

Measuring cognitive schemas in sexual offenders with self-report and implicit associations

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Primary objectives: (1) develop valid measurements using multiple methods (self-report (i.e., QUITSO), Indirect measures) to identify ITs in child molesters, pedophiles and rapists and to examine the differences between child molesters, pedophiles,...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON45954

Source

ToetsingOnline

Brief title

Measuring cognitive schemas in sexual offenders

Condition

- Other condition

Synonym

cognitive distortions, deviant sexual thoughts

Health condition

offense-supported beliefs

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg

Source(s) of monetary or material Support: FPC de Kijvelanden;Fivoor Science & Innovation

Intervention

Keyword: IAT, Implicit Theories, self-report, Sex offenders

Outcome measures

Primary outcome

There are several primary outcomes, namely (1) participant*s score on the ITs and offence-supported beliefs as measured by the QUITSO, the Molest scale, the RMAS, and the Indirect measures (the change in response latency).

Secondary outcome

The secondary outcomes are participant*s tendency for desirable responding (score on BIDR).

Study description

Background summary

Offense-supported beliefs are common in sex offenders, contribute to the onset of sexual offending and affect the risk of re-offending (Ó Ciardha & Ward, 2013; Hanson & Morton-Bourgon, 2004; Helmus, Hanson, Babchishin, & Mann, 2013). According to the literature, sexual offenders* offense-supported beliefs are the product of so-called Implicit Theories (ITs) that sexual offenders develop and use to make sense of their social world, guide their choices and pursuit their goals (Ward & Keenan, 1999; Polaschek & Ward, 2002; Ward, 2000). There are two types of ITs for sexual offenders (1) general antisocial oriented theories regarding the nature of the world and people (i.e., Entitlement, Uncontrollability, Dangerous World) and more general middle-level theories related to specific people and type of victim (i.e., Children as sexual beings, Nature of harm, Women are unknowable, Women as sexual objects). Traditionally, ITs are measured by indirect measurements (self-report/clinical interviews), which can give rise to methodological concerns and questions. The major

disadvantages are the focus on almost only middle-level beliefs (Gannon, Keown, & Rose, 2008), possible response bias (e.g., Gannon, Keown, & Polaschek, 2007; Mann, Webster, Wankeling, & Marshall, 2007) and the possible inability to measure unconscious processes (e.g., Fazio & Olson, 2003; Gawronski & Bodenhausen, 2007; Ward & Keenan, 1999). To overcome some of these problems, researchers have developed latency based indirect measures (i.e., measures to assess constructs under automaticity) in which participants are asked to respond as quickly as possible to stimuli that appear on a computer screen. The basic assumption of these measures is that one should be faster and make fewer errors if the condition (i.e., presented stimuli) corresponds with their beliefs. Some indirect measures do this by assessing strengths of cognitive associations by comparing reaction times after offering associative stimuli to different pairings of concepts (i.e., Implicit Association Task). Other measures require the participant to answer in accordance with specific beliefs (i.e., Implicit Relational Assessment Procedure (IRAP); Relational Response Task (RRT)). Because the use of indirect measures in the field of forensics is rather new (i.e., IRAP, RRT), it is important to investigate to what extent indirect measures are capable of measuring ITs in terms of convergent, discriminant * (different offenders, social desirability), predictive and incremental validity (i.e., over and above direct measures) in forensic patients.

The study aims to fill gaps in current research regarding the measurements of ITs by (1) developing a self-report questionnaire covering all ITs, (2) investigate to what extent indirect measures are capable of capturing ITs in terms of test-retest, discriminative, predictive (Sexual interest, recidivism risk) and incremental validity (over and above self-report measures). Secondary objectives: (1) look at differences on the QUITSO and Indirect measures between type of sexual offender, (2) investigate the role of social desirability and age as covariates.

Study objective

Primary objectives: (1) develop valid measurements using multiple methods (self-report (i.e., QUITSO), Indirect measures) to identify ITs in child molesters, pedophiles and rapists and to examine the differences between child molesters, pedophiles, rapists and violent offenders (control group) on these measures.

Secondary objectives: (1) look at differences on the QUITSO and IAT between type of sexual offender, (2) investigate the role of social desirability and age as covariates.

Study design

A quasi-random experimental design is used in which several measures of IT (i.e., QUITSO and indirect measures), of different types of sexual offenders

are developed, examined and compared to existing measures (MOLEST scale, RMAS). Based on both stratified randomization (type of sexual offender) and treatment setting (in- or outpatient), participants are asked to participate in part A (QUITSO, MOLEST scale, RMAS, BIDR-6) or part B (QUITSO, MOLEST scale, RMAS, BIDR-6, IAT, RRT, IRAP, VT) of the study. Inpatient will be asked to participate in part B of the study, outpatient in part A. Participants from the general population will be asked to participate in Part A and B.

Study burden and risks

The current study will contribute to the further development of identifying ITs, a risk factor for re-offending in sexual offenders, will attribute to the development of the constructs used in current schema-based treatment methods and will add possible research support for the use of these models. Participation in the study will take an investment of approximately 60 minutes (part A) or 1.5 hours (part B) from participants. The administration of questionnaires and Indirect measures is a non-invasive, safe, painless procedure not associated with any risks. While some emotional comfort can be experienced, participants are informed about this on forehand and the possibility to discuss these feelings are offered. Investigators do not expect any serious negative consequences for participants who complete the test-battery

Contacts

Public

Universiteit van Tilburg

Prof. Cobbenhagenlaan 225

Tilburg 5000 LE

NL

Scientific

Universiteit van Tilburg

Prof. Cobbenhagenlaan 225

Tilburg 5000 LE

NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Sexual offenders: Forensic psychiatric patient in an in- or outpatient forensic institution who have committed a hands-on sexual index offence and are age * 18.; Violent offenders: Forensic psychiatric patient in an in- or outpatient forensic institution who have committed a violent index offence in BOOG category 5-7 or 10-12 (aggravated assault, assault/battery and the possession of a weapon, violent property offence, manslaughter, arson and murder) and are age * 18.; Adult men from the general population: Age * 18; (please also consult part 4.1 & 4.2 of the protocol)

Exclusion criteria

Exclusion criteria are: Other sexual offenses (i.e., exhibitionism, voyeurism) / other violent offences, an IQ < 85 or education level below MBO 2 (intermediate vocational education level 2), active psychotic symptoms and the inability to read/write Dutch.; Men from the general population: Inability to read/write Dutch and Education level below MBO 2 (intermediate vocational education, level 2). Participants with a history of any form of sexual abuse are strongly advised not to participate. ; (please also consult part 4.1 & 4.3 of the protocol)

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 25-04-2016

Enrollment: 540

Type: Actual

Ethics review

Approved WMO

Date: 20-01-2016

Application type: First submission

Review commission: METC Brabant (Tilburg)

Approved WMO

Date: 01-03-2016

Application type: Amendment

Review commission: METC Brabant (Tilburg)

Approved WMO

Date: 12-07-2017

Application type: Amendment

Review commission: METC Brabant (Tilburg)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL55030.028.15