonta, 2006). As it stands, fantasy is largely considered in a narrow way, with emphasis being placed on content, rather than function and the link to internal mental models. This is problematic and is considered reductionist in its approach (e.g. being considered as a single risk factor), potentially producing misleading research findings (Wilson & Jones, 2008). Thus, in order to produce a more refined conceptualisation of fantasy, it may be more apt to consider fantasy within a wider array of development factors, contextual determinants (including vividness/level of scrutiny) and individual differences. The interrelation between these factors will offer a more holistic perspective of how fantasies operate and effect proclivity to offending behaviour (Bartels & Gannon, 2011; Toates, 2009).

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APPENDICES

Appendix A: Syntax of Electronic Database Searches: Medline, ProQuest, PsychInfo, Science Direct & Web of Science

1. Sexual offen*
2. Sexual abuse
3. P?edophil*
4. Sexual sadis*
5. Rape or Rapist
6. Deviant sexual behaviour
7. Paraphili*
8. Sex* fantas*
9. Deviant sexual fantas*
10. Paraphilic fantas*
11. Mental sexual script
12. Daydream
13. 1 or 2 or 3 or 4 or 5 or 6
14. 7 or 8 or 9 or 10 or 11 or 12
15. 13 and 14

Appendix B: Syntax of Electronic Database Searches: SAGE Journals, British Library Cambridge Journals, OpenGrey and BASE.

1. Sexual offence or sexual offending
2. Sexual abuse
3. Paedophilia or Pedophilia or Paedophile or Pedophile
4. Sexual sadism or Sexual sadist
5. Rape or Rapist
6. Deviant sexual behaviour
7. Paraphilia or paraphiliac
8. Sexual fantasy or sexual fantasies
9. Deviant sexual fantasy or Deviant sexual fantasies
10. Paraphillic fantasy or Paraphillic fantasies
11. Mental sexual script
12. Daydream
13. 1 or 2 or 3 or 4 or 5 or 6
14. 7 or 8 or 9 or 10 or 11 or 12
15. 13 and 14

Appendix C: Critical Appraisal for case control studies

QUALITY ASSESSMENT CRITERIA 1

✓ Case Control Studies

QUESTION	Y	P	N	N/A	?	COMMENTS
Were case definitions defined appropriately?						
Sampling and Selection bias						
Was the case definition of sexual fantasies adequate?						
Were the definitions of controls adequate?						
Was the study sample representative of exposed cohort (sexual offender groups)?						
Was the exposed and non-exposed control derived from the same population?						
If appropriate, was sampling bias addressed in the statistical analysis?						
Were both groups comparable at baseline (age, gender, SES and ethnicity)?						
Were both groups comparable in confounding variables?						
Were confounding variables acknowledged and where possible controlled for?						
Were there attempts in the design/analysis to balance comparison groups?						
Did the study use a large enough sample size for sufficient power?						
Performance bias						
Were the researches appropriately qualified to ensure the integrity of the study?						

Were psychometrics and/or questionnaires administered with consistency between cases and controls and across cases and controls?						
Was social desirability responding accounted for?						
Detection bias						
Was there a clear ascertainment of exposure (DSF)?						
Did the study have a precise definition of outcome?						
Were valid and reliable methods used to determine the sexual offending?						
Were the measurements for DSF objective and standardised (psychometric/questionnaires)?						
Was the DSF assessed the same way across groups?						
Was the assessment instrument(s) comparable to those used in other studies?						
Were mediating factors accounted for?						
Attrition bias						
Were the dropout rates and reasons for drop outs similar within the sample of participants?						
Were the groups comparable in completion (no systematic difference between groups of those who did not complete treatment)?						
Were the groups comparable with respect to the availability of outcome data?						
Were there statistical attempts to deal with missing data?						
Is there any evidence that the authors have accounted for potential confounding factors?						
Statistics						
Was the statistical analysis appropriate?						

Appendix D: Critical Appraisal for cross sectional studies

QUALITY ASSESSMENT CRITERIA 2

✓ Cross Sectional Studies

QUESTION	Y	P	N	N/A	?	COMMENTS
Were case definitions defined appropriately?						
Selection bias						
Was the case definition of sexual fantasies adequate?						
Was the study sample representative of exposed cohort (sexual offender groups)?						
If appropriate, was sampling bias addressed in the statistical analysis?						
Were cross-sectional comparisons similar at baseline (age, gender, SES and ethnicity)?						
Were groups comparable in confounding variables?						
Were any confounding variables acknowledged and where possible controlled for?						
Were there attempts in the design/analysis to balance comparison groups?						
Did the study use a large enough sample size for sufficient power?						
Performance bias						
Were the researches appropriately qualified to ensure the integrity of the study?						
Was social desirability responding accounted for?						
Detection bias						
Was there a clear ascertainment of exposure?						

Did the study have a precise definition of outcome?						
Were valid and reliable methods used to determine the sexual offending						
Were the measurements for DSF objective and standardised?						
Was the assessment instrument(s) comparable to those used in other studies?						
Were any mediating factors accounted for?						
Attrition bias						
Were those individuals who participated, the same as those who did not?						
Were the groups comparable with respect to the availability of outcome data?						
Were there statistical attempts to deal with missing data?						
Statistics						
Was the statistical analysis appropriate?						

Appendix E: Data Extraction Form

DATA EXTRACTION FORM

GENERAL INFORMATION

Date of Extraction: _____
Author: _____
Reference Manager ID: _____
Identification of Reviewer: _____

Notes:

RE-VERIFICATION OF STUDY ELIGIBILITY

(circle appropriate response)

Population:	YES	NO	?
Exposure:	YES	NO	?
Comparator:	YES	NO	?

Outcomes:

▪ Sexual offence recorded by official documents	YES	NO	?
▪ Self-reported sexual offences	YES	NO	?
▪ Self-reported deviant sexual behaviour	YES	NO	?
▪ Pre-occupation of high risk fantasies impacting daily life	YES	NO	?
▪ Behavioural extension productions of fantasy	YES	NO	?

STUDY DESIGN: _____

POPULATION CHARACTERISTICS

Target Population:
Recruitment Procedures:

Baseline Characteristics of Participants

Number of participants enrolled _____
Number of participants completed (Response Rate %) _____
Age _____
Ethnicity _____
Social Economic Status _____
Marital Status _____
Other _____

EXPOSURE

How was the presence of deviant fantasies measured?

What mediating variables were investigated (if any) and how?

OUTCOMES

1. What was measured at baseline?

2. Who carried out the measurement? Was the assessor blinded?

3. What was the measurement tool?

4. Was/were the tool(s) validated? If so, how?

5. How was the validity of self-reported behaviour maximised?

6. No. of participants experiencing outcomes and to what extent?

7. What were the drop-out rates (plus proportion of those who did not agree to participate, if possible) and reasons for drop-out?

Notes:

ANALYSIS AND SUMMARY

1. What Statistics were used?	
2. Do the statistics adjust for confounding variables? If yes, how?	
3. Was missing data dealt with appropriately?	

4. What were the rates of adverse outcomes?	
5. Overall study quality (Good/ Fair/Poor)	
6. Number of 'unclear' quality assessment items	
7. Notes	

Appendix F: Case-Control Study Quality Assessment Scores

Author(s)	Selection (10)*	Performance (3)*	Detection (7)*	Attrition (5)*	Risk of Bias	Rating
Baumgartner, Scalora and Huss (2002)	9	3	7	4	No	Good
Langevin , Reuben and Curnoe (1998)	8	3	7	3	No	Good
Looman (1995)	7	3	7	2	Yes (Selection)	Fair
Skovran, Huss and Scalora (2010)	9	3	7	4	No	Good

*total number of criterion.

** ‘good’ (study fulfils all criterion), ‘fair’ (between one and three criterion is not fulfilled, but the study has no limitations that may invalidate the findings).

Appendix G: Cross-sectional Study Quality Assessment Scores

Author(s)	Selection (8)*	Performance (2)*	Detection (6)*	Attrition (3)*	Risk of Bias	Rating**
Beauregard, Lussier and Proulx (2004)	7	1	6	2	Yes (Attrition)	Fair
Curnoe and Langevin (2002)	8	2	6	2	No	Good
Dandescu and Wolfe (2003)	5	2	6	2	Yes (Selection)	Fair
Lussier , Proulx and McKibben (2001)	6	2	6	2	No	Fair
McKibben, Proulx and Lusignan (1994)	7	2	6	2	No	Fair
McKibben, Proulx and Lussier (2001)	6	2	6	2	No	Fair
Proulx, McKibben and Lusignan (1996)	7	2	6	2	Yes (Attrition)	Fair
Proulx, Perreault and Ouimet (1999)	5	2	6	2	Yes (Selection)	Fair
Schaefer et al (2010)	7	2	3	3	Yes (Detection)	Fair
Sheldon and Howitt (2008)	7	1	6	2	Yes (Performance)	Fair
Woodworth et al (2013)	7	2	6	3	No	Good

total number of criterion.

* ‘good’ (study fulfils all criterion), ‘fair’ (between one and three criterion is not fulfilled, but the study has no limitations that may invalidate the findings).

Appendix H: Case Study General Information and Reflection

GENERAL INFORMATION

Service

The National Probation Service is a statutory Criminal Justice Service, within England and Wales. The purpose of the Probation service is to supervise, manage and provide rehabilitation services to offenders within the community. The service employs a range of professionals with different expertise and responsibilities. These can include senior offender managers, offender managers, probation service officers, group facilitators (including specific therapy trained practitioners), community nurse practitioners and psychologists. Overall offender managers take responsibility for an offender within their case load, collaborating with other internal practitioners for more specialised consultation and/or interventions. Additionally, the Probation service regularly collaborates with other major correctional and clinical services. These services include: the Police, Prison service, Multi Agency Public Protection Agency (MAPPA), Increasing Access to Psychological Intervention (IAPT) and Forensic Mental Health Services.

My Role

Within the probation service I worked specifically with the programmes team to provide specialised 1:1 assessment and treatment interventions to individuals, utilising psychological principals.

The Internet Sex Offender Treatment Programme (i-SOTP: Middleton, 2006, 2008)

The i-SOTP is an accredited treatment programme delivered within the probation service throughout England and Wales. The aim of the community based treatment programme is to reduce the likelihood of sexual re-offending behaviour, based on CBT principles. The programme comprises of 35 sessions delivered on a weekly basis with each session afforded a 2 hour time allocation. The programme has six modules, which include:

1) Motivation and Values
2) What needs did offending meet?
3) Victim Awareness
4) Emotional and Relationship Skills
5) Community, Collecting and Compulsivity
6) Relapse Prevention and New Life Plan

REFLECTION

ST's case proved to be complex with many variables ameliorating and contributing to his offending behaviour. Due to the abundance of clinical factors impacting ST's functioning, it could be difficult to remain responsive to his fluctuating needs, while also addressing criminogenic factors that were more likely to reduce his vulnerability to offending behaviour. His entrenched beliefs regarding self and others could incite feelings of frustration within me and other professionals. Consequently it was an on-going effort to retain a sense of empathy for ST (empathy, warmth, openness and being genuine are often cited as vital components of a successful therapeutic relationship, and consequently optimum characteristics/conditions to facilitate change). Retaining empathy and emanating warmth was difficult on not only a personal level and when communicating this to other professionals. To facilitate this process, it was vital to continually refer to the literature regarding responsivity issues and the empirical basis linking cognitive distortions and subsequent risk.

Due to my emphasis and active effort to experience empathy for ST I had to be aware for the potential of vicarious traumatisation. Hence, it was vital to be attentive to transference/countertransference issues and, continually employ coping strategies to prevent burn-out and maintain a positive wellbeing. Of particular relevant was my tendency to polarize ST in terms of victim versus offender. This seemed to be a compensation of ST's dogmatic perception and internalisation of a 'victim' role. However an unintentional consequence of trying to add balance to his perspective could also render me vulnerable to dismissing the 'victim' component of his self-identity in regards to his difficulties. This circular enactment seemed to be a component of his relationships with other professionals i.e. his focus on his victim role fuelled professionals perceptions of his offender (risk) role and vice versa.

My ability to retain openness was also somewhat hindered by other professional's particularly emotive worries regarding ST's risk and subsequent tendency to create barriers between their perception of his risk and what they communicated to him. Thus, although some concealment can be necessary within forensic clients to prevent elevation of risk I found that in this case this concealment was arbitrary and fuelled more out of misunderstandings (relevant to ST's clinical features) rather than an empirical basis of risk and sexual re-offending behaviour. Consequently it was difficult to negotiate, and communicate my alternative formulation of ST's risk. Another challenge I contended with was falling into the trap of acting out 'traditional' role of a woman. There was a pressure of being the voice of all women in response to ST's negative attitudes towards women. This was something which ST seemed to encourage during sessions with a desire to create a more argumentative dynamic in which he could present all this research reinforcing his negative attitudes. This made it difficult to utilise the CBT technique of challenging negative thoughts without creating a destructive 'men versus women dynamic'.

Appendix I: Consent Form, ST

CONSENT FORM

My name is Sade Sowemimo (hereafter referred to as "the trainee") and I am completing my doctorate in Forensic Psychology. I will be on Placement at the Probation Service for 6 months. During this time I have to complete certain pieces of work, including a case study as part of the doctorate requirements.

The purpose of the case study is to assess and document the progress of an individual involved in a psychology treatment. The individual is selected for a number of reasons including: motivation to participate in the treatment and giving consent for their progress to be used for the purpose of the case study. The case study format is strictly for academic/research purposes. It has no bearing on an individual's participation on the programme or their involvement with the service and it would remain anonymous, with no names appearing on the case study.

The case study requires that some of the individual's background information (gathered from file information) is included, for example: age, sex, ethnicity, education and employment history, family background and offence history. All information will remain anonymous with no names appearing on the paperwork. Your participation in this case study is voluntary, however your involvement would be greatly appreciated.

Please read the following statements and **initial each box** if you agree with them:

1. I am involved in the Probation service, and agree to participate in a case study for the purposes of academic/research purposes (oral presentation and/or written report). ☐
2. I understand that the work will not contain any information that would reveal my personal identity e.g. my name or address; rather I will be referred to via a pseudonym or case number. ☐
3. I understand that the work will be checked by the trainee's supervisors to ensure that my anonymity and confidentiality have been safeguarded. ☐
4. I consent to the use of information regarding my background, taken from official records, for the purpose of the case study. ☐
5. I understand the work may be discussed in the trainee's supervision and personal development group or looked at by other trainees to help their learning. ☐
6. I understand that course work assignments (and material relating to these) are kept in securely locked premises and are not available for public access. ☐
7. I understand that I do not have to allow information about me to be used in this way. I can change my mind and refuse my consent at any stage and this will have no effect on the treatment offered to me. ☐

PARTICIPANT	**TRAINEE PSYCHOLOGIST**
Name:……	Name:……..
Signature:……	Signature:……
Date:……	Date:…… ..

Appendix J: Summary of Assessment techniques/Psychometric Measures

Millon Clinical Multiaxial Inventory-III (MCMI-III: Millon et al, 1997)

The MCMI-III is a 175 item true/false self-report tool that measures fourteen personality patterns and ten clinical syndromes which parallel the disorders identified within the DSM-IV (APA, 1994). Thus, the MCMI-III identifies pervasive personality characteristics underlying an individual's overt symptoms and, facilitates an integrated understanding between personality traits and clinical syndromes. ST specifically completed the MCMI-III in-order to offer insight to his personality traits in regards to the impact this would have on his information processing and subsequent thinking patterns, in the context of his offending behaviour. See table 5 for the table outlining his results.

Wilson Sexual Fantasy Questionnaire (WSFQ: Wilson, 1978)

The Wilson Sex Fantasy Questionnaire (WSFQ; Wilson, 1978) is a 40 item self-report measure of sexual fantasies. The items were compiled from a survey of scientific, clinical, and popular magazines (Wilson, 1978) and represent a range of sexual themes, "from the normal and innocuous to the deviant and potentially harmful" (Wilson, 1988, p. 49).The sexual fantasy items are categorized into four fantasy subtypes consisting of 10 items each. These subtypes include: 1) Exploratory(e.g. group sex, promiscuity, and mate-swapping), 2)Intimate(e.g., kissing passionately, oral sex, masturbation, and sex outdoors), 3) Impersonal(e.g., sex with strangers, watching other people engage in intimate behaviour, fetishism, and looking at obscene pictures) and 4) Sadomasochistic(e.g., whipping or spanking, being forced to have sex). The underlying four-factor structure has demonstrated consistency across multiple assessments among male subjects. Furthermore, the sum of all 40 items provides a total fantasy score that may be considered as an indication of "overall sex drive" (Wilson, 1988, p. 50).

Coping Inventory for Stressful Situations (CISS: Endler and Parker, 1990)

The CISS is a 48 item self-report questionnaire that measures three types of coping styles (Task-Orientated, Emotion-Orientated and Avoidance Coping) and two types of avoidance patterns: Distraction and Social Diversion. The CISS helps determine an individual's preferred coping style. This contributes to an overall understanding of the relationship between a person's coping style and his or her personality.

Goal Attainment Scaling (Kirusek and Sherman, 1968)

Goal attainment scaling was first introduced as a method to assess outcomes in method health settings. Since then GAS has been used as a therapeutic method to evaluate change for a range of difficulties. The current study applied the calculations outlined by Turner-Stokes (2009) to quantify the outcome of each weeks scoring.

Repertory grid (Jankowicz, 2004).

Repertory grid is an interviewing technique based a construct theory of personality. This method reveals relationships between, and patterns contained within specific facets. This method offers an understanding of an individual's constructs without prejudging the terms of reference.

Short Self-Esteem Questionnaire (Thornton, 2000)

The short self-esteem questionnaire is an eight item self-report measure for self-esteem. The short self-esteem scale

(1) Do you often wish you were someone else?*
(2) Do you like the sort of person you are?
(3) Do you often feel ashamed of yourself?*
(4) Do you understand yourself? Yes
(5) Do you think you can make a success of your life?
(6) Are things all mixed up in your life?*
(7) Are you pretty happy with the way you are? No
(8) Do you have a low opinion of yourself?*

Appendix K: ST's Index Offence Chain Analysis

	Days/months leading up to offence	**The day of the offence**	**During the Offence**	**Consequences:** *1. Immediately after* *2. Later that day*
Behaviour:	▪ Deliberately loitering at [detail omitted] to watch teenage girls. ▪ More frequently downloading videos rather than stills. ▪ Masturbating twice a week ▪ Sexual Preoccupation ▪ Imagining sexual scenarios with teenage girls	▪ Trying to arouse myself to masturbate ▪ High computer use generally and, more specifically ▪ Turn phone off ▪ Download etc. at odd hours e.g. morning.	▪ Organised: being prepared to put content into correct folder ▪ View content immediately ▪ Take out of shared folder ▪ Erectile stimulation.	1. Turn off downloading software and make sure there is no lingering trace. Re-name files so other users cannot find them. Delete recent items. 2. More likely to masturbate – use artificial vagina.
Thoughts:	▪ I want to see teenage girls naked (blurring of fantasy and reality) ▪ I want to go to Thailand to have sex with 'petite' adults. ▪ I am unable to be in an adult relationship ▪ I am a pervert.	▪ Police will not monitor my use at this kind of time. ▪ It is quicker to download content at this time. ▪ I cannot wait to see these images/videos ▪ 'Another one for the collection'	▪ I know this is illegal. ▪ I might get caught ▪ I could be humiliated and labelled later. ▪ I am going to have ... ▪ I'm going to see this. ▪ My file is getting big	1. The Police are coming. I should destroy the computer. 2. It is not illegal in some countries. I am not harming anyone physically.
Feelings:	▪ Inadequate ▪ Depressed ▪ Failure ▪ Naughty ▪ 'Creepy'	▪ Buzz – adrenaline. ▪ Excitement ▪ Guilt ▪ Higher sexual arousal.	▪ Guilt, Regret ▪ Fear ▪ Satisfaction (sexual) ▪ Excitement at '6' but could be higher if a bigger video. ▪ Anticipation	1. Paranoia, excitement reduces. 2. Guilt and shame, excitement returns.
Fantasies:	▪ Sight of bald vagina/sparse pubic hair. ▪ Small breasts ▪ Petite teens	▪ Sight of bald vagina/sparse pubic hair. ▪ Budding/small breasts Petite teens	▪ Imagine in more detail.	▪ Fantasising depicting under 18's.

Appendix L: ST's MCMI-III Profile

Scale	Score	Description
		Modifying Indices
Validity	0	Suggestive of true/accurate responses assigned by the individual.
Disclosure	84	The disclosure score suggests ST responded in an open and revealing manner.
Desirability	15	This score infers there are no issues in regards to defensive responding.
Debasement	91	The scale reflects the extent to which the individual is describing themselves in negative, pathological terms. In context with ST other scores, his responses may indicate a 'cry for help' resulting from acute psychological distress.
		Severe Personality Pathology
Schizotypal	103	Schizotypal personality patterns are characterised by scattered and disorganised thought processes with a tendency to experience depersonalisation, dissociation and detachment from others. Individuals with this personality pattern tend to be mistrustful and communicate poorly. Magical behaviour and rituals, peculiar behaviour, having little distinctions between fantasy and reality is also a feature of schizotypal.
Paranoid	80	This scale outlines a vigilant mistrust of others and an edgy defensiveness in anticipation of criticism and/or rejection. Individuals with this personality pattern are likely to perceive innocuous events as insults and attribute their shortcomings onto others.
		Clinical Personality Patterns
Avoidant	99	This scale describes individuals who live solitary and isolated lives, while possessing a desperate desire to be accepted and involved with other people. However, this desire is blocked by an intense fear of rejection.
Schizoid	99	Schizoid patients are characterised by their lack of desire and incapacity to experience depth in either their pleasure of pain. They tend to be apathetic, distant and asocial, possessing limited need for human affection and emotions. Thus, they function as passive observers, detached from the rewards or affections of human relationships.
Depressive	95	Enduring patterns of thoughts, attitudes and behaviours, and self-concepts related to depression. These may include traits such as pessimism, lack of joy and inability to experience pleasure.

Masochistic Self-Defeating	75	Masochistic (self-defeating) personality patterns present themselves as inferior, insecure, reluctant to accept pleasure and happiness and anything positive is expressed with little enthusiasm. Individuals with this personality pattern tend to be self-sacrificing within interpersonal relationships and ruminate on past failed relationships.
Negativistic Passive Aggressive	76	This scale describes that individuals will struggle between rewards offered by others and those desired for themselves. This struggle represents an inability to resolve conflicts. These conflicts will remain close to the individual's consciousness and intrude into everyday life. Their behaviour alternates between explosive anger and stubbornness followed by guilt/shame.
Dependant	74	A core component of this scale is feeling incapable and incompetent of functioning independently. Thus, individuals with this personality style will feel inadequate, insecure and have low self-esteem.
Severe Clinical Syndromes		
Major Depression	105	This scale represents the extent that the individual has difficulty with daily functioning. Psychological difficulties would include a sense of hopelessness, suicide ideation, pessimism, ruminating, and fear of the future.
Thought Disorder	101	High scores on this scale suggest that the individual has thoughts that are bizarre, disorganised and inconsistent. In addition, their behaviour might be regressed, secretive and incongruous, and they may be confused, withdrawn and disorientated.
Clinical Syndromes		
Dysthyhmia	104	This scale reflects sadness, pessimism, hopelessness and apathy, low self-esteem and guilt.
PTSD	100	Elevations on this scale suggest that the individual is likely to have experienced an intense life event that resulted in extreme fear, helplessness and arousal. It is likely that their reaction to this event has resulted in uncontrollable, recurrent images or emotions linked to the event.
Anxiety	95	High scores such as this indicate individuals complaining of tension, difficulty relaxing, indecisiveness and apprehension. Physiological symptoms may also be present such as headaches and nausea etc.
Somatoform	75	High scores reflect somatic complaints expressed in areas such as fatigue, generalised pain, vague complaints and preoccupation with health related difficulties. If individuals experience legitimate illness then this is likely that they will be preoccupied with, and possibly exaggerate their difficulties.

Appendix M: Repertory Grid, ST

Thoughts, Feelings and Attitudes towards people (including myself) and how they relate to each other within intimate relationships.

	Self Now	**Ideal Self**	**Self when offending**	**Alpha**	**Beta**	**Delta** *(forum)*	**Omega**	**Girls** *(13-17 yrs)*	**Self Now** *(18 yrs +)*	**Adult Women** *(18 yrs +)*	**Children (under** *(12 yrs-)*	
Sexually preoccupied *(ruminating about sex and what experiences you are missing out on)*												**Not having sex on your mind**
Confident, outgoing, able to talk to other												**Low self-esteem, self-conscious so less able to talk to other people**
Able to 'brush' negative comments off												**Take negative comments personally and ruminate about them** *(does not cope well).*
Desirable *(being physically appealing to the opposite sex)*												**Undesirable** *(unappealing physical characteristics in terms of weight, face, hormonal profiles)*
Sit around all day, no goals but do not see any better options												**Motivated, provide for themselves, have a purpose and routine.**
Sexually active (proactive)												**Not sexually active**
Feeling frustrated as they never get what they want, low mood												**Always getting what they want, positive mood**
Good knowledge of the world, clever												**Ignorant, ignore information, take less risks**

Honest about sexual desires												**Dishonest about sexual desires and superficial**
Have a desirable lifestyle, position (rank) in society e.g. good employment												**Unemployed, low rank in society**
Boring, interested in solitary activities												**Interested in more sociable activities**
Entitlement to sex												**Not feeling entitled or acceptance that desires will not be met**
Feel jealous of others, frequently compare oneself to others												**High focus on attaining own desires.**
Lack of sexual experience, naivety												**Controlling and sexually proactive.**
Judgemental of others												**Not judgemental of others**
Abusive to others, superficial												**Kind, friendly, not superficial**
Dominant, bossy												**More passive, laid back, Unassertive.**
Easily controlled by others												**Not easily controlled by others**

Appendix N: Summary of ST's sessions

*ST Kept a mood diary log thought the sessions (this involved reference to mood, introspective thoughts, behaviours and risk)

Session 1: (60minutes)

Theme: Orientation to Intervention e.g. building rapport, Therapeutic contact

We discussed the parameters of the sessions, approximately 60-90 minutes weekly. We will review sessions after 8 weeks. ST described his current difficulties and his view of women. He stated that he utilises the internet excessively due to a lack of social life (and disclosed he had been on the internet all morning prior to meeting me). ST described, previously, creating fake profiles of women and men at varying levels of attractiveness to confirm his view that women go for the "alpha" and can always find a man. ST minimised his offending in regards to his age of preference, stating he was not attracted to preadolescent children. In regards to his risk, ST stated that he was a low risk of reoffending (in terms of internet child pornography) and at no risk of contact offending. ST presented as talkative in the session. He seemed to be relatively comfortable, which he verbally confirmed and stated that stated that he would benefit from addressing these issues. ST was informed of the potential research aspect of our sessions (case study). This is something he was left to consider.

Session 2:

Theme: Clinical Interview, Therapeutic Contract, Psychometric Administration

ST spoke in detail about his views on women. He described men's motivation for relationships to be predominantly based on the physical aspect. He described men as sexual predators. Whereas with women, he descried the importance of status in terms of having a similar, if not more superior, education, occupation and intellect. We briefly discussed the notion of healthy relationships and, in general what ST thought the core aspects should be. ST spoke about his 'research' supporting a woman's tendency to go for alphas. ST recalled that on one of the forums he visited whereby a member posted a video of a cheating woman being beheaded, which was met with positive remarks from other group members. In regards to his sexual preference for adolescent females ST stated that he felt this was because he wanted to recapture his "teens" and the experiences he had missed out on. He described younger females being inexperienced, naive, less shallow and less "picky"- in contrast to his description of adult females.

Session 3:

Theme: Clinical Interview, Psychometric Administration

We spoke about ST's current situation, his predominant concerns and what caused him to be where he is today. He spoke about his index offence, subsequent criminal record, inability to work with children and the impact this has had on his motivation (goal setting), self-esteem; also generating feelings of shame. ST also spoke about the difficulties within his family after his conviction- stating that it can still be difficult at times. In regards to the antecedents to the situation he finds himself in, he described a preference for "teens", lack of dating opportunities, Aspergers syndrome, his experiences within childhood making him feel excluded, "giving up"

and his own behaviour. ST minimised his offending describing how he had not collected that many images when considering the length of time the behaviour took place, stating "some people collect Millons of images in that time".

ST completed the MCMI-III psychometric questionnaire. In regards to therapeutic contract, we spoke about the benefit of deciding tangible goals that ST wanted to achieve by the end of the brief intervention. As homework I asked ST to keep a log of certain behaviours/thoughts for instance: time spent on forums about dating and women, time spending designing and conducting experiments about dating and rumination about his flaws etc.

Session: DNA

ST called the office and stated that he could not attend as he had an upset stomach.

Session: DNA

No response.

Session: DNA

Miscommunication

Session 4:

Theme: Repertory grid

ST stated that he had not completed the log I previously asked but again described how he was spending less time on forums. ST stated that he had been banned by moderators from a few forums, due to his gender and racially biased comments, in the context of spreading the "truth" of dating and what characteristics are appealing to women. I asked why ST felt the need to impose these beliefs on others, especially when others were resistant to his perspective. ST stated that it was the truth and referenced others that try to do the same as him. ST said that knowing this information made him "feel clever". Although this was acknowledged and validated, we spoke about how this focus on negative thoughts can also perpetuate his low mood and negative feelings, to which ST agreed. ST also stated that when he starts a conversation around this topic he gets a plethora of responses, in comparison to when he starts a generic conversation and no-one replies.

We started to complete a reparatory grid to enable of more systematic understanding of ST views on the individuals involved within this 'dating system'. ST stated that the only similarity between his 'ideal self' and 'self when offending' was his desire for information and knowledge.

Session 5:

Theme: Repertory grid, Strengths and Vulnerabilities

ST described his current difficulties, in regards to lack of motivation, lack of purposeful time and his erratic sleeping pattern. ST spoke about how he often wakes up and goes on the internet

to conduct his 'experiments' on forums and "find out more information" about why his life is the way it is. For instance ST spoke about putting a picture of himself on the internet when he was a younger and asking people to give comments on his appearance. I asked ST to consider the potential negative consequences of this behaviour, in terms of fuelling his negative thoughts. ST was reluctant/unwilling to consider this as negative and stated that it is important he understands his life and gain more information. We spoke about how this can narrow his perception, with a pure focus on his perceived faults. In addition we talked about the unconstructive criticism ST had received in the past on factors he cannot change. I asked ST to consider his positive attributes and he spoke about liking animals, being more built in the shoulders and having a wider jaw than when he was younger. ST defined his social skills as poor, however we spoke about how they have developed and my experience of him within sessions.

We continued to complete the repertory grid together and ST described further traits, characteristics that he feels are important within the hierarchical dating system. For instance he spoke about younger girls being less superficial, less judgemental and naive sexually. ST also spoke about how others value sociable activities whereas he has "extreme interest" in more solitary activities which others consider "boring".

ST acknowledged that his lack of success within social situations as a contributory factors to his offending behaviour, although he emphasised that he did not want to "make excuses".

Session 6:

Theme: Strengths and Vulnerabilities

ST talked about being on a social networking site, describing it as a "minor error". He stated that he felt like services were waiting for him to do something wrong so they could "claw" at him. We briefly spoke about offending pathways and seemingly irrelevant decisions. ST stated that he understood that rationale, but did not seem wholly convinced on the purpose of this restriction. ST briefly mentioned his thoughts of revenge on people that had previously cause him harm. ST said that he could not tell anyone these types of things for a similar purpose. I enquired about these thoughts but ST did not give any detail. He spoke about how he had been blocked by a former culprit on a social networking site as he wanted answers to his abuse. We spoke about the compensatory mechanism of his experiments and research, in regards to wanting answers.

We attempted to complete a basic formulation of ST's difficulties, in the context of his offending pathway. We discussed personality and the positive traits he thinks he possesses. We spoke about difficulties associated with Aspergers and the overlap between personality and those that were more associated with this diagnosis. We discussed how certain personality traits may make it more difficult for him to develop relationships. ST confirmed this and stated that to others he seems "sad". Consequently, ST stated that he had tried to change but it was difficult. I validated this and spoke about how we were not attempting to change ST into a 'social butterfly' but developing insight in order to make changes that are true to who is as a person. We spoke about STs self-comparison to extroverted individuals and how this possibly skewed his perception on what his positive qualities were. We spoke about the sites/forums ST frequents and how again this may skew his perception and how again this may inhibit his ability to form relationships. ST stated he understood this concept, yet also described a cause and

effect relationship between his difficulties growing up and his behaviour of going onto 'negative' forums etc.

Session 7:

Theme: Emotional Regulation

ST spoke about his difficulties expressing emotions. He said he said that although he experiences them they cannot be expressed. I commended ST for his apt description of his experiences. ST stated that he felt like a "Robot" disclosing such information. I introduced to the idea of completing a mood diary log. ST disclosed having "flashbacks" of some difficult experiences in his past, predominantly when he was being bullied by others. ST stated that these "flashbacks" could be triggered by a certain song, and could "reduce [him] to tears". ST stated that he did not know how he coped with such instances. ST described utilising distraction techniques to manage these intense emotions. ST also said how on occasion he would subsequently go on the internet and research on forums. We spoke about developing his range of coping strategies.

Session 8:

Theme: Attitudes towards others

ST attended the session and stated that he had been experiencing negative thoughts about going to college. We spoke about the concept of uncertainty and subsequence 'worst case scenarios' in line with his thinking patterns. ST acknowledged that this may be hindering his proactive stance in applying for the course. ST spoke about his previous experiences at college where he "did not fit in" and felt that others singled him out. ST attributed this to his physical appearance. We spoke about his current experience with others where he was not generally subjected to derogatory terms. STs disclosed more positive information about previously attending a social sports team. We spoke about STs experience of 'flashbacks' and how this heavily ties him with his past making it difficult for him to discern the past and the present. ST stated that he wanted to learn methods to cope with these better, describing himself as a "broken man". We made distinctions between the 'old' and 'present day' ST in regards to physical appearance, motivation, social ability and mood.

ST spoke rather negatively of women in regard to their ability to choose men, and their heightened judgement of others ("Just because they have a pussy between their legs they thing they can..." etc). I asked ST to consider his present day experiences of adult women to which he could only reference the internet. We spoke about the drawbacks of these sources, in line with his previous negative experiences and how they may impact his behaviour.

Session 9:

Theme: Offence Pathway

We spoke about risk factors to re-offending and his offending pathway. ST stated that he would not offend using the internet but he did worry that his thoughts/desires may lead to contact offending if he got more "desperate". ST described becoming "desperate" as getting older and still not having the attributes that women look for. ST was unable to consider how his self-

esteem is incorporated into his offence pathway. He referenced his a more biological component in preference. As homework ST stated he would consider his 'vulnerabilities' and 'risk factor' which we will explore in the next session. ST referenced his appointment with a forensic psychologist next week and asked about the purpose and if he would have to talk about his offending. ST described his dissatisfaction at the law and age of consent, specifically in regards to the cut-off point of legality. I commented on this in relation to justification and minimisations.

ST stated that his motivation was particularly low and disclosed that he had not been taking his medication for the past few weeks. He described the negative effects of his medication in regards to having a low libido. ST spoke about the benefits of having a high libido in regards to being "exciting" in the right circumstances e.g. with an escort. ST stated that his libido was so high that he would have to attend to it several times day, citing some occasions 4/5times. We spoke about the negative effects of a high libido in regards to sexual preoccupation and an increased risk of sexual offending. ST mentioned how his had used teen pornography and how this would show links to pornography of underage girls. ST stated that although he was tempted he had not used such sites and even reported some. ST spoke about how since he had not been taking his medication his negative thoughts, particularly related to self-image, had increased in frequency and prominence. ST described having sexual fantasies involving young teens. He stated that these made him feel good and could not describe any negative feelings after having these fantasies.

Session 10:

Theme: Offence Pathway and High Risk Situations

ST completed two scenarios in his mood diary log. These involved looking at younger girl's bums in town, and observing good looking men with obese women. ST could not see how these scenarios may be incorporated in his risk of reoffending. He viewed risk as a dichotomous term, with an increased risk of offending meaning that he would re-offend. We worked to reframe this view of risk, also incorporating what he sees as protective factors (police and getting caught etc). Today, ST cited his motivation for stopping his medication as: wanting to see an escort, wanting to play sports and a concern about the use of medication with others advocating natural remedies. ST reluctantly admitted a link between his increased sexual drive and risk of re-offending. He stated that it minimally increased his focus/sexual preoccupation with younger girls. However ST stated that he was managing this by watching adult pornography.

We spoke about ST self-defeating behaviour and internet usage. ST said that his may limit his internet use, and we spoke about positive and less positive use of the internet. ST stated that he would have to replace the internet with other activities if this was going to work.

Session 11:

Theme: Self-Defeating Behaviour, Review of Sessions

Today we reviewed our sessions so far. ST verbalised good insight to his difficulties and the areas we have explored. He spoke about how his experiences of a child developed contributed to his negative body image and low self-esteem. He spoke about this feeling of 'missing out' contributed to his attraction to young female children, in conjunction with his perception that

adult women were extremely judgemental. ST spoke about his tendency to "dwell" on his flaws and seek answers in psychology and natural selection theories. We spoke about the potential link to his Aspersers traits and personality profile. We spoke about treatment targets and concluded that a focus on coping strategies would be useful. ST spoke particularly about his body image difficulties. We spoke about the self-defeating nature of some of his behaviours (although ST seems to struggle with this term and definition). After discussion, ST concluded that it may be more useful to shift his focus and challenge his negative thoughts. We agreed to explore this in forthcoming sessions.

Session 12:

Theme: Self-Defeating Behaviour, Negative Automatic Thoughts

We spoke about the factors that reinforce his difficulties and Self-Defeating Behaviour in more depth.

Together ST and I generated a list of his automatic negative thoughts relating to his body image. We considered how these thoughts make him feel, the introspective fantasies and the behaviours associated. ST spoke about his preoccupation with his looks, 'his research' and efforts to make himself seem more appealing e.g. "sucking in [his] gut". We spoke about how certain behaviours can reinforce his negative automatic thoughts. We summarised that ST was looking for acceptance and I suggested that it may be relevant to come from himself than others at this stage. ST acknowledged this and stated that his thoughts represented the type of superficial people he hated when he was younger. We practiced a role play exercise where I played the role of ST automatic negative thoughts. ST worked to challenge these comments.

As homework ST agreed to think of four challenging responses to his negative thoughts. We discussed how we would consider a range of coping/management strategies over the next few sessions.

Session 13:

Theme: Negative Automatic Thoughts

Today we focussed on challenging negative automatic thoughts and considering alternative perspectives. ST gave specific examples which we worked through systematically e.g. two males he perceived were ridiculing him at football. ST completed his homework and gave 3 examples of how he managed to challenge negative thoughts (although not in the way we were discussing in sessions).

Session 14:

Theme: Negative Automatic Thoughts

We spoke about challenging negative thoughts and real life examples. ST again highlighted negative attitudes towards women in regards to their apparent focus on "money, status and looks". I spoke about this emphasis/preoccupation being self-defeating. However ST denied this stating he felt intelligent and clever knowing this information. ST stated that this phenomenon should be introduced into schools as compulsory. I attempted to draw focus to ST

previously acknowledged positive traits but again he described these as being of secondary value.

Session 15:

Theme: Internal Sources of Support including goal setting (coping strategies)

We discussed ST's goals for the future and spoke about the notion of goal setting in manageable increments and devising a plan to incorporate some of his long term goals. We reviewed his motivation and goal setting abilities through the course of the intervention.

Session 16:

We spoke about his strengths and coping mechanisms, adaptive and maladaptive. The focus was on goal setting.

Session 17:

Theme: External Sources of Support (coping strategies)

We spoke about barriers to receiving and asking for help. ST described feeling judged by some professionals in terms of being a Paedophile. He went on to describe that reality of him being a Hebephile. ST stated that people (professionals) just saw his offence and did not want to focus on his problems. In turn we spoke about the difficulties and benefits of external management/support.

Session 18:

Theme: Endings, Collaborative Formulation

We summarised all the information discussed in the sessions to create a collaborative formulation regarding ST's vulnerabilities, strengths and risks.

Session 19:

Theme: Endings, Psychometric Administration

We spoke about ST's feelings about our sessions ending. ST completed the psychometric questionnaires e.g. CISS, Short Self-esteem questionnaire, WSFQ.

Session: 20

Theme: Feedback

I answered any questions ST had pertaining to the course of our intervention. I summarised his end of treatment report. We ended the session with focus on his current goals and the sources of support he can currently utilise.

Appendix O: MCMI-III Personality, Clinical Syndrome Scales and Grossman Facets

Three Severe Personality Patterns *Nine Severe Personality Facets*	**Eleven Personality Pattern Scales** *Thirty Three Personality Facets*	
1. Schizotypal *Estranged Self-Image* *Cognitively Autistic* *Chaotic Representations* 2. Borderline *Temperamentally Labile* *Interpersonally Paradoxical* *Uncertain Self-Image* 3. Paranoid *Cognitively Mistrustful* *Expressively Defensive* *Projection Mechanism*	1. Schizoid *Temperamentally Apathetic* *Interpersonally Unengaged* *Expressively Impassive* 2. Avoidant *Interpersonally Aversive* *Alienated Self-Image* *Vexatious Representations* 3. Depressive Temperamentally Woeful Worthless Self-Image Cognitively Fatalistic 4. *Dependent* *Inept Self-Image* *Interpersonally Submissive* *Immature Representations* 5. Histrionic *Gregarious Self-Image* *Interpersonally* *Attention-Seeking* *Expressively Dramatic* 6. Narcissistic *Admirable Self-Image* *Cognitively Expansive* *Interpersonally Exploitive*	7. Antisocial *Expressively Impulsive* *Acting-Out Mechanism* *Interpersonally Irresponsible* 8. Sadistic *Temperamentally Hostile* *Eruptive Organization* *Pernicious Representations* 9. Compulsive Cognitively Constricted Interpersonally Respectful Reliable Self-Image 10. *Negativistic* *Temperamentally Irritable* *Expressively Resentful* *Discontented Self-Image* 11. Masochistic *Discredited Representations* *Cognitively Diffident* *Undeserving Self-Image*
Three Severe Clinical Syndromes	**Seven Clinical Syndromes**	
1. Thought Disorder 2. Major Depression 3. Delusional Disorder	1. Anxiety 2. Somatoform 3. Bipolar (Manic) 4. Dysthymia	5. Alcohol Dependence 6. Drug Dependence 7. Posttraumatic Stress Disorder

Appendix P: MCMI-III, Summary of Strengths and Weaknesses

Strengths	Limitations
▪ Based on a comprehensive theory of PD that transcends any once school of personality ▪ Reflects the diagnostic criteria used in the DSM-IV ▪ Weighting of items are both statistically and theoretically driven ▪ Compact in design ▪ Easy to administer ▪ Short completion time ▪ True/False Reponses easily tolerated by respondents ▪ Standardised manual to facilitate the scoring and interpretations process ▪ Complementary computer scoring programme ▪ Modifying indices suggest distortions in responding ▪ The PD facets facilitate a more discriminative analysis ▪ BR transformation, based on prevalence and frequencies of scales in norm samples ▪ High levels of internal consistency and test-retest reliability ▪ Good face validity ▪ Good predictive validity for PD and CS scales ▪ Fair concurrent validity ▪ Extremely valuable clinical utility.	▪ Recent research suggests that the factor structure does not support Millons theory of PD ▪ Recent research suggests that the factor structure does not reflect cluster divisions of DSM-IV ▪ Potential for the manual weightings of scales to be inherently biased ▪ Potential gender and cultural bias inherent within the tool ▪ Use of double negatives ▪ Complex manual scoring ▪ Imbalance of true/false items ▪ Tendency to overpathologise examinees ▪ Does not consider positive manifestations of PD traits ▪ Validity scales are limited in detecting random responders and an individual's malingering symptoms ▪ The compulsive and narcissistic traits yield inadequate internal consistency ▪ Low content validities ▪ Low PPP of CS ▪ Issues regarding what constitutes a forensic population ▪ Limited norms for ethnic groups and other forensic settings e.g. lack of violent and sexual offender base rates ▪ Not validated against specific legal criteria ▪ Does not incorporate affective components of psychopathy.

Appendix Q: Empirical Study Ethical Approval Letter

The University of Nottingham

Faculty of Medicine and Health Sciences

Research Ethics Committee
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham
NG7 2UH

Direct line/e-mail
+44 (0) 115 8232561
Louise.Sabir@nottingham.ac.uk

26th May 2015

Sade Sowemimo
Doctorate in Forensic Psychology
c/o Dr Simon Duff
Director, Top-Up Doctorate in Forensic Psychology
Centre for Forensic and Family Psychology
Psychiatry and Applied Psychology
Room B15 YANG Fujia
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Sade

Ethics Reference No: K14052015 SoM PAPsych DFP – please always quote
Study Title: Exploring Sexual Fantasy: Personality, Fantasy Themes and Fantasy Proneness.
Chief Researcher/Academic Supervisor: Dr Simon Duff, Division of Psychiatry & Applied Psychology, School of Medicine
Other key researchers/student: Sade Sowemimo, Doctorate in Forensic Psychology Student, Psychiatry and Applied Psychology, School of Medicine.
Duration of Study: 01/05/2015-26/06//2015 2mths
No of Subjects 80 (18+yrs)

Thank you for submitting the above application which has been reviewed and the following documents were received:

- FMHS Research Ethics Committee Application Form version 1 dated 10/04/2015
- Project Proposal dated 10/04/2015
- Appendix 1: IPIP Big-Five personality factor markers questionnaire.
- Appendix 2: Creative Experiences Questionnaire
- Appendix 3: Wilson sexual Fantasy Questionnaire
- Appendix 4: Free response questions
- Appendix 5: Information Sheet
- Appendix 6: Consent Form
- Appendix 7: Debriefing Information

These have been reviewed and are satisfactory and the study is approved.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

1. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).
2. You must notify the Chair of any serious or unexpected event.

The University of Nottingham

3. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.
4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Clodagh Dugdale

Dr Clodagh Dugdale
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix R Information sheet

We would like to invite you to take part in our research study. This study is centred around the idea of fantasy experiences.

(This study has been approved by the University of Nottingham Faculty of Medicine and Health Sciences Research Ethics Comittee; Ethics Reference number: K14052015 SoM PAPsych DFP).

REC Address: Faculty of Medicine and Health Sciences

Research Ethics Committee

School of Medicine Education Centre

B Floor, Medical School

Queen's Medical Centre Campus Nottingham University Hospitals

Nottingham NG7 2UH

****You have to be 18 or over to take part in this study.**

This is an important area of research. Your participation can take anywhere between 35-50 minutes depending on your responses. All responses are **anonymous and confidential** so try to be as honest as possible.

Before you decide, it is important for you to understand the purpose of the research and what it will involve. Please take time to read the following information carefully. Please ask us, if there is anything that is not clear, or if you would like more information contact the Lead researcher Sade Sowemimo (lwxsas@nottingham.ac.uk).

What is the purpose of the study?

The following study aims to consider the concept of sexual fantasy. More specifically, we hope to investigate the complex relationship between personality, fantasy proneness and the content of sexual fantasies.

Do I have to take part?

The study is completely voluntary and you can withdraw at any point.

What will I be asked to do if I take part?

You will then be asked for some basic descriptive information so that we can understand something about the people who have taken part. You will be asked to complete a range of questionnaires. These questionnaires will look about your personality traits, sexual fantasies and creative experiences. All of your answers will remain **anonymous** and **confidential.** Therefore your results will only be used for the purpose of this study.

What are the possible disadvantages and risks of taking part?

Some of the questionnaires may ask sensitive questions which you may find uncomfortable especially in relation to your sexual fantasies. However, all your information will be kept confidential and will only be used for the purpose of the study. Furthermore you can withdraw from completing the study at any point. It is important to note that as an online participant in this research, the risk of breach by outside agents is always possible however no identifiable information is collected so you cannot be directly identified.

How will I benefit from participating in this study?

You will contribute greatly to academic understanding of sexual fantasy. You will gain an insight to the psychological theories surrounding this topic (the debrief at the end of the study describes some really interesting information). The information we get from this study may help inform treatment programmes and preventative strategies in regards to sexual fantasies and sexually offending behaviour. Thus, this research may help both the perpetrators and victims, and even the respective families of individuals associated with sexual offending behaviour.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw without giving any reason. If you would like to withdraw your results, for any reason at the end of the study simply contact the researcher by November 1st 2015 with your unique identification number and they will be omitted from the research data.

How will we use the results of this research?

The research findings will be used for educational purposes and published in a Thesis submitted to the University of Nottingham as part of the co-investigators doctorate qualification.

Am I able to know the results of the study?

If you wish to contact the researcher and leave an email address, an executive summary outlining the main findings of the study will be emailed to you directly after the end of the study. However, results will also be posted online.

If you have any concerns about any aspect of this study please contact the research supervisor Dr Simon Duff (Simon.Duff@nottingham.ac.uk).

Appendix S: Empirical Study Consent Form

Institute of Work, Health & Organisations

PARTICIPANT CONSENT FORM

Title of Study: Exploring Sexual Fantasy**:** personality, sexual fantasy themes and fantasy proneness

Name of Researcher(s): Dr Simon Duff and Sade Sowemimo

Unique Identification Number:

Unique Identification Number: **Please initial boxes**

1. I confirm that I have read and understand the information sheet for this study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐

3. I understand that my personal details will be kept confidential. ☐

4 I understand that I will be asked to complete some questionnaires and that the data from these will be used in future study reports. I agree for the researcher to use quotes from my responses. ☐

5. I understand that my data from this study will be anonymised and that only members of the research team will have access to the data and my personal information. ☐

6. I agree to take part in the above study. ☐

_____ _____ _____

Initials of Participant **Date** **Signature**

Appendix T: IPIP Big-Five personality factor markers

Possible Questionnaire Format for Administering the 50-Item Set of IPIP Big-Five Factor Markers

How Accurately Can You Describe Yourself?

Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Indicate for each statement whether it is 1. Very Inaccurate, 2. Moderately Inaccurate, 3. Neither Accurate Nor Inaccurate, 4. Moderately Accurate, or 5. Very Accurate as a description of you.

	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate	
1. Am the life of the party.	O	O	O	O	O	(1+)
2. Feel little concern for others.	O	O	O	O	O	(2-)
3. Am always prepared.	O	O	O	O	O	(3+)
4. Get stressed out easily.	O	O	O	O	O	(4-)
5. Have a rich vocabulary.	O	O	O	O	O	(5+)
6. Don't talk a lot.	O	O	O	O	O	(1-)
7. Am interested in people.	O	O	O	O	O	(2+)
8. Leave my belongings around.	O	O	O	O	O	(3-)
9. Am relaxed most of the time.	O	O	O	O	O	(4+)
10. Have difficulty understanding abstract ideas.	O	O	O	O	O	(5-)
11. Feel comfortable around people.	O	O	O	O	O	(1+)
12. Insult people.	O	O	O	O	O	(2-)
13. Pay attention to details.	O	O	O	O	O	(3+)
14. Worry about things.	O	O	O	O	O	(4-)
15. Have a vivid imagination.	O	O	O	O	O	(5+)
16. Keep in the background.	O	O	O	O	O	(1-)
17. Sympathize with others' feelings.	O	O	O	O	O	(2+)
18. Make a mess of things.	O	O	O	O	O	(3-)
19. Seldom feel blue.	O	O	O	O	O	(4+)
20. Am not interested in abstract ideas.	O	O	O	O	O	(5-)
21. Start conversations.	O	O	O	O	O	(1+)
22. Am not interested in other people's problems.	O	O	O	O	O	(2-)

23. Get chores done right away.	O	O	O	O	O	(3+)
24. Am easily disturbed.	O	O	O	O	O	(4-)
25. Have excellent ideas.	O	O	O	O	O	(5+)
26. Have little to say.	O	O	O	O	O	(1-)
27. Have a soft heart.	O	O	O	O	O	(2+)
28. Often forget to put things back in their proper place.	O	O	O	O	O	(3-)
29. Get upset easily.	O	O	O	O	O	(4-)
30. Do not have a good imagination.	O	O	O	O	O	(5-)
31. Talk to a lot of different people at parties.	O	O	O	O	O	(1+)
32. Am not really interested in others.	O	O	O	O	O	(2-)
33. Like order.	O	O	O	O	O	(3+)
34. Change my mood a lot.	O	O	O	O	O	(4-)
35. Am quick to understand things.	O	O	O	O	O	(5+)
36. Don't like to draw attention to myself.	O	O	O	O	O	(1-)
37. Take time out for others.	O	O	O	O	O	(2+)
38. Shirk my duties.	O	O	O	O	O	(3-)
39. Have frequent mood swings.	O	O	O	O	O	(4-)
40. Use difficult words.	O	O	O	O	O	(5+)
41. Don't mind being the center of attention.	O	O	O	O	O	(1+)
42. Feel others' emotions.	O	O	O	O	O	(2+)
43. Follow a schedule.	O	O	O	O	O	(3+)
44. Get irritated easily.	O	O	O	O	O	(4-)
45. Spend time reflecting on things.	O	O	O	O	O	(5+)
46. Am quiet around strangers.	O	O	O	O	O	(1-)
47. Make people feel at ease.	O	O	O	O	O	(2+)
48. Am exacting in my work.	O	O	O	O	O	(3+)
49. Often feel blue.	O	O	O	O	O	(4-)
50. Am full of ideas.	O	O	O	O	O	(5+)

Note. These five scales were developed to measure the Big-Five factor markers reported in the following article: Goldberg, L. R. (1992). The development of markers for the Big-Five factor structure. *Psychological Assessment, 4,* 26-42.

Appendix U: Creative Experiences Questionnaire

	Yes	NO
1] As a child I thought that the dolls, teddy bears and stuffed animals that I played with were living creatures		
2] As a child I strongly believed in the existence of dwarves, elves and fairytale figures		
3] As a child I had my own make believe friend or animal		
4] As a child I could very easily identify with the main character of a story and/or movie.		
5] As a child I sometimes had the feeling I was someone else (e.g. a princess, orphan, etc.)		
6] As a child I was encouraged by adults to (parents, grandparents, brothers, sisters) to fully indulge myself in my fantasies and daydreams		
7] As a child I often felt lonely		
8] As a child I devoted my time to playing a musical instrument, dancing, acting and/or drawing.		
9] I spend more than half the day (daytime) fantasising or daydreaming.		
10] Many of my friends and/or relatives do not know that I have such detailed fantasies.		
11] Many of my fantasies have a realistic intensity		
12] Many of my fantasies are just as lively as a good movie.		
13] I often confuse fantasies with real memories		
14] I am never bored, because I start fantasising when things get boring.		
15] Sometimes I act as if I am somebody else and I completely		
16] When I recall my childhood, I have very vivid and lively memories.		
17] I can recall many occurrences before the age of three.		
18] When I perceive violence on television, I get so into it that I really get upset.		
19] When I think of something cold, I actually get cold.		
20] When I imagine I have eaten rotten food, I really get nauseous.		
21] I often get the feeling that I can predict things that are bound to happen in the future.		
22] I often have the experience of thinking of someone and soon afterwards that particular person calls or shows up.		
23] I sometimes feel that I have had an out of body experience		
24] When I sing or write something, I sometimes have the feeling, that someone or something outside my self directs me.		
25] During my life I have had intense religious experiences which influenced me in a very strong manner		

Appendix V: Wilson sexual Fantasy Questionnaire (subject to copyright)

Questionnaire omitted due to copyright

WSFQ details omitted due to copyright.

Appendix W: Free response questions

The following section allows you to give freely descriptive answers. There are no right or wrong answers. You can write as little or as much as you think will let us understand.

Question 1: What is the purpose of sexual fantasy and what are the reasons you use it. Please give examples if you think this will help.

Question 2: Does the complexity and intensity of your sexual fantasies vary? If so, why and in what way? Please give examples if you think this will help.

Appendix X: Debriefing Information

DEBRIEFING FORM

Exploring Sexual Fantasy**:** personality, sexual fantasy themes and fantasy proneness**.**

Purpose

The aim of the present study was to investigate possibly associations between personality, fantasy proneness and sexual fantasies.

Background

Fantasy

Fantasy plays an important role in human sexuality, being a healthy part of sexual development (Leitenberg & Henning, 1995). Fantasies are acts of imagination that allow people to create an image in their mind. This image can either be completely imaginary or linked to something they have experienced in reality. Sexual fantasy is linked to the development and maintenance of sexual interests and arousal. It is believed that sexual fantasies will evolve and, become more detailed and specific over time. For instance, an individual may experience boredom with their original fantasy because they are so familiar with it. Therefore the individual may need to generate more complex or more thrilling scenarios to create the same sexual excitement.

Sexual Fantasy and Sexual Offending

Sexual fantasy may act as a trigger, motivator and maintaining factor to sexual offending behaviour. It is suggested that, deviant sexual fantasies can reinforce and strengthen offence related ideas (Laws & Marshall, 1990). Therefore, sexual fantasy is proposed to be an important motivating factor for the commission of a sexual offence e.g. conscious or unconscious rehearsal, desensitising an individual which may render the more likely to enact the behaviour in reality (Wilson & Jones, 2008).

Deviant Sexual Fantasy and the General Population

A lot of research has revealed that people without a history of sexually deviant behaviour do in fact experience deviant sexual fantasies, with these fantasies being arousing but not resulting in inappropriate behaviour (Crepault & Couture, 1980; Bartels & Gannon, 2009; Williams, Cooper, Howell, Yuille & Paulhus, 2009: Grey et al, 2003; Zurbruggen & Yost, 2004). Therefore, the concept of ‘deviant’ sexual fantasy is a contentious issue. This raises questions regarding the appropriateness and usefulness of the term ‘deviant sexual fantasy’. Leitenberg and Henning (1995) stated that this term becomes misleading if it is not associated with deviant behaviour.

Personality and Sexual Fantasy

Some research has attempted to investigate a link between certain personality traits and certain types of sexual fantasies. Certain personality traits may influence the type of fantasies a person experiences and whether are not they try to make these fantasies reality. Williams (2009) found that neuroticism (individuals that are more likely to experience negative emotions such as jealousy, moodiness and worry) and psychopathy (shallow emotions and limited remorse capabilities) were associated to offence related sexual fantasies. Exploring this link further some studies have proposed that personality characteristics relate to the type of coping strategies used to deal with offence related sexual fantasies (Lussier et al, 2001). Therefore an individual may experience certain sexual fantasies to fulfil their needs in an imaginary world, and help themselves escape from negative emotions (Sheldon and Howitt, 2008).

Fantasy Proneness

Curnoe and Langevin (2002) discussed the notion of fantasy proneness in terms of the loosening of associations and perhaps the blending of fantasy and reality. Hence, some individuals may find it difficult to distinguish fantasy from reality. This could lead to social alienation and, in turn, increase preoccupation with their fantasy world. Thus, the notion of fantasy proneness could offer some insight to the developmental aspect of fantasy generation, with some individuals being more predisposed to generating fantasy experiences (Sahota & Chesterman, 1998). Within this, the idea of education could also be implicated, whereby an individual's ability to generate fantasies may be linked somewhat to their intelligence.

Confidentiality

All of your personal details will be kept confidential. All your data from this study will be anonymised and only members of the research team will have access to your personal information. If you would like to withdraw your results, for any reason, at this point simply contact the researcher with your unique identification number by November 25th 2015 and they will be omitted from the research data.

Final Report

If you would like a copy of the final report please contact the primary researcher (Sade Sowemimo) and they will be sent to you on completion.

Contact

If you have ***any*** questions regarding this study, please feel free to contact the co-investigator in the first instance (Sade Sowemimo) or the chief investigator.

Chief Investigator

Dr Simon Duff, Forensic Psychologist
Email: Simon.Duff@nottingham.ac.uk

Co-Investigator

Sade Sowemimo, Trainee Psychologist
Email: lwxsas@nottingham.ac.uk

Further Reading

Curnoe, S. and Langevin, R. (2002). Personality and deviant sexual fantasies: An examination of the MMPIs of sex offenders. Journal of Clinical Psychology 58, (7), 803–815.

Howitt, D. (2004). What is the role of fantasy in sex offending? *Criminal Behaviour Mental Health*, 14(3), 182-188.

Leitenberg, H. and Henning, K. (1995).Sexual Fantasy. *Psychological Bulletin*, 117(3), 469-496.

Lussier, P., Proulx, J., & McKibben, A. (2001). Personality characteristics and adaptive strategies to cope with negative emotional states and deviant sexual fantasies in sexual aggressors. *International Journal of Offender Therapy and Comparative Criminology*, 45(2), 159–170.

Maniglio, R. (2010). The role of deviant sexual fantasy in the etiopathogenesis of sexual homicide: A Systematic Review. *Aggression and Violent Behaviour*, 15(4), 294-302.

Sheldon, K and Howitt, T. (2008). Sexual fantasy in paedophile offenders: Can any model explain satisfactorily new findings from a study of Internet and contact sexual offenders? *Legal and Criminological Psychology*, 13, 137-158.

Williams, K. M., Cooper, B. S., Howell, T. M., Yuille, J. C. and Paulhus, D. L. (2009). Inferring Sexually Deviant Behaviour from Corresponding Fantasies: The Role of Personality and Pornography Consumption. *Criminal Justice and Behaviour*, 36(2), 198-222.

Appendix Y: Function Categories and Thematic Analysis Table.

Free response data categories and corresponding examples.

Function	Examples.
7) Sexual arousal	▪ *I have to use my imagination in order to achieve orgasm, either during masturbation or sex with my partner. The act alone is never enough (Participant 98).* ▪ *For sexual gratification (Participant 100)* ▪ *Gets me horny (Participant 105),* ▪ *Increase intensity and pleasure (Participant 101).* ▪ *When masturbating, the purpose is obviously to arouse (Participant 140)* ▪ *Gratifying arousal that enhances my pleasure whenever I masturbate (Participant 153)*
8) Alleviate negative emotions	▪ *Break up the monotony (Participant 33).* ▪ *In a psychological sense i believe that it is a form of escape from the mundane (Participant 37).* ▪ *The purpose of non-sexual fantasy is escapism; to imagine a better life/existence for myself. It takes me away for a few moments from my real-life everyday problems and worries (Participant 101).* ▪ *Fantasy helps us with working out our mental and emotional problems (Participant 148).* ▪ *A mental coping mechanism for dealing with a less than desirable situation (participant 19).* ▪ *For me, non-sexual fantasy is a way to get away from daily stresses (Participant 107).*
9) Experience ideal scenarios	▪ *Sexual fantasies serve to provide us an outlet to "achieve", to some degree, sexual behaviour we likely could or would not in real life (Participant 45).*

and the 'ideal' self	▪ *Fantasy, to me, is the ability for one to create experiences that may or may not be realistic in nature (Participant 198)* ▪ *To indulge myself (Participant 200),* ▪ *To fulfil what I am missing in real life (participant 217)* ▪ *Searching for a new sexual high that cannot be fulfilled within marriage (Participant 227).* ▪ *I can imagine myself in great detail accomplishing things that are difficult for me to do, thereby increasing an internal sense of self-confidence (Participant 240).*
10) Exploration and Preparation	▪ *Fantasy is a place to explore ideas and make plans that occasionally become realities… It is also a place to try to solve real world problems in an abstract and safe way (Participant 27).* ▪ *Analysing possible situations before they happen. It's a way of preparing for whatever may come (Participant 24).* ▪ *I do it because it comes naturally to me (Participant 57).* ▪ *I see it's purpose as a way of identifying and defining one's desires (in general). It also helps me to evaluate myself in a way that is not always easy to vocalize to other people (Participant 115).* ▪ *Also to "practice" for the time when it may happen (Participant 136).* ▪ *…to explore alternatives (Participant 142).*
11) Induce positive feelings and emotions	▪ *Sometimes make you feel really good (Participant 1)* ▪ *It's fun to fantasize (Participant 24)* ▪ *keeps things interesting (Participant 42)* ▪ *Gives more excitement to life (Participant 47)*

	▪ *Entertainment and self- gratification… Maintaining a healthy state of optimism (Participant 57)* ▪ *I use fantasy most often as a form of entertainment (Participant 198).*
12) No constraints or real world ramifications	▪ *Allows you to explore your sexuality safely without putting yourself in danger (Participant 26).* ▪ *To create a safe and exciting environment to act out in your fantasies, as they can be illegal or impossible (Participant 71).* ▪ *Fantasy allows us to explore options that may not be available to us, or may be too dangerous to undertake in real life (Participant 82).* ▪ *Allows me to experience a taboo without crossing ethical lines or hurting anyone (Participant 103).* ▪ *Fantasy also allows me to experience things without any of the possible consequences of performing those fantasies in real life (participant 186).* ▪ *I use it to indulge in things that are niche without having to take risks seeking it in reality through other partners, coercion, or even fear of judgement from current partner(s) (Participant 214).* ▪ *Fantasy is a mechanism the mind can utilize to experiment and learn without the risks or dangers involved (Participant 239).*

Thematic Analysis Table

Superordinate Theme	Sub-Theme	Operational Definition	Examples

1. BOUNDARIES OF IMAGINATION *Initial Coding Examples:* ▪ *Focus* ▪ *Creativity* ▪ *Cognitive Capabilities* ▪ *Cognitive load* ▪ *Strain* ▪ *Active/passive* ▪ *Permission* ▪ *Distraction* ▪ *Pornographic aids*	**1a) Attention to internal World**	Attentiveness to fantasy, creativity and level of concentration involved.	▪ *I suppose they do* [more detailed, intense] b*ecause I have a creative mind* (Participant 51). ▪ *When I fantasize it is consistently at the very limits of my imaginative capabilities* (Participant 145). ▪ *I'd rather focus on a simpler situation after a long day of work, while on a free day I'd take more time to build up a more complex situation. My works [sic] involves a lot of mental activity* (Participant 16). ▪ *If I am tired I have fewer fantasies* (Participant 18). ▪ *The biggest factor in the complexity and intensity of my fantasies is the background noise or other disturbances. Sleep is also a factor in that if I'm very tired I can't stay focused on my fantasy, but that's less of a factor that other disturbances* (Participant 129). ▪ *My fantasies will become more complex and intense if aided by pornography, which in turn leads me to look for more intense pornography to fulfil these fantasies, and so* on (Participant 160). ▪ *For example watching porn of very specific genres. Listening to erotic hypnosis files to stimulate detailed fantasy* (Participant 155). ▪ *The object of the fantasy helps a lot the better they are known the more vivid the fantasy can be* (Participant 21). ▪ *I know what being with her is like, whereas being with a stranger leaves a whole lot more to fantasize/imagine* (Participant 84).

			▪ *The less distractions around me the more intense my fantasies are* (Participant 5). ▪ *Yes. The more bored I am or the more eager I am to immerse into my fantasy the more intense and complex it gets. Like computing power in a computer* (Participant 46). ▪ *The complexity of my fantasies largely depends on outside stimulation. The more I ignore my surroundings, the more I can lose myself in my own imagination, and the more vivid my fantasies become. Sometimes they can become intense enough, especially dreams just before waking, that they can seem like reality, and it takes a conscious effort to draw myself back into mindfulness of the present* (Participant 163).
	1b) Exploration (permission)	Unconscious or conscious effort and ability to engage in fantasy experience. e.g. permission to engage within fantasy,	▪ *If I am at home by myself my fantasies can become vivid as if I'm watching a movie while if I'm out in public with others the distinction between the real and imaginary is extremely clear* (Participant 5). ▪ *The intensity varies with the amount of privacy and time I have available* (Participant 113). ▪ *The complexity of my fantasies largely depends on outside stimulation. The more I ignore my surroundings, the more I can lose myself in my own imagination, and the more vivid my fantasies become. Sometimes they can become intense enough, especially dreams just before waking, that they can seem like reality, and it takes a conscious effort to draw myself back into mindfulness of the present* (Participant 163). ▪ *They are more vivid and simple if I am buzzed with weed or alcohol. There is a lot of synergy between imagining something and feeling something physical, if I am masturbating. it is easier to get lost in my fantasies then (Participant 18).*

			▪ *Yes, the complexity and intensity does vary depending on the situation and how much I choose to delve into the fantasy and meld it with reality* (Participant 122). ▪ *When a fantasy becomes more complex, it becomes more interesting, and perhaps easier to find a definite emotional cause of various aspects of a fantasy. I often catch myself thinking "why do I feel this way about this" while fantasizing about something (Participant 141).*
2. CONTEXT *Initial Coding Examples:* ▪ *Positive emotions* ▪ *Negative emotions* ▪ *Sexual Arousal* ▪ *Desire* ▪ *Urges* ▪ *Control (locus of control)* ▪ *Invading?* ▪ *Privacy* ▪ *Function*	**2a) Mood**	Dispositional factors that influence the generation of fantasy.	▪ *Sometimes I just want to feel happy and I'll fantasize about a girl kissing me out of nowhere. Or something great (or not so great) happening to me out of nowhere, just to make me feel something (let it be anger, sadness, happiness)* (Participant 4). ▪ *Depending on my individual needs at the time, my fantasy may be more or less complex. Sometimes, I want to mentally participate in something more engrossing, while other times I just want to enjoy some feeling of satisfaction without worrying about any sort of intense emotional connection to what I am doing (participant 27).* ▪ *Yeah, when I'm depressed my fantasy is very intense. But when I feel happy I rarely ever fantasize (participant 103).* ▪ *Context is key. Depending up on the height or depth of my mood, my fantasies tend to vary in both complexity and intensity. When I'm in a good mood and am feeling positive, my fantasies tend to be light and minimal, and the opposite is true when I'm in a poor mood and am feeling negative. In terms of sexual fantasies, it's more a matter of how long it has been since my last sexual release- the longer it's been, the more intense the fantasy* (Participant 63).

			▪ *I am not in control of my fantasies, I believe they are driven by my emotions (Participant 71).* ▪ *My fantasies vary depending on my mood. If I'm feeling sad or depressed, I can fantasize about a co-worker giving me pity sex. If I'm feeling on top of the world, I might fantasize about being with two women (participant 100).* ▪
	2b) Intrusion	The invasive nature of fantasy within feelings of being out of control and an inability to stop fantasy experiences.	▪ *.....Sometimes just catches you by surprise and you were fantasising about something unusual* (Participant 1). ▪ *Often, the fantasy is disrupted by dominance/submission play which is not gratifying for me* (Participant 69). ▪ *On occasion I have incredibly complex and detailed fantasies that almost seem to build themselves. Other times I think of large disbodied [sic] breasts. The why is something I don't know, probably to do with both arousal and the x factor of inspiration (participant 133).* ▪ *They are often triggered by some kind of media: a news report, literature or film. Whether the theme is mentioned in a positive light or not is not relevant to its ability to spark my interest* (Participant 97). ▪ *If talking from a sexual point of view then it will be mostly external stimulus that would trigger a fantasy, e.g. if I see a woman who I find attractive I would be inclined to conjure up a scenario in my conscious brain that would be pleasurable and this might stay with me for a while. Also I might see or read something that triggers a memory of*

			a time with a previous partner, which would lead to a strong memory or fantasy based on a previously tangible experience (Participant 168). ▪ *The only time I allow my fantasies to become complex is when I'm dreaming. Other brief fantasies I try to kill as soon as they happen (Participant 85).* ▪ *I try my best not to fantasize about anything (Participant 91).*
	2c) Arousal	Sexual desire and sexual excitement.	▪ *Depends on how turned on I am. If I am very aroused, my fantasies are much more vivid than if I am not* (Participant 11). ▪ *Much more complex and intense when masturbating* (Participant109). ▪ *Hormone changes probably also have attributed to the variation in intensity; as I mentioned* (Participant 95). ▪ *… depending on how long it's been since I've had sex* (Participant 118) ▪ *They are usually pretty complex, with build-up* (Participant 57) ▪ *…vary based on how close to climax I am at the time* (Participant 166). ▪ *Following sex, they drop off again. Masturbation produces the same reducing effect, but it is not as pronounced, and does not last as long* (Participant 62). ▪ *As for intensity, I guess intensity usually tracks libido. When libido is low, I think intensity is usually low. When libido is high, intensity is usually a little higher (participant 20).* ▪ *Specific example: My hot wife fantasy is extremely strong 99.9% of the day. After ejaculation while thinking of the idea, I find it repulsive (Participant 30).*

			▪ *They definitely vary depending on the theme. I'd say that sexual fantasies are more primal and directive (Participant 165).* ▪ *…some fantasies bring me a simple erotic pleasure which is stronger than other fantasies or sexual activities (Participant 12).* ▪ *Sometimes they are visceral and sometimes they are just wisps in the back of my mind* (Participant 108).
3. STRUCTURE OF FANTASY *Examples of initial Coding:* ▪ *Time* ▪ *General* ▪ *Manipulation* ▪ *Person characteristics* ▪ *Physical Descriptors* ▪ *Theme* ▪ *Preference*	**3a) Embellishment**	The active process of storing and manipulating fantasy experiences over time.	▪ *I have "ongoing" fantasies sometimes, that I make more complex as time passes, they start out (or end up) as dreams a lot. Sometimes I get back to an old fantasy, but not where I left it, or there is altered settings. I reinvent it every time.* (Participant 4). ▪ *For me and this may go for others too, I have a few 'core' fantasies which are my 'go to' ones when I want to get in the mood or get off, there are others but the main ones are always going to be there… .. Lesser fantasies may come and go but the main ones stick and seem to have stuck for a large period of time so far (*Participant 43). ▪ *It builds on both real memories and private fantasies, and the details may vary slightly but the common core of being surprised to see her and enjoying her body remain the same* (Participant 151). ▪ *Another kind of detailed fantasy is one that draws from memory and builds on it* (Participant 151). ▪ *..certain situations experienced in real life will lead to the development of new fantasies* (Participant 174). ▪ *One cycle will last for about a week or two and then will either be supplanted by another theme, by more ordinary sexual fantasies or by a period of lack of sexual*

			desire. Themes are recurring in that they get more than one cycle, but they are at least a month or two, but usually three or more months apart (Participant 97). ▪ *Much like a drug, a tolerance is developed with regular use. A fantasy that is good today may not have the same effect in a week or two. Unlike drugs, there is no withdrawal, so I often take breaks from porn/masturbation/sex and let my tolerance recede (Participant 148).* ▪ …[real experiences] *more intensely as I also recall what I liked about the experience. But once a fantasy makes appearances that feel too frequent, it's time to change it up and I'll usually find something else to fantasize about* (Participant 111).
	3b) Detail Oriented/ General	The level of detail assigned to a fantasy experience in regards to theme, situation, partners details and self-representation.	▪ *Sometimes a fantasy is just an image, sometimes it's a whole scenario. Sometimes it's reliving a past experience in more or less detail, sometimes it's imagining fictional scenarios out of whole cloth. (*Participant 89). ▪ *I imagine whole persona and their backgrounds, maybe what got them into the current situation and so on. Sometimes it's more like a single aspect excites me, for example the difference in skin colour in interracial encounters* (Participant 158). ▪ *I suppose the more busy or stressed I am the more generalized the fantasy. If I am relaxed and free thinking I can come up with more detail (Participant 52).* ▪ *I'm not sure why, but I think it depends a lot on the purpose I have when I start out fantasizing (Participant 89).* ▪ *This is because my brain particularly likes full details, even if they're complex, instead of short descriptions. For example, I prefer fantasizing about sex in the bedroom with*

			said person late at night, and then fantasizing about what specifically happens during sex (types [vaginal, anal, oral], how long it's done for, order of types), then just "we had sex". My brain is stimulated more that way (Participant 117).
	3c) Emotional Investment	The level of emotional investment, attachment or disconnection to a particular fantasy.	▪ *They usually vary depending on my level of sexual arousal and feelings of love at a given time (Participant 67).* ▪ *The intensity changes with my emotional investment (Participant 5).* ▪ *...detailed moments are more common than a running narrative. Moments that produce a strong emotional spark (Participant 44).* ▪ *... And I'll inject my character (me or a version of me, or a character I create that I'm "playing") into it, or if there is a character I can empathize with, I'll see through his eyes. Sometimes I only feel my emotions (or the ones of my character), and sometimes I also feel the ones of the people I'm interacting with, particularly the ones I'm supposed to have a deeper connection with. (Participant 4).*
4. FANTASY REALITY DISTINCTION *Initial Coding examples:* ▪ *Self-Awareness* ▪ *Introspection/ Analysis* ▪ *Attributions*	**4a) Facets of Self**	Multi-faceted personalities, identifies and self-representation within fantasy.	▪ *If I fantasize about a random partner, I become aroused, but if I put my significant other in that fantasy, I immediately lose arousal* (Participant 10). ▪ *For instance I was in the presence of an 'innocent' recently and the fact that I knew we would be alone and we were getting on well-made that particular fantasy much stronger than it normally would be as I had a specific person to put to that situation. Even though nothing ended up happening, I certainly imagined it as I was masturbating later as it was such a strong fantasy whereas normally I wouldn't use my imagination during masturbation* (Participant 39).

▪ *Normality* ▪ *Embarrassment* ▪ *Realism* ▪ *Private* ▪ *Share* ▪ *Memory*			▪ *…any fantasies are likely to be more detailed and involved and more naughty/taboo, for example fantasizing that I'm someone else and having a tryst with a sibling (though I don't fantasize about any real life siblings; that crosses over too much into reality, and I have no desire to do so in reality*) (Participant 150). ▪ *When I begin to reason with myself about that fantasy (usually involving infidelity), the intensity decreases while the complexity increases as if I was writing a (non sexual) romantic novel. These are the most poignant fantasies since they became more realistic (i.e. the consequences, the forbidden nature of infidelity, hurting your partner(s)* (Participant 154). ▪ *The more I fantasize, the deeper the fantasies become. I believe my fantasies, especially the sexual ones, are projections of my emotional self. The emotional self however is often hard to interpret, and it is hard to know where these fantasies are coming from. It is fun, and perhaps necessary, to explore these fantasies to get a better understanding of myself and my emotions (Participant 99).* ▪ *They do, depending of my mood, sometimes I want something rougher, other times I just want to giver pleasure. Most of the times I only think about my pleasure in those fantasies, like receiving oral sex. That's when I am feeling down or need to feel manlier for some reason* (Participant 35).
	4b) Infusion	Incorporating realistic elements into fantasy experiences.	▪ *There doesn't seem to by any rhyme or reason* (Participant 101). ▪ *As far as sexual fantasies go, sometimes they will be general, but sometimes they will be specific, e.g. I will fantasize about a specific person, location, act and try to imagine*

			as many details as possible. This makes the fantasy much more realistic and therefore much more intense (Participant 73). ▪ *I don't understand many of my fantasies, but I know that I will come to a conclusion for better or worse eventually. The idea of being caught while in public is arousing... but why? I have nothing to gain by publicly dominating someone... unless it's to arouse the passerby? I have no idea (*Participant 15) ▪ *The fantasy has to make sense in some way, thus sometimes one must make the fantasy more complex to agree with it in your mind* (Participant 139). ▪ *When a fantasy becomes more complex, it becomes more interesting, and perhaps easier to find a definite emotional cause of various aspects of a fantasy. I often catch myself thinking "why do I feel this way about this" while fantasizing about something. Upon this I often explore the fantasy by giving it various attributes, and "test" my emotional response to it. Often I will find an attribute that "feels" right, and I then will realize I have an emotion that the attribute resonate with. Sometimes I then apply more attributes to further define the emotion I am feeling* (Participant 71). ▪ *Most of my fantasies are fleeting, and I think just entertaining them a bit resolves whatever need caused them to arise* (Participant 74). ▪ *I think the most intense ones tend to be the ones that are more realistic yet least likely to happen* (Participant 74). ▪ *Sexual fantasies most definitely vary and they change with my mood. Sexually, the more angry [sic] I am, the more aggressive and rough my fantasies become, to live out*

			my anger and regain control. I also don't draw out any plot settings in my mind, then it's just fast, rough action, straight into it, done. No "How did we get there, what is she wearing, where are we", just straight up penetration. If I just need a quick release, then it's the same, just not as much of a power trip, I don't go into verbal abuse for example. In such situations I don't imagine, for the lack of a better description, a human fucktoy, that's reserved for rather angry mind settings. If I'm happy, then I'm filled with softer fantasies and don't act as rough in bed. But to actually get off and get off really good, I do have to indulge in those fantasies to a certain degree. I also go into more detail, as mentioned above, imagine more about the situation, the setting and my partner (Participant 142). ▪ *Another kind of detailed fantasy is one that draws from memory and builds on it* (Participant 151). ▪ *I rarely construct a whole and complete fantasy and instead use a variety of different components which are each individually titillating to create a patchwork fantasy that explores a variety of my kinks. Sometimes fantasies incorporate thoughts or ideas which are otherwise uncomfortable for me (watching other people engage in bestiality, for example.) These fantasies are a safe outlet that doesn't support an act which is morally* (Participant 69). ▪ *Yes.*. [intensity]. *I have a lot of incestuous fantasies that are simply for gratification, as in Brother - Sister, yet I don't have a sister* (Participant 143).

			▪ *It definitely varies, I'd rather be with a sibling (if I had one) instead of being with a partner of a different race. To me it seems that incest would be extremely exciting and sexy* (Participant 31).

Appendix Z: Full results tables within chapter five and SPSS output

Table 5.5: Multiple regressions of WSFQ factors and personality trait score.

	Model		Personality Traits (β)				
Factors	R2	B	Extraversion	Agreeableness	Conscientiousness	Emotional Stability	Intellect Imagination
Exploratory	0.04	1.50	.08	.11	.00	-.06	.01
Intimate	0.11	-0.35	.16*	.24***	.02	-.05	.07
Impersonal	0.03	1.47	.11	.06	.03	-.06	.01
Sadomasochistic	0.05	-0.63	.08	.09	.04	.17***	.11

** p < .05, ** p * < .01, *** p < .001*

Table 5.6: Multiple regression of overall fantasy score calculated from WSFQ and CEQ with personality traits as the independent variables.

	Model		Personality Traits (β)				
Factors	R2	b	Extraversion	Agreeableness	Conscientiousness	Emotional Stability	Intellect Imagination
WSFQ	0.08	2.00	.13	.16*	.25	-.09	.11
CEQ	0.16	-3.27	-.02	.21**	-.04	-.16	.3***

** p < .05, ** p * < .01, *** p < .001*

Table 5.7: Multiple regressions of behavioural factors within WSFQ and personality traits.

	Model		Personality Traits (β)				
Factors	R2	b	Extravert	Agreeable	Conscientious	Emotional Stability	Intellect Imagination
Exploratory	0.19	-11.9	.29***	.18**	.03	..06	.07
Intimate	0.17	-6.56	.24***	.17**	.05	..17**	.04
Impersonal	0.09	-4.27	.21**	.09	.00	..04	.11
Sadomasochistic	0.05	-7.70	.14*	.10	.07	-.02	.07

* p < .05, ** p * < .01, *** p < .001

Correlation analysis, hypothesis one: Passive fantasy and personality

		Active Fantasy	Extraversion	Agreeableness	Consciensiousness	Emotional Stability	Intellect Imagination
Active Fantasy	Pearson Correlation	1	.209**	.172**	.030	-.012	.108
	Sig. (2-tailed)		.001	.006	.627	.853	.082
	N	259	259	259	259	259	259
Extraversion	Pearson Correlation	.209**	1	.283**	-.030	.282**	.204**
	Sig. (2-tailed)	.001		.000	.627	.000	.001
	N	259	259	259	259	259	259
Agreeableness	Pearson Correlation	.172**	.283**	1	-.097	.059	.167**
	Sig. (2-tailed)	.006	.000		.121	.343	.007
	N	259	259	259	259	259	259
Consciensiousness	Pearson Correlation	.030	-.030	-.097	1	.270**	.056
	Sig. (2-tailed)	.627	.627	.121		.000	.367
	N	259	259	259	259	259	259
Emotional Stability	Pearson Correlation	-.012	.282**	.059	.270**	1	.141*
	Sig. (2-tailed)	.853	.000	.343	.000		.024
	N	259	259	259	259	259	259
Intellect Imagination	Pearson Correlation	.108	.204**	.167**	.056	.141*	1
	Sig. (2-tailed)	.082	.001	.007	.367	.024	
	N	259	259	259	259	259	259

Correlation analysis, hypothesis one: Passive fantasy and personality

		Extraversion	Agreeableness	Consciensiousness	Emotional Stability	Intellect Imagination	Passive Fantasy
Extraversion	Pearson Correlation	1	.283**	-.030	.282**	.204**	.001
	Sig. (2-tailed)		.000	.627	.000	.001	.990
	N	259	259	259	259	259	259
Agreeableness	Pearson Correlation	.283**	1	-.097	.059	.167**	.174**
	Sig. (2-tailed)	.000		.121	.343	.007	.005
	N	259	259	259	259	259	259
Consciensiousness	Pearson Correlation	-.030	-.097	1	.270**	.056	-.015
	Sig. (2-tailed)	.627	.121		.000	.367	.814
	N	259	259	259	259	259	259
Emotional Stability	Pearson Correlation	.282**	.059	.270**	1	.141*	-.126*
	Sig. (2-tailed)	.000	.343	.000		.024	.042
	N	259	259	259	259	259	259
Intellect Imagination	Pearson Correlation	.204**	.167**	.056	.141*	1	.125*
	Sig. (2-tailed)	.001	.007	.367	.024		.045
	N	259	259	259	259	259	259
Passive Fantasy	Pearson Correlation	.001	.174**	-.015	-.126*	.125*	1
	Sig. (2-tailed)	.990	.005	.814	.042	.045	
	N	259	259	259	259	259	259

Independent samples t-test, hypothesis 5: Sexual abuse, fantasy and personality.

		Levene's		t-test for Equality of Means						
									95% Confidence	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
CreativeExp (CEQ)	Equal variances assumed	.849	.358	-1.989	257	.044	-1.257	.632	-2.501	-.012
	Equal variances not assumed			-1.866	71.184	.048	-1.257	.673	-2.599	.086
Overall Fantasy (WSFQ)	Equal variances assumed	.347	.557	-2.576	257	.011	-12.625	4.901	-22.277	-2.973
	Equal variances not assumed			-2.465	72.685	.016	-12.625	5.121	-22.832	-2.418
Extraversion	Equal variances assumed	.000	.987	1.019	257	.309	1.359	1.334	-1.268	3.986
	Equal variances not assumed			.997	74.473	.322	1.359	1.364	-1.358	4.076
Agreeableness	Equal variances assumed	.006	.938	-1.267	257	.206	-1.267	1.000	-3.237	.702
	Equal variances not assumed			-1.279	77.285	.205	-1.267	.991	-3.241	.706
Consciensiousness	Equal variances assumed	1.083	.299	.230	257	.818	.257	1.120	-1.949	2.463
	Equal variances not assumed			.218	71.969	.828	.257	1.181	-2.098	2.612
Emotional Stability	Equal variances assumed	.131	.718	1.487	257	.138	1.809	1.217	-.587	4.206
	Equal variances not assumed			1.435	73.373	.155	1.809	1.261	-.703	4.322
Intellect Imagination	Equal variances assumed	1.423	.234	-.474	257	.636	-.360	.759	-1.854	1.134
	Equal variances not assumed			-.439	70.186	.662	-.360	.820	-1.995	1.275

Independent samples t-test: Variety in sexual fantasy experiences and personality traits

		Levene		t-test for Equality of Means						
									95%	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Creative Exp	Equal variances assumed	1.950	.164	2.579	253	.010	1.395	.541	.330	2.460
	Equal variances not assumed			2.667	173.470	.008	1.395	.523	.363	2.427
Overall Fantasy (WSFQ)	Equal variances assumed	1.201	.274	2.115	253	.035	8.943	4.227	.617	17.268
	Equal variances not assumed			2.181	172.068	.031	8.943	4.100	.849	17.036
Extraversion	Equal variances assumed	.001	.970	-.201	253	.841	-.232	1.154	-2.504	2.041
	Equal variances not assumed			-.203	164.037	.839	-.232	1.140	-2.483	2.020
Agreeableness	Equal variances assumed	1.708	.192	1.610	253	.109	1.353	.840	-.302	3.007
	Equal variances not assumed			1.551	144.992	.123	1.353	.872	-.371	3.077
Consciensiousness	Equal variances assumed	.286	.594	-3.378	253	.001	-3.165	.937	-5.010	-1.320
	Equal variances not assumed			-3.423	164.580	.001	-3.165	.924	-4.990	-1.339
Emotional Stability	Equal variances assumed	1.316	.252	-1.249	253	.213	-1.294	1.036	-3.334	.746
	Equal variances not assumed			-1.223	150.902	.223	-1.294	1.058	-3.385	.797
Intellect Imagination	Equal variances assumed	1.077	.300	2.095	253	.037	1.353	.646	.081	2.625
	Equal variances not assumed			2.033	147.756	.044	1.353	.665	.038	2.668