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Sex Offending Viewed Through the Lens of Self-Regulation: A Theory and Preliminary Findings

Stinson, J.D., S.B. Robbins, and C.W. Crow. (2011). Self-regulatory deficits as predictors of sexual, aggressive, and self-harm behaviors in a psychiatric sex offender population. Criminal Justice and Behavior, 38(9), 885-895.

By Lori Whitten, Staff Writer, RTI International, Rockville, MD



We do it all the time, perhaps without awareness: Anger wells up suddenly, but we quell it by taking deep breaths and a quick walk rather than picking a fight with a loved one. This is emotional self-regulation in action, and it involves exerting control over feelings, particularly distressful ones, with strategies and skills learned and practiced over a lifetime. It is just one of the many processes—along with self-regulation of our thoughts, judgments, and interactions with others—that we develop to deal with the world and its stresses.

Everyone has a collection of self-regulation skills; these patterns of behavior fall on a continuum from adaptive, as described above, to maladaptive. When people respond poorly to anger, with aggression or substance abuse, such patterns generate relationship conflicts, self-blame, and a host of other problems.

Some researchers and clinicians theorize that individuals with psychiatric disorders—those who harm themselves, abuse substances, and engage in aggressive and criminal behavior—have maladaptive self-regulation skills and deficits. Jill D. Stinson, Ph.D., of East Tennessee State University, and colleagues recently applied this approach to sex offending. Their theory, which they call the multi-modal self-regulation theory, suggests that some people with maladapted self-regulatory skills engage in harmful sexual behaviors to control their moods, thoughts, and relationships with others. According to the theory, many sex offenders have deficits in emotional, cognitive, and interpersonal self-regulation that influence their behaviors. These problems originate from complex processes involving specific biological and environmental factors that have shaped the sexual offenders' dysfunctional patterns of thought and sources of reward.

“Our theory looks at the development of sex offending behavior through a lens of self-regulation,” Stinson says. “Sex offenders often have self-regulation difficulties from an early age—for example, they have strong emotional reactivity, which has biological underpinnings, and get angry more easily and intensely than others and have difficulty calming down. Although this description applies to many people who are not necessarily sex offenders, those who are sex offenders typically struggle to learn or use healthy adaptive skills to cope with intense emotions but have great difficulty doing so. Such difficulties may be related to their own experiences of neglect or abuse, or their

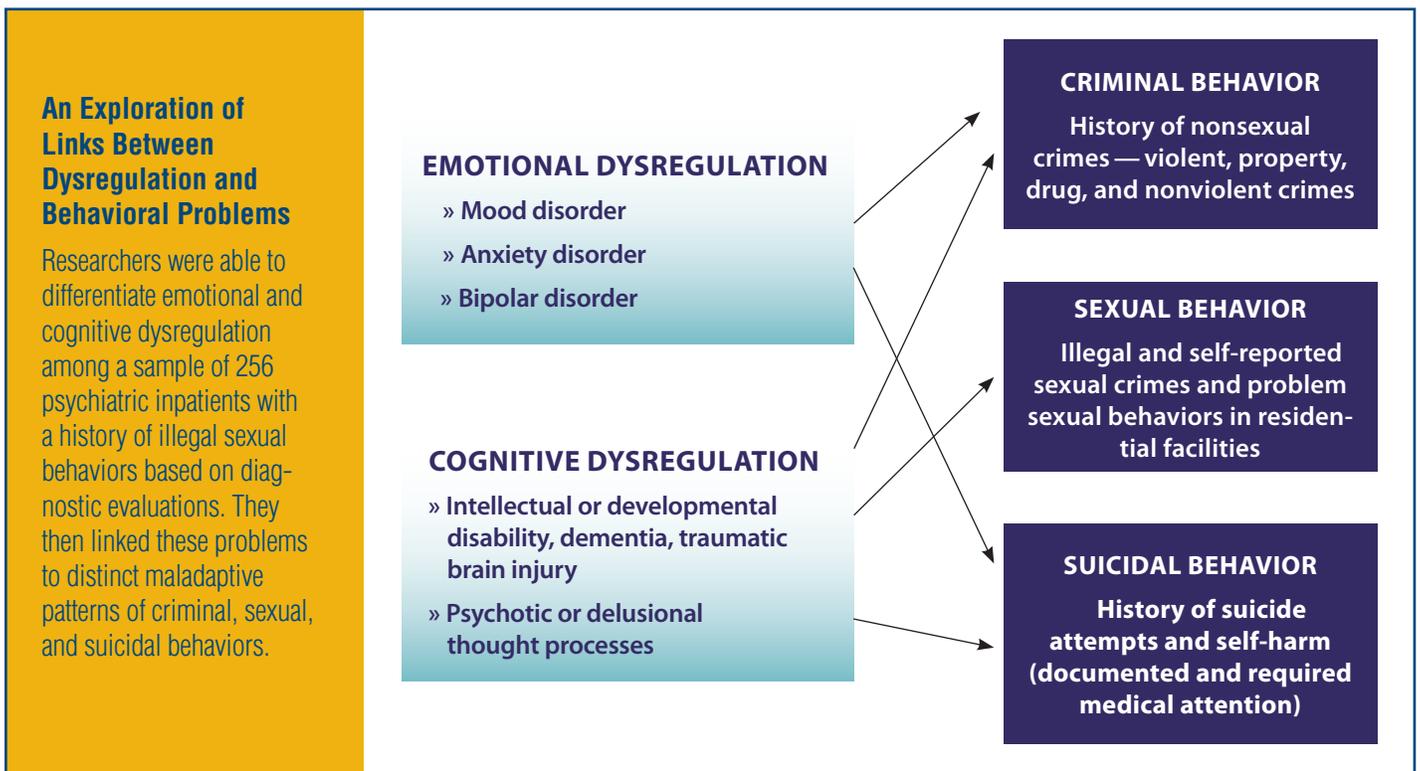
perceptions of having been mistreated by others. Over time, they learn to use sex or aggression as a coping strategy; they may also lack awareness of this maladaptive pattern.”

Many sex offenders also have dysregulated cognitions—distorted ways of thinking about victims, sexual roles, or relationships—that are uncomfortable for them or others but nonetheless influence their feelings and behaviors. “For example, offenders might make dysregulated judgments about a person or situation, such as perceiving an insult or rejection when none was intended, and get angry about it. They then respond aggressively because they lack the skills to counteract distorted thoughts and the resulting strong emotions,” says Stinson. Cognitive or intellectual difficulties, including memory impairments and deficits in problem-solving skills, are also common among some groups of sex offenders, who are often frustrated by these struggles.

Dysregulation of emotions, cognitions, and interpersonal interactions are also likely to influence other serious problems that frequently co-occur among sex offenders—including non-sexual aggressive and criminal behavior, substance abuse, suicidal and self-injurious behavior, psychiatric disorders, and extreme impulsiveness. Although researchers have examined the relationships between cognitive and emotional dysregulation and maladaptive behavior patterns among other psychiatric populations, only a few have taken this approach with sex offenders. But in a recent study conducted when she was at the Fulton State Hospital in Missouri, Stinson and colleagues explored whether deficits in emotional and cognitive self-regulation were linked with specific patterns of behavioral problems among a sample of sex offenders who also had significant histories of serious mental illness and intellectual and developmental disabilities.

Examining Emotional and Cognitive Dysregulation Among Sex Offenders

In the study, Stinson and colleagues evaluated emotional, cognitive, and behavioral dysregulation among a sample of 256 psychiatric inpatients with a history of illegal sexual behaviors. The researchers analyzed a range of archival data—including hospital records, social history reports, medical and psychiatric evaluations, arrest data, psychological assessments, and reports of problematic sexual behaviors. Using a technique called factor analysis, they identified categories of emotional and cognitive dysregulation based on psychiatric information, and maladaptive behavioral patterns based on histories of criminality, sex



offending, and suicidal behaviors. The researchers then used regression analysis procedures to determine whether types of dysregulation predicted particular behavioral problems.

They found that both cognitive and emotional dysregulation predicted criminal and suicidal behavior. Only cognitive dysregulation, however, predicted sex offending behavior (see diagram, previous page).

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Stinson says the preliminary findings indicate that it may be possible to differentiate types of emotional and cognitive dysregulation

among sex offenders in psychiatric care. The finding that emotional and cognitive dysregulation predicted different patterns of behavior suggests that individuals fall into clusters based on patterns of self-regulation problems, with situational factors influencing the kind of maladaptive behavior they manifest.

Stinson says much more research is needed on the multi-modal self-regulation theory of sex offending. Future research should clarify, describe more fully, and determine how to measure cognitive and interpersonal dysregulation—which are less studied than emotional dysregulation. Researchers also need to better understand the inter-relationships between the different types of dysregulation.

Applying the Theory to Treatment

Researchers and clinicians who theorize that emotional, cognitive, and interpersonal dysregulation are central to psychiatric disorders have developed treatments to help people with these problems. One such example, which is based on teaching healthy self-regulation skills, is called dialectical behavior therapy. Stinson and colleagues have also developed a treatment manual, based on their multi-modal self-regulation theory of sex offending (<http://www.guilford.com/cgibin/cartscript.cgi?page=pr/stinson.htm&dir=pp/law>).

“In my clinical experience, therapy can help people stop engaging in these behaviors by improving understanding of their personal sources and patterns of dysregulation,” Stinson says. “Often, when people have problems, they are unaware of their own dysregulation and wait too long to address maladaptive responses. So therapists teach patients to self-monitor, so that patients can develop an awareness of the dysregulation, identify the sources of dysregulation, and learn to use adaptive skills in these different domains. To help an individual deal with extreme anger, for example, therapists identify what makes that person angry, assess the person’s normal anger level, determine his or her typical responses at different levels of anger, and evaluate what works as a healthy coping strategy,” she says.

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