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Changes in Coping Following Treatment for Child Molesters

Geris A. Serran
Heather Moulden
Rockwood Psychological Services and University of Ottawa

Philip Firestone
University of Ottawa

W. L. Marshall
Rockwood Psychological Services

Relapse prevention theory assumes that specific coping skills deficits contribute to sexual reoffending. Recent research suggests that the general coping style of sexual offenders is also ineffective. In this study changes were examined in specific and general coping deficits following a treatment program that incorporated specific skills training as well as modifying general styles. Treated incarcerated child molesters were compared to a group of incarcerated child molesters on a waiting list for treatment. Groups completed various measures aimed at identifying coping strategies used in specific high-risk situations and general coping styles. Compared to the waiting list group, treated child molesters identified more effective coping strategies in specific high-risk situations. Changes are noted in their general coping styles with an increase in the endorsement of task-focused strategies and social diversion strategies. No changes in their endorsement of ineffective strategies such as emotion-focused or distraction strategies occurred. Implications for treatment are discussed.

Keywords: *coping styles; child molesters; sex offender treatment*

Over the past several decades, researchers and treatment providers have placed an emphasis on determining whether treatment is effective in

Authors' Note: Correspondence regarding this article should be addressed to Geris Serran, Rockwood Psychological Services, 403-303 Bagot Street, Kingston, ON, Canada, K7K 4E5: e-mail geris@rockwoodpsyc.com.

reducing sexual recidivism and what approach to treatment is most effective with sexual offenders. A recent meta-analysis by Hanson et al. (2002) confirmed that the recidivism rates of treated sexual offenders (9.9%) from both community and institutional settings were lower than those of untreated sexual offenders (17.3%). As well, treatment programs adopting a cognitive-behavioral approach were deemed most effective in reducing both general and sexual recidivism. Relapse prevention (RP) has been the most common framework for treating sexual offenders. RP assumes that the inability to effectively cope with high-risk situations results in offending, and it emphasizes skills training to improve various specific coping skills.

More recently, research has suggested that the general coping style adopted by sexual offenders is also problematic (Cortoni & Marshall, 2001; Marshall, Serran, & Cortoni, 2000). Coping styles are defined as characteristic or typical ways of confronting and dealing with stressful situations (Folkman & Lazarus, 1985). The most common styles are problem or *task-focused*, which involves an active approach that deals directly with the problem; *emotion-focused*, which involves an emotional response to the problem (e.g., fantasizing, seeing oneself as victim); and *avoidance-focused*, which involves escaping from or ignoring the problem (Endler & Parker, 1990). Child molesters have been found to demonstrate an emotion-focused style, which is clearly inadequate because it increases negative self-appraisal and enhances negative mood states, both of which can increase the likelihood of reoffense.

These research findings suggest there is a need to go beyond training sexual offenders to better manage specific high-risk situations, as has been the focus of classical RP approaches. For years the classical RP approach has been uncritically accepted as the common approach to treating sexual offenders. However, Marques, Nelson, Alarcon, and Day's (2000) evaluation of their classical RP program has not been encouraging. More recent theory has identified some of the limitations of the original RP approach and offered suggestions to enhance our treatment of sexual offenders. Essentially, Mann, Webster, Schofield, and Marshall (in press) proposed that the focus on avoidance goals is problematic because they are more difficult to maintain. Following this, Ward (2002) suggested that a "Good Lives" approach to treatment, which focuses on developing healthy, satisfying lifestyles, would help offenders live an offense-free lifestyle. Because this approach to treatment encourages an overall lifestyle change (as opposed to focusing solely on skills training), general coping style is also a target.

Limited studies have directly evaluated the impact of specific coping interventions on changing the coping styles of sexual offenders (Feelgood, Golias, Shaw, & Bright, 2000; Roger & Masters, 1997). Roger and Masters (1997) evaluated a specific emotion-control training program and noted that offenders (sexual offenders and murderers) showed a significant reduction in emotional coping and impulsiveness and a significant increase in task-focused coping. Feelgood et al. (2000) examined changes in coping style among sexual offenders following treatment and demonstrated a decrease in emotion-focused coping. Both of these programs focused intensively on emotion-based issues and coping in their program, but no research has examined whether coping styles change in the context of a general cognitive-behavioral sexual offender treatment program. Considering previous research findings that demonstrate the ineffective coping strategies adopted by sexual offenders (Cortoni & Marshall, 2001; Marshall et al., 2000), it is relevant to examine whether these strategies are modified following treatment.

The aim of the current study was to determine whether child molesters would demonstrate improved coping ability following cognitive-behavioral RP treatment. Specifically, it was hypothesized that treated child molesters would demonstrate increased competency in managing high-risk situations, increased endorsement of task-focused coping strategies, and a decreased endorsement of emotion-focused and avoidance-focused strategies.

Method

Participants

Approximately 100 participants were approached at three federal prisons (Bath, Warkworth, and Millhaven Institutions), and 67 volunteered. Of the 67 volunteers, one withdrew from the study (waiting list group), and one was removed from the treatment program because of failure to fully accept responsibility for his offense. There were five participants for whom measures on the second administration of data were not secured (three from the treatment group, two from the waiting list group). Thus, attrition left 60 adult extrafamilial child molesters of whom 33 entered treatment and 27 remained on the waiting list. The latter participants had all volunteered for treatment, but there were temporarily no spaces available. All finally received treatment but not until the present study was complete. All participants signed a consent form, which included a guarantee of confidentiality of their results.

Table 1
Offender Age, Education, Marital Status, Offense History, Length of Current Sentence, Number of Victims, and Victim Type

	Treatment $n = 33$	Waiting List $n = 27$
Age (in years)	*M* (*SD*)	*M* (*SD*)
	46.45 (10.52)	46.59 (12.57)
Education	*n* (%)	*n* (%)
Grade 8 or less	2 (6.1%)	2 (7.4%)
Some high school	20 (60.6%)	15 (55.6%)
Completed high school	7 (21.2%)	6 (22.2%)
Postsecondary/trade	1 (3.0%)	2 (7.4%)
University degree	2 (6.1%)	2 (7.4%)
Marital status	*n* (%)	*n* (%)
Single	9 (27.3%)	6 (22.2%)
Separated/divorced	12 (36.4%)	9 (33.3%)
Married/common-law	12 (36.4%)	8 (29.6%)
Widowed	0 (0%)	3 (11.1%)
Offense History	*M (SD)*	*M (SD)*
General	3.63 (4.50)	1.83 (4.31)
Violent	40 (.67)	21 (.41)
Sexual	47 (1.07)	83 (.96)
Current sentence (years)	*M (SD)*	*M (SD)*
	4.85 (2.30)	5.48 (3.76)
Mean number of victims	*M (SD)*	*M (SD)*
	2.88 (2.55)	2.93 (3.07)
Victim type	*n* (%)	*n* (%)
Female	25 (75.8%)	18 (66.6%)
Male	5 (15.2%)	8 (29.6%)
Male and female	1 (3.0%)	1 (3.7%)

Note: Percentages do not always add to 100%, because not all participants provided the information.

Table 1 displays the age, education level, and marital status for the groups of participants. The age differences were not statistically significant, $F(1, 58) < 1$. Chi-square analyses revealed no significant differences between groups for education level and marital status, $\chi^2(3, N = 59) = 4.21$, $p > .05$ and $\chi^2(6, N = 59) = 7.52$, $p > .05$, respectively. The groups did not differ in terms of number of previous general, violent, and sexual offenses, Fs$(1, 52) = 2.22$, 1.48, and 1.70, respectively, ps $> .05$.

The following criteria were considered when choosing participants for the study: a conviction for a sexual offense against an unrelated child victim, no previous sexual offender programming, a minimum sentence of 2 years, a moderate or low-to-moderate risk of sexual reoffending, and a minimum of a fifth-grade education. Extrafamilial offenders were defined as having molested a child under age 14 for whom they were not functioning as a parent; nor were they biologically related to the child.

Intervention

The specific treatment program was a moderate-intensity cognitive-behavioral program with an RP component (see Marshall, Anderson, & Fernandez, 1999, for a detailed description). The treatment was delivered in a group format consisting of 10 individuals per treatment group, and consisting of 5 to 6 hr of treatment per week over a 4-month period. General targets of treatment included acceptance of responsibility, empathy, social competence (including coping skills and strategies, self-esteem, and interpersonal and relationship skills), understanding of the offense process and risk factors, and the development of a detailed self-management plan. This program incorporates some elements of RP, namely the identification of risk factors and methods of coping with those risks; however, our program emphasizes "approach goals" and incorporates the Good Lives model of treatment (see Marshall et al., in press, for details of this approach.)

Measures

Data were gathered mainly through the use of self-report measures.

Social desirability. To assess self-deception and impression management in self-reports, the Paulhus Deception Scales (PDS; Paulhus, 1998) was administered. The PDS is a 40-item questionnaire that measures the tendency to provide socially desirable responses on self-report measures. The PDS consists of two subscales: Self-Deceptive Enhancement, which is the tendency to give honest but inflated self-descriptions, and Impression Management, which is the tendency to give inflated self-descriptions to an audience. Respondents rate on a 5-point scale (ranging from *not true* to *very true)* the extent to which each statement describes them. Higher scores on the inventory indicate a greater tendency to present in a socially desirable manner.

Coping. The Sex Offender Situational Competency Test (Day, Miner, Nafpaktitis, & Murphy, 1987) was adapted from Chaney, O'Leary, and Marlatt's (1978) measure for alcoholics and identifies specific coping skills in high-risk situations. Interviews were conducted with sexual offenders, and various categories of high-risk situations were drawn from these interview transcripts. The test consists of 14 situations drawn from a pool of 58 items. The situations were developed by Day et al. (1987) to represent six categories of high-risk situations: intrapersonal negative emotional states, intrapersonal negative physical states, testing control, disinhibitors, interpersonal conflicts, and social pressure. Four versions of this test are available: a homosexual child molest version, a heterosexual child molest version, a bisexual child molest version, and a rape version (in the present study, only the child molester versions were used). The four tests are of equal difficulty and share certain common items. Day et al. determined the overall reliability of the difficulty ratings across eight raters was $\alpha = .85$.

General coping styles were assessed using the Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1990). The CISS is a 48-item scale designed to assess the task-focused, emotion-focused, and avoidance-focused coping strategies that were established as the three dimensions of coping (Parker & Endler, 1992). The measure has 16 items per scale (Task, Emotion, and Avoidance). The Avoidance scale is further divided into two subscales, namely Distraction and Social Diversion. Items are answered on a 5-point scale, and scores for each item are summed to obtain a score for each subscale, with scores ranging from 16 to 80 for each subscale.

Results

Scores for the social desirability measure were assessed for group differences, and none were found on either subscale at either time of assessment. All scores were within the normative range. There were, however, significant correlations between the Paulhus subscales and some of the dependent measures. The data were therefore analyzed with and without Paulhus subscales as covariates, but the results did not differ. Therefore the following analyses are presented without the use of covariates.

A 2×2 doubly multivariate repeated-measures analysis was conducted to determine whether there were overall within- and between-group differences on the combination of the five dependent measures: situational competency, task-focused coping, emotion-focused coping, and social diversion and distraction (i.e., the two avoidance-focused strategies). The

Table 2
Mean Scores on Coping Measures for Child Molesters

	Treatment		Wait-List		*F*	*t*	
Measures	Pre	Post	Pre	Post	GXT	Tx	WL
Situational competency test	28.90 (6.43)	41.58 (8.64)	32.82 (8.86)	36.17 (9.64)	19.88*	7.94*	2.60
Task	58.68 (7.62)	65.60 (7.31)	61.70 (10.70)	61.95 (8.39)	13.14*	4.86*	.02
Emotion	50.85 (8.69)	48.24 (8.97)	48.27 (10.27)	47.73 (9.75)	< 1		
Avoidance	46.69 (8.18)	53.60 (8.56)	49.52 (12.50)	52.12 (13.24)	3.45		
Distraction	23.25 (5.47)	23.77 (5.69)	23.93 (8.31)	23.49 (7.75)	< 1		
Social diversion	17.52 (2.94)	20.16 (3.46)	17.93 (4.20)	17.86 (4.14)	8.87*	4.08*	.12

Note: GTX = Group × Treatment effect; Tx = treatment group; WL = wait list group. Figures in parentheses are standard deviations.
*$p < .001$

between-subject variable was group (treatment vs. waiting list), and the within-subject variable was time (administrations 1 and 2).

The effect of interest for this study was the Group X Time interaction. Wilks's Lambda = .603, $F(6, 53) = 5.82$, $p < .001$, was highly significant. This indicated that the differences in dependent measures across time depended on whether the child molesters received or did not receive treatment. Subsequent examinations of each measure separately employed univariate analyses. A Bonferroni adjustment to reduce the influence of the number of comparisons resulted in setting the alpha at $p = .01$. Mean scores on all measures are presented in Table 2.

Situational Competency

Consistent with our hypothesis, a univariate *F* test examining the Group X Time interaction revealed a significant effect, $F(1, 58) = 19.88$, $p < .001$. A paired samples *t* test was conducted to determine the nature of this difference. The critical alpha was again adjusted based on these follow-up comparisons to $p = .005$. The *t* test revealed that the treated child molesters demonstrated a significant increase in their ability to identify more effective coping strategies for high-risk situations following treatment, $t(32) = 7.94$, $p < .001$, whereas the child molesters in the waiting list group did not, $t(26) = 2.60$, $p < .05$.

General Coping

There was a significant Group X Time interaction, $F(1, 58) = 13.14$, $p < .001$ on these measures. Again alpha was set at $p = .005$. A paired samples t test and an examination of mean scores indicated that the treatment group demonstrated a significant increase in task-focused strategies, $t(32) = 4.86$, $p < .001$, compared to the waiting list group, $t(26) = .02$, $p > .05$. This is consistent with our hypotheses about the likely benefit of treatment. Examining emotion-focused coping, a univariate analysis examining the Group X Time interaction revealed no significant effect, $F(1, 58) < 1$. An examination of the mean scores for these groups over the two administrations revealed that the means did not differ between the groups and remained generally constant over time. This is inconsistent with our hypothesis that treatment would reduce emotion-focused coping.

Treated child molesters were expected to demonstrate a decrease in their endorsement of avoidance-focused strategies. Contrary to this expectation, a univariate analysis examining the Group X Time interaction revealed no significant effect, $F(1, 58) = 3.45$, $p > .05$. Despite this, the two subscales (Diversion and Social Distraction) were then examined separately. For the Diversion subscale, a univariate analysis examining the Group × Time interaction revealed no significant effect, $F(1, 58) < 1$, but scores on the Social Diversion subscale revealed a significant effect, $F(1, 58) = 8.87$, $p < .001$. A paired samples t test revealed that the treatment group demonstrated a significant increase in the use of social diversion strategies following treatment, $t(32) = 4.08$, $p < .001$, whereas the waiting list group did not, $t(26) = < 1$.

Discussion

This study was designed to assess the effects of a cognitive-behavioral treatment program on changes in coping strategies for child molesters. Several findings emerged from this study. Overall, compared to the waiting list group, treated child molesters demonstrated a significant increase in the effectiveness of both their specific abilities to cope with risks (as identified by the changes in the Situational Competency Test) and their characteristic coping style. The latter was evidenced by an increase in the treated clients' endorsement of task-focused strategies and social diversion strategies on the general coping style measure. However, no significant changes were found in the endorsement of emotion-focused strategies.

Sexual offenders' ability to effectively cope with high-risk situations is viewed as essential to reducing risk to reoffend (Pithers, Marques, Gibat, & Marlatt, 1983). RP treatment programs have concentrated on teaching sexual offenders new, more effective specific strategies to cope with identified future risks. In the present study, treatment participants showed improvements in their ability to identify effective ways to cope with specific risks.

In terms of general coping style, child molesters demonstrated, as we had anticipated, an increased task-focused style through their endorsement of more active strategies. This is an encouraging finding, particularly considering that task-focused strategies are viewed as the most adaptive and effective strategies (Zeinder & Endler, 1996). The fact that child molesters report greater choice of these types of strategies following treatment speaks positively of the treatment program. If child molesters are more inclined to use task-focused strategies, it is hoped that they may more effectively deal with stressors and problems in the future, thus contributing to a reduction in the likelihood of reoffense. Similarly, the tendency to use social diversion strategies indicated that they were more likely to utilize social supports when facing problems, which is consistent with treatment in that offenders are encouraged to develop positive supports and express any problems or concerns to these individuals. Support from family and friends is associated with greater reliance on information-seeking and problem-solving and less reliance on emotional discharge (Fondacaro & Moos, 1987).

Despite these positive changes, child molesters continued to demonstrate an emotion-focused coping style. Research has consistently demonstrated a link between emotion-focused strategies and various dimensions of psychopathology, such as depression, low self-esteem, and anxiety (Endler & Parker, 1999). For sexual offenders, this style of coping could be particularly problematic, especially when considering the demonstrated link between offending and mood state (Pithers, Beal, Armstrong, & Petty, 1989). Negative emotional states and interpersonal conflict (which results in negative emotional states) have also been associated with deviant sexual fantasies in sexual offenders (Proulx, McKibben, & Lusignan, 1996). The tendency for sexual offenders to engage in self-denigration (Neidigh & Tomiko, 1991) and emotional rumination (Roger & Masters, 1997) suggests that emotion-focused strategies are widely used by these offenders and are detrimental. A link between negative affect and emotion-focused coping strategies has been found, such that the inability or unwillingness to control negative moods is linked to poor coping (Flett, Blankstein, & Obertynski, 1996; Serran, Marshall, Moulden, & Marshall, 2001). More effective coping is related to higher self-esteem and better psychological well-being (Rector & Roger,

1996), which are overall goals in sexual offender treatment. Because conflict, stress, and risk factors cannot be completely avoided, those who are capable of managing their problems more effectively and living satisfying lives should be at lower risk to sexually reoffend.

The treatment program examined in the current study employs a Good Lives approach to treatment and involves the enhancement of hope and self-worth. It also emphasizes approach goals in the RP plans rather than simply avoiding risks. Because the Good Lives approach (Ward, 2002) encourages changes in coping style, this may explain why offenders adopted a more active approach following treatment. However, clearly it is also necessary to address emotion-management strategies in more explicit detail during programming to ensure a reduction in the emotion-focused style. As a result of the present encouraging, but less than completely satisfactory, results, we are developing a component of treatment that is aimed at training our clients in identifying and then changing their coping style. We encourage other treatment providers to focus on coping styles as well as on enhancing specific coping skills.

The major limitation to the current study was that the results were based on self-report, and we were unable to determine whether they actually applied the strategies to their daily lives. Further research should explore the extent to which sexual offenders actually apply these strategies to their problems and stressors as well as whether programs that result in changes in coping styles actually contribute to a decrease in recidivism.

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Geris Serran, PhD, graduated with a doctoral degree in clinical psychology from the University of Ottawa in 2003. She is currently employed at Rockwood Psychological Services, where she works as the clinical director of the Bath Institution Sexual Offenders' Program. Her research interests include therapeutic process, coping strategies, and treatment of sexual offenders, and she has authored various book chapters, journal articles, and presentations at international conferences in these domains.

Heather Moulden is pursuing her doctorate degree in clinical psychology at the University of Ottawa. She has been providing treatment to sexual offenders in the Canadian Correctional System for more than 3 years and has numerous publications in the areas of social intelligence, mood state, and pretreatment benefits in sexual offender treatment.

Philip Firestone is a professor in the school of psychology and the department of psychiatry at the University of Ottawa, where he teaches psychopathology at the graduate and undergraduate level and is involved with the clinical training of doctoral students. He has published extensively in behavioral medicine as well as behavior disorders of childhood and adolescence. Since the early 1990s, his research and publication interests have been focused solely on sexual offenders.

W. L. Marshall, PhD, is a professor emeritus of psychology and psychiatry at Queen's University, Canada, and director of Rockwood Psychological Services, Kingston, Ontario, which provides sexual offender treatment in two Canadian federal penitentiaries. He has 35 years of experience in assessment, treatment, and research with sexual offenders and has more than 300 publications, including 16 books. In 2003, he was one of six invited experts to advise the Vatican on how best to deal with sexual abuse within the church.