

Examining the Use of Sex to Cope in a Forensic Sample

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The authors examined differences between sexual and mentally disordered offenders on the Coping Using Sex Inventory. Sexual offenders were more likely to use sex to cope with negative life events but did not use all forms of deviant sexual activity.

Keywords: sexual offenders, coping, deviant, forensic, mentally disordered offenders

Common in the forensic literature is the assertion that sexual offenders use fantasy and masturbation as a way to decrease interpersonal stress. For example, Looman (1995) found that child molesters in his sample of offenders were more likely to fantasize about children while they were experiencing dysphoric mood states, and Proulx, McKibben, and Lusignan (1996) had similarly found that both rapists and molesters engaged in offense-related fantasies to cope when experiencing negative affect. It has been proposed that sexual preoccupation and poor self-regulation could lead sexual offenders to use sexual means to cope with their experience of negative affect. Along these same lines, a well-cited meta-analytic study purports that sexual preoccupation and self-regulation are dynamic predictors of sexual offending and should be addressed in treatment programs (Hanson & Morton-Bourgon, 2005). In fact, the Safer Society 2009 North American Survey (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010) reported that 68.5% of male adult programs in the United States identified arousal control as a core treatment target and used behavioral sexual arousal control treatment. To assess one's tendency to use sexually related coping techniques, Cortoni and Marshall (2001) developed the Coping Using Sex Inventory (CUSI) and found that sexual offenders reported more coping using sex than nonsexual offenders (both violent and nonviolent). The present study contributes to the literature by investigating whether sexual offenders differ in their use of sex to cope from a sample of mentally ill offenders who have not committed a sexual offense and have been diagnosed with a mental disorder (e.g., psychotic disorder).

In light of the empirical literature that supports the association between poor coping mechanisms and emotional dysregulation, Chambers, Ward,

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Eccleston, and Brown (2009) proposed, in their pathways model, that sexual offenders engage in inappropriate sexual behavior as a result of their problems with self-regulation, triggered by negative emotional states. Cortoni and Marshall (2001) further hypothesized that adult sexual offenders would be more sexually preoccupied than nonsexual violent offenders and therefore use sex to cope. In their development of the CUSI, they identified three facets of sexual coping, measured by three subscales that assess the use of consent-, rape-, and molestation-oriented sexual coping. Consent-oriented sexual coping refers to consensual sex behaviors, such as fantasizing about sex with a consenting partner or using pornography depicting consenting partners. Rape-oriented sexual coping refers to the use of rape images and acts, such as using violent pornography or fantasizing about forcing an adult to have sex. Molestation-oriented sexual coping refers to the use of child sexual abuse behaviors, such as masturbating while fantasizing about sex with a child. Cortoni and Marshall recruited two independent samples from U.S. (rape vs. nonviolent vs. violent) and Canadian prisons (rape vs. child molestation vs. violent). They found significant differences between sexual offenders and nonsexual offenders in both samples, but, for the Canadian sample, they did not find differences between individuals who have committed sexual acts against adults and children. They also found that deviant sexual coping was associated with intimacy deficits, as measured by Miller's Social Intimacy Scale, and emotional loneliness, as measured by the Revised UCLA Loneliness Scale. Sexual offenders reported a greater use of consent- and rape-oriented sexual coping than nonsexual offenders, but no differences emerged between sexual offenders against adults and children. On the molestation-oriented sexual coping scale, child molesters scored higher than the other groups, indicating a greater use of this form of coping.

Using an incarcerated sample, Marshall, Marshall, Sachdev, and Kruger (2003) compared 23 extrafamilial child molesters, 22 property offenders, and 30 community volunteers on the CUSI, Social Self-Esteem Inventory, and a semantic differential measure of cognitive distortions toward children and women. Child molesters only differed from property offenders and nonoffending volunteers in terms of their cognitive distortions; namely, child molesters endorsed more cognitive distortions about children than the other two groups. However, no difference was found among the groups in terms of their self-esteem score; overall score on the CUSI; or on the thematic subscales of consent, rape, and molestation-oriented coping. Feelgood, Cortoni, and Thompson (2005) recruited an Australian sample that included 25 rapists, 36 child molesters, and 25 nonsexual violent offenders and compared the groups using the CUSI. Their findings were consistent with Cortoni and Marshall's (2001) study. Child molesters reported greater use of sex to cope than did rapists and violent offenders; specifically, child molesters reported greater use of rape- and molestation-oriented coping than did rapists and violent offenders—and the latter two groups did not differ. Child molesters also reported greater use of consent-oriented coping than did violent offenders.

There appear to be some discrepancies in the findings, although two of the studies did find that child molesters seem to use sex to cope more than other comparison groups, both sexual (i.e., rape) and nonsexual (i.e., violent and nonviolent). It is also notable that these previous studies have solely included incarcerated offenders who have formal criminal convictions. The present study provides an examination of the CUSI with a sexual offender sample in comparison with mentally disordered nonsexual offenders. Research has shown that mentally ill offenders score higher than the general and correctional populations on psychopathological measures (see Roman & Gerbing, 1989) and on measures of sexual obsession, sexual dysfunction, and faulty sexual knowledge and beliefs (Sahota & Chesterman, 1998). To date, a comparison between nonmentally ill sexual offenders with mentally ill offenders on the CUSI has yet to be conducted, and this study attempts to fill this gap in the literature.

Method

Participants

Forty male participants were recruited from a facility that served patients both in an inpatient and outpatient capacity, including 25 sexual offenders and 15 mentally ill offenders. Sexual offenders ranged in age from 25 to 60 years ($M = 43.1$; $SD = 8.7$) and had an education that mostly exceeded high school ($M = 13.1$; $SD = 2.04$). Twenty (80%) sexual offenders had committed offenses directed at children, with the remainder offending against adult victims. Ten sexual offenders (40%) were recruited from the inpatient sex offender treatment program. Ten (40%) sexual offenders indicated that they were taking prescription medication, and, of those, four indicated that they were taking antidepressant medication (specifically, a selective serotonin reuptake inhibitor), and one was taking an anticonvulsant for his seizures (five offenders did not specify whether they were taking a psychotropic medication). None of the sexual offenders in our sample were diagnosed with a psychotic disorder.

All mentally disordered offenders were receiving services from forensic psychiatric services as a result of their criminal behavior, did not have formal sexual offending convictions, and were taking prescribed medication for their mental illnesses. Of the 11 who specified the type of medication they were taking, eight indicated that they received antipsychotic medication, whereas three noted that they were taking mood stabilizers and antidepressants. Two thirds ($n = 10$) of the mentally ill offenders were recruited from the inpatient rehabilitation unit. The ages of the mentally disordered offenders ranged from 23 to 50 years ($M = 35.9$; $SD = 9.25$), and their mean education level was 12.8 years ($SD = 3.90$).

Measure

The CUSI is a 16-item questionnaire rated on a 5-point Likert scale that assesses the use of four different sexually related activities (fantasies, masturbation, pornography, sex with a partner) to cope with stressful events (Cortoni &

Marshall, 2001) and three thematic factors: consent-, rape-, and molestation-oriented sexual coping. The consent-oriented sexual coping factor (i.e., scores ranged from 5 to 25) included items such as “fantasize about having sex with a consenting adult”; the rape-oriented sexual coping factor (i.e., scores ranged from 6 to 30) included items such as “use violent pornography”; and the molestation-oriented sexual coping factor (i.e., scores ranged from 4 to 20) included items such as “have sex with a child.” Internal consistency for the overall CUSI is good, with Cronbach alphas ranging from 0.85 to 0.88 (Cortoni & Marshall, 2001; Marshall et al., 2003). Although alphas were not available in the published literature on the types of sexual activities or the thematic subscales, factor analyses indicated that factor loadings for the items in each thematic subscale (consent-, rape-, and molestation-oriented sexual coping) were .64 and above (Cortoni & Marshall, 2001).

Procedure

Participants were recruited for the study via the distribution of an information poster to both inpatient and outpatient facilities. Participants who wished to participate in the study were instructed to contact the first author to set up an available appointment for individual data collection. Participants were asked about their legal status, and this was confirmed with staff at their treatment facility to ensure that they would fall under either the category of offenders who have sexual offended or were mentally disordered. Offenders who chose to participate were then informed that the nature of the study was to aid in the understanding of the belief systems that were held by the criminal offender population, and they then completed a demographic sheet and the CUSI questionnaire. All participants, regardless of completion status, received a nominal reimbursement for their time. Upon completion, participants were thoroughly debriefed. Collection of data was continued over a 20-month period from November 2008 to July 2010.

Results

This study’s primary objective was to examine the differences between sexual offenders and mentally disordered offenders on the overall CUSI measure and its subscales. Analyses of variance (ANOVA) were conducted on the CUSI and its subscales, and Table 1 provides the means, standard deviations, and ANOVAs. It was expected that sexual offenders would have higher scores on the overall total score of the CUSI. The hypothesis was supported with sexual offenders ($M = 31.70$; $SD = 9.01$) scoring higher than mentally ill offenders ($M = 26.00$; $SD = 5.00$), $F(1, 36) = 4.84$, $p < .05$ (Cohen’s $d = 0.78$), suggesting that sexual offenders use sex to cope more than mentally ill offenders. It was further predicted that sexual offenders would endorse using the four sexually related activities and receive higher scores on the thematic factors than mentally ill offenders. Differences were noted between groups for fantasizing and masturbating as a form of coping, indicating that sexual offenders use these forms of sexual activities more than

TABLE 1
Descriptive and Inferential Statistics for Each Sample
on Each Dependent Measure

Variable	Sexual Offenders (<i>n</i> = 25)		Mentally Ill Offenders (<i>n</i> = 15)		<i>F</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Coping Using Sex Inventory	31.70	9.01	26.00	5.00	4.84*	0.78
Sexually related activities						
Fantasies	2.29	0.77	1.47	0.53	13.10**	1.24
Masturbation	1.85	0.73	1.43	0.37	4.15*	0.73
Pornography use	1.90	0.82	1.78	0.68	0.20	
Actual sexual behavior	1.87	0.65	1.75	0.50	0.36	
Thematic factors						
Consent-oriented sexual coping	2.77	1.08	2.61	0.79	0.23	
Rape-oriented sexual coping	1.31	0.59	1.03	0.09	3.24	
Molestation-oriented sexual coping	1.83	1.21	1.02	1.21	6.69*	0.95

Note. Means and standard deviations for the subscales and thematic factors were averaged across items and range from 1 to 5.

p* < .05. *p* < .01.

the mentally disordered offenders. However, no differences were observed with regard to the use of pornography or sexual activity with a partner (whether forced or consensual). When the thematic factors were analyzed, no differences emerged when consent- or rape-oriented sexual coping were examined, but sexual offenders endorsed using molestation-oriented forms of sexual coping more than did mentally disordered offenders.

Additional analyses were conducted to examine if there were any differences between inpatient and outpatient offenders. Because the sample sizes are small, we were unable to conduct a factorial 2 × 2 analyses. Hence, sexual offenders and mentally disordered offenders were grouped and subsequently separated by the place of recruitment (inpatient vs. outpatient). No hypotheses were made regarding the direction of the difference, but it was expected that differences would emerge on the total CUSI score and the subscales. Regarding the total score and the sexually related activities, no significant difference emerged between groups. Of the thematic factors, a significant difference was found, showing that outpatient offenders (*M* = 1.13; *SD* = 0.34) endorsed using more molestation-oriented sexual coping than inpatient offenders (*M* = 1.81; *SD* = 1.27), *t*(35) = 2.14, *p* < .05. No between-group differences were found for the rape-oriented or consent-oriented sexual coping subscales.

Discussion

The findings from our study provide further evidence that sexual offenders use sexual activities to cope with stressful and upsetting situations when compared with other offenders. Consistent with our hypotheses, we found

an overall significant difference on the use of sex to cope with negative affect with sexual offenders using sex to cope more than with mentally disordered offenders. Specific sexually related activities were examined, and a similar trend was expected. Differences were found in the use of fantasies and masturbation, indicating that sexual offenders use fantasy and masturbation more. However, sexual offenders did not differ from mentally disordered offenders in their use of pornography or intercourse to cope with stress. Despite the paucity of literature examining the pornography usage and sexual activities of nonsexual offenders, these findings may not be surprising in light of Carter, Prentky, Knight, Vanderveer, and Boucher's (1987) early findings that showed no difference between rapists and child molesters in their pornography usage, and Tewksbury and Demichele's (2005) more recent study that showed that nonsexual offenders were more likely to receive pornographic materials in prison than sexual offenders. Although these studies do not necessarily compare the preferences of sexual and nonsexual offenders, the use of pornography may be quite common to both groups, and it possible that intercourse as a form of coping is also common for both groups.

As predicted, sexual offenders used molestation-oriented sexual coping more than did mentally disordered offenders, despite our sexual offender sample including a mix of offenders who have victimized children and adults. The results from the current study parallel the results from studies conducted by Cortoni and Marshall (2001) and Feelgood et al. (2005). A difference emerged between inpatient and outpatient offenders that suggested that those who were outpatients were more likely to use molestation-oriented coping. However, it is important to concede that 15 of the 20 outpatients were sexual offenders compared with equivalent numbers of mentally ill and sexual offenders in the outpatient group. Of note, no differences were found in the use of consent-oriented or rape-oriented sexual coping. It may not be surprising that there were no differences between the two groups regarding consent-oriented sexual coping, because there are no inherent reasons for differences to emerge. Although it was expected that there would be a higher score on the rape-oriented sexual coping factor for the sexual offenders, the lack of significant findings may be the result of the small number of sexual offenders who offended against adults ($n = 5$) and the larger number of child molesters in the sexual offender sample. It is possible that this expected difference would emerge in a separate sample of rapists rather than the mixed sample of sexual offenders that we included in this study.

Some implications and considerations could be drawn from our findings. The CUSI has promise as a measure of a core treatment target of arousal control, or more specifically as a measure of sexual self-regulation. The findings in this study demonstrate significant differences between a sexual offender and mentally ill offender sample. However, it is also important to consider whether these differences are clinically and meaningfully relevant. Many researchers have emphasized the need to establish representative norms to ensure that what is being measured is not merely within the "normal" level of functioning but rather in the deviant range to warrant

attention as a treatment target (Jung & Gulayets, 2011; Nunes, Babchishin, & Cortoni, 2011). Given the intended use of the CUSI to identify deviant sexual coping and potentially use this information to identify treatment targets, it may be more fruitful to identify what types of coping are being used and what level of use would draw some concern.

Another consideration to note is that, regardless of the breakdown of the different types of sexual offenders (e.g., child molesters, rapists), there is a clear difference in their use of fantasies, masturbatory behaviors, and molestation-oriented sexual forms of coping to manage stress and negative emotional experiences when compared with mentally ill offenders. The findings in this study are consistent with the published literature. For example, theorists purport that there is a relationship between self-destructive behaviors and psychologically aversive states among the general population (Baumeister, 1991) and among sexual offenders (Ward, Hudson, & Marshall, 1995). Contrasting from these views, McCoy and Fremouw (2010) suggested that the relationship between negative affect and sexually offensive behaviors is not necessarily as strong as the literature contends it to be. Their paper asserts that measures of loneliness, intimacy, and sexual coping could simply be reflecting the consequences of being caught for sexual offending, rather than a true underlying difference between sexual offenders and nonsexual offenders. Further examination of these possible "demand characteristics" is necessary before making conclusive statements about sexual coping among sexual offenders. Unfortunately, we were unable to include a measure of social desirability to examine self-presentation biases that are sometimes associated with self-report inventories.

It is important to note that our study is not without limitations. We sampled from one facility; we could not match the samples by age, education, or criminal history; and our findings may not necessarily be generalizable to other regions. Also, our sample sizes were small, although they were comparable with the sample sizes used in the studies conducted by Marshall, Cortoni, and their colleagues (Cortoni & Marshall, 2001; Feelgood et al., 2005; Marshall et al., 2003). The current study solely included male offenders in both samples. This is consistent with past research, which has yet to address the use of the CUSI with female sexual offenders. Hence, no conclusions can be drawn at this time, without further research, regarding female sexual offenders and their use of sex to cope.

In conclusion, this research was needed to further examine the use of sex as a coping strategy among sexual offenders when compared with mentally disordered offenders. Moreover, the specific differences between the groups on the CUSI adds to the current literature that validates the use of the CUSI with sexual offenders and, more specifically, the molestation-oriented subscale, as measures of coping among sexual offenders. Further research, using larger samples of both child molesters and rapists and administering social desirability measures, that also includes follow-up data on sexual intimacy and sexual recidivism would allow for the examination of the relationship between the range of ineffective sexual coping strategies with interpersonal success and sexual violence risk.

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