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Social relationships in sexual offenders

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ABSTRACT *In this paper the importance of relationships for understanding sexual offenders is discussed. Studies of social competence in sex offender populations are reviewed. A move from the study of social skills to social relationships is noted and this is seen as an important development. An attempt is made to locate relationships within current models of sexual offending. Relationship formation will need to be more thoroughly addressed in assessments and treatment programmes in the future.*

Introduction

The notion that sex offenders have a deficit in their heterosocial skills leading to difficulties in forming appropriate relationships and hence causing them to develop inappropriate sexual relationships has been popularly held by both laymen and professionals (Quinsey, 1977; Abel *et al.*, 1978). Although this view would seem to have much face validity, the research evidence for such deficits is scant and the studies which have been conducted are often problematic. Despite this lack of evidence for the need for social skills training, many sex offender treatment programmes include such training as an important component. The purpose of this paper is to review the issue of social relationships in a broader fashion, without focusing exclusively on social skills, taking account of many other aspects of the development and maintenance of social relationships. The effects of early relationships and the ability to form relationships in adulthood will be reviewed and the implications for treatment will also be considered. We will attempt, also, to put research on relationships into the context of current broad theoretical models about the aetiology of sexual offending.

Do sex offenders have social skills deficits?

Although there have been a number of descriptive studies suggesting a lack of social skills leading to social isolation and inability to form relationships in sex offenders (Laws & Serber, 1975; Clark & Lewis, 1977; Marshall *et al.*, 1979), there are only a few studies which have looked specifically at the types of deficit found in different

groups of sex offenders. It is important to separate out different groups of sex offenders rather than treat them as homogenous. It is likely that different offence types serve particular functions for the individual, some being more related to social competence problems than others. Blair & Lanyon (1981), for example, in their review of the literature on exhibitionism, report that exhibitionists are characterized as having poorer social skills and marital adjustment, poorer heterosexual skills and less heterosexual activity, more difficulty in handling hostility and aggression and are more timid and unassertive than other sex offenders. A number of forms of sexual deviance, such as exhibitionism, voyeurism, obscene phone calling, frottage and underwear stealing, are often viewed as attempts to gain sexual gratification without the need to interact in any way, and indeed may be viewed as a substitute for a social relationship. Interestingly, Marshall *et al.* (1991) report that exhibitionists in treatment did best in programmes that focused on social deficits.

Most studies assessing social functioning deficits have tended to focus on child molesters and rapists. Segal & Marshall (1985), for example, compared rapists and child molesters to non-sex-offending inmates. These authors found that lower socio-economic status subjects were less skilled generally and more anxious than higher socio-economic status subjects. The child molesters presented a clearer profile of inadequacy than the rapists and also rated themselves as less skilled and more anxious in heterosexual interactions. They were also less assertive in accepting positive feedback. The rapists studied were found to be more similar to other low socio-economic status males. Stermac & Quinsey (1985) matched groups of rapists, non-sex offending inmates and community controls and found that rapists were most similar to non-sex-offending inmates, but that both groups were poorer than the community control males. Barlow *et al.* (1977) compared 10 sex offenders with 20 socially skilled males and found differences at the conversation form, voice quality and affect level. Gordon *et al.* (1980) also found sex offenders to be more socially anxious and Stermac *et al.* (1990) stated that they were less skilled in conversations than other men. Overholser & Beck (1986) also found child molesters to be less assertive than rapists, incarcerated non-sex-offenders and community controls. In a behavioural assessment of a controlled social interaction, both child molesters and rapists were significantly less skilled than community controls, both in conversation form and in overall levels of social skill.

Cognitive and other skills

Segal & Marshall (1986) reported discrepancies between self-efficacy predictions and actual performance in a population of rapists and child molesters. Child molesters were significantly poorer at predicting and evaluating their performance and were also lowest in their self-efficacy rating. Segal and Marshall regard self-efficacy rating as important since an individual's awareness of performance is essential for skilled behaviour. Marshall & Eccles (1991) have gone on to suggest that the reason why there is scant evidence of sex offenders having deficits of social competence is that studies have failed to separate out specific skills for investigation. Marshall & Eccles consider three sets of component skills as suggested by McFall

(1982; 1990): decoding, decision and enactment skills. They report that although most studies have been of enactment skills, it is important to consider the other skills as well. Indeed, studies looking at decoding skills have shown deficits in sex offenders. Lipton *et al.* (1987) found that rapists had problems interpreting the cues emitted by a female in a date situation role play. They consistently read negative emotional cues as signs of positive interest. Marshall *et al.* (1984) found differing judgements of behaviour in different groups of sex offenders. Child molesters saw under-assertive behaviour as the best response, whereas rapists saw aggression as the most appropriate response. Decision skills involve being able to generate options, choose the best option and then evaluate the consequences of choosing that option. Barbaree *et al.* (1988) reported that child molesters had problems in social problem-solving. While child molesters could recognize a problem and generate a range of options, they then chose the wrong option and failed to see the negative consequences of this choice. They concluded that child molesters may have deficits in the cognitive processing that precedes social behaviour. Stermac & Segal (1989) also found that child molesters saw children's behaviour as more seductive and saw children as more responsible for sexual contacts than did others. However, it is not certain that this is a function of a social deficit rather than a cognitive distortion used by child molesters to excuse or justify their behaviour.

Relationship difficulties

A number of authors, for example, Marshall & Eccles (1991), suggest that sex offenders may also be deficient in skills that maintain and enhance relationships. The dimension of intimacy may be particularly important (Marshall, 1989). Consistent with this, Saunders *et al.* (1986) report serious marital problems in the relationships of incestuous fathers. Williams & Finkelhor (1990) also report that all eight studies of incest offenders that have examined the characteristic of social isolation and lack of social skills in incestuous fathers have found it to some degree. Parker (1984) similarly reported that 31% of the incest offenders in his study said they had almost no close friends, compared to only 11% of the controls. Quinn (1984) and Strand (1986) found that incestuous fathers have low levels of group activity and participation and Strand (1986) found impoverished interpersonal relationships with incestuous fathers. A further four studies have found high levels of introversion among incest offenders as measured by psychological testing (Panton, 1979; Kirkland & Bower, 1982; Langevin *et al.*, 1985; Scott & Stone, 1986).

Seidman & Marshall (1990 and Marshall & Seidman, 1991) report deficiencies in intimacy in all groups of sex offenders, stating that they are socially lonely and lack intimacy in their lives. Marshall (1989) suggests that a failure to develop a capacity for intimacy is critical in the development of sexual offending. This will be reviewed in a later section. Other reported deficiencies concern the lack of empathy (Finkelhor, 1984) and deficiencies in recognizing emotions in others (Hudson *et al.*, 1991).

Relationships and cycles of abuse

The individual's experience of early childhood relationships is sometimes viewed as being significant in later sexual offending. Equally, difficulties in adult social relationships are seen by some as leading to inappropriate sexual behaviour. One model that combines both of these notions is that proposed by Wolf (1984). Wolf suggests that the experience of being victimized either emotionally, physically or sexually in early relationships leads to the individual holding the belief that such behaviour is permissible and to be desired if one wishes to be in control and have power. Such a belief, coupled with other characteristics that predispose the individual to behave in a sexually abusive manner, lead the individual to offend. Once the individual has committed an offence a pattern of offending may be established which is seen as highly repetitive and addictive. This 'cycle of abuse' has become a popular framework for understanding offending patterns. First adapted for use with adolescent sex offenders by Lane & Zamora (1978), it breaks the offending pattern into a series of stages: the period leading up to the offence, committing the offence, reconstituting after the offence, leading back to the stage of committing further offences. A common theme for such abuse cycles is that the cycle is triggered by the individual feeling bad about himself in some way, which leads to a lowering of self-esteem, an expectation of rejection, and adopting a coping strategy of withdrawal in order to deal with the perceived and expected rejection. With regard to social relationships, arguments within relationships or difficulties in forming relationships are frequently cited as examples of triggers for the cycle (Lane, 1978; Wolf, 1984). Withdrawal from social relationships and resulting isolation is a common finding in the clinical experience of the authors. However, not all sex offenders fit this category. For example, a client of one of the authors, Mr A, a sex offender who abused his children, described a scenario of having a row with his wife, 'storming out' of the home to the pub, becoming drunk and returning and abusing his children. On closer investigation, however, it transpired that this decision to abuse actually *preceded* the argument, which he had deliberately provoked in order to justify leaving the house and becoming drunk, which in turn he used to justify the abuse of the children. Clearly, therapy aimed at improving Mr A's ability to resolve arguments with his wife would not have been relevant in this case.

Socio-cultural influences

No consideration of the nature of social relationships engaged in by sex offenders can be complete without considering socio-cultural influences on the individual. Stermac *et al.*, (1990) review cross-cultural studies showing that social variables are associated with differing levels of sexual assault, particularly variables relating to the relative positions of men and women in society. Although it is generally assumed that sexual assault against women and children is not condoned by society, there is evidence that attitudes condoning sexual aggression and encouraging victim blaming are common, both in society generally and even among professionals (Stermac *et al.*, 1990). Victim surveys reveal a high prevalence of sexual aggression in society as a

whole, and studies of male college students reveal a high level of sexual aggression which would appear to be unreported. Surveys by Burt (1980) and Hall *et al.*, (1986) are among studies which show that there is a relationship between rape attitudes and the perception of sex roles in society. In an earlier study, Spence, Helmreich & Stapp (1973) reported that negative stereotypes or myths about rape positively correlated with the beliefs that female social roles and rights should be more restricted than males. Although the majority of these studies concern attitudes towards assault of adult women, Stermac & Segal (1989) found much victim blaming and permissive attitudes towards adult-child sexual contacts. These studies show that the quality of social relationships is not simply about the level of social skill the individual possesses, but that social behaviour is likely to be greatly influenced by the attitudes and beliefs perpetrators have about their rights and expectations in sexual relationships, as well as their own perception of their functioning within those relationships.

Empathy

Empathy has been shown to be negatively correlated with aggression in general and with physical abuse of children. Empathy involves three components: the cognitive discrimination of affective cues in others; the ability to assume the perspective and role of others and a capacity for affective responsiveness. Empathic responsiveness plays an important part in the socialization of internalized control over behaviour and is dependent on early nurturant relationships with parental figures (Aronfreed, 1968), just the sort of relationship observed to be frequently absent in the background of sex offenders (Marshall 1989). Whether child abusers and rapists misperceive the distress of victims or whether they perceive it but fail to respond with appropriate affect or behaviour remains an important area for future research.

Empathy also plays an important part in the successful maintenance of normal social relationships. Clinically, sex offenders in general are notable for their lack of empathy for their victims and development of victim empathy is a large component of most treatment programmes. However, as yet there is no clear-cut research evidence that sex offenders lack empathy either generally or specifically related to their own victims. From clinical experience, it would seem that many sex offenders are highly egocentric and find it hard to empathize with others, even with other sex offenders in treatment groups. Owen & Steele (1991) report that a high introversion score at the end of a treatment programme was a predictor of future reoffending. They suggest that if an individual remains introverted and does not become part of the group then he misses out on the benefits of group therapy in terms of increasing empathy, lessening isolation and improving social skills. The hypothesis that successful social functioning is linked to empathy is, at least, plausible. Being empathic promotes understanding of others, the ability to see others' viewpoints and perhaps a genuine interest in what others have to say. It appears to be evident clinically that as treatment groups progress over time, some of the group members who had previously been very egocentric and isolated begin to develop such skills. This is an important area for future research. Important treatment issues arise

regarding empathy and sadistic offenders. Whereas non-sadistic sex offenders minimize harm and pain caused to victims, sadistic offenders are fully aware of the pain they cause and gain satisfaction from it. The common method of promoting victim empathy, by sensitising sex offenders to the harm they are causing, is obviously not a suitable technique for sadistic offenders. The question of how to promote empathy in such individuals remains an unresolved problem.

Theoretical frameworks: Finkelhor's precondition model

There have been various attempts to provide broad theoretical frameworks for understanding sex offenders and for planning and evaluating treatment approaches. One of the more influential models, though it relates mainly to child sexual abuse, has been the Finkelhor precondition model (Finkelhor, 1984). Finkelhor's model has been influential among clinicians as a framework for both assessment and treatment. It also has strong face validity and is broadly consistent with psychological principles and findings. For the purposes of this paper, it would be useful to try to locate the construct of relationships within Finkelhor's model. In his account, Finkelhor acknowledges the isolation of psychological theory based on perpetrators and theory derived from studies of children and families. His aim is to produce a model which will address both the intra-perpetrator and situational aspects of child sexual abuse, and which will be equally applicable to familial and non-familial incidents. His model amounts to the proposition that four preconditions need to be met before sexual abuse can occur. Thus it is a theory about the necessary conditions for abuse. The four preconditions are: (a) motivation to sexually abuse; (b) overcoming internal inhibitors; (c) overcoming external inhibitors; and (d) overcoming the resistance of the child. We would argue that relationships are an important feature of, and are implicated in, preconditions a), c) and d).

Finkelhor specifies three components of the motivation precondition—emotional congruence, sexual arousal and blockage. The notion of emotional congruence refers to the child satisfying some important emotional but non-sexual need of the potential perpetrator. Emotional congruence is highly plausible as a motivating factor in two ways. First, clinically it is commonly observed that many sex offenders report an affinity for the company of children. They appear to find children attractive in ways other than physical or sexual. Second, Finkelhor's concept of emotional congruence is consistent with the observation that normal sexual attractions are also mediated by factors of a relational rather than a sexual nature. For most people, choice of sexual partner is unlikely to be determined purely by the degree of sexual arousal experienced. Most of us probably choose sexual partners in part because the person is emotionally congruent with us. What makes a person emotionally congruent for sex offenders or for non-sex offenders is not entirely clear. Clinically it is obvious that many sex offenders are comfortable with children and find a degree of satisfaction and enjoyment in relationships with children that they do not find in relationships with adults. Dominance and threat seem to be important variables here. In a study in 1979, Howells found that sex

abuse perpetrators were more preoccupied with dominance in their construction of relationships than controls and that children were viewed as non-domineering and hence attractive. This study used the Repertory Grid technique to assess perceptions of relationships. Horley (1988) used a similar method, but failed to replicate Howells' findings. However, Horley makes the important point that the subject groups of such studies are highly variable and that such variability may mask genuine experimental/control group differences. To understand fully the emotional congruence that some sex offenders appear to experience with children, we need ideally to understand how children differ behaviourally from adults in relationships and how they are perceived to differ from adults by the perpetrator. Unfortunately, little research effort as yet has been directed towards these questions.

We would also argue that relationship variables are strongly implicated in Finkelhor's third component of the motivated precondition—blockage. Blockage appears to refer to obstacles in the development of socially acceptable relationships. The term itself has unfortunate hydraulic connotations, reflecting perhaps the influence of psychodynamic thinking on Finkelhor's theory. Indeed, as examples of blockage, Finkelhor includes 'Oedipal conflict' and 'castration anxiety'. However, 'inadequate social skills' and 'marital problems' are also mentioned as examples of blocking variables. The notion that child abusers, and indeed other sex offenders, are blocked in sexual relationships with adults and 'turn to' children or other deviant behaviours as alternatives may be a stereotype widely held by the lay person and by mental health workers. As discussed elsewhere in this paper, however, the evidence for social skills deficit having a causal role in determining general antisocial behaviour is far from conclusive (Howells, 1986; Henderson & Hollin, 1986). Several studies have indeed reported some social difficulties in paedophilic offenders. It remains difficult to know whether such deficits, when they do occur, are generally causal or whether offender populations are biased in that poor social skills are a causal factor in being apprehended and sent to a penal or psychiatric facility. The emphasis in early treatment programmes (Crawford & Allen, 1979; Crawford, 1981) was on conversational and dating skills, but more recently authors stress the importance of the development and maintenance of relationships. From this perspective the blockage discussed by Finkelhor may occur not just at the level of being able to hold a conversation with an adult partner, but more importantly at the level of establishing intimacy (Marshall 1989). Marshall's review (see Marshall in this edition) does suggest that the failure to achieve intimacy instigates a range of offensive behaviours including aggression to women and sexual offending. His distinction between social and emotional loneliness is also an important one. He suggests that the latter, emotional loneliness, may be more destructive and also more important in the explanation of sexually abusive behaviour. This proposition clearly has important implications for treatment, suggesting the need to focus on assisting perpetrators to establish intimacy and long term involvement with a partner, rather than a narrow focus on conversational or other such skills. Marshall's theory also throws some light on the nature of the 'emotional congruence' provided by children for perpetrators. It might be expected that children would be differentiated from adults by perpetrators on intimacy-related rather than on broadly social

interpersonal constructs. This suggestion would be testable empirically using established assessment methods (Horley, 1988).

We suggest here, then, that the important aspect of Finkelhor's 'emotional congruence' notion is the specification of the importance of the non-sexual aspects of interpersonal attraction and relationships. The non-sexual determinants of interpersonal attraction and relationship formation in normal adults have been widely and thoroughly discussed by social psychologists. The nature of perpetrators' non-sexual attraction to children needs to be illuminated by such studies of adults' interpersonal attraction in general.

Relationship variables may also be implicated, to a small degree, in the internal inhibitors precondition. This precondition concerns factors which may lead a person to overcome the normally acquired internal inhibitors against sexual offending. Although Finkelhor does not include empathy within his list of disinhibiting factors, it does seem to be a variable which could be construed in this way. Indeed Finkelhor & Lewis (1988) have generally discussed the role of empathy for perpetrators though not in relation to the precondition model. It could be argued that the motivation to abuse, or to rape, may not result in abusive behaviour if the latter is inhibited by the potential perpetrator's empathic reaction to a potential victim.

Relationships are implicit in Finkelhor's third precondition: overcoming external inhibitors. Motivation and internal disinhibition are still insufficient, according to this model, to produce abusive behaviour unless external inhibitors in the environment can be overcome. Absence or illness of mother, lack of closeness and protectiveness between mother and child, social isolation of the family, unusual opportunities to be alone with a child, have all been found to be correlates of abuse and all are consistent with low surveillance and supervision. We would argue that child sexual abuse is inhibited when the child is effectively embedded within a normal context of relationships. Mothers, neighbours, siblings, friends and teachers are all potential deterrers or inhibitors of sexual abuse. Where a relationship with any of these is abnormal then the normal regulatory function performed by such relationships is diminished. Abnormal relationships within the family may be particularly important in this respect and indeed many family based intervention programmes for child sexual abuse are based on often implicit assumptions about the pathology of family relationships. Bentovim's (1991) influential approach, for example, stresses 'increasing authority for the mother' as a treatment objective. The assumption seems to be that in abusive families the mother's authority over children and father is inadequate. Excessively patriarchal family relationships, it is suggested, remove the capacity of the mother to protect her children. Bentovim also suggests there is an absence of strong 'rule structures' within abusive families. Confusions as to role boundaries (who adopts parental and child roles within the family) are common. The implicit hypotheses here, again, appear to be that families at risk of sexual abuse have abnormal relationships and are poor at devising external ways to inhibit sexual behaviour, and that role confusion eliminates normal parental supervision and regulation.

The overcoming child resistance factor clearly also concerns relationships. Child sexual abuse may not occur for the potential perpetrator who is unable to

produce compliance in a child. Compliance often seems to be produced by deliberate manipulation of the relationship with the child so as to make compliance likely. Emotional insecurity and deprivation in the child, and lack of sexual knowledge have been suggested as factors predicting compliance. There is evidence from perpetrators themselves (Conte *et al.*, 1989) that the emotional characteristics of children (whether needy or unhappy for example) play a part in their selection of victims (See also Budin & Johnson, 1989). Coercion may also be a common feature of abusive relationships. Conte *et al.*, (1986) report that 7% of victims are physically harmed or injured, 33% threatened with harm and 23% physically restrained. Coercive relationships allow the child's resistance to be overcome.

Marshall & Barbaree's integrated theory of sexual offending

The Finkelhor theory we have just discussed is not so much a theory of development of sexual deviance; rather it is a theory specifying the conditions required for sexual abuse to occur. Marshall & Barbaree (1990) have proposed a more general theory of the development of sexual offending. Their theory is highly plausible and accounts for a large number of empirical research findings. Marshall and Barbaree's theory incorporates biological, child-rearing, socio-cultural and other factors. Nevertheless, relationships play a major part within the general model they propose. Poor parental socialization and poor family relationships are seen as leading to a serious lack of confidence in at-risk boys, as well as feelings of resentment and hostility. Disruptive family relationships are viewed as producing a failure to develop sufficiently strong constraints against the inappropriate expression of sexual impulses. Poor family experiences also lead to a diminished capacity for intimacy which, as Marshall & Barbaree indicate, serves to alienate the person and to cause him to experience emotional loneliness and subsequent aggression and hostility. If Marshall & Barbaree's theory of aetiology can be regarded as influential and typical of current thinking, and we believe it can on both counts, then it is clear that the construct of relationships plays a major part in the contemporary understanding of the causes of sexual offending.

Treatment

Marshall & Barbaree (1989) describe a very comprehensive range of methods which they include under the heading of enhancing social competence. As well as using techniques to enhance motor, verbal and perceptual skills, they also aim to reduce anxiety and increase confidence in relationships, develop empathy, increase assertiveness, decrease social anxiety, improve relationship skills and marital adjustment, improve anger control and social problem-solving and increase social self-esteem. These authors also focus on sex education as they feel this helps to modify the often characteristic prudishness of sex offenders which may be harmful within the setting of a relationship. Marshall & Barbaree advocate the use of group therapy with both male and female therapists present to act as appropriate role models. Situations are 'brain-stormed' and ways of dealing with them are discussed.

Examples of effective social behaviours may be modelled and then rehearsed using role play with the provision of feedback.

It is highly likely that social skills training will continue to play an important part in the treatment of sexual offenders in the future. However, social skills programmes will need to be of a far more sophisticated and theoretically sound sort. McFall (1990) has described in detail both the multi-faceted nature of the assessments needed and the components of an adequate social skills treatment programme. Social skills programmes will need to attend to the enhancement of decoding skills, decision skills and behavioural enactment skills, as described by McFall. There is an urgent need for similar fine-grained analyses of more complex social relationship difficulties relating to intimacy and long-term interactions with partners.

Improving relationships is often seen as an important aspect of relapse prevention, in that improved communication between partners as well as enhanced self-esteem can help reduce the need for sexual offending. As it seems that many social problems may lie in the individual's perception of his performance as being poor, rather than in his actual behavioural incompetence, improved confidence and self-esteem is vital. This suggests that the deficits requiring help are more often cognitive than behavioural.

Different types of sexual offenders are likely to require different kinds of therapeutic approach and different targets for change. As an illustration of this point, we shall describe here two illustrative types of intrafamilial offender who require fundamentally different approaches.

Type A is often quite young and immature and despite being physically attractive, has very poor self-esteem and does not consider himself to be attractive to females. Such offenders frequently seem to choose as partners women who appear much older and whom they do not find particularly sexually attractive. However, such partners tend to 'mother' them and look after them. Such women may already have children whom the offender finds attractive sexually and goes on to abuse. It is debatable whether such men seek out such women because of their children or because they feel safe and comfortable in such a relationship. An example of such a case is Mr A. Mr A married his wife, who was some years older than he, when he was in his early twenties. He had been very shy and had few girlfriends prior to his marriage. Although he was generally considered to be physically attractive to women, he did not regard himself as such. He did not find his wife sexually attractive and stated that this made him feel 'safe'. He described being very under-assertive in their relationship and would let his wife make all the decisions for the sake of an easy life, but would then resent many of the decisions that she made. His wife had a child from a previous relationship and as this daughter approached puberty, Mr A found her very sexually attractive and began to abuse her sexually. During treatment the family decided that they did not wish to reunite and Mr A continued in therapy on a long-term basis. During this time one of his targets was to increase his communication and assertiveness skills. It was noticed that he became more sociable generally and formed friendships with both men and women. Prior to finishing therapy he formed a relationship with a woman slightly younger

than himself, whom he considered attractive and with whom he reported a good relationship.

Type B is the highly dominant and controlling individual who tends to seek out as a partner someone over whom he can exert a great deal of control. Such partners often tend to be 'inadequate', under-assertive women who are frequently much younger than their partner. It is the authors' experience that such men are frequently very difficult to engage in therapy and have a strong need to exert control in a therapeutic situation. For them the focus needs to be examining their need for power and control and developing more appropriate ways of interacting. We would hypothesize that such men are probably themselves feeling 'inadequate' and compensating for this by exerting control over others in order to boost their own self-confidence. It must be noted that these two types are hypothetical and illustrative of the range of problems found in clinical populations.

Conclusions

In summary of the major points raised in our review, we suggest the following conclusions. Although social skills deficits are not found in all sex offenders, they are likely to be significant in some cases. Where social skills deficits do exist, they are frequently deficits in the cognitive components of social competence. Many sex offenders have major difficulties in establishing and maintaining longer-term intimate relationships. Factors contributing to these difficulties are likely to include empathy deficits and inappropriate, culturally-induced expectations concerning sexual relationships.

We have agreed, too, that the construct of relationships is a dominant one in influential contemporary theories about the aetiology of sexual offending, such as those outlined by Finkelhor (1984) and Marshall & Barbaree (1990). Relationship variables are relevant to motivation to offend, to failures of external inhibition and to overcoming the victim's resistance. It follows that relationships need to be a core variable in therapeutic programmes. We anticipate that the future will see the development of more complex theoretical analyses, assessments and intervention methods for disordered relationships in sexual offenders.

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