

THE UNIVERSITY OF HULL

**Psychological Profiles of Clerical and Non-clerical Men
Who have Sexually Abused Children.**

*being a Thesis submitted for the Degree of Psy.D.
in the University of Hull*

by

Patrick Randall, B.A., M.A.(Clin.Psych.)

March, 2008

Head of Department: Professor Dominic Lam
Supervisor: Professor Alan Carr

Acknowledgements

I would like to thank the clients at the Granada Institute for participating in this study, and demonstrating how changes can be made. My thanks to Professor Alan Carr for believing I could do it, and providing encouragement and guidance.

I am grateful for the support I received from Zita Radmall-Quirke and the director and staff of St. John of God's Hospital for allowing me the time to complete this study.

I would also like to thank Emma-Jane Fox and Brendan Rooney for their expert assistance with the data collection and statistics respectively. My thanks also go to Dr. Barbara Dooley for making statistics understandable to me.

I also owe a debt of gratitude to Dr. Jonathan Egan for his encouragement, guidance, and support.

To my mother Una for her support and encouragement.

To my partner, Davina, and my son Finn, thank you for the sacrifices you have made for me to complete this.

Finally, to the memory of my father, Bill, who did not see this completed.

Abstract

This thesis examined the psychological characteristics of clerical and laymen who had sexually abused children. A three group design was used which permitted comparisons to be made between a group of 30 clerical men who had sexually abused children, a group of 73 laymen who had sexually abused children, and a group of 30 laymen who had not sexually abused children. The following instruments (all but two of which are from the Sex Offender Assessment Pack) were included in the assessment protocol: the Personal Reactivity Index, the Interpersonal Reaction Inventory, the Assertiveness Inventory, the Locus of Control Inventory, the UCLA Emotional Loneliness Scale, the Self-Esteem Inventory, the Victim Empathy Scale, the Children and Sex Scale, the SHAPS Lie Scale, the Multiphasic Sex Inventory, and the NEO Personality Inventory-Revised. Groups were compared on dependent variables using analysis of variance with post hoc comparisons for interval scale variables and found to differ significantly on 11 of 18 variables. Clerical offenders were more conscientious than lay offenders, and were more agreeable, more empathically concerned, and reported greater social sexual desirability than normal controls. But they also had lower self-esteem than the normal control group. The lay offenders had greater neuroticism, less extraversion, less openness, more agreeableness, greater emotional loneliness, more empathic concern, more personal distress, lower self-esteem, less assertiveness, and social sexual desirability than normal controls. In addition to the ANOVAs a multivariate discriminant analysis

(MDA) was completed to identify which set of dependent variables best predicted group membership. The MDA identified 2 discriminant functions that predicted group membership of 72% of participants. Function 1 which accounted for 76% of the variance, distinguished clerical and lay offenders from normal controls and included these variables: agreeableness, self-esteem, openness, social sexual desirability, extraversion, personal distress and neuroticism. Function 2, which accounted for 23% of the variance, distinguished clerical offenders from the other two groups and included these variables: under assertiveness, conscientiousness, empathic concern and emotional loneliness.

Table of Contents

	Page Numbers
Acknowledgements	i
Abstract	ii
Table of Contents	iv
List of Tables	vi
List of Figures	vi
List of Appendices	vii
Chapter 1 Overview of the Study	1
Introduction	1
Chapter 2 Child Sexual Abuse in Ireland	2
Introduction	2
Child Sexual Abuse in Ireland	2
Chapter 3 Theories of Child Sexual Abuse	4
Introduction	4
Theories of Sexual Offending	4
Finkelhor's Model	5
Four Factor Model	6
Finkelhor's Four Preconditions	9
Critique	11
Marshall and Barbaree's Theory	13
Development of Vulnerability	14
Challenge of Adolescence	15
Situational Factors	16
Critique	17
Hall and Hirschman's Quadripartite Theory	19
Sexual Arousal	19
Cognitive Distortions	20
Affective Dyscontrol	20
Enduring Personality Traits	21
Critique	23
Ward and Siegert's Pathways Model	24
Clinical Phenomena	24
Aetiological Pathways	29
Critique	33
The Integrated Theory of Sexual Offending	34
Biological Factors	34
Ecological Niche	37
Neuropsychological Functioning	38
Clinical Symptomatology	40
Critique	44
Conclusions	45

Chapter 4 Psychological Characteristics of Men who have Sexually Abused Children	47
Introduction	47
Search Strategy	47
Psychological Distress	49
Emotional Isolation	50
Empathy Deficits	52
Cognitive Distortions	59
Personality Variables	60
Self-Esteem	62
Sexuality	63
Locus of Control	65
Assertiveness	66
Clerical Abusers	68
Strengths and Limitations of the 27 Empirical Studies	69
Conclusions	84
Chapter 5 Methodology	86
Introduction	86
Research Questions and Hypotheses	86
Participants	87
Instruments Used	89
Life History Inventory	89
Sex Offender Assessment Pack	90
NEO PI-R	96
Multiphasic Sex Inventory	97
Procedure	99
Chapter 6 Results	100
Introduction	100
Reliability of Measures Used	100
Statistical Power	102
Differences Between Groups	102
Multivariate Discriminant Function analysis	108
Conclusion	115
Chapter 7 Discussion	116
Introduction	116
Summary of the Findings in the Light of Hypotheses	116
Predicted Group Membership	122
Limitations of the Study	123
Implications for Clinical Practice and Future Research	124
References	126

List of Tables

	Page Number
Table 1: Psychological characteristics of child sex offenders	54
Table 2: Demographic characteristics	89
Table 3: Reliability of self report measures	101
Table 4: Results of one-way ANOVAs across groups	104
Table 5: Results of ANCOVAs	106
Table 6: Group centroid values for the 3 groups	109
Table 7: Structure Matrix: Pooled within-groups correlations between discriminating variables and standardized canonical discriminant functions	110
Table 8: Accuracy of functions in predicting group membership	110

List of Figures

Figure 1: Plot of group centroids and stretched vectors for the MDA	114
---	-----

List of Appendices

		Page Number
Appendix A	Letter of information for participants	136
Appendix B	Letter of consent for participants	138
Appendix C	Letter of ethical approval for the study	140
Appendix D	Personal Reactivity Index	142
Appendix E	UCLA Emotional Loneliness Scale	144
Appendix F	Locus of Control Scale	146
Appendix G	Social Response Inventory	149
Appendix H	Thornton Self-Esteem Scale	155
Appendix I	Interpersonal Reactivity Index	157
Appendix J	Children and Sex Questionnaire	159
Appendix K	Victim Empathy Scale	169
Appendix L	MSI: SKB, SO & SSD Scales	176
Appendix M	NEO Personality Inventory –Revised	179
Appendix N	Biographical questionnaire	187

Overview of the Study

Introduction

This study aimed to identify the psychological profile of clerical sex offenders compared with lay sex offenders and a normal control group on a selected battery of psychometric tests.

In Chapter 2 the problem of child sexual abuse in Ireland will be described with reference to recent empirical studies of the problem. Following this, in Chapter 3 a number of the theories that account for child sexual abuse will be examined. In Chapter 4 empirical studies of characteristics of men who have sexually abused children will be reviewed. This Chapter will conclude with a consideration of the scant research on characteristics of clerical sexual abusers, and the rationale for the present study. In Chapter 5 the methodology of the present study will be described. The results will be presented in Chapter 6. The thesis will conclude with a discussion of the results, their implications in Chapter 7.

Child Sexual Abuse in Ireland

Introduction

This Chapter provides an empirical backdrop to the present study by presenting information on the prevalence of child sexual abuse in Ireland. Such information is contextually relevant to the study reported in Chapters 5 and 6. A number of studies have been conducted that examine the prevalence and nature of sexual abuse in Ireland (Lalor, 1999; O'Reilly & Carr, 1999 in Waldron, 2003). However the Sexual Abuse and Violence in Ireland (SAVI) report (McGee, Garavan, de Barra & Byrne, 2001) provided the first authoritative national estimates of child sexual abuse figures in Ireland.

Child Sexual Abuse in Ireland

The SAVI team conducted a telephone survey of 3118 adults in Ireland. The telephone numbers were generated at random and the participants were interviewed using a sensitively designed structured interview to minimise the psychological distress caused to them. The interviewers used clearly defined well specified behavioural definitions of abuse experienced. The participants ranged in age from 20 to 80 years old with a gender ratio of 48.6% males and 51.4% females. The sampling methods used in this study insured that the sample was broadly representative of the general population of Ireland.

The research team found that 23.5% of men and 30.4% of women reported experiencing child sexual abuse. They reported that most of those who were victimised as children were under 12 years of age at the time of abuse, with children between the ages of 9 and 12 being most vulnerable. Those victimised reported that the strategy most frequently used by perpetrators to ensure compliance with the abuse was bribery.

With regard to the perpetrators of abuse, 89% were males, 7% were females, with 4% involving more than one perpetrator. While family members were held to be responsible for 13.8% of the men victimised as children and 23.5% of the women victimised as children, the majority (65.7% of men & 50.6% of women) were victimised by non-family members known to them. According to the SAVI report, 7.2% of those perpetrating child sexual abuse were religious ministers or religious teachers. Of those who reported being sexually abused as children, a little over half noted that the abuse occurred in a single episode. However 36% of those victimised believed that their perpetrator had abused other children during the time period when they were being abused.

The SAVI research team found that child sexual abuse was a significant problem for Irish society, with prevalence rates of almost a quarter of the population having experienced child sexual abuse. Also a significant minority of perpetrators were clerical offenders. These prevalence figures provide a context for the study reported in Chapters 5 and 6, which concerns the psychological profiles of clerical offenders.

Theories of Child Sexual Abuse

Introduction

This Chapter will review the literature on a number of the predominant theories of child sexual abuse. While some of these theories might offer explanations for the sexual assault of adult victims, it is their application to child sexual abuse that will be examined.

Theories of Sexual Offending

Theories about sexually abusive behaviour serve to explain the causal factors of this type of behaviour and predict future sexually abusive behaviour (Ward & Beech, 2006). All such theories specify particular psychological characteristics which contribute to the aetiology of sexually abusive behaviour. The presence or absence of these theoretically derived characteristics may be assessed and the likelihood of someone committing an offence may be predicted. In addition, treatment programs may be developed that target these characteristics in order to prevent abuse from occurring in the future.

In this Chapter I aim to examine the dominant theories that have informed the assessment and treatment of men who have sexually abused children. Ward and Hudson (1998) developed a meta-theoretical approach that identified three different levels of theory. Level I theories are multifactorial and represent comprehensive accounts of sexual offending. They examine the key features of sexual offenders and how these manifest through their sexually

abusive behaviour. Level II theories are single factor theories wherein a single factor and its supportive structures and processes are described and their interrelationships evaluated. Level III theories are highly specific descriptive models of the offence chain or relapse process.

The major focus of this Chapter will be on the level I multifactorial theories as these provide the most thorough account of the offending process, and arguably have been more influential in their contribution to research and clinical work with those who have sexually abused children.

Finkelhor's Model

Finkelhor (1984) developed what became the first multifactorial account of how men sexually abuse children. The first part of his model identified four factors that provide a framework within which theoretical and empirical research data could be considered, evaluated, and integrated as appropriate. Finkelhor noted that the literature placed a significant emphasis on psychopathology and the experience of prior traumatic events, which was likely due to the fact that it was based on convicted sexual offenders who represent a small percentage of the total population of sexual offenders. In his Four Factor Model, Finkelhor set out to examine how individual psychological characteristics and broader socialisation patterns combine in order to facilitate the abuse of children.

The second part of Finkelhor's model described four preconditions that necessarily precede the perpetration of a specific sexual offence. This became known as the Precondition Model.

The Four Factor Model

Finkelhor identified a key question together with each of the four factors that facilitates our understanding of the individual abuser and explains the diversity present between child abusers.

Factor 1: Emotional Congruence

Question: Why does a person find relating sexually to a child emotionally gratifying and congruent?

This factor considers how an adult might find it emotionally satisfying to relate to a child. This question emphasises the emotional rather than sexual components of the interaction. Possible answers to this question include: (1) The term *congruence* implies that there is a match or fit between what the adult needs and what the child can provide. The abuser and the child are thus at a similar level of emotional and psychological development. (2) The abuser is emotionally vulnerable, has a low sense of self esteem and self efficacy, and finds relationships with adults difficult and threatening. Consequently they turn to relationships with children who they find less threatening, which leaves them feeling empowered and in control. (3) The sexual abuser is attempting to gain mastery over his own experience of being sexually abused as a child by identifying with the perpetrator of his abuse by

re-enacting it with a child. (4) Sexual abusers are socialised to identify with the view that males should behave in a dominant manner in sexual relationships. Consequently, children who are smaller and physically weaker than adult males, display characteristics that adult males want in a sexual partner. The children then become inappropriate targets for this adult sexual desire and behaviour.

Factor 2: Sexual Arousal to Children

Question: Why is a person capable of being sexually aroused by children?

Finkelhor posits that in order to understand why people are sexually aroused by children their early experiences of sexual behaviour and arousal need to be considered. He emphasises that both sexual and non-sexual factors need to be examined if we are to have an accurate understanding as to why someone might be aroused to children. Critical factors that Finkelhor identifies as contributing to sexual arousal to children are: (1) early childhood sexual experiences which due to their quality of frustration or fulfilment are particularly arousing when recalled as an adult; (2) exposure to sexual, physical or emotional abuse as a child results in the development of sexual arousal to children; (3) an early experience of sexual arousal to children becomes increasingly arousing when it is reinforced by fantasy and masturbation; (4) abusers who were raised in families where children were abused model their behaviour on the adult carers within that family, and so absorb an abusive culture; (5) abusers misattribute emotional arousal as sexual arousal, which they then reinforce through repetition and fantasy; (6)

physiological factors such as hormonal, genetic or chromosomal abnormalities predispose abusers to find children sexually arousing; (7) sexualisation of children through advertising media and child pornography facilitates an abuser's developing a pattern of arousal to children through exposure.

Factor 3: Blockage

Question: Why is a person blocked in efforts to obtain sexual and emotional gratification from more normatively approved sources?

Finkelhor describes individual psychological factors, as well as social normative factors that prevent an abuser meeting their needs for appropriate sexual expression with adults. Repressive sexual norms may prevent people from finding an adult sexual partner outside their deteriorating marriage. These norms may also prevent people from expressing their sexual urges through appropriate fantasy and masturbation. The individual psychological factors identified by Finkelhor are developmental and situational blockage. Developmental blockages are those that refer to psychodynamic or oedipal conflicts that prevent an individual from developing appropriate sexual relationships with adult women. Situational blockage refers to a more transitory state that prevents an adult from meeting their sexual needs with adults, such as a relationship breakdown/conflict, separation from a partner or other temporary crisis. However, irrespective of the nature of the blockage, it increases the likelihood of an abuser seeking sexual gratification with children by impeding their access to appropriate sexual outlets.

Factor 4: Disinhibition

Question: Why is a person not deterred by conventional social inhibitions from having sexual relationships with children?

Finkelhor's final factor considers how normal inhibiting factors are circumvented in those who sexually abuse children. These disinhibiting factors are: (1) poor impulse control; (2) psychosis; (3) senility; (4) alcohol and substance abuse; (5) acute environmental stress such as unemployment, or bereavement; (6) factors that erode familial bonds such as significant periods of separation from children or father/step-daughter relationships; (7) cultural influences that promote a male dominated, patriarchal family structure where females are subservient to the needs (including sexual) of the dominant male; and (8) use of child pornography (O'Reilly, 2004).

Finkelhor's Four Preconditions to the Sexual Abuse of Children

Finkelhor's Four Factor Model provides an explanation as to why someone might sexually abuse a child. The first three factors describe why particular people acquire a sexual interest in children, while the fourth provides some account for how these interests are acted out through the abuse of children. These factors act in interaction with each other and they may function together to cause child abuse, work antagonistically and frustrate or block each other. While any one or more of factors one to three may be present, factor four (disinhibition) is essential for child abuse to occur.

Following on from his Four Factor Model, Finkelhor (1984) identifies four preconditions that need to be fulfilled in order for abuse to occur. Essentially these preconditions describe how the aforementioned factors might be grouped in order to facilitate child sexual abuse (Ward, Polaschek, & Beech, 2006).

These preconditions are:

Precondition I: Motivation to Sexually Abuse

This precondition refers primarily to the first three factors identified above: (1) *emotional congruence* with children wherein the abuser relates to a child in order to satisfy a pressing emotional need; (2) *sexual arousal* to children wherein the child becomes sexually arousing to the abuser; and (3) *blockage* wherein the sexual abuser is unable to obtain sexual satisfaction through appropriate means or relationships. As these factors are not in themselves preconditions, elements from any one of them may provide sufficient motivation to sexually abuse. However, in a significant number of cases, elements from these factors interact to provide the motivation to sexually abuse.

Precondition II: Overcoming Internal Inhibitors

This precondition is much the same as the fourth factor discussed previously. While an abuser might be motivated to abuse, they will not unless they are able to overcome their internal inhibitions. While this precondition is essential to the offending process, it alone is not sufficient to result in abuse, as those

who are disinhibited will not offend unless they are motivated to do so. Internal inhibitions could be overcome by substance misuse, severe stress, organic disturbances that cause poor impulse control, or distorted thinking that justifies sexually abusive behaviour.

Precondition III: Overcoming External Inhibitors

Once an abuser is motivated to abuse, and has overcome his internal inhibitions, he then needs to gain access to victims. The mechanisms through which abusers gain access to children are; to isolate them from their caretakers and parents via manipulation of their living conditions or environment, or by seducing them into "special" relationships which isolate them from their peers. The abuser seeks to maximise his time with the child away from the presence of others who might impede his abusive behaviour.

Precondition IV: Overcoming the Resistance of the Child

This is final precondition and it concerns how an abuser overcomes a child's resistance. Abusers might introduce victims to sexual stimuli in a graduated way, encouraging sexual curiosity and exploration by the child. They might use force or threats of dire consequences to the child or a loved one, in order to gain the victim's co-operation. Abusers might also take advantage of a victim's lack of sexual education and knowledge to "play" sexual "games".

Critique

Finkelhor provided a clear model that explains some of the diversity found among abusers. His recognition of the multiple aetiological factors that

contribute to child sexual abuse, gives it the status of a level I theory, while his identification of the temporal nature of preconditions III and IV, give his theory level III status. Finkelhor's theory thus accounts for the diversity of characteristics of sexual offenders and how they come to abuse at a specific moment in time. It has also provided a framework for the clinical assessment and treatment programmes for men who sexually abuse children. A major contribution of this model is that it recognises the need for a comprehensive assessment of an abuser together with an individually tailored treatment programme. However, Finkelhor's theory does not account for why, in certain circumstances, non-sexual needs are expressed in a sexual way. There is also conceptual overlap between the constructs. For example, *developmental blockage* where an offender is unable to meet his need for intimacy with an adult woman, and turns to a child, is very similar to *emotional congruence*, where an offender turns to children because they are less threatening. Another example of overlapping constructs is the similarity of *disinhibition* and *overcoming internal inhibitions*.

Marshall and Barbaree's Integrated Theory

Marshall and Barbaree (1990) present a highly influential model, which concerns the development of sexually abusive behaviour. According to their model, an essential developmental task for adolescent males is to learn to discriminate between aggressive and sexual impulses. Following this they need to differentiate their responses to these impulses and control their aggressive tendencies during sexual experiences. Marshall and Barbaree contend that this is made more complicated during adolescence due to the increase in male sex hormones and steroids. This theory emphasises the developmental aspect, and examines behavioural templates that are acquired in childhood and particularly adolescence. According to Marshall and Barbaree some men have a strong predisposition to sexually abuse, while others display a high level of resilience against sexually abusive behaviour. They posit that the factors that constitute resilience to be those abilities, skills, attitudes, preferences, beliefs and values, that enable an individual to resist the urge to offend. The integrated theory identifies biological processes, developmental experiences, cultural norms and values about sex, and situational factors as important contributors that interact to result in sexual abuse.

In their integrated theory, Marshall and Barbaree note that the developmental experiences of psychopaths are very similar to those who sexually abuse children. They argue that the key characteristic of psychopaths is their incapacity to respond to the emotions of others or empathise. They go on to

state that as their early family environments are similar to psychopaths, men who sexually abuse children also lack the capacity to empathise with others.

The Development of Vulnerability to Sexually Abuse

Marshall and Barbaree (1990) identify early childhood experiences as critical to the formation of a template for interpersonal skills, necessary to successfully negotiate the transition to adulthood through adolescence. Children who are neglected or abused will develop a view of themselves as unworthy and find it difficult to trust others. Their attachments to their caregivers and parents are insecure and they have difficulties with emotional regulation, problem solving, low self-esteem, poor judgement, impulsivity, and self-efficacy. According to Marshall and Barbaree these children are likely to experience their parents and care givers as emotionally unavailable and rejecting of them. These children would then avoid disclosing their thoughts and feeling to others and when distressed will tend to isolate themselves. This impedes their developing the capacity to elicit support and comfort from others. As a result of this their capacities to self-regulate and negotiate emotionally intimate relationships are impaired.

In the case of those who have experienced child sexual abuse they are more likely to turn to masturbation, or sexually abusive behaviour for comfort, given their impaired and insecure attachments to others. Marshall and Barbaree also identify exposure to antisocial and misogynistic behaviour in the home as contributing to the development of these proclivities in the child. A child witnessing their mother being denigrated might consider women as inferior to

men, or he might learn that intimate relationships are characterised by fear, anger and violence, and are to be avoided. Children who are sexually abused could come to regard sexual contact between adults and children as mutually beneficial and normal, particularly if the abuse was pleasurable and occurred within the context of a “caring” relationship.

The Challenge of Adolescence

Marshall and Barbaree contend that the task of differentiating sexual and aggressive impulses is a particularly difficult one during puberty. They base this idea on the notion that the sexual and aggressive impulses use the same brain structures (hypothalamus, amygdala, septum, and pre-optic area), involve similar endocrine hormones and neural networks, and result in a comparable sense of arousal. Thus, given the inculcated social norms of vulnerable adolescents, they would find it difficult to know whether they were sexually aroused or angry, or both simultaneously.

According to Marshall and Barbaree the templates formed in childhood set the stage for how the young person negotiates the challenging developmental tasks of adolescence. They posit that it is during this period that sexual preferences are acquired and sexual behaviour learned. Adolescents who have been subject to abusive experiences are less likely to successfully negotiate the challenge of managing their sexual urges created by the increase in male hormones at puberty. As these young people enter puberty lacking in interpersonal skills, self-confidence, and self-efficacy they find it difficult to approach and engage potential sexual partners in an appropriate

way that will facilitate relationship formation and contribute to the sustainability of these relationships.

Vulnerable adolescents who have been abused as children lack a satisfactory template for sexually and emotionally intimate behaviour, they are more likely to withdraw from others, or behave inappropriately or abusively, depending on the nature of their earlier exposure. They also lack the self-confidence and social skills to cope with the inevitable rejections, and they process their resultant negative emotional states and anger towards women through aggressive, sadistic, or deviant fantasy. These may in turn be reinforced through masturbatory activities. This could result in the maintenance or escalation of this behaviour. These masturbatory experiences might reinforce their dysfunctional template for relationships, or also become rehearsals for future sexual offences.

A critical aspect of Marshall and Barbaree's theory is that people meet a number of psychological and emotional needs through sexual behaviour. So, adolescents who feel emasculated by their lack of success at finding a sexual partner might achieve a sense of empowerment and self-esteem from deviant fantasies and sexually abusive behaviour.

Situational Factors

The integrated theory contends that the aforementioned vulnerabilities interact with transitory environmental cues or circumstances to produce sexually abusive behaviour. According to Marshall and Barbaree, these men who

sexually abuse children might purposefully create or encourage the development of these circumstances. These situational disinhibitors include substance and alcohol abuse, negative emotional states such as anger and anxiety, and the presence of stressors. Stressors include the loss of a relationship, social rejection, and loneliness. Factors that appear to condone or encourage sexually abusive behaviour might also facilitate the overcoming of normal inhibitions. These factors include pornography, alienation from potential sexual partners and anonymity.

Critique

Marshall and Barbaree's model offers a developmental perspective on how people come to sexually abuse children. It is a sophisticated model that integrates biological, psychological, social, cultural, and situational factors to account for child sexual abuse. As this model takes a developmental perspective it facilitates some understanding of how adolescents might sexually abuse. This model also identifies psychological vulnerabilities and resilience factors to sexual abuse. However it does not account for how those with high self-esteem might commit a sexual offence (Ward, Polaschek, & Beech, 2006). One of the deficits of the integrated theory is that it is a one-size-fits-all framework based largely upon a retrospective view of men convicted of sexual offences. In addition, the integrated theory needs empirical validation and it does not give an adequate account of how those who experience psychological distress as a result of being reared in an abusive family do not engage in sexually abusive behaviour (O'Reilly, 2004). In addition, Marshall and Barbaree's fusion of sexual and aggressive motives

requires empirical support, their contention that similar brain structures are involved is not sufficient evidence of functional equivalence, as the same brain structures are involved in a number of different and sometimes competing activities.

Hall and Hirschman's Quadripartite Theory

Hall and Hirschman (1991, 1992; Hall, 1996) developed their model to capture the heterogeneity of men who sexually abuse children in a cohesive, unified manner that accounted for the multiple aetiological factors that contribute to this behaviour. Hall and Hirschman identify four aetiological factors that contribute to the sexual abuse of children. These have greater or lesser importance depending upon the individual qualities of the offender and the nature of the offence. These aetiological factors are: (1) sexual arousal; (2) cognitive distortions; (3) affective dyscontrol; and (4) enduring personality traits.

Sexual Arousal

Hall and Hirschman posited that sexual arousal is one of the key motivating factors that facilitates the initiation of sexual behaviour. Therefore in order to perpetrate sexual offences against children, an offender should be sexually aroused by children. While the evidence for this was reportedly mixed, a number of studies found that people diagnosed with paedophilia evidenced deviant sexual urges and fantasies involving children. Hall (1996) noted that those whose abuse of children arose primarily out of their physiological sexual arousal to children were likely to have more victims, exhibit low levels of violence in their offending, and less likely to present with nonsexual aggression.

Cognitive Distortions

Hall and Hirschman view cognitive distortions as a central feature in the sexual abuse of children. They argue that physiological sexual arousal is cognitively evaluated and appraised before the arousal is acted upon. Thus people who sexually offend are likely to think about their sexual behaviour or their victim in a distorted way, that facilitates their transcending their moral and societal prohibition of this behaviour, and abusing a child. Men who sexually abuse children might develop the idea that their victim wants to be abused, and think “this child wants me to touch her sexually” or “underneath it all, children like sexual contact with adults”. Offenders might also have cognitions that limit their acknowledgement of the impact of their behaviour on their victim such as “there’s no harm in teaching them about sex”. In addition, people who sexually abuse children might consider themselves beyond detection and think “no one will find out it was me”. Hall and Hirschman thus argue that offenders evaluate their situation and systematically examine the costs with the benefits of committing a sexual offence, and choose the course of action that will be the most rewarding to them. Hall (1996) noted that offenders whose motivation to sexually abuse arose out of their distorted thinking, tended to exhibit a high degree of planning, little impulsivity, and higher rates of incestuous sexual abuse.

Affective Dyscontrol

This refers to difficulties with the accurate identification and management of emotional states. Hall and Hirschman argue that strong negative emotional states such as depression, anger, and hostility, contribute to the sexual abuse

of children. They note that these emotional states become sufficiently compelling so that they overcome the normal emotional inhibitions such as guilt, victim empathy, and moral conscience. Other researchers (Ward, Polaschek, & Beech, 2006) have noted that sexual offenders might have difficulty identifying emotional states and so they may confuse states of loneliness with those of sexual desire. Another potential difficulty identified by these researchers is that of ineffective coping with intense emotions. In these circumstances offenders might attempt to reduce the intensity of deviant sexual fantasy by masturbating, or perhaps drink excessive amounts of alcohol in order to subdue feelings of sadness. While these ineffective strategies bring temporary respite, they result in greater unhappiness in the long term. Hall (1996) noted that offenders who suffered primarily from high levels of affective dyscontrol were more likely to be opportunistic offenders, likely to exhibit high levels of violence, and predisposed to depression.

Enduring Personality Traits

According to Hall and Hirschman, the aforementioned factors, of sexual arousal, cognitive distortions, and affective dyscontrol are transitory states that, while they have a temporary motivating role, are not enduring dispositions or traits. Hall and Hirschman argue that these transitory states interact with more enduring traits and this interaction results in the sexual abuse of children. The enduring traits they refer to develop in response to adverse childhood experiences. Hall and Hirschman argue that these early life experiences are thus important in examining the aetiology of personality difficulties that go on to facilitate child sexual abuse. The factors they identify

as contributing to abuse facilitating personality characteristics are the experience of physical or sexual abuse, parental divorce, large family of origin, neglect, parental or sibling criminal behaviour or poor socialisation experiences. These experiences contribute to people developing enduring personality features that are selfish, remorseless, exploiting of others, hostile, aggressive, unstable, and antisocial. Hall (1996) noted that those offenders whose offending behaviour is primarily motivated by enduring personality traits are likely to have chronic personality problems/disorders, disregard for social norms and conventions, a tendency to behave aggressively, and poorer treatment outcome.

While Hall and Hirschman acknowledge that environmental factors such as victim availability, sanctions, use of alcohol, peer group influences etc. play a role in the perpetration of sexual offences, the four aetiological factors are essential. The situational or cultural variables are important only in that they lower the threshold of abuse in a person who is vulnerable to abuse, and trigger a specific occurrence. Hall and Hirschman posit that sexual offenders belong to one of four categories, depending on whether their motivation is primarily: (1) sexual arousal; (2) cognitive distortions; (3) affective dyscontrol; or (4) enduring personality difficulties. They note that while offenders may be primarily influenced by one of these dimensions the others must also be present to some degree for an offence to occur. There is thus a synergy of these factors present in men who sexually abuse children, with one factor being dominant. Hall and Hirschman point out that while other subtypes of offenders could be identified, this would provide an unnecessary complication

to a model, which offers adequate explanatory depth, and consequently, would detract from the heuristic value of their theory.

Critique

In their quadripartite theory, Hall and Hirschman have identified distinct trajectories or pathways to sexual offending behaviour. Through their construct of a “critical threshold”, they also provide an explanation as to why offenders abuse at a particular moment in time, and not at others. The quadripartite theory also provides some clarification as to why some non-offenders share some characteristics with offenders. This model recognises that sex offenders are a heterogeneous population and that there are multiple causal factors for abusive behaviour. The quadripartite theory examines the role of personality vulnerabilities and how these interact with situational variables to produce a sexual offence. However, it does not provide a detailed account of how the four factors interact to produce a sexual offence. Hall and Hirschman also do not report how the state factors (cognitive distortions, affective dyscontrol, and sexual arousal) originate. The quadripartite theory therefore appears to be a one-factor (personality) theory with three necessary states that interact in order to facilitate abuse (Ward, Polaschek, & Beech, 2006).

Ward and Siegert's Pathways Model

This model was constructed as a theory knitting exercise to develop a comprehensive aetiological theory of child sexual abuse. Ward and Siegert (2002) attempted to integrate the best elements of the existing theories into an aetiological theory that provided a deep explanatory account of child sexual abuse. They thus combined what they identified as the best elements of the Finkelhor, Marshall and Barbaree, and Hall and Hirschman theories into a single theory. Ward and Siegert identified five causal pathways, each with their own distinct constellation of “mechanisms” arising from developmental experiences that, together with environmental factors, result in the sexual abuse of a child. These mechanisms are: (1) intimacy and social skills deficits; (2) sexual scripts; (3) emotional dysregulation; and (4) cognitive distortions. Three remaining mechanisms coagulate around a primary mechanism to form a distinct aetiological pathway to child sexual abuse.

Clinical Phenomena

Ward and Siegert note that all of the clinical difficulties of child sexual abusers can be categorised into four sets of clinical phenomena. The four areas of difficulty for those who sexually abuse children are: *emotional regulation difficulties*, *deviant sexual arousal*, *intimacy and social skills deficits*, and *cognitive distortions*. These clinical phenomena give rise to the mechanisms as identified by Ward and Siegert. A commonly observed difficulty for men who sexual abuse children is a lack of empathy for their victims. This might result from a failure of emotional regulation, combined with distorted thinking,

or cognitive distortions. Ward and Siegert recognise that each of these clusters could be subdivided into more specific subcategories. They also suggest that individual offenders are going to vary in the nature of the clusters of deficits they display. Thus for one offender their primary difficulty might be a lack of ability to form and sustain emotionally intimate relationships, whereas another offender might suffer from deviant sexual arousal to children. According to Ward and Siegert (2002) child sexual abusers display a diversity of deficits that make them vulnerable to sexually abuse. These deficits can be understood and conceptualised by thoroughly examining the mechanisms listed below and the pathways that develop from these mechanisms.

Mechanism 1: Intimacy and Social Skills Deficits:

Deficits in social skills and intimacy have been linked to early developmental experiences, and particularly to insecure attachment to the primary caregiver. Experiences of their early environment as abusive or neglectful, result in offenders feeling devalued and unlikely to receive emotional support from significant others. These men expect the world to be a hostile unwelcoming place and, consequently, tend to withdraw from interpersonal contact. Those who are insecurely attached are also more likely to have low self-esteem, poor self-efficacy, high levels of dependence, and impulsivity. Other attachment difficulties such as dismissive attachment result in fear of rejection by others. Thus offenders with this attachment style might distance themselves from others by maintaining an aloof and interpersonally cold disposition. These difficulties render them unable to function as mature,

independent adults, and compromise their ability to learn to relate appropriately with others.

Mechanism 2: Sexual Scripts

Ward and Siegert use the definition of sexual scripts as defined by Gagon (1990) and Money (1986). These scripts are internalised cognitive maps that provide a template for how to behave in a sexual encounter. They also offer guidance as to how to interpret other people's behaviour in a sexual encounter, and identify the internal and external prompts that signal the possibility of sexual engagement. Gagon (1990) identifies three levels at which scripts operate, these are: the internal, interpersonal, and cultural. The internal component refers to the individual's understanding of the physical, emotional and cognitive prompts associated with sex, and their interaction within particular contexts to facilitate sexual engagement. The interpersonal component refers to the assimilation and understanding of another person's behaviour that signal whether they are ready to be approached sexually, and how to best respond. The cultural component refers to the social norms and expectations that a person ought to be aware of, so that they know what is permissible within a specific context. Sexual scripts thus dictate when sex should take place, with whom, what to do, and how to interpret the internal, interpersonal, and cultural cues coupled with the various stages of a sexual encounter. Gagon contended that all sexual scripts had the same components, but the specific form and content they took varied from person to person. Thus different people might not share the same sexual preferences, and they might afford their components different levels of priority when

contemplating a sexual encounter. The differences in sexual scripts were the result of early experiences and learning. Thus a child who has been subject to sexual abuse might adopt a distorted sexual script as they do not have the cognitive or emotional maturity to place sexual behaviour within the context of specific relationships. They might therefore go on to develop dysfunctional sexual attitudes and behaviours. Other sexual script distortions that may result include: inappropriate choice of partner (animal, large age discrepancy etc.); inappropriate behaviour (sadistic behaviour, paraphilias etc.); and inappropriate contexts (sex when angry, impersonal sex, etc.).

Mechanism 3: Emotional Dysregulation

Emotional regulation is described as the ability of an individual to control their emotional state so that their personal goals are realised. According to Saarni (1999) there are eight key skills that facilitate emotional competence. These are: (1) awareness of one's emotional state; (2) the ability to identify other people's emotions; (3) the capability of using one's own cultural vocabulary to describe emotions; (4) the ability to respond empathically to others; (5) the capacity to alter one's own affect depending on the circumstances; (6) the ability to manage unpleasant, unwanted emotional states by using adaptive resources; (7) being able to recognise the essential role that emotions play in the initiation and maintenance of intimate relationships; (8) the capacity for emotional self-efficacy or emotional authenticity, which is the ability to experience emotions that are congruent to the specific situation. These skills are generally established in childhood through modelling the behaviour of adult caregivers. Therefore the lack of appropriate early experiences would

likely result in deficits in at least one of the eight aforementioned skills, which would adversely affect an offenders interpersonal abilities. Offenders who lack the ability to moderate their affective states might avoid emotionally arousing situations and thus avoid contact with others, or alternatively use alcohol or other substances to damp their emotional responses.

Mechanism 4: Cognitive Distortions

This mechanism refers to the problematic thinking styles and maladaptive beliefs that often occur in men who have sexually abused children. Ward and Siegert contend that cognitive distortions operate in two distinct ways. Firstly, they are generated by underlying schemata or implicit theories that explain other peoples' behaviour, and make the world predictable. Offenders thus think in ways that make them more likely to offend. Examples of distorted beliefs or implicit theories posited by Ward and Keenan (1999) are: (a) *children as sexual beings*: children have the ability to enjoy sexual activity, and can make decisions about what sexual practices they wish to engage in, and with whom; (b) *nature of harm*: sexual activity is beneficial to people and unlikely to cause harm. In addition there are degrees of harm and some practices might be more harmful than others; (c) *entitlement*: some people are more important than others and their needs enjoy precedence over others; (d) *dangerous world*: the world is a dangerous place and people are likely to behave in an abusive or rejecting manner towards the offender; (e) *uncontrollable*: the world is an uncontrollable place where people exert little influence. They have emotions and sexual feelings that cannot be managed to any significant degree and "things just happen". Another way in which

cognitive distortions could function would be to provide rationalisations and justifications for morally repugnant acts or behaviours. These serve to provide excuses for an offender's behaviour and maintain their self-esteem.

Aetiological Pathways

While each pathway towards sexually abusive behaviour has its own distinctive profile and primary causal mechanism, all the mechanisms are interrelated. Ward and Siegert argue that all of the mechanisms are activated in service of sexually abusive behaviour, but it is the primary mechanism that recruits assistance from the other mechanisms in order to facilitate the sexually abusive behaviour. Thus one mechanism alone cannot result in a sexual offence.

Pathway 1 Multiple Dysfunctional Mechanisms:

These offenders have substantial flaws in all their psychological mechanisms. Ward and Siegert contend that at the core of these mechanisms is a distortion of sexual scripts that resulted from a history of sexual abuse or premature sexualisation. They hold that these deviant sexual scripts then have a cascading effect on other areas of the offender's life and result in their becoming "pure" paedophiles. They thus prefer sexual activity with children who are viewed as their ideal sex partners. These offenders will also have significant deficits in all the other mechanisms listed above. They will thus present with the clinical phenomena described previously, which are: emotional regulation difficulties; deviant sexual arousal; intimacy and social skills deficits; and cognitive distortions. In addition these offenders would

display elevated levels of cognitive distortions that serve to facilitate their acting on their sexual desire for children. These offenders are orientated towards children as their preferred sexual partners, thus their capacity to relate to adults in mature way that would facilitate their meeting their needs for emotional intimacy would likely be impaired. A factor that could maintain their abusive behaviour is their experiencing positive emotions when abusing children, but negative emotions such as anxiety when relating to adults.

Pathway 2 Deviant Sexual Scripts:

These offenders might also have been sexually abused as children or experienced premature sexualisation. However in contrast to those following Pathway 1 the sexual script distortion occurs in the context in which sex is sought, and not in the choice of partner. These individuals are likely to use sex as means of physical release, devoid of emotional intimacy. Offenders following this pathway would seek out impersonal sex when sexually aroused. They are also likely to confuse cues for warmth and intimacy with those of sex, and so respond sexually when their partners are seeking reassurance and emotional intimacy. Interpersonal intimacy is thus attained through sexual contact and desire for emotional warmth equated with a desire for sex. The avoidance of intimacy in this way would make it difficult for these offenders to engage in satisfying interpersonal relationships. When they are then rejected by others, through failure of a relationship they turn to children, who are more accepting and less likely to be rejecting, for their sexual release. These offenders are opportunistic and driven by their sexual and emotional needs. The types of distorted cognitions evidenced by these

offenders are largely those that underwrite impersonal sex and support treating others as objects through which sexual gratification can be obtained.

Pathway 3 Intimacy and Social Skills Deficits:

These offenders generally have difficulty establishing emotional intimacy due to their insecure style of attachment to others. Their sexual preference is for sexual contact with adults, however, they are particularly sensitive to rejection, given their attachment deficits. Children are more accepting and less likely to reject someone than adults so these offenders turn to children to meet their need for emotional intimacy. This is more likely to occur when the offender is feeling emotionally isolated or lonely. Thus Ward and Siegert hold that those offenders who are pre-occupied or emotionally needy in their attachment style and also those who are fearfully-dismissive or avoidant in their attachment style, have difficulty in their emotionally intimate relationships with adults. These offenders thus substitute children for adults and meet their needs for emotional and sexual intimacy with children. Given that people mostly meet their sexual needs within the context of an emotionally intimate relationship, the sexualisation of their relationships with children is a natural consequence of their emotional intimacy with them. Offenders following this pathway would display cognitive distortions that support their view of children as adult-like, intimate partners i.e. "she understands me". These offenders thus distort their relationships with children into those of adult partners who are in a loving, intimate relationship. The sexual component is in service of the intimate relationship, and not the primary motivating factor.

Pathway 4 Emotional Dysregulation:

These offenders primarily lack emotional competence as defined by Saarni (1999) above, who identified eight key emotional skills. The deficits that result from this lack of emotional competence range from an inability to identify or regulate their own emotional states, to a lack of empathy for others. According to Ward and Siegert these difficulties usually manifest in two ways. Firstly some offenders have difficulty controlling their emotions and could express their aggressive feelings towards their partner by sexually abusing children. Alternatively, these individuals lack the capacity to regulate their emotions and have lost control and consequently, behaved in an anti-social and self-destructive manner, through their sexual abuse of children. Secondly, offenders following this pathway could use their sexual abuse of children as a way of calming or soothing their emotional arousal. These individuals might have learned to use sex as a means to increase their sense of well-being, and moderate their emotional states in their adolescence through compulsive masturbation, in the absence of alternative methods. Offenders following this trajectory would thus be more vulnerable to abuse children when their emotions are aroused, or in need of soothing. The cognitive distortions they might evidence would rationalise the offence after it occurred, most likely through a loss of control.

Pathway 5 Antisocial Cognitions:

Offenders following this pathway are likely to engage in criminal activity, and child sexual abuse is simply another type of criminal activity they engage in. These individuals do not usually have sexual script distortions, but will

sexually offend if the opportunity presents itself and there is little chance of being caught. Ward and Siegert posit that these offenders are likely to have histories of conduct disorder in their childhood and adolescence. They would tend to endorse the “dangerous world” and “entitlement” implicit theories and consequently, view their needs as paramount, to be met at all costs, ignoring social norms and values, which are alien to these offenders. Men who sexually abuse children from this pathway are likely to experience positive emotional states when offending, and have no regret or remorse after their offences.

Critique

Ward and Siegert have used the strengths of the previous models and combined them to produce the Pathways Model. They note that the vulnerability to sexually abuse has its origins in psychological mechanisms, culture, and social learning. The Pathways Model describes four main clinical deficits that, in conjunction with the offenders’ vulnerabilities, result in distinct trajectories to sexually abusive behaviour. The Pathways Model does not account for how children or adolescents sexually abuse those younger than themselves. It also does not indicate how the mechanisms interact and recruit other mechanisms in an unhealthy way to facilitate child sexual abuse.

Ward & Beech's (2006) Integrated Theory of Sexual Offending

Ward and Beech (2006) in their Integrated Theory of Sexual Offending (ITSO), argue that while the existing theories have examined the causes of sexual abuse, they do so by focussing on the surface level symptomatology of sexual abuse. The deeper seated biological, and neuropsychological contributions that underlie the surface level causes, have been neglected by the current explanations of child sexual abuse. Ward and Beech in their ITSO, hope to address this deficit and also provide a way of unifying the existing competing theories. They identified three factors which interact continuously to provide the clinical vulnerability to sexually abuse, these are: biological factors (genetic inheritance and brain development), ecological niche factors (social, cultural, and personal circumstances), and neuropsychological factors.

Biological Factors

Brain Development

Ward and Beech identified brain development as the first source of offence related vulnerabilities. Abnormal brain development results from a variety of sources. They consider how the evolutionary inherited mating strategies, the role of genetics, and neurobiology, affect the neuropsychological functioning of the offender.

Evolution

According to evolution theory organisms will evolve over time and adapt to the environmental challenges they face or become extinct. This change takes place in an incremental manner over a substantial period of time. Natural selection and sexual selection are the processes identified by Darwin (1859) that result in particular traits being passed from one generation to the next. The critical components of natural selection are: (1) individuals within a species have different physical and psychological characteristics; (2) some of these individuals have characteristics that make them better equipped to survive and adapt to changing environmental conditions; (3) these better equipped individuals are more likely to breed and pass these characteristics on to the next generation. Sexual selection refers to the capacity of males and females of a particular species to demonstrate distinct preferences when selecting a mate, based on the characteristics of the potential mate. Some of these preferences are gender linked. An example of this could be, males being vulnerable to impersonal sex, or rape if they are unable to attract a willing sexual partner.

Genetic Determinants of Brain Development

Ward and Beech referenced Gene-culture theory as a flexible, evolutionary model that claims genetic, individual learning, and cultural processes determine human evolution. Genetic factors thus determine the value of activities and goods that humans aspire to, while learning events within a cultural context provide the manner in which these aspirations might be achieved. Thus sexually aggressive and abusive behaviour has a naturalistic

basis, while motivational and cognitive biases influence people to attain their needs and aspirations in socially unacceptable ways. In this model neither the genetic, nor the cultural processes are dominant, and both contribute to the development of sexually abusive behaviour.

Neurobiological Functioning

This refers to the physical processes of brain functioning, the neurotransmitters, neural networks, and the consistency of neural structures. Ward and Beech identify two ways these brain structures could malfunction in order to facilitate sexual abuse. The first could be a disruption of the functional systems by brain based abnormalities, and the second a deregulation of the functional systems by physical processes. An example of the first disruption might occur when impulse control is adversely affected by elevated levels of stress hormones such as cortisol. An example of the second type of malfunction could be when a person becomes sexually pre-occupied as a result of elevated levels of sex hormones. Ward and Beech cite a number of studies that examine the role of neurotransmitters in sexual offending behaviour. Specifically they note that serotonin, dopamine, and norepinephrine are important in; arousal, attention, mood, drive, motivation, and pleasure. They are thus critical for the regulation of attention, biological arousal, goal motivation, motor behaviour, affect, learning, and appetitive functions such as hunger, sleep, thirst and sex. Ward and Beech also found evidence that these neurotransmitters were involved in the process through which people are attracted to each other. They continue to argue that neurobiology therefore has a substantial impact upon sexual behaviour. An

example of this would be case of an abuser whose dysfunctional neurotransmitter system lowers their threshold for aggressive or sexual behaviour and weakens their action selection and control mechanisms, which could then result in their sexually abusive behaviour.

Ecological niche: Proximal and Distal Factors

Following brain development as described above, Ward and Beech view this as the second key factor contributing to vulnerability to sexually abuse. They identify “ecological niche” as a combination of personal circumstances, physical environment, and the social and cultural roles of the individual, which in certain circumstances could result in an offender sexually abusing, despite the absence of any substantial psychological vulnerabilities. However, psychological vulnerabilities would make it more likely that an offender would have difficulty meeting the environmental challenges they face in their lives and as result make them more likely to sexually offend in the future. These conditions in turn, are regarded as distal dimensions of risk for future offending. The proximal dimensions of risk are those current ecological circumstances that facilitate contact with potential victims, and also activate the specific psychological vulnerabilities involved. An illustration of this might be when an individual whose partner dies commits a sexual offence, which is something he would generally consider reprehensible and immoral. In this way conditions and circumstances outside the individual’s psychopathology are considered in how they contribute to the sexual offence. In this way the causal factor of the sexual offence might lie outside the offender’s psychological makeup and instead lie within the ecological niche. The cause

of sexually abusive behaviour thus lies in the interaction of offenders with their local habitats and niches, and not their psychological disorder.

Neuropsychological Functioning

Ward and Beech examined neuropsychological functioning through Pennington's (2002) model of three interlocking systems that provide the foundation for psychological functioning. These are *motivation/emotion*, *perception and memory*, and *action selection and control*. Ward and Beech argue that malfunction in one of these systems would adversely affect or compromise the functioning of the other systems.

Motivation/emotional System

This system involves the mobilisation of the cortical, limbic, and brainstem components. The primary goal of the motivation/emotional system is to adapt the motivational state to suite the environmental circumstances. This is accomplished by adjusting the perception and action selection systems to suite the individual's goals and values. Deficits in this system could result from genetic inheritance, cultural upbringing, or negative personal experiences. For example, an individual who has limited experience in identifying and managing emotions, would be more likely to be confused or overwhelmed by intense emotional stimuli and respond in a maladaptive way. Consequently, they might behave in an aggressive or antisocial manner, which would impede their positive emotional engagement with others, and adversely affect their capacity to form intimate interpersonal relationships. This lack of appropriate nurturing interpersonal relationships has been

identified by a number of authors as a risk factor for sexually abusive behaviour (Thornton, 2002; Hanson & Harris, 2001; Beech & Ward, 2004; Marshall & Barbaree, 1990).

Action selection and control system

This system involves the activation of the frontal cortex, basal ganglia, and parts of the thalamus. The core function of this system is to co-ordinate thoughts, behaviours, and emotions, to facilitate the accomplishment of higher order goals and aspirations.

This system is thus responsible for the formulation and implementation of action plans to realise these goals. Consequently, it obtains goals and aspirations from the *motivation/emotional* system and relies upon the *perception and memory* system for the factual and procedural knowledge to attain these goals. Deficits in this system result in self regulation difficulties such as impulse control, difficulty inhibiting negative emotions, inability to alter plans when circumstances change, and poor problem solving skills. Difficulties in self regulation have been cited by a number of authors as a significant contributing factor to the sexual abuse of children (Thornton, 2002; Hanson & Harris, 2001).

Perception and Memory System

This system involves the mobilisation of hippocampus and posterior neocortex. The primary function of this system is to process incoming sensory information, construct representations of this information, and make it

available for retrieval to the *motivation/emotional* system and the *action selection and control* system. Deficits in this system can result in maladaptive beliefs and attitudes, and inaccurate interpretations of interpersonal encounters. These maladaptive beliefs, made available to the other two systems thus result in the creation and maintenance of problematic goals and emotions that then impede the offender's control of sexual behaviour. Ward and Beech argue that these cognitive structures then filter and bias the processing of social information which results in a variety of personal and social difficulties, and ultimately a sexual offence. These difficulties are akin to the offence supportive cognitive distortions that researchers have found to be associated with risk for committing a sexual offence (Thornton, 2002; Hanson & Harris, 2001).

Clinical Symptomatology

Ward and Beech note that dysfunctions within the three neurological systems as outlined above will adversely affect an individual's functioning in a variety of ways that ultimately result in the sexual abuse of a child. The particular motives and pathway to the offending behaviour would vary depending on the specific nature of the deficits within these systems. Individuals thus sexually abuse for different reasons, so their clinical difficulties will differ. However, the empirical evidence in support of four clusters of clinical difficulties is substantial. These four clusters are: *emotional regulation problems, cognitive distortions, social difficulties, and deviant sexual arousal* (Marshall, 1989; Hanson & Harris, 2001; Thornton, 2002; Ward & Beech, 2004). Ward and

Beech consider empathy deficits to present in the *cognitive distortion* and *emotional dysregulation* clusters.

Ward and Beech hold that neuropsychological deficits interact with ecological and environmental factors to create the vulnerabilities that ultimately result in a sexual offence. The clinical phenomena discussed below could be viewed as the acute risk factors that, dependant on the availability of a victim, result in a sexual offence.

Emotional Problems

These clinical difficulties are primarily mood and impulse control problems. They could result from deficits in the *motivation/emotional* system (low mood, elation) and also the *action selection and control* system (poor impulse control). Ward and Beech argue that emotional difficulties lead to sexual behaviour because of a behavioural association that could occur in early adolescence, as a result of an individual using masturbation as means of managing and soothing their emotional distress in the absence of more appropriate means. Ward and Beech also contend that individuals who lack emotional efficacy are more likely to become emotionally overwhelmed in times of stress and then deregulate into disinhibited or aggressive behaviour. This then combined with sexual arousal could lead an individual to opportunistic sexual offending in an attempt to sooth their negative emotional state.

Social difficulties

The clinical difficulties that result in social difficulties are: emotional loneliness, low self-esteem, inadequacy, passive victim stance, and suspiciousness. These difficulties primarily result from deficits in the *motivation/emotional* system that adversely affect attachment and intimate relationships. Ward and Beech identify a number of defective attachment styles that represent diverse specific difficulties in the *motivation/emotional* system, and contribute to sexual offending in different ways.

Cognitive Distortions

These refer to offenders' thoughts and beliefs that children are sexual beings who will not come to any harm through engaging in sexual behaviour with adults. In their ITSO Ward and Beech refer to the work of Ward and Keenan (discussed above, 1999) who contend that underlying schemas based on implicit theories, underpin these distorted cognitions and beliefs. These implicit theories develop in early life, are generated in response to personal experiences, and reflect a reliance on the *perception and memory* system. Mann and Beech (2003) note that these pro-offending schemas and beliefs are activated by threatening or stressful situations.

Sexual interests

The primary clinical difficulty in this domain is a sexual interest in or attraction to children. Ward and Beech contend that these deviant sexual desires have become entrenched prior to the initial deviant sexual act. They argue that sexual fantasy is an important contributing factor to the maintenance of

deviant sexual interests. Thus they argue that deviant fantasy leads to deviant sexual arousal, which in turn results in deviant sexual behaviour or offending. Ward and Beech hold that deviant sexual interests involve the maladaptive interaction of all three neuropsychological systems. For example, an offender with poor interpersonal relationships and low mood (*motivation/emotional system*), with a dysfunctional schema (*perception and memory system*), could engage in deviant sexual fantasy, which in the presence of a potential victim could result in high levels of arousal and a sexual offence (*action selection and control system*).

Maintenance and Escalation of Clinical Factors

Ward and Beech, in their ITSO, have illustrated how biological, ecological and psychological vulnerabilities combine and interact to cause the clinical symptoms associated with sexually abusive behaviour. Here the ecological variables help form the neuropsychological vulnerabilities that precede the sexual offence as well as provide the stimulus that activates these vulnerabilities to trigger the offence. According to Ward and Beech the ITSO accounts for the maintenance and escalation of sexually abusive behaviour by the impact of the offending behaviour on the ecology and psychological functioning of the offender. For example, an offender who abuses a child could find that he becomes more isolated from his peers as a result of his offending behaviour. This might adversely affect his emotional state, which in turn would make it more difficult to meet his need for intimacy and hence contribute to increased risk of sexual offending. According to the ITSO, cultural factors and social norms interact with biological factors and individual

learning to create ecologies that support or discourage sexual offending. Cultural norms that portray women as inferior, or sexual objects, or children as sexually available to dominant males, would thus foster abusive behaviour.

Critique

Ward and Beech have integrated the strengths from a number of the prominent multifactorial theories into a unified framework. While the ITSO examined all the variables present in the preceding theories, it also added the neurobiological and neuropsychological dimensions. The clinical symptoms of offenders are considered in this framework and their underpinning functional systems examined. It provides a thorough framework, which would be useful for clinicians and researchers given its breadth and depth of analysis. As with the preceding theories it requires empirical research to support its constructs, particularly the neuropsychological dimensions and how the brain based abnormalities result in deregulation, which is subsequently expressed through sexual abuse.

Conclusions

In this Chapter some of the more important multifactorial theories of child sexual abuse have been reviewed. Finkelhor (1984) provided the first multifactorial theory as to how men sexually abuse children. Marshall and Barbaree (1990) added significant depth to the theoretical knowledge of how people come to abuse by highlighting the very important dimensions of adolescent development and neurobiological processes. They consider how adverse experiences during childhood are consolidated during adolescence, and how these deficits interact with situational factors to cause sexual abuse. Hall and Hirschman (1991, 1992) furthered our knowledge by examining the role of personality vulnerabilities, and the manner in which these interact with situational variables to lower the abuser's *critical threshold*, which leads to sexual abuse. Ward and Siegert (2002) in their Pathways Model actively attempted to integrate the best components of the previous three theories into one comprehensive model. They identified four dysfunctional psychological mechanisms that interact to cause clinical phenomena, which then in turn, facilitate the abusive behaviour. Ward and Beech (2006) in their Integrated Theory of Sexual Offending (ITSO) advanced this work and developed a comprehensive theory that unified multifactorial and single factor theories.

Through this review a number of pertinent clinical and developmental factors that contribute to child sexual abuse have emerged. These include dimensions of personality, sexual arousal/pre-occupation, empathy, emotional dysregulation, isolation, and self-esteem. In addition, social values and

cultural considerations have been hypothesised to contribute to child sexual abuse. In the following Chapter the empirical support for these variables will be examined and the rationale for the study described in Chapters 5 and 6 provided.

Psychological Characteristics of Men who have Sexually Abused Children

Introduction

The multifactoral theories of sexually abusive behaviour reviewed in Chapter 3 propose that sexual offenders have unique characteristics which contribute to their deviant sexual behaviour. In this Chapter the empirical literature will be reviewed to determine the degree of empirical support for these theoretical characteristics. To this end empirical studies will be examined and their findings summarised and critiqued. Initially studies of the characteristics of child sexual offenders in general will be examined. Following this, studies of the characteristics unique to clerical offenders will be identified. From this review it will become clear that while there was empirical support for many theoretical characteristics, a number of the empirical studies displayed limitations, in that the sample sizes were small, in some cases there were no control groups, and samples were recruited from institutions which might limit the generalisability of the studies. There were also very few studies examining clerical child sexual abusers. This is not surprising given the relatively small population of these offenders.

Search Strategy

Computer and manual literature searches were conducted to identify studies of child sexual abusers. The synonyms of the term sexual offender, paedophile, and clerical abuse paired with a range of terms derived from the

theories reviewed in Chapter 3 were used in the computer search. The terms derived from the theories included the following: characteristics, attributes, profiles, developmental factors, psychological factors, social factors, cultural factors, biological factors, genetic factors, neuropsychological factors, situational factors, pathways, scripts, pornography, personality, psychopathology, traits, deficits, attachment, emotional dysregulation, affective dysregulation, impulsivity, impulse control, problem-solving, judgment, self-esteem, self-efficacy, sexual arousal, sexual scripts, arousal, and cognitive distortions. PsychInfo and Medline data bases were searched. In addition, reference lists of identified studies were searched. Studies were selected for review if participants were child sex offenders, if any of the characteristics referred to in the theories reviewed in Chapter 3 were assessed, and if results were analysed using quantitative techniques. An exception to these selection criteria were studies relating to clerical offenders, due to the limited number of studies completed with clerical samples. Using these search techniques 25 studies were identified. The key features and findings of these studies are summarized in Table 1.

In the remainder of this Chapter the results of these 25 studies will be considered under the following headings: Psychological distress, emotional isolation, empathy deficits, cognitive distortions, personality variables, self-esteem, sexuality, locus of control, assertiveness, and clerical abusers.

Psychological Distress

A number of authors have stressed the importance of psychological distress or emotional deregulation as a contributing factor to child sexual abuse in their theoretical constructs or models. In Finkelhor's model this variable finds expression through his construct of *disinhibition* which is his fourth factor, it also finds expression in his second pre-condition, *overcoming internal inhibitions*. Marshall and Barbaree (1990), as discussed in the previous Chapter, considered the mismanagement of negative emotional states as an important contributor to sexually abusive behaviour. Similarly, Hall and Hirschman (1991, 1992; Hall, 1996) considered what they termed *affective dyscontrol* to be an important contributing factor to child sexual abuse. While Ward and Siegert (2002) in their *emotional dysregulation* and Ward and Beech (2006) in their *emotional problem* construct also recognise the importance of psychological distress as a possible contributing factor to an offender sexually abusing a child. The empirical evidence that supports the notion of child sexual abusers experiencing higher levels of psychological distress is mixed. A number of studies supported the view that child sex offenders had elevated levels of psychopathology, (Fisher, Beech, & Browne, 1999; McKay, Chapman, & Long, 1996; McElroy et al., 1999; Cohen, et al., 2002; Levin & Stava, 1987) and reported experiencing elevated levels of psychological distress. However, a smaller number of studies have also found that child sexual abusers do not all have elevations on measures of psychological distress. Beech (1997/98) found that very low deviancy and high deviancy child sex abusers had significant elevations of measures of psychological distress, while those between these two extremes did not.

Similarly Kalichman (1991) found that those who abused children less than 12 years old had significantly elevated levels of anxiety and trait anger compared to those who offended against adults. He elaborated that those who abused children were more psychologically distressed, vulnerable, and immature than those who offended against adults, who presented as more antisocial, sociopathic, and defended. However, these findings were contrary to the results reported by Hillbrand, Foster, & Hirt (1990) who compared 10 adult rapists, with 10 child rapists, and 9 child molesters. They found that the rapists evidenced elevated levels of psychological distress, while both groups who perpetrated offences against children displayed elevations on the psychopathic deviate scale.

There is more evidence in the literature for child sexual abusers evidencing elevated levels of psychological distress. However those studies reporting the contrary should not be disregarded, as they might have identified a subtype of child sexual abuser who is less psychologically vulnerable, more psychopathic, predatory in their offending, and without remorse or regret.

Emotional Isolation

In the previous Chapter, theoretical constructs supported the notion that men who sexually abuse children will evidence deficits in their capacity to form intimate emotional relationships with their peers. This construct is expressed as *blockage* in the work of Finkelhor (1984). This refers to his notion that a sexual offender is prevented from meeting their needs for emotional intimacy by either a situational or developmental difficulty. Marshall & Barbaree (1990)

also identify emotional isolation as an important contributing factor to child sexual abuse, in that those adolescents who are subject to abusive experiences in their childhood, are more likely to be ineffective and emotionally isolated from their peers, and ultimately more likely to sexually abuse children. They also report that situational loneliness could trigger an incident of child sexual abuse. Emotional isolation finds resonance in the first *mechanism* of Ward & Siegert's Pathways Model (2002), intimacy and social deficits, and also in their third *pathway* which shares its name with the first mechanism. Ward and Beech (2006) report that emotional isolation could result from deficits in the *motivation/emotional system*. They posit that when an individual's motivational/ emotional system becomes deregulated, they could behave in an inappropriate or aggressive manner towards others, which then results in emotional isolation. Ward and Beech also discuss emotional isolation under their clinical symptom rubric, *social difficulties*. Most of the theoretical approaches identify emotional isolation as an important contributing factor to the sexual abuse of children.

A number of empirical studies have found evidence of emotional isolation in child sex abusers (Kalichman, 1991; Beech, 1997/98; Cohen, et al., 2002; Fisher, Beech, & Browne, 1998; Fisher, Beech, & Browne, 1999; Marsa, 2004) compared to control groups. There is thus sufficient theoretical and empirical evidence to support emotional loneliness as being a contributing factor to the sexual abuse of children.

Empathy Deficits

This construct is referred to in an indirect manner in Finkelhor's Model (1984) when he describes *precondition II: overcoming internal inhibitions*. Finkelhor presumes an element of victim empathy could be present and contributing to an offender's inhibitions. Marshall and Barbaree (1990) however, regarded empathy as a key construct, and argued that child sex offenders have an impaired capacity to empathise with others due to their own experience of childhood abuse. Hall and Hirschman (1991; 1992) also acknowledge that victim empathy would need to be overcome in sexual offenders in order for abuse to occur. In this they posit that victim empathy could be an internal inhibition that might prevent child sexual abuse from occurring. Ward and Siegert (2002) view victim empathy and general empathy as important constructs particularly related to *Mechanism 3: Emotional dysregulation* in which they describe the capacity to empathise with others as being an important skill in facilitating emotional competence. Ward and Beech (2006) view empathy deficits as important and result from deregulation in the *cognitive distortion* and *emotional regulation* clusters of clinical symptomatology.

Several studies have examined the constructs of empathy and more specifically victim empathy among groups of child sexual abusers. Fisher, Beech, and Browne (1999) found that child sexual abusers evidenced as much empathic concern as measured by the Interpersonal Reactivity Index (IRI) as non-offenders. However, they also noted that the child sex offenders displayed less victim empathy than did the normal controls. Fisher, Beech,

and Browne (1999) thus concluded that victim empathy and general empathy were not related. These researchers also found that the high deviance offenders had a more impaired capacity to perspective take as measured by the IRI than normal controls or low deviance offenders. They posited that it was this inability to view things from another person's perspective that contributed to their committing more offences against more victims. Cohen, et al. (2002) also reported that paedophiles did not demonstrate any discernable deficits on general empathic ability. These findings indicate that while child sexual abusers evidence deficits in victim empathy, they do not appear to have deficits in general empathy.

Table 1: Psychological characteristics of child sex offenders

Authors	Date	# Offender Type	Measures	Summary of Main Findings
Becker, & Quinsey	1993	Child sex offenders review	Minnesota Multiphasic Personality Inventory (MMPI), Hare Psychopathy Checklist-Revised (PCL-R)	<ul style="list-style-type: none"> • Personality assessment aids treatment planning but does not predict re-offence • Phallometric assessments and Psychopathy checklists aid in predicting re-offences
Beech	1997/98	59 untreated child abusers & 81 non-offending trainee prison officers	Sex Offender Assessment Pack (SOAP), Multiphasic Sex Inventory (MSI)	<ul style="list-style-type: none"> • Clustered offenders into 5 groups ranging from low deviancy to high deviancy
Beech	1998	140 child sex abusers	SOAP, MSI	<ul style="list-style-type: none"> • Measures were useful for clustering child sexual abusers into groups on the basis of deviancy • High deviancy men were more likely to admit their interest in children than low deviancy men, and were also more likely to use children to meet their emotional as well as sexual needs
Briere & Runtz	1989	193 undergraduate students	Questionnaire surveying; sexual violence against women, use of pornography, history of child sexual abuse, no of sexual partners, sexual functioning, sexual interest in children	<ul style="list-style-type: none"> • 21% evidenced sexual attraction to young children • 9% reported having sexual fantasies involving children • 5% reported masturbating to these fantasies • 7% indicated some likelihood of having sex with children if they could avoid detection and punishment
Cohen, et al.	2002	20 Male pedophiles & a demographically matched control group of 24 healthy males	Millon Clinical Multiaxial Inventory-II (MCMI-II), Dimensional Assessment of Personality Impairment-Questionnaire (DAPI-Q), Temperament & Character Inventory	<ul style="list-style-type: none"> • Pedophiles evidenced reduced assertiveness, increased passive-aggressiveness • Pedophiles had impaired self-concepts, elevated sociopathy, & disinhibition
Craissati, McClurg, & Browne	2002	57 Child molesters compared to 19 rapists	Parental Bonding Instrument (PBI)	<ul style="list-style-type: none"> • Low parental care was associated with childhood abuse, particularly for the child molesters • Child molesters experienced their mothering as deficient

Erickson, Walbeck, & Seely	1987	59 Incestuous stepfathers, compared to 70 incestuous biological fathers, & 158 who abused unrelated children	MMPI	<ul style="list-style-type: none"> MMPI failed to discriminate the incestuous offenders from the other groups
Fisher, Beech, & Browne	1998	78 Child abusers	SOAP, MSI	<ul style="list-style-type: none"> Locus of control was found to be related to treatment change Those with an external locus of control were more likely to have distorted cognitions about children's sexuality Offenders with an external locus of control were more likely to emotionally identify with children and less likely to have effective intimate relationships with adults
Fisher, Beech, & Browne	1999	140 child molesters, 59 of whom were in community based treatment, 81 were incarcerated. Compared to a control group of 81 trainee prison officers	SOAP	<ul style="list-style-type: none"> Child abusers had significant elevations on emotional loneliness and under assertiveness than non-offenders Child abusers were significantly lower in their scores on self-esteem and victim empathy than non-offenders Groups did not differ in general empathy High deviance group evidenced differences in assertiveness, perspective taking, cognitive distortions, and emotional congruence to children
Hands	1998	500 clerical sex offenders	Anecdotal clinical commentary	<ul style="list-style-type: none"> Clerical offenders use unique cognitive distortions to justify their abusive behaviour
Haywood, Kravitz, Grossman, Wasyliv, & Hardy	1996	30 clerical child sex abusers compared with 39 non-clerical child sex abusers and 38 non-offending controls	Derogatis Sexual Functioning Inventory (DSFI)	<ul style="list-style-type: none"> Clerical offenders reported fewer victims Clerical offenders reported older, male victims than non-clerical offenders Clerical offenders reported lower sex drive and fewer sexual experiences than non-clerical offenders and controls Clerics were less psychologically disturbed than non-clerical child abusers
Haywood, Kravitz, Wasyliv, Goldberg, & Cavanaugh	1996	24 clerical child sex offenders compared with 48 non-offending clerical controls, 45 non-clerical child sex	MMPI & MMPI-2	<ul style="list-style-type: none"> A history of experiencing sexual abuse in childhood was associated perpetrating abuse in adulthood for both offender groups Non-clerical child sex offenders had higher levels of psychopathology than clerical offenders

		offenders, 40 non-clerical normal controls		<ul style="list-style-type: none"> Clerical offenders evidenced higher levels of sexual conflictedness and less sociopathy than non-clerical offenders
Hillbrand, Foster & Hirt	1990	29 sex offenders, 9 child molesters, 10 child rapists, & 10 adult rapists	Clinical Analysis Questionnaire (CAQ)	<ul style="list-style-type: none"> Rapists displayed higher levels of psychopathology and personal distress than child molesters or child rapists Child molesters and child rapists displayed elevations on the psychopathic deviate scale
Isely	1997	Clerical abusers: Review		<ul style="list-style-type: none"> Empirical data doesn't support publicised claims of treatment success Clerical abusers might not be as low risk as claimed by treatment centres Clerics who sexually abuse children should not be allowed back into ministry, due to risk of re-offence
Johnston, French, Schouweiler, & Johnston	1992	50 Pedophiles compared to 25 non-offending psychiatric inpatients and 50 controls	MMPI	<ul style="list-style-type: none"> The subscales of the MMPI failed to distinguish between the groups on selected subscales
Kalichman	1991	144 sex offenders allocated into 3 groups by age of victims (54 aged <12, 42 aged 13-17, 48 adults)	State-Trait Personality Inventory (STPI), Self-Esteem Scale (SES), Marlowe-Crowe Social Desirability Scale (MC-SDS), MMPI	<ul style="list-style-type: none"> Those who abused children <12 had higher levels of psychopathology, emotional disturbance, trait anxiety, trait anger and self-degradation Child abusers had lower self esteem than those who offended against adults Those who abused adolescents scored between the child and adult offenders on most measures
Langevin, Curnoe, & Bain	2000	24 clerical child abusers, 24 demographically matched male pedophiles, 2125 child sex abusers	MMPI-2, Clarke Sexual History Questionnaire (C-SHQ), Derogatis Sexual Functioning Inventory (DSFI), Halstead-Reitan Neuropsychological Battery, Wechsler Adult Intelligence Scale-Revised (WAIS-R)	<ul style="list-style-type: none"> 70% of clerics were sexually deviant Clerics evidenced increased endocrine disorders Clerics less likely to have antisocial personality disorder Clerics should be assessed using same procedures as lay offenders Clerics had higher IQ scores

Levin & Stava	1987	Review of 36 studies using the MMPI	MMPI	<ul style="list-style-type: none"> Found that the MMPI failed to discriminate offenders from non-offenders They attributed this in the main to the fact that the MMPI measures psychopathology and not personality
Madsen, Parsons, & Grubin	2006	44 Child abusers attending treatment programmes	NEO Personality Inventory-Revised (NEO PI-R), Structured Clinical Interview for DSM (SCID-II)	<ul style="list-style-type: none"> Dimensions of Neuroticism & Agreeableness most associated with personality disorders
Mann, Stenning, & Borman	1992	Incarcerated pedophiles in 3 groups; 60 in state prison, 24 in federal penitentiary, & 25 in military confinement	MMPI-2	<ul style="list-style-type: none"> The 3 groups displayed differences on their MMPI-2 profiles The MMPI-2 did not evidence a characteristic profile which could be used to diagnose pedophilia
Marsa, et al.	2004	29 Child sex offenders compared with 30 non-violent offenders, and 30 community controls	Experiences in Close Relationships Inventory (ECRI), Parental Bonding Instrument (PBI), UCLA Emotional Loneliness Scale (EL), Norwicki-Strickland Locus of Control Scale (LOC), Novaco Anger Scale (NAS), Personal Reaction Inventory (SD)	<ul style="list-style-type: none"> Child sex offenders evidenced a fearful attachment style Child sex offenders had higher levels of emotional loneliness Child sex offenders had an external locus of control, and abnormal anger management styles.
Musser, Cimbalic, & Rossetti	1995	101 Clerical ephebophiles, matched with 99 clerical men with psychiatric disorders	MCMI-II	<ul style="list-style-type: none"> MCMI-II did not discriminate the ephebophiles from the psychiatric controls
Plante	1996	Meta analysis of Clerical abusers	MMPI	<ul style="list-style-type: none"> Most abusing clerics tend to abuse adolescents and not latency aged children Abusive priests demonstrate maladaptive personality characteristics

				<ul style="list-style-type: none"> • Priests form a unique population and research examining non-clerical offenders may not be generalisable to a clerical population
Ruzicka	1997	10 clerical pedophiles	File data	<ul style="list-style-type: none"> • 8/10 had a prior psychiatric history • 1/10 had a criminal record • 3/10 were heterosexual • 7/10 were homosexual/bisexual • 10/10 denied being abused as children by other clerics • 10/10 had multiple victims aged 6-18 years • 8/10 had boys as their main sexual interest
Saradjian & Nobus	2003	14 clerical child sex abusers attending a residential treatment centre	Structured interview	<ul style="list-style-type: none"> • Sex offenders select ideas from their subculture and use them to legitimise their offending behaviour • Religious offenders distorted non-sexual affection from a child into sexual interest • Religious content present in pre-and post-offence cognitions but not in peri-offence cognitions
Schlank	1995	164 incarcerated male sex offenders, 54% sexually abused children, 44% offended against adults, 2% offended against both children and adults	MMPI, MSI	<ul style="list-style-type: none"> • MMPI did not discriminate between the subgroups of offenders • MSI results offered some promise of providing a taxonomy of traits particular to offenders
Simkins, Ward, Bowman, & Rinck	1989	122 Child sex abusers	MSI	<ul style="list-style-type: none"> • MSI did not detect differences between treated and untreated sex offenders • MSI did discriminate between those who admitted their offences and those who denied them • SSD scale and SKB scale were significantly correlated with treatment progress

Cognitive Distortions

This construct is reflected in most of the theories discussed in Chapter 3. Finkelhor's (1984) first factor *emotional congruence*, in which the adult offender views the child as being at a similar level of emotional development as themselves, reflects distorted cognition. Finkelhor also noted that distorted thinking could be used by offenders to overcome their internal inhibitions and justify their sexually abusive behaviour. Hall and Hirschman (1991,1992) view cognitive distortions as a key feature of child sexual abuse, particularly for incest offenders, and those who are less psychologically distressed and more able to systematically plan their offences. One of the core *mechanisms* that facilitate child sexual abuse in the work of Ward and Siegert (2002) is cognitive distortions. In their construction of the types of cognitive distortion they borrow from the work of Ward and Keenan (1999) who developed implicit theories that characterise a number of the different types of cognitive distortion often used by sex offenders to legitimise their abusive behaviour. Similarly, Ward and Beech (2006) also revert to Ward and Keenan (1999) when they describe clinical factors that contribute to the sexual abuse of children.

The empirical literature yields mixed support for this construct being a significant contributor to the sexual abuse of children. Fisher, Beech, and Browne (1999) found that cognitive distortions were significantly elevated for high deviance child sex abusers, but not for other groups of child sex abusers who were close to normal controls in their scores on measures of cognitive distortions. Saradjian and Nobus (2003) investigated the nature of cognitive

distortions used by clergy. They noted that clergy used religious content in their cognitive distortions, and that this was particular to their pre and post offence justifications and not their peri-offence distortions. They view this as supportive of Baumeister's (1989) *deconstructed state* in which the offender temporarily suspends self-awareness and engages in mindless self-serving activity to unconsciously ward off negative self-evaluations. The empirical findings on cognitive distortion indicate that while it is implicated in the sexual abuse of children its specific contribution is unclear.

Personality Variables

These are stated both implicitly and explicitly in Finkelhor's Model (1984), where he closely examines the psychological characteristics of sexual abusers. This is particularly salient in his first factor, *emotional congruence* with children, in which the abuser is attempting to address deficits in interpersonal efficacy and self-esteem through abusing children. His factor of *blockage* also speaks into personality deficits when he describes *developmental blockage*, which refers to unresolved developmental issues that are carried into adulthood. Marshall and Barbaree (1990) emphasise developmental vulnerabilities, and how these could be exacerbated by the challenge of adolescence to result in psychological vulnerabilities to sexually abuse children. In a similar vein, Hall and Hirschman (1991, 1992) examine how adverse developmental experiences result in an abuser acquiring personality deficits that ultimately, in interaction with situational variables, contribute to the sexual abuse of children. Ward and Siegert (2002) also recognise developmental experiences as providing predisposing personality

characteristics that facilitate the sexual abuse of children. This is understandable given that they based their model on the strengths of the preceding models. Ward and Beech (2006) however, de-emphasise personality and view it as a consequence of neuropsychological systems interacting with the environment or milieu in which an individual grows up.

The theoretical models make a strong case for examining the structure of personality among child sex abusers. The empirical literature has explored psychopathology and personality deficits with mixed results. However the majority of studies have used the MMPI, which arguably does not measure personality, but psychopathology. A number of studies (Becker, & Quinsey, 1993; Levin & Stava, 1987; Johnston, French, Schouweiler, & Johnston, 1992; Musser, Cimbalic, & Rosetti, 1995; Schlank, 1995) reported that psychometric assessment using diagnostic inventories did not identify deficits specific to a sample of child sex offenders. Levin and Stava (1987) attribute this to the fact that the MMPI was designed to measure psychopathology, and not assess personality functioning among non-clinical groups. However a number of studies have found these instruments useful (Mann, Stenning, & Borman, 1992; Plante, 1996; Langevin, Curnoe, & Bain, 2000; Kalichman, 1991; Hilbrand, Foster, & Hirt, 1990) for classifying or gaining understanding about the psychological difficulties faced by child sex offenders. A number of researchers have used inventories specific to identified characteristics theoretically linked to child sexual abuse to determine whether or not child sexual abusers differ from normal controls on these variables (Beech, 1997/98; Beech, 1998; Craissati, McClurg, & Browne, 2002; Fisher, Beech, &

Browne, 1998 & 1999; Marsa, et al., 2004; Simkins, Ward, Bowman, & Rinck, 1989). The findings of these studies are summarised in Table 1, where it can be seen that they lend substantial support to a number of the theoretical models that identify personality and developmental deficits such as under-assertiveness, external locus of control, poor parental relationships, and maladaptive personality functioning.

Self Esteem

This construct is referred to in Finkelhor's Model (1984) when he describes *Factor 1: Emotional congruence*. Finkelhor posits that abusers with a low level of self-esteem would find themselves less effective in negotiating interpersonal relationships with adults, and consequently gravitate to children to meet their emotional needs. In the work of Marshall and Barbaree (1990) self-esteem is viewed as an important contributor to the abuse of children in that the abusive act is viewed as providing the offender with a sense of empowerment over his victim, in order to in part buffer his poor sense of self-esteem. This construct is also important in Ward and Siegert's Pathways Pathways Model (2002) in that they viewed low self-esteem as a consequence of insecure attachment, which then contributes to *Mechanism 1: Intimacy and Social Skills Deficits* and ultimately, to child sexual abuse. Ward and Beech (2006) view low self-esteem as one of the contributors to *Social Difficulties*, which they view as important in the genesis of child sexual abuse.

Fisher, Beech and Browne (1999) found that men who sexually abused children had lower self-esteem than a group of control participants. Similarly,

Cohen, et al. (2002) found that pedophiles had an impaired self-concept when compared to healthy control participants. Kalichman (1991) found that sex abusers who abused children had lower levels of self-esteem than those who had abused adults. The empirical literature thus lends some support to the notion that child sex offenders have lower self-esteem than normal controls.

Sexuality

This construct features prominently in a number of the multifactorial theories. Finkelhor (1984) examined sexuality from 2 perspectives. In *Factor 2: Sexual Arousal to Children* he described how a child sex offender might become sexually aroused by children and in *Factor 3: Blockage* he described how a child sex offender might be prevented by individual psychological factors or situational factors from meeting their sexual needs with an adult. Marshall and Barbaree (1990) place particular emphasis on the role of childhood and developmental experiences as underpinning an offenders' sexual template. They argue that the capacity to discriminate sexual from aggressive impulses is a key task of adolescence. Marshall and Barbaree (1990) also examine the role of masturbation as a conduit through which negative emotional states and anger towards women might be expressed, and subsequently reinforced through further masturbation. They posit that this then results in deviant sexual fantasies and sexually abusive behaviour being reinforced that ultimately, contributes to an offender sexually abusing a child. Hall and Hirschman (1991, 1992; Hall, 1996) identify sexual interest in children as the first of their 4 aetiological factors that contribute to child sexual abuse. They argue that men who sexually abuse children are likely to be sexually attracted

to them. Hall (1996) reported that offenders who abused because they were sexually aroused to children were likely to have more victims, be less violent in their offending behaviour, and less likely to exhibit nonsexual aggression. Ward and Siegert (2002) identify one of the causal pathways to child sexual abuse as *deviant sexual scripts*. They posit that this pathway is largely underpinned by *mechanism 2: sexual scripts*. Ward and Siegert (2002) described sexual scripts as those internal cognitive maps that provide a template for how to behave in a sexual encounter. In conjunction with external events and circumstances, sexual scripts inform who somebody might choose as sexual partner, what they might do with this partner in order to obtain gratification, and in what context this might occur. Ward and Siegert hold that those offenders who offended largely as a result of deviant sexual scripts were more likely to confuse a need for emotional intimacy with a need for sexual intimacy, and so seek out impersonal sexual contacts. They argue that the desire for impersonal sex might alienate these offenders from potential partners, and they then turn to children who are less likely to reject their advances. According to Ward and Siegert (2002) those offenders with deviant sexual scripts are more likely to be opportunistic in their offending.

Ward and Beech in their Integrated Theory of Sexual Offending (2006) argue that sexual interest in children might be one of the factors contributing to the sexual abuse of children. They note that this interest is usually present in the offender prior to their committing a sexual offence. They also report that deviant sexual fantasy has an important role in the maintaining this interest. Ward and Beech (2006) also examine the neuropsychological contributors to

increased sexual arousal, disinhibition, and consequently sexual offending against children.

A number of empirical studies reported deviant sexual interests among samples of sex offenders (Beech, 1998; Haywood, Kravitz, Grossman, Wasyliv, & Hardy, 1996; Langevin, Curnoe, & Bain, 2000; Ruzicka, 1997; Saradjian & Nobus, 2003; Simkins, Ward, Bowman, & Rinck, 1989). The empirical literature found that deviant sexual interest, and sexual interest in children were important considerations in discriminating sex offenders from normal controls, and also high deviancy from low deviancy offenders. However one study, Briere and Runtz (1993) found that 21% of a group of 193 undergraduate students reported some sexual attraction to children, which could suggest that this factor alone might not be sufficient to discriminate child sex offenders from non-offenders. The empirical literature generally supported the notion that child sex abusers have deviant sexual interests and sexual interest in children, with Briere and Runtz (1989) issuing a caveat by way of demonstrating that a significant number of non-sexually abusing college students reported some sexual attraction to children thereby calling into question how useful this variable is in discriminating child sex abusers from the general population.

Locus of Control

This construct refers to the degree to which an offender perceives his behaviour to be within his own control (internal locus of control) or controlled by factors outside his control (external locus of control) (Fisher, Beech, &

Browne, 1998). The multifactorial theories of child sexual abuse do not explicitly identify the construct of locus of control as meriting consideration. However a number of empirical studies have found locus of control to be an important variable in better understanding child sex offenders (Beech, 1997/98; Beech, 1998; Fisher, Beech, & Browne, 1998). Beech (1997/98) initially identified a subgroup of very high deviancy child sex offenders who had an external locus of control, which contrasted with a low deviancy child sex offender group who displayed normative levels of locus of control. Beech (1998) further developed this study and found that low deviancy-low denial child sex offenders had a more internal locus of control than the low deviance-high denial group whose scores were comparable with the high deviance-low denial group and the high deviance-high denial group. Fisher, Beech, & Browne (1998) found internal locus of control to be an important predictor of treatment success, and also that child sex offenders who successfully completed treatment had a more internal locus of control on completing treatment than they had at the commencement of treatment. They suggest that this reflects an increase in offenders' capacity to take responsibility for their offences. Marsa et al. (2004) found that child sex offenders had a more external locus of control than those who offended against adults and non-offending controls. The empirical literature thus offers support for the notion that child sex offenders have a more external locus of control

Assertiveness

This dimension is implicitly present in Finkelhor's (1984) *emotional congruence* pre-condition wherein he argues that the child sex offender could

find adult relationships threatening and potentially disempowering. These offenders would thus use their dominance, and potentially over-assertiveness, over children to compensate for their sense of under-assertiveness with adults. Marshall and Barbaree (1990) also do not focus on assertiveness in an explicit way, but similar to Finkelhor they assert that vulnerable adolescents who lack self-confidence and social skills are more likely to achieve a sense of empowerment by sexually abusing younger children. Hall and Hirschman (1991, 1992) similarly do not directly speak to the construct of assertiveness but they do identify enduring personality characteristics that contribute to the asexual abuse of children. Ward and Siegert (2002) implicitly refer to deficits in assertiveness when they describe how intimacy and social skills deficits result in adults with insecure attachments withdrawing from contact with their peers as they do not have sufficient interpersonal efficacy to facilitate their meeting their intimacy needs with adults, and consequently turn to children. Ward and Beech (2006) also implicitly refer to assertiveness when they discuss the clinical symptomatology that contributes to the sexual abuse of children. Lack of assertiveness or over-assertiveness could contribute to the *social difficulties* experienced by an offender and thus increase the likelihood of his committing an offence.

In the empirical literature two studies have identified assertiveness as a feature of child sex offenders (Cohen et al. 2002; Fisher, Beech, & Browne, 1999). Fisher, Beech, & Browne (1999) found in their comparison study of 140 child sex offenders compared to a control group of 81 non-offending control participants, that the child sex offenders had lower levels of

assertiveness than their controls. They then divided the offenders into low-deviancy and high-deviancy groups, with high-deviancy men having higher levels of pro-offending attitudes and lower levels of social adequacy than low-deviancy men. On further analysis they found that the low-deviancy men did not differ from controls in their levels of assertiveness, whereas high-deviancy men displayed elevated levels of underassertiveness. Cohen et al. (2002) reported similar findings when they compared 20 child sex offenders with 24 demographically matched controls. They found that those who had sexually abused children had lower levels of assertiveness than normal control participants. The empirical literature thus supports the contention that child sex abusers have lower levels of assertiveness than normal controls.

Clerical Abusers

There has been little research published on this population of child sexual abusers. The findings have also been mixed, with some researchers (Hands, 1998; Haywood, Kravitz, Wasyliv, Goldberg, & Cavanaugh, 1996; Haywood, Kravitz, Grossman, Wasyliv, & Hardy, 1996; Saradjian, & Nobus, 2003; Plante, 1996) stating that clerical abusers are distinctly different from lay abusers, either in their thought patterns or their psychological make-up. In contrast to this Langevin, Curnoe and Bain (2000) state that clerical abusers should be assessed in the same manner as lay offenders as they demonstrate similar difficulties. The studies by Haywood, et al. (1996b) and Haywood, et al. (1996a) provided the only robust empirical data on clerical child abusers. In their studies they reported that clerical child sex offenders had lower levels of psychopathology than non-clerical child abusers, clerical child sex abusers

had lower sex drive and fewer sexual experiences than non-clerical offenders, clerical offenders had fewer victims who were more likely to be male in gender and older than the victims of non-clerical child sex abusers.

Strengths and Limitations of the 27 Empirical Studies

Becker and Quinsey (1993):- Published a review article that offered guidelines for assessing child molesters. They did not indicate how they selected empirical studies. However, they referenced a small number of studies and concluded that the Minnesota Multiphasic Personality Inventory (MMPI) had poor ability to discriminate child molesters. They urge caution in interpreting psychometric assessment instruments as these measures cannot identify a profile that would be typical of a child abuser. They advised the use of psychophysiological measures such as penile plethysmographs and polygraphs, in addition to the use of psychometric instruments and a thorough clinical history.

Beech (1997/98):- Conducted an empirical study on 59 child sexual abusers referred for community based treatment using the Sex Offender Assessment Pack (SOAP) and the Multiphasic Sex Inventory (MSI) described in Chapter 5 of this study. The results were compared to a normative sample of 81 non-offending men. Statistical analysis identified 5 levels of sexual deviancy ranging from very-low deviancy to high+ deviancy. The level of deviancy in this study referred to the extent to which the offenders differed from controls on measures of personality and offence related attitudes. The main limitation of this study was the relatively small sample size for forming 5 distinct

subgroups of sexual deviance. Another limitation might be the comparability of the norm group who were trainee prison officers who had not worked with offenders. Their average age was 29.1 years while the average age of the offender sample was 42.6 years the influence of this on the results was not reported in this study.

Beech (1998):- Further developed upon his previous study (above) by expanding his offender sample to 140 men who had sexually abused children. He used the SOAP and the MSI together with offence histories to cluster the sample into 4 groups; low-deviance-low-denial, low-deviance-high-denial, high-deviance-low-denial, and high-deviance-high-denial. Beech (1998) draws the conclusion that psychometric data can contribute to the assessment of risk of future offending over and above the use of offence histories. While this was a sophisticated study it did not have any control group beyond that listed in the previous study. However, in spite of this limitation Beech (1998) has provided good evidence for the use of psychometric instruments to assess child sex abusers.

Briere and Runtz (1989):- Conducted a survey of 193 male undergraduate students with a view to determining their sexual attraction to children. Their choice of sample arose from Finkelhor's (1984) critique that studies of child sexual abuse were conducted using mainly incarcerated offender samples. Briere and Runtz sought to address this deficit by surveying undergraduate students who would be arguably less deviant than convicted sex offenders. Their survey comprised a self report measure on "sexual attitudes". Four of

the items were related to sexual interest in children and were scored on a Likert scale. However, the responses to the Likert scale were then dichotomised as 0 (no endorsement of item) or 1 (some endorsement of item). Briere and Runtz (1989) then concluded that 21% of the sample evidenced some sexual attraction to young children, 9% reported having sexual fantasies involving children, 5% reported masturbating to these fantasies, while 7% indicated some likelihood of having sex with children if they could avoid detection and punishment. This study was limited in that it had no control group of child sex offenders, the participants were recruited to complete a “sexual attitude” survey and self selected, and finally the procedure of dichotomising the Likert scale could have resulted in false positives in that participants (being critical students) were included as endorsing items if they failed to endorse the 0 response. A more conservative approach would have been to dichotomise the Likert scale from their midpoints, which would have dramatically altered the results and conclusions of this study, which appears to have gone beyond the data.

Cohen et al. (2002):- Compared 20 male pedophiles who had sexually abused young girls with 24 demographically matched non-offending controls using the Millon Clinical Multiaxial Inventory-II (MCMI-II), the Dimensional Assessment of Personality Impairment Questionnaire (DAP-Q), and the Temperament and Character Inventory (TCI). Cohen et al. (2002) found that pedophiles had reduced assertiveness, increased passive-aggressiveness, impaired self-concepts, and elevated sociopathy and disinhibition. The authors used multiple instruments which reduced measurement error. They

also used sophisticated multivariate statistical analyses. The study was limited by its small sample size.

Craissati, McClurg, and Browne (2002):- Compared the parental bonding experiences of 57 child sex abusers with 19 rapists using the Parental Bonding Instrument (PBI) and a semi-structured clinical interview. They found that child sexual abusers experienced their mothers as not providing good care, with separated mothers being over-protective and controlling, which was associated with homosexual acting out. The rapists reported less difficulties with their parenting. However the authors caution that this may be due to their denial or an artefact of the relatively small sample size. This study was limited by small sample size, relatively unsophisticated self-report measure, and the lack of a non-offending control group.

Erickson, Walbeck, and Seely (1987):- Compared the life histories and psychological profiles of 59 incestuous stepfathers with 70 incestuous biological fathers with 158 men who sexually abused unrelated children. The Minnesota Multiphasic Personality Inventory was used and clinical data from files were analysed using chi-square analyses. The authors found that the MMPI did not discriminate between the groups with 20% of all participants obtaining profiles in the normal range. The authors did however find that incestuous child abusers were more likely to have experienced sexual abuse as a child, were also more likely to have failed marriages and were more likely to have married a woman who experienced a failed marriage. This study was limited in that it did not include a non-offending control group. It was also

limited by the fact that the study was conducted on incarcerated sex offenders and so the results might have limited generalisability to non-incarcerated samples.

Fisher, Beech, And Browne (1998):- Incorporated the results of 2 studies in their analyses. The first study compared pre and post treatment scores of 52 child sex abusers on the Sex Offender Assessment Pack (SOAP) and the Multiphasic Sex Inventory (MSI) with particular emphasis on the Locus of Control Scale. The second study used the same measures with the addition of historical offence data on 78 incarcerated child sex abusers, with particular emphasis on locus of control. The authors found that locus of control changed from external to internal for those who successfully completed treatment. Those participants who had an internal locus of control prior to treatment responded well to treatment. The authors also found that offenders who experienced physical abuse in childhood were more likely to have external loci of control. Furthermore those with an external locus of control were more likely to have previous convictions for non-sexual violence and non-violent offences. The main limitation of this study was the lack of a non-offending control group.

Fisher, Beech, and Browne (1999):- Compared 140 (59 in community based treatment, 81 incarcerated) child sex offenders with 81 non-offending controls using the Sex Offender Assessment Pack. The authors found that child sex offenders differ significantly from non-offenders on a range of psychological measures. Specifically child abusers had significant elevations

on emotional loneliness and under assertiveness compared to non-offenders. Child sex abusers also had lower self-esteem and victim empathy when compared to non-offending controls, while they did not differ in terms of general empathy. High-deviance offenders were found to have higher under assertiveness, lower perspective taking, and increased cognitive distortions than non-offending controls. While every reasonable attempt was made to rule out extraneous variables like age, the representativeness of a group of 81 trainee prison officers is questionable.

Hands (1998):- While not an empirical study in a peer reviewed journal, this study was examined due to the lack of peer reviewed empirical studies of clerical abusers. The author highlighted specific cognitive distortions used by priests who have sexually abused children. Hands (1998) claims to have worked with over 500 clerical men approximately 150 of which had sexual difficulties, while about 15 had sexually abused children. He has only anecdotal evidence that clerical men use unique cognitive distortions to justify their actions. He refers to clerical self-diagnosis of ephebophilia (sexual attraction to post pubescent adolescents) as an attempt by clerics to reduce the gravity of their offences by implying that they were consensual. The author documents another distortion unique to clerics is the vow of celibacy which these offenders claim to not have violated as they have not married their victims. Hands (1998) illustrates another distortion being that of hiding behind church law. He claims that according to church law the age of moral reason is 7 years old therefore an adolescent has the capacity to consent to sexual activity. A further component of this distortion is the notion that it is the

law of God and therefore supersedes the civil legalities and the States judicial processes. Hands (1998) identifies another distortion as that of the clerical offender viewing his sexually abusive behaviour as a personal failing rather than a crime against another. Unfortunately while Hands (1998) commentary provides insights into the distortions of clerical offenders they have not been empirically tested and are based on a sample of only 15 clerical child sexual offenders.

Haywood, Kravitz, Grossman, Wasyliv, and Hardy (1996):- Compared the sexual functioning of 30 priests who had sexually abused children with 39 non-clerical child sex offenders, and 30 non-offending control participants using the Derogatis Sexual Functioning Inventory (DSFI). The authors found that clerical child abusers had fewer victims who were more likely to be older and male when compared to the non-clerical abusers. The clerical offenders reported lower sex drives and less sexual experience than non-clerical offenders and non-offending controls. Non-clerical child sex abusers had higher levels of psychopathology than clerical offenders or non-offending control participants. This study would have benefited from having a non-offending clerical control group.

Haywood, Kravitz, Wasyliv, Goldberg, and Cavanaugh (1996):- Compared 24 clerical child sex abusers with 48 non-offending clerical controls, 45 non-clerical child sex offenders, and 40 non-offending lay control participants using the Minnesota Multiphasic Personality Inventory (MMPI, & MMPI-2). The authors found that non-clerical child sex offenders had higher

levels of psychopathology than clerical offenders. They noted that clerical offenders had higher levels of sexual conflictedness and lower levels of sociopathy than non-clerical offenders. The authors also found that a history of experiencing sexual abuse as a child was associated with perpetrating child sexual abuse in adulthood. This study would have benefited from having a non-offending clerical control group of catholic priests as the clerical control group used comprised protestant ministers who are subject to different training and who are also not required to live a celibate life and who allowed to marry, whereas the clerical offenders were all catholic priests or brothers.

Hillbrand, Foster, and Hirt (1990):- Compared 9 child molesters and 10 child rapists with 10 adult rapists using the Clinical Analysis Questionnaire (CAQ) and historical offence related variables. They clustered the child molesters together with the child rapists and compared them to the adult rapists. The authors found that the adult rapists exhibited higher levels of psychopathology than the child sex offenders who did not exhibit acute ego-dystonic psychopathology but rather higher psychopathy scores and more characterological deficits that do not respond well to therapeutic intervention. They conclude that the treatment outcome with adult rapists should therefore be more optimistic than that of child sex offenders. The limitations of this study are the use of small samples, no non-offending control group, and reducing the number of variables by grouping them under a unifying heading.

Isely (1997):- Conducted a review of the churches response to child sexual abuse among the clergy. He noted that no empirical studies had been

published that documented treatment success among clerical offenders. He disputed claims of treatment success made by church sponsored treatment facilities. Isely (1997) asserted that priest offenders pose higher levels of risk of re-offence than claimed by church sponsored treatment facilities and they should not be allowed back into ministry as sometimes advocated by these treatment providers. The major limitation of this study is that it was a review and not a meta-analytical study. However the author did reference all the peer reviewed articles of note at the time, and based his conclusions on those that were empirically sound.

Johnston, French, Schouweiler, and Johnston (1992):- Compared 50 pedophiles with 25 non-offending psychiatric patients and 50 non-offending control participants. The authors used the Minnesota Multiphasic Personality Inventory (MMPI) with pedophiles and non-offending psychiatric patients completing the full MMPI, while the non-offending controls completed an abbreviated MMPI comprising 49 items drawn from specific subscales. The authors conclude that the chosen subscales failed to differentiate these groups from each other. This study was somewhat limited by the use of an abbreviated test for the control participants. The sample size of 25 non-offending psychiatric patients was also limited.

Kalichman (1991):- Compared 3 groups of sexual offenders on the State-Trait Personality Inventory (STPI), Self-Esteem Scale (SES), Marlowe Crowne Social Desirability Scale (MC-SDS) and the Minnesota Multiphasic Personality Inventory (MMPI). The participants were allocated to their groups based on

the ages of their victims. With 54 having victims aged 12 and younger, 42 having victims aged 13-17, and 48 with adult victims. The participants were incarcerated sex offenders. The author found that child sex offenders displayed higher levels of psychopathology and emotional disturbance than adult offenders, with those who offended against adolescents falling between these 2 groups. In addition those who sexually abused children had higher levels of anxiety, anger, and self-degradation. Kalichman (1991) concludes that those who have sexually abused children are more amenable to psychotherapeutic change than those who have offended against adults. This contradicts the findings of Hillbrand, Foster, and Hirt (1990). The main limitations of this study were the lack of a non-offending control group and the lack of a non-incarcerated sexual offender group.

Langevin, Curnoe, and Bain (2000):- Compared 24 clerical child sex offenders with 24 demographically matched pedophiles and 2125 child sex abusers. The authors compared the groups using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Clarke Sexual History Questionnaire (C-SHQ), Derogatis Sexual Functioning Inventory (DSFI), Halstead-Reitan Neuropsychological Battery (HRNB), phallometric testing, and the Wechsler Adult Intelligence Scale-Revised (WAIS-R). The authors found that clerics were similar to non-clerics when matched for age, education, and marital status. The MMPI-2 failed to discriminate between the groups and the authors concluded that clerical child sexual abusers were similar to non-clerical child sex abusers when matched for age and marital status. They found that 70.8% of the clerical child sex offenders were sexually deviant.

The authors elaborated that most were homosexual in their attraction to children and noted that the disorders originated when the offenders emerged from puberty and were characterised by a life long sexual preference for male minors rather than adults. The authors noted that a number of the clerical abusers suffered from endocrine disorders and that the clerics obtained higher IQ scores. The authors also found that clerics were less likely to exhibit antisocial personality disorders. It was recommended that clerical offenders be assessed in the same manner as non-clerical offenders, and that particular attention be given to sexual deviance and substance abuse as these are significant in the general population of child sex abusers. This study was limited by small sample size, a lack of non-offending control participants, and the non-clerical child abusers were not catholic while the clerical abusers were. Caution should also be exercised when interpreting the data as the study examined small samples over a broad range of variables so this could have adversely affected statistical power and the robustness of the data.

Levin and Stava (1987):- Reviewed 36 empirical studies that focussed on the personality variables of sex offenders. Of the studies reviewed 12 related to child sex offenders, 8 of which used the MMPI and 4 of which used other well established standardised measures of personality. The authors conclude that the studies suffered from methodological and conceptual difficulties and did not significantly add to the body of knowledge of sex offenders. Furthermore Levin and Stava note that the MMPI would be better viewed as a measure of psychopathology than personality. The authors also note that studies paid little attention to offending history and theoretical considerations

and they suggest that future research would benefit from considering these factors and being more discriminating in testing offence related hypotheses.

Madsen, Parsons, and Grubin (2006):- Examined the personality profiles on the NEO Personality Inventory-Revised (NEO PI-R) of a group of 44 child sex offenders. These results were then compared to the participants' results on the Structured Interview for Personality Disorders (SCID-II). The authors found that the NEO-PI-R could identify personality disordered child sex abusers it was not able to differentiate between different personality disorders. However the authors noted that the sample of child abusers had elevated Neuroticism which suggested emotional maladjustment, low Conscientiousness which they argue could reflect low self-esteem and poor self-confidence, and high levels of modesty and tender-mindedness which suggests that their general empathic ability was intact. This study was limited by its small sample size and lack of non-offending control group.

Mann, Stenning, and Borman (1992):- Examined the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) profiles of 109 incarcerated child sex abusers. Participants were recruited from state prison (n=60), federal prison (n=24), and military confinement (n=25). While the authors noted that the profiles of these groups differed these differences were not significant and when combined produced an MMPI-2 profile with no clinically significant elevations. The authors concluded that no one MMPI-2 profile fits the majority of those who have sexually abused children. This study was limited by not having a non-offending control group and by the small sample sizes.

Marsa et al. (2004):- Compared 29 incarcerated child sex offenders with 30 incarcerated violent offenders, 30 incarcerated non-violent offenders, and 30 non-offending community based control participants. The authors examined the attachment styles and psychological profiles of these groups using the Experiences in Close Relationships Inventory (ECRI), Parental Bonding Instrument (PBI), and selected measures from the Sex Offender Assessment Pack (SOAP) described in Chapter 5 of this study. The authors found that the child sex offenders reported significantly poorer relationships with their parents than the control participants. They also found that the child sex offenders had higher levels of emotional loneliness and a more external locus of control than the other participants. This study was limited by small sample size and the use of demographically matched groups.

Musser, Cimboic, and Rosetti (1995):- Compared 101 catholic priests who had sexually abused post –pubescent male minors with 99 catholic priests who had psychiatric illnesses, using the Millon Clinical Multiaxial Inventory-II (MCMI-II). The authors found that they could not discriminate the participant groups using this inventory and they concluded that more sophisticated and sensitive instruments need to be developed for assessing priests who sexually abuse minors. This study was limited by the lack of a non-offending control group of priests who were psychologically healthy and also a control group of psychologically healthy non-offending lay participants.

Plante (1996):- Reviewed a number of studies examining priests who had sexually abused children. He concluded that priests tended to sexually abuse post-pubescent male minors in the main. Plante also suggested that clerical child sexual abusers form a unique population and that results from studies examining non-clerical sex offenders may not be generalisable to clerical child sex offenders. This study was limited in that most of the empirical studies referenced were conference presentations and not peer reviewed publications. The author did not specify how he selected the studies, nor did he give sufficient consideration of the methodological issues of these studies.

Ruzika (1997):- Reviewed the clinical files of 10 clerical men convicted of child sexual abuse. The author noted that all the clergy had multiple victims, 8/10 had a psychiatric history, 1/10 had a prior criminal record, 3/10 reported having a heterosexual orientation, 7/10 reported having a bisexual or homosexual orientation, 8/10 reported a sexual interest in boys, and none of the participants reported having been abused by clerics themselves. This study is limited by the small sample size, lack of statistical analysis, and the lack of a control group.

Saradjian and Nobus (2003):- Used grounded theory to examine and thematically categorise the distorted patterns of thinking in the participants' clinical records. They evaluated 14 clinical records in total. The authors concluded that clerical men like other sex offenders, evidenced distorted thinking prior to abusing children and also after abusing children. The authors noted that the pre-offence cognitive distortions facilitated the offenders in

overcoming their inhibitions to offend, while the post-offence distortions facilitated the offenders in maintaining their self-esteem and negating any negative emotional consequences for them. The authors reported that while there were similarities between clerical and non-clerical offenders thought processes, the clerical offenders used religion to justify their abusive behaviour. This study was limited by the small sample size, lack of control groups, and recall bias in that participants were required to recall their thought processes relating to events that had occurred in the past.

Schlank (1995):- Examined the psychological profiles of 164 incarcerated sex offenders, 80 of whom had sexually abused children. The author used the Minnesota Multiphasic Personality Inventory (MMPI) and the Multiphasic Sex Inventory (MSI) to compare subgroups of sex offenders based upon their choice of victim. The author found that the MMPI failed to discriminate the subgroups while the Social Sexual Desirability, Sexual Obsessions and Paraphilia subscales of the MSI showed some promise. The limitations of this study were the small size of the subgroups, the lack of a non-offending control group, and the fact that all the participants were incarcerated.

Simkins, Ward, Bowman, and Rinck (1989):- Examined the Multiphasic Sex Inventory (MSI) profiles of 122 child sex offenders who attended a community based treatment facility. The authors examined and compared MSI results on entry into treatment and again after 9 months of treatment. They concluded that the MSI could differentiate between those who abused males, females and both sexes. They also found that it was useful for

identifying offenders who denied their offences and for evaluating treatment outcome. The authors reported that the MSI could also differentiate between those who had committed intrafamilial, extrafamilial, and both intra and extrafamilial abuse. This study was limited by the small sample size of some of the subgroups. It also did not have any control group of adult sex offenders who had completed treatment.

Conclusions

Clerical child sexual abusers are likely to have lower sex drive and less sexual experience than non-clerical offenders and lay controls. They are also likely to demonstrate lower levels of psychopathology or emotional disturbance than non-clerical offenders. Clerical offenders are likely to demonstrate distorted thinking in relation to their victims. They are also likely to demonstrate deviant sexual interests. Clerical child sex offenders would have lower levels of sociopathy than non-clerical offenders. Clerical abusers could also demonstrate maladaptive personality functioning.

Non-clerical child sexual abusers display reduced assertiveness and increased emotional loneliness compared to non-offending control participants. They display lower levels of self-esteem and are more likely to have an external locus of control compared to non-offenders. Non-clerical abusers are more likely to evidence psychopathology and psychological distress than clerical offenders, or non-offending controls.

From this review it is clear that while child sexual abusers are a heterogeneous group, as a group they do display distinctive characteristics such as emotional distress, low self-esteem, isolation, assertiveness deficits, empathy deficits, cognitive distortions, emotional congruence with children. The scant literature on clerical child sexual abusers suggests that they may be more psychologically healthy and more sexually conflicted than lay child sexual abusers, these groups have not been compared on dimensions of non-pathological personality functioning and offence related variables in any study to date, thus providing a rationale for the study reported in Chapters 5 and 6 in which clerical and lay offenders were compared with each other and a normal control group on a range of psychological variables.

Methodology

Introduction

In this Chapter the principal research questions and hypotheses will first be presented. Then participants will be described in terms of demographic information. The criteria for their inclusion in the different groups will be discussed, together with how they were recruited for this study. In addition the psychometric instruments and their rationale, administration, validity, reliability and motivation for use will be discussed.

Research Questions and Hypotheses

The main question addressed in this study is how clerical and laymen who have sexually offended against children differ significantly from each other, and from a group of non-offending controls in their scores on key psychological variables, identified in theories of child sexual offending and empirical studies. The theoretical literature and the empirical studies have identified a number of variables that merit consideration, and could also be expected to discriminate the groups from each other. These variables are:— assertiveness, locus of control, victim empathy, self-esteem, psychological distress, neuroticism, extraversion, openness, agreeableness, conscientiousness, cognitive distortions, emotional loneliness, deviant sexual interests, sexual drives, and emotional congruence with children.

The main hypotheses are thus as follows:

1. Clerical child sexual abusers will have lower levels of neuroticism and personal distress than lay offenders.
2. Clerical child sex offenders will display higher levels of sexual conflictedness and lower levels of sexual knowledge than non-clerical offenders and non-offending controls.
3. Lay child sex offenders will have higher levels of neuroticism and personal distress than non-offending controls.
4. Clerical child sex abusers and lay child sex abusers will have higher levels of cognitive distortions than non-offending lay control participants.
5. Lay child sexual offenders will have lower levels of self-esteem than non-offending controls.
6. Lay offenders will display a more external locus of control than non-offending control participants.
7. Clerical and lay offenders will display significantly lower levels of victim empathy than non-offending control participants.
8. Lay child sexual offenders will display significantly higher levels of emotional loneliness than non-offending control participants.
9. The instruments used will have sufficient discriminatory value to be useful for predicting group membership.

Participants

Participants who had sexually abused children were recruited from a treatment centre, which provided assessment and therapeutic services to people who have sexually abused children. For the purposes of this study

these participants were then allocated into either clerical or lay groups, the clerical group being those who were members of the catholic clergy. The lay group comprised men who had sexually abused children and were not clerics. A convenience sample of control participants was recruited using a “snowball” method. These participants were obtained through research assistants and colleagues who selected them as people who might be prepared to complete the battery of psychometric tests. The assessment instruments used in this study were routinely administered to offenders attending the treatment centre, to identify treatment targets and aid in risk assessment formulations. These instruments were selected and administered by the author initially and with the help of colleagues as they joined the service. Data was thus collected over a period of time from 1996 till 2007. Demographic characteristics of the three groups are given in Table 2. Seventy-three lay participants were recruited with a mean age of 44 years, together with 30 clerical participants with a mean age of 54 years, and 30 control participants with a mean age of 33 years. While the age groups and numbers of men were not matched these nevertheless reflect the populations they were recruited from. Fewer clerical men attended the treatment centre, and they were older than the laymen. This is understandable given the number of clerical men in the population, and the fact that they need to complete several years of formation and education before they can become ordained or professed clergy. Consequently, the clerical men also completed more education than the laymen, with most of the clerical men having a university level qualification, while most of the laymen had completed secondary school. Most of the control group had completed a university level qualification. Because the three groups were not matched for

age and education, the impact of these potentially confounding variables was addressed by including them as co-variables in the main analyses reported in Chapter 6. As can be seen in Table 2 there were differences in socioeconomic status, however these differences are difficult to interpret as it is difficult to accurately classify clerics. Clerics and members of religious orders without managerial responsibility were classified as social class 3 (skilled) while clerics ranked as parish priest and above were classified as class 2, with provincials or heads of religious orders were classified as social class 1. Not all participants completed all the measures. Those who had omitted more than 20% of the items in any one inventory were not included in the results.

Table 2. Demographic characteristics.

Variable			Clerical Offenders N=30	Lay Offenders N=73	Control Group N=30	F	P
Age		M	54.00	44.00	33.00	26.221 df(2,126)	0.000
		SD	8.88	11.74	10.94		
Education	Primary School	n	2	13	0		
		%	6.67%	17.81%	0%		
	Secondary school	n	7	34	4		
		%	23.33%	46.58%	13.33%		
	University degree	n	21	23	26		
		%	70%	31.51%	86.67%		
SES	Higher professional & managerial	n	0	2	1		
		%	0%	2.86%	3.33%		
	Lower professional & Managerial	n	2	9	4		
		%	6.67%	12.86%	13.33%		
	Skilled	n	22	27	15		
		%	73.33%	38.57%	50%		
	Semiskilled	n	6	24	8		
		%	20%	34.29%	26.67%		
	Unskilled	n	0	4	2		
		%	0%	5.71%	6.67%		
	Unemployed	n	0	4	0		
		%	0%	5.71%	0%		

Note: M=mean. SD=standard deviation. f=frequency. F=fvalue from analysis of variance conducted on age. SES = participants' Socio-Economic Status was determined using an Irish census-based social class scale which identified 6 social classes (O'Hare, Whelan, & Commings, 1991).

Instruments

Life History Inventory/Biographical Information Questionnaire

This is a self-report instrument developed in service that provides biographical information. This instrument was used to determine the socio-economic status and age of the participants to determine the degree to which the members of the respective groups were demographically matched.

Sex Offender Assessment Pack (SOAP, Beckett, Beech, Fisher, & Fordham, 1994)

This is a battery of rapid assessment inventories, assembled and compiled by the above researchers. Some of the inventories were previously in use, while others were newly developed. The instruments were then integrated in a single assessment pack and normed in the United Kingdom by the Sex Offender Treatment Programme Team (STEP). This assessment instrument has been approved for use in the UK by the Home Office.

The Sex Offender Assessment Pack contains the following instruments:

- Personal Reactivity Index
- Interpersonal Reaction Inventory
- UCLA Emotional Loneliness Scale
- Norwicki Locus of Control Scale
- Thornton Self-Esteem Inventory
- Social Response Inventory
- Victim Empathy Scale

Children and Sex Scale

SHAPS Lie Scale

Personal Reactivity Index (Greenwald & Satow, 1970)

This is a self-report scale that measures the participant's awareness of social norms and conventions. This is a 12 item questionnaire and answers are provided on a 7 point Lickert scale with 1 being "very like me" and 7 being "very unlike me". Scores range from a minimum of 12 to a maximum of 84. Low scores indicate a disregard for social norms and conventions, while high scores indicate a tendency to respond in a socially desirable way.

The authors report an internal consistency (Cronbach's alpha) of 0.92. Beech (1998) reported a test-retest reliability of 0.70 over a three to six month period.

Interpersonal Reaction Inventory (Davis, 1980)

This is a self-report scale that measures cognitive and emotional components of empathy. The scale has 28 items, which are answered on a 5 point Lickert scale with 0 being "nothing like me" and 4 being "a lot like me". This scale has four sub-scales:

Fantasy (FS):- measures the participants' ability to identify with and respond to fictional characters as depicted in books and the cinema.

Personal Distress (PD):- measures the participants' ability to cope with the emotional distress experienced by another person. Salter (1988) held the

view that this subscale was associated with the participants' inability to cope with negative affect themselves.

Perspective Taking (PT):- measures the participants' ability to see things from another person's perspective.

Empathic Concern (EC):- measures the participants' level of warmth and compassion for other people.

Each sub-scale has 7 items giving a range of scores from a minimum of 0 to a maximum of 28 per sub-scale. The higher the score on a specific dimension the greater the level of the participants' endorsement of that dimension.

Davis (1980) reported an internal consistency co-efficient (Cronbach's alpha) of 0.78 and a test-retest reliability of 0.68 over 2½ months.

UCLA Emotional Loneliness Scale (Russell, Peplau, & Cutrona, 1980)

This is a self-report scale that measures the degree to which a participant experiences loneliness. It has 20 items, which are answered on a 4 point Likert scale where 1 indicates "never" and 4 indicates "often". The scores can thus range from a minimum of 20 to a maximum of 80. The higher the score, the more the participant experiences loneliness in his life.

The authors reported an internal consistency (Cronbach's alpha) of 0.94, while Beech (1998) reported test-retest reliability over a 7 month period to be 0.70.

Norwicki-Strickland Locus of Control Scale (Norwicki, 1976)

This is self-report scale that measures the degree to which the participant feels in control of events in his own life. It is a 40 item scale and participants are required to agree or disagree with statements. Items are scored either 0 or 1 depending on whether the answer was "yes" or "no". Scores can therefore range from a minimum of 0 to a maximum of 40. Scores above 12 on this scale indicate that the participant views events in life as being outside his direct control or influence, while scores of 11 and less indicate that individuals view themselves as more internally controlled.

Norwicki and Duke (1982) reported an internal consistency (Cronbach's alpha) of 0.69. Test-retest reliability was reported to be 0.83 over a 6 week period (Norwicki & Duke, 1982).

Thornton Self-Esteem Inventory (unpublished)

This is a self-report scale that measures self regard. It is an 8 item scale and participants are required to agree or disagree with statements. Items are scored either 0 or 1 depending on whether the answer was "yes" or "no". Scores can therefore range from a minimum score of 0 to a maximum score of 8. Low scores on this scale indicate a negative self evaluation.

The author reported an internal consistency (Cronbach's alpha) of 0.80. Test-retest reliabilities were reported to be 0.75 (Beech,1998) and 0.65 over a 2 month period (Fisher, Beech, & Browne, 1998).

Social Response Inventory (Keltner, Marshall, & Marshall, 1981)

This is a 22 item, self-report scale that measures the degree to which a participant reports being able to behave assertively or unassertively in specific situations. Situations are presented together with a choice of 5 possible responses from which the participant is required to endorse 1. Items are then scored -2 (extremely under assertive), -1, 0, 1, 2 (extremely over assertive), depending on the answer. The - and +scores are totalled separately. Scores for under assertiveness can thus range from a minimum of -44 to a maximum of 0. Scores for over assertiveness can thus range from a minimum of 0 to a maximum of 44. Participants can thus have high scores of over assertiveness and under assertiveness simultaneously.

Beech (1998) reported a test-retest reliability of 0.80 over a 7 month period for the under assertiveness scale.

Victim Empathy Distortions Scale (Beckett & Fisher, unpublished)

This is a 28 item self-report scale that is designed to measure the degree to which an individual is able to understand the effects sexual abuse has on a victim. It also examines a participant's beliefs about how their victim felt about the sexual abuse they experienced. Items contain statements about whether the victim; enjoyed the sexual contact, was able to prevent it, experienced feelings of fear or guilt, and would want to have similar experiences in future. In addition hypothetical scenarios have been developed for normative use and for use with people who deny their offences. Participants thus respond by indicating whether they "very much agree", "somewhat agree", "somewhat

disagree", or "very much disagree" with a statement. These endorsements are scored from 0 to 3. There is also a separate "don't know" option for which no score is given, but these items are totalled to give an indication as to defensiveness on the part of the participant. The total score is calculated by adding the scores together and dividing this figure by the maximum score attainable and finally, converting this total to a percentage. The higher this figure the higher the level of victim empathy distortions a participant displays.

Beech (1998) reported an internal consistency (Cronbach's alpha) of 0.89, and test-retest reliability of 0.95.

Children and Sex Questionnaire (Fisher, unpublished)

This questionnaire has three scales, a Cognitive Distortion Scale, an Emotional Congruence Scale and a Lie Scale.

The ***Cognitive Distortion Scale*** is a 15 item scale that assesses participants beliefs about children and their sexuality. Participants indicate whether they believe a statement is "very true", "somewhat true", "don't know", "somewhat untrue", or "very untrue". Scores range from 0 to 4 respectively and are totalled to give a range from 0 to 60 for this scale. High scores indicate that a participant sees children as sexually sophisticated and able to give consent to, and be unharmed by, sexual activities with adults.

Thornton (personal communication in Beech, 1998) reported an internal consistency of 0.90. Beech (1998) reported a test-retest reliability of 0.77.

The ***Emotional Congruence Scale*** is a 15 item scale that assesses a participant's ability to identify with and relate to what they believe to be the thoughts concerns and feelings of children. Participants indicate whether they believe a statement is "very true", "somewhat true", "don't know", "somewhat untrue", or "very untrue". Scores range from 0 to 4 respectively and are totalled to give a range from 0 to 60 for this scale. High scores indicate that a participant is able to relate to and identify with the thoughts concerns and feelings of children.

Thornton (personal communication in Beech, 1998) reported an internal consistency of 0.90. Beech (1998) reported a test-retest reliability of 0.63.

SHAPS Lie Scale (Blackburn, 1982)

This is a 16 item social desirability scale that is embedded in two of the assessment inventories in the SOAP. It was developed for the SOAP by the STEP assessment team. Higher scores indicate more socially desirable responding. There are no reliability data or psychometric properties available for this measure.

NEO Personality Inventory-Revised (NEO PI-R)(Costa & McCrae, 1992)

The NEO PI-R is a 240 item self-report scale that measures the 5 factors or dimensions of personality based on personality trait theory. Statements are made to which the respondents indicate their; "strong disagreement", "disagreement", "neutral", "agreement", and "strong agreement". The 5

factors identified by the authors and the facets that comprise them are as follows:

Neuroticism:- anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability.

Extraversion:- warmth, gregariousness, assertiveness, activity, excitement-seeking, and positive emotions.

Openness:- fantasy, aesthetics, feelings, actions, ideas, and values.

Agreeableness:- trust, straightforwardness, altruism, compliance, modesty, and tendermindedness.

Conscientiousness:- competence, order, dutifulness, achievement striving, self-discipline, and deliberation.

Scores are obtained for the facets, which are then totalled to obtain a score for the factor or dimension. The higher the score on a specific facet or dimension indicates a greater endorsement of items contributing to that facet. The NEO PI-R has been used widely internationally and has good reliability and validity (Sherry, Hewitt, Flett, Lee-Baggley, & Hall, 2007).

Multiphasic Sex Inventory (MSI) (Nichols and Molinder, 1984)

The MSI is a 300 item self-report scale that examines normal, deviant and illegal sexual behaviour. It was developed specifically for use with people who have committed sexual offences. Items are forced choice, true/false format statements. As a large proportion of the inventory is not applicable to the control group the following subscales were used.

Social Sexual Desirability:- this 35 item subscale measures "normal" sexual interest and drive. It was incorporated to determine if respondents' were answering in a socially desirable way. The range of the scale extends from "normal drives and interests" (28-35) through "questionable range" (24-27), "denial of sexual drives and interests" (20-23), to "presents asexual image, consider dissimulation" (0-19). The authors report internal consistency (Kuder-Richardson co-efficient) of 0.71 for this subscale. They obtained test-retest reliability of 0.64 for this subscale over a period of 21 days. Simkins, Ward, Bowman, & Rinck (1989) report a test-retest co-efficient of 0.84 for this subscale over a 3 month period. Kalichman, Henderson, Shealy, & Dwyer (1992) report an internal consistency (Cronbach's alpha) of 0.82 for this subscale.

Sexual Obsessions:- this 20 item subscale assesses the respondents' obsession or pre-occupation with sex and also provides an indication of an individuals tendency to exaggerate his difficulties. The authors report internal consistency (Kuder-Richardson co-efficient) of 0.65 for this subscale. They obtained test-retest reliability of 0.70 for this subscale over a period of 21 days. Simkins, Ward, Bowman, & Rinck (1989) report a test-retest co-efficient of 0.80 for this subscale over a 3 month period. Kalichman, Henderson, Shealy, & Dwyer (1992) report an internal consistency (Cronbach's alpha) of 0.86 for this subscale.

Sexual Knowledge and Beliefs:- this 24 item subscale assesses the respondents' knowledge of sexual anatomy and physiology. The authors report internal consistency (Kuder-Richardson co-efficient) of 0.40 for this subscale. They obtained test-retest reliability of 0.58 for this subscale over a period of 21 days. Simkins, Ward, Bowman, & Rinck (1989) report a test-retest co-efficient of 0.68 for this subscale over a 3 month period. Kalichman, Henderson, Shealy, & Dwyer (1992) report an internal consistency (Cronbach's alpha) of 0.62 for this subscale.

Procedure

Ethical approval for the study was given by the Order of St. John of God's Provincial Ethics committee, and a letter confirming this approval is contained in appendix C. All participants were briefed on the study with the information sheet contained in appendix A and then gave informed consent by signing the consent form contained in appendix B. For clerical and non-clerical offenders data from the above questionnaires were available on files in the treatment centre. For these two groups, data from their initial or pre-treatment assessment were used in the study. Data were coded to preserve the anonymity of all participants. The control group participants anonymously returned their questionnaires to the researcher. Data from the questionnaires were entered into a password protected personal computer and analysed using the Statistical Package for the Social Sciences V.14 for Windows.

Results

Introduction

This chapter presents the results of this study. Initially the reliabilities of the psychometric instruments were examined, so that those with low reliability could be excluded from further statistical analyses. The statistical power of the study was considered to determine if the size of the groups was adequate for detecting statistically significant intergroup differences. Following this, analyses of variance (ANOVA) with post-hoc comparisons were made between clerical offenders, lay offenders, and non-offender controls to test hypotheses outlined in Chapter 5 and to determine whether these groups differ in their psychological functioning, sexual pre-occupations, victim empathy, and distorted view of children. Because groups were not matched for age and educational status, analyses of covariance (ANCOVA) were also conducted, to determine if these confounding variables affected intergroup differences found in the ANOVAs. Finally, a multivariate discriminant analysis was conducted to determine whether variables identified in the ANOVAs or combinations of them predicted group membership.

Reliability of Measures Used

Table 3 reports the Cronbach's alpha reliability measure for the measures used in this study. It can be seen that most of the measures exceed the α

≥0.65 that was used as the cut off point for sufficient reliability in this study. While the Cronbach's alpha for the NEO Personality Inventory-Revised is not reported, this scale is a well respected scale that has been extensively used in numerous research studies, and consistently yields high levels of internal consistency with Cronbach's alpha's ranging from 0.86 to 0.92 (Costa & McCrae, 1992). The variables measured by those with low Cronbach's alpha were excluded from further analysis. These were MSI: Sexual Knowledge and Beliefs, Fantasy as measured by the Interpersonal Reactivity Index, SHAPS lie scale, and the Personal Reactivity Index which measures socially desirable responding.

Table 3: Reliability of Self-report Measures

Scale	No. of Items	No of Participants	Cronbach's Alpha α
Victim Empathy	28	130	0.91
Emotional Loneliness	20	130	0.91
MSI: Social Sexual Desirability	35	112	0.86
C&S: Emotional Congruence	15	114	0.85
Self-Esteem	8	129	0.85
C&S: Cognitive Distortions	15	108	0.84
MSI: SO	20	112	0.82
IRI: Personal Distress	7	129	0.76
IRI: Perspective taking	7	129	0.76
Assertiveness	22	130	0.76
Locus of Control	40	130	0.69
IRI Empathic Concern	7	129	0.65
MSI: SKB	24	98	**0.58
IRI: Fantasy	7	129	**0.54
SHAPS	15	130	**0.50
Social Desirability	12	127	**0.11

Note: C&S=Children and Sexuality Scale; MSI=Multiphasic Sex Inventory; IRI=Interpersonal Reactivity Index (**items did not provide sufficient reliability)

Statistical Power

This provides an indicator of whether the effect sizes found using the statistical analysis provide significant results. This was calculated using Gpower (Faul & Erdfelder, 1992). This yielded a result of 0.84 using an effect size of 0.40.

Differences between groups

A series of 18 analyses of variance (One-way ANOVA) were conducted to determine whether the groups differed significantly on dependent variables. Following this post hoc, analyses were performed to determine how specifically the groups differed. Tests of homogeneity of variance (Levene's test) were conducted to insure the appropriate post hoc tests were applied. Where the significance was $p > .05$ the data did not meet the assumption of homogeneity and Scheffe's test was used. Where $p < .05$ homogeneity of variance was assumed and Dunnett's C was used.

In this set of 18 ANOVAs the risk of type 1 error was inflated. The rough false discovery rate was used to control for type 1 error associated with making multiple comparisons (Benjamini & Hochberg, 1995). Using this procedure, the p value was reduced by multiplying it by $(n+1 / 2n)$, where n is the number of tests. So for $n = 18$, the p value was set at $19/36 \times .05 = .0263$. This is a less conservative procedure with greater power than the Bonferroni correction (Thissen, Steinberg, & Kuang, 2002), where p is reduced by dividing it by the number of tests, so with 18 tests, $p = .05/18 = .0027$.

The results of the ANOVA are reported in Table 4. It can be seen that there were significant differences between the three groups on eleven of 18 variables.

Clerical offenders were more conscientious than lay offenders, and were more agreeable, more empathically concerned and reported lower levels of social sexual desirability than normal controls. The clerical offenders also had lower self esteem than the normal control group and had higher levels of conscientiousness than the lay offenders.

The lay offenders had greater neuroticism, less extraversion, less openness, more agreeableness, greater emotional loneliness, more empathic concern, more personal distress, lower self-esteem, less assertiveness, and less social sexual desirability than normal controls.

These results have clear implications for the hypotheses listed in the opening section of Chapter 5. Hypotheses 2, 3, 5, and 8 were supported, but hypotheses 1, 4, 6, and 7 were not. There were thus significant differences between the clerical child sex offenders and non-offending controls and between lay child sex offenders and non-offending control participants. However, the only significant difference between the clerical child sex offenders and the lay child sex offenders found in this study was on the personality dimension of conscientiousness. It was noteworthy that the lay child sex offenders displayed significant differences from the non-offending

Table 4: Results of one-way ANOVAs across groups

		Clerical Offenders Group 1	Lay Offenders Group 2	Control Group Group 3	F Value df	Significance * < .05 ** < .001	Post Hoc Group differences
Neuroticism	M	92.12	97.37	83.37	4.078	P=.019 *	2>3
	SD	17.43	23.19	21.54	(2,120)		
Extraversion	M	109.5	102.08	117.5	6.938	P=.001 *	2<3
	SD	21.41	17.01	19.84	(2,120)		
Openness	M	107.9	100.1	118.5	12.529	P=.000**	2<3
	SD	14.52	16.16	18.74	(2,120)		
Agreeableness	M	137.1	131.51	112.1	17.793	P=.000**	2>3, 1>3
	SD	16.27	16.44	17.16	(2,120)		
Conscientiousness	M	120.4	96.2	115.4	6.869	P=.001**	2<1
	SD	16.42	39.22	22.64	(2,120)		
Emotional loneliness	M	38.84	41.2	34.52	4.601	P=.012*	2>3
	SD	9.3	10.72	7.52	(2,127)		
Locus of control	M	17.15	17.9	15.78	2.258	P=.109	
	SD	4.87	4.66	3.18	(2,127)		
IRI: perspective taking	M	17.47	17.17	15.59	1.158	P=.317	
	SD	5.12	5.24	4.85	(2,126)		
IRI: empathic concern	M	23.15	21.49	18.93	8.794	P=.000**	2>3, 1>3
	SD	3.58	3.83	4.07	(2,126)		
IRI: personal distress	M	11.07	12.07	8.3	5.135	P=.007*	2>3
	SD	4.36	5.6	5.01	(2,126)		
Self- esteem	M	7.35	6.262	9.89	9.383	P=.000**	2<3, 1<3
	SD	3.72	4.15	2.05	(2,126)		
C&S: cognitive distortion	M	55.71	56.44	59.52	1.32	P=.271	
	SD	8.37	8.61	8.91	(2,105)		
C&S: emotional congruence	M	53.78	54.04	57.04	.727	P=.486	
	SD	10.03	11.90	8.98	(2,111)		
Victim empathy	M	44.53	47.03	58.72	1.92	P=.151	
	SD	33.03	31.80	18.69	(2,127)		
Over assertiveness	M	1.15	1.01	1.11	1.706	P=.191	
	SD	.40	0.16	.32	(2,59)		
Under assertiveness^a	M	12.81	13.89	12.4	9.83	P=.000**	2>3
	SD	1.87	1.62	1.52	(2,127)		
MSI: SO	M	3.57	3.1	3.11	.180	P=.836	
	SD	3.12	3.63	3.11	(2,109)		
MSI: SSD	M	8.75	9.59	12.44	8.43	P=.000**	2<3, 1<3
	SD	3.72	3.87	2.322	(2,109)		

Note: ^a Signs changed to reflect differences in positive terms.

controls on 10 variables, while clerics displayed significant differences on 4 variables.

An important consideration is the degree to which intergroup differences in age and education level, which were potential confounding variables, affected results of ANOVAs. To assess this, age and education level (coded as 1=secondary education and 2= university education) were correlated with the 18 dependent variables. Where significant correlations ($p < .026$, which is equivalent to $p < .05$ after making a rough false discovery rate correction) occurred, analyses of covariance (ANCOVA) were conducted with the variable or variables that correlated significantly with the dependent variable as the covariate. ANCOVAs were conducted on the following dependent variables with both age and education as covariates: Children and Sex: Emotional Congruence. ANCOVAs were conducted on the following dependent variables with only age as a covariate: openness, agreeableness, and victim empathy. ANCOVAs were conducted on the following dependent variables with only education as a covariate: locus of control, empathic concern, and social sexual desirability.

The results of these ANCOVAs are given in Table 5. From the table it may be seen that the results of the ANCOVAs were similar to those of the ANOVAs with the following exceptions: openness and agreeableness had lower F values when age is controlled for, indicating that age has an impact on these variables. Never the less, even when age is accounted for, the groups

Table 5. Results of ANCOVAs

Variable	Correlation of variable with AGE (p value)	Correlation of variable with Education (p value)	F value from ANCOVA - Age (p value)	F value from ANCOVA - Ed	F value from ANCOVA - Age and Ed	F Value from ANOVA	Comment on whether ANOVA & ANCOVA results are similar or different
Neuroticism (p=)	-0.021 (0.817)	-0.043 (0.638)	NA	NA	NA	4.078** (0.019)	
Extraversion (p=)	-0.123 (0.181)	0.033 (0.719)	NA	NA	NA	6.938** (0.001)	
Openness (p=)	-0.263** (0.004)	0.086 (0.348)	8.632** (0.000)	NA	NA	12.529** (0.000)	although difference (F value) is bigger when age not controlled for, (ANOVA – 12.529>8.632) still significant difference when you do control for age (ANCOVA). This shows that some of the observed difference is due to difference in age rather than group however there is still a significant group difference.
Agreeableness(p=)	0.306** (0.001)	-0.167 (0.066)	8.964** (0.000)	NA	NA	17.793** (0.000)	Similar to openness
Conscientiousness (p=)	-0.101 (0.270)	-0.030 (0.747)	NA	NA	NA	6.869** (0.001)	
Emotional loneliness (p=)	0.109 (0.224)	-0.061 (0.493)	NA	NA	NA	4.601** (0.012)	
Locus of control (p=)	0.006 (0.947)	-0.200* (0.024)	NA	1.031 (0.360)	NA	2.258 (0.109)	P value exceeds significance
IRI: perspective taking (p=)	0.078 (0.388)	-0.113 (0.205)	NA	NA	NA	1.158 (0.317)	
IRI: personal distress (p=)	0.092 (0.306)	-0.029 (0.749)	NA	NA	NA	5.135** (0.007)	
IRI: empathic concern (p=)	0.065 (0.467)	-0.237** (0.007)	NA	9.675** (0.000)	NA	8.794** (0.000)	Similar to openness but here Fs more similar indicating that while education has an impact on empathic concern the major differences are due to the group membership
Self- esteem (p=)	-0.052 (0.564)	0.074 (0.408)	NA	NA	NA	9.383** (0.000)	
C&S: cognitive distortion (p=)	-0.190 (0.052)	0.122 (0.212)	NA	NA	NA	1.32 (0.271)	

C&S: emotional congruence (p=)	-0.202* (0.033)	0.234* (0.013)	NA	NA	0.524 (0.594)	0.727 (0.486)	P value exceeds significance
Victim empathy (p=)	-0.200* (0.024)	-0.123 (0.166)	0.916 (0.403)	NA	NA	1.92 (0.151)	
Overassertiveness (p=)	-0.119 (0.363)	0.199 (0.124)	NA	NA	NA	1.706 (0.191)	
Underassertiveness (p=)	0.136 (0.125)	-0.133 (0.136)	NA	NA	NA	9.83** (0.000)	
MSI: SO (p=)	0.054 (0.573)	0.074 (0.444)	NA	NA	NA	0.18 (0.836)	
MSI: SSD (p=)	-0.036 (0.709)	-0.251** (0.009)	NA	8.98** (0.000)	NA	8.43** (0.000)	Similar to openness but here Fs more similar indicating that while education has an impact on social sexual desirability the major differences are due to the group membership

*p<0.05

**p<0.01

For ANOVA and ANCOVA to be significant p must be less than 0.02638 as this is the corrected alpha level

displayed significant differences. While locus of control and emotional congruence displayed modest correlations with education and age and education, respectively when these variables were controlled for neither locus of control nor emotional congruence displayed significant differences between the groups. Additionally, both empathic concern and social sexual desirability displayed modest correlations with education, but when controlled for, the F values displayed little difference indicating that these variables remained significantly different between the groups when education was controlled for. Thus age and education had negligible impact on the results obtained in this study.

Those variables that differed significantly across any of the groups were entered into a Multivariate Discriminant Analysis (MDA) to determine whether these variables could predict group membership.

Multivariate Discriminant Function (Tabachnick & Fidell, 2007)

The Derivation Phase

Can the variables entered into the analysis provide discriminative functions?

Eleven predictor variables as elicited above were entered into the MDA, which derived 2 functions. These 2 functions produced centroid values (Table 5) for each group which was found to significantly discriminate the between the 3 groups.

Table 6: Group centroid values for the 3 groups

Group Category	Function 1	Function 2
Lay Offenders	-0.616	-0.365
Clerical Offenders	-0.435	1.009
Controls	1.632	-0.066

Function 1 consisted of the following variables: Agreeableness, Self-esteem, Openness, MSI: Social Sexual Desirability, Extraversion, IRI: Personal Distress, and Neuroticism. Under Assertiveness, Conscientiousness, IRI: Empathic Concern, and Emotional Loneliness did not achieve significance and so were excluded from this function. Function 1 discriminated lay offenders and clerical offenders from the control group. This first function accounted for 76.4% of the variance in the model, $\chi^2(28, N=105)=89.96$; $p<.001$. This result suggests that membership of the control group was predicted by high scores on measures of self-esteem, openness, extraversion, and social sexual desirability, and lower scores on measures of agreeableness, neuroticism, and personal distress, relative to members of the other 2 groups.

Function 2 consisted of the following variables: Under Assertiveness, Conscientiousness, IRI: Empathic Concern, and Emotional Loneliness. This function accounted for 23.6% of the variance in this model, $\chi^2(10, N =105) = 24.99$; $p<.05$. Function 2 discriminated the clerical offenders from the lay offenders and controls. The structure matrix of variables entered into the model (see Table 7 below) indicates that Clerical offenders had higher levels of Under Assertiveness, Conscientiousness, IRI Empathic Concern, and Emotional Loneliness, relative to lay offenders and controls.

Table 7: Structure Matrix: Pooled within-groups correlations between discriminating variables and standardized canonical discriminant functions
Variables ordered by absolute size of correlation within function.

Variable	Function	
	1	2
Agreeableness	-.551(*)	0.341
Self esteem	.455(*)	0.285
Openness	.423(*)	0.359
MSI:SSD	.372(*)	-0.260
Extraversion	.331(*)	0.323
IRI: Personal Distress	-.325(*)	-0.274
Neuroticism	-.307(*)	-0.233
Under Assertiveness ^a	-0.291	-.523(*)
Conscientiousness	0.179	.513(*)
IRI: Empathic Concern	-0.401	.492(*)
Emotional Loneliness	-0.289	-.319(*)

*. Largest absolute correlation between each variable and any discriminant function
Note: ^a Signs changed to reflect differences in positive terms

The Validation Phase

Could the derived functions accurately classify participants into 1 of the 3 groups?

Table 8 provides indicators of the accuracy of the functions at predicting group membership. Each function was applied to the sample in order to classify them into each of the 3 groups.

Table 8: Accuracy of functions in predicting group membership

Group category		Predicted Group Membership			Total
		Lay	Clerical	Controls	
No. of cases	Lay Offenders	39	11	6	56
	Clerical Offenders	4	15	3	22
	Controls	3	2	22	27
% of cases	Lay Offenders	69.6	19.6	10.7	100.0
	Clerical Offenders	18.2	68.2	13.6	100.0
	Controls	11.1	7.4	81.5	100.0

The results indicate that functions 1 and 2 had a significantly better than chance ratio of correctly predicting group membership. The 2 functions

correctly predicted the group membership of 72% of the participants. The proportional chance criterion yielded a 53% chance of correctly predicting membership of the lay group, a 21% chance of correctly predicting membership of the clerical group, and a 26% chance of correctly predicting membership of the control group. However, Functions 1 and 2 correctly classified 70% of the lay offenders, 68% of the clerical offenders, and 82% of the controls.

The Interpretation phase

In this phase the relative contribution of each of the predictor variables to the overall discrimination analysis will be calculated and presented on a graph. The discriminant loading each variable has with a function is reflected by the correlation of that variable with each function. These discriminant loadings indicate the amount of variance that the independent variables have with each function.

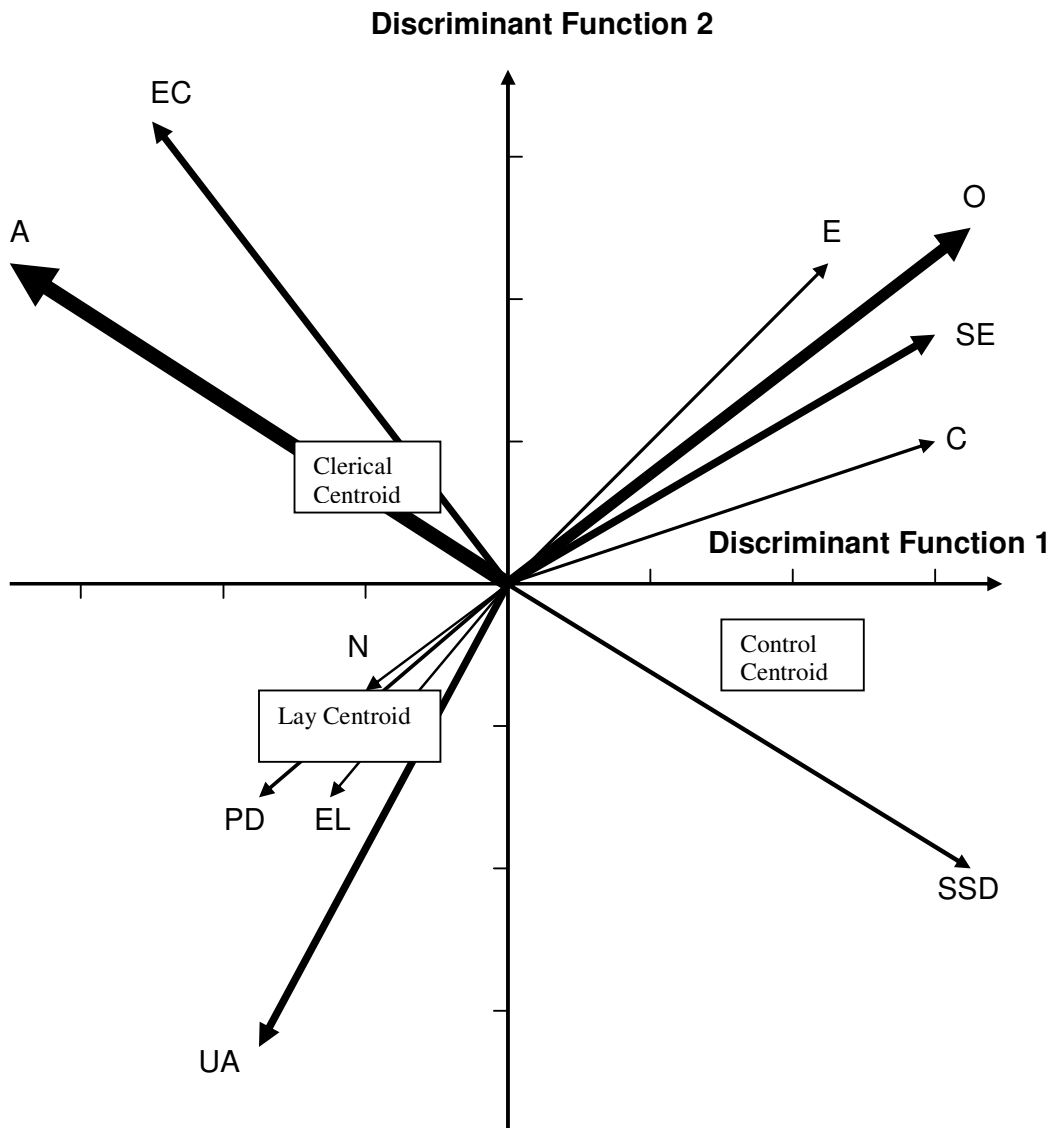
All 11 variables that were entered into the MDA were found to be significant predictors of group membership. Table 7 illustrates the relative contribution of each of these variables to the 2 discriminating functions in order of size of correlation within that function. These discriminant loadings were then transformed into “stretched vectors” so that their relative discriminatory contribution could be graphically presented. This then facilitates the identification of which specific variables contributed more or less to the differences between groups. The graph of vectors was constructed as follows: Initially a vector graph was constructed with the horizontal axis

representing Function 1, which discriminated the control group from the lay offender group and the clerical offender group, and the vertical axis representing Function 2, which discriminated the clerical offender group from the lay offender group and the control group. Following this the group centroids (see Table 6) for each group were plotted. Figure 1 below illustrates the position of each group centroid on the discriminant functions, and how these then separated the groups. Vectors were then drawn for each variable by combining its discriminant loading on the 2 functions with the F ratio obtained in the ANOVA. The length, direction, and thickness of the line of the stretched vector indicate the variables relative efficacy in predicting membership of one of the 3 groups. Thus the longer and thicker a stretched vector is, the more important it is relative to other variables. Those vectors that continue beyond the boundary of the axis are represented by a line ending in an arrow. Where there are two or more vectors that extend beyond the boundary of the graph their relative contribution to the prediction is indicated by their length. The direction of each vector points to the groups with the highest mean scores on that variable, and away from the groups with the lowest mean scores on that variable.

It can thus be seen from Figure 1 that the most important discriminating variables were Agreeableness, Openness, Under Assertiveness, Empathic Concern, Self-Esteem, and Social Sexual Desirability. With the remaining variables of Extraversion, Conscientiousness, Personal Distress, Emotional Loneliness, and Neuroticism playing a less important role in predicting group membership. Figure 1 indicates that members of the control group have

lower levels of Agreeableness, Empathic Concern, and Under Assertiveness than the offender groups. The controls also have more Openness, Self-Esteem, and Social Sexual Desirability. With regard to the variables depicted by the thinner, and less important vectors, the controls have higher levels of Extraversion and Conscientiousness than the offenders, and lower levels of Personal Distress, Emotional Loneliness, and Neuroticism than the offenders. The clerical offender group have particularly high levels of Agreeableness, and Empathic Concern, and a particularly low level of Social Sexual Desirability. The lay offender group have particularly high levels of Under Assertiveness, Personal Distress, Emotional Loneliness, and Neuroticism, and particularly low levels of Openness, Self-Esteem, Extraversion, and Conscientiousness.

Figure 1: Plot of group centroids and stretched vectors for the MDA



Note: A=Agreeableness, EC=Empathic Concern, UA= Under Assertiveness, E= Extraversion, O= Openness, SE= Self-Esteem, C= Conscientiousness, SSD= MSI: Social Sexual Desirability, EL= Emotional Loneliness, PD= Personal Distress

Conclusion

In conclusion, the results reported above indicate that there are differences in the psychological profiles of clerical offenders, lay offenders, and control participants. The assessment measures used had sufficient utility to predict group membership, and critically, to discriminate those who had sexually abused children from those who had not. In the following Chapter the results presented above will be interpreted in the light of the theoretical and empirical literature reviewed in Chapters 3 and 4. The strengths and deficits of the present study will be considered and suggestions made for clinical practice and further research.

Discussion

Introduction

In this Chapter the degree to which support for research hypotheses was found will be considered. The results will be discussed in the light of previous theoretical and empirical research. The limitations of the study will be examined, and implications for clinical practice and future research studies highlighted.

Summary of the findings in light of hypotheses

The main question addressed in this study is how clerical and laymen who have sexually offended against children differ significantly from each other, and from a group of non-offending controls in their scores on key psychological variables, identified in theories of child sexual offending and empirical studies.

The first hypothesis that clerical child sexual abusers will have lower levels of neuroticism and personal distress than lay offenders was not supported and furthermore the clerical offenders did not display significantly different levels of neuroticism than non-offending controls.

Hypothesis 2 that clerical child sex offenders will display higher levels of sexual conflictedness and lower levels of sexual knowledge than non-clerical

offenders and non-offending controls, was partially supported in that the clerical offenders displayed significantly lower levels of social sexual desirability than the control group. However, they did not differ from the lay offenders on this variable who like the clerical group were significantly lower in their scores than the non-offending control group. Both the lay and the clerical child sex offenders thus did not display the same level of acknowledgement of normal sexual desires than the non-offending control group.

The third hypothesis that lay child sex offenders will have higher levels of neuroticism and personal distress than non-offending controls was supported, indicating that lay child sex offenders display higher levels of psychological vulnerability and ill-health than non-offending controls.

The fourth hypothesis that clerical child sex abusers and lay child sex abusers will have higher levels of cognitive distortions than non-offending lay control participants was not supported and neither group displayed significant differences from the non-offending control group on this dimension. This indicates that neither group reported distorted sexualised thought patterns involving children.

The fifth hypothesis that lay child sexual offenders will have lower levels of self-esteem than non-offending controls was supported. In addition, the clerical child sex abusers also displayed significantly lower levels of self-esteem than the non-offending control group. Both groups of child sex

offenders thus had significantly lower self-esteem than the non-offending control group.

The sixth hypothesis that lay offenders will display a more external locus of control than non-offending control participants was not supported. None of the groups displayed significant differences on this variable.

The seventh hypothesis that clerical and lay offenders will display significantly lower levels of victim empathy than non-offending control participants was not supported and none of the groups displayed significant differences on this variable.

The eighth hypothesis that lay child sexual offenders will display significantly higher levels of emotional loneliness than non-offending control participants was supported indicating that lay child sex abusers display higher levels of social isolation than non-offending controls.

The ninth hypothesis that the instruments used will have sufficient discriminatory value to predict group membership was supported.

The clerical offenders evidenced an elevated level of agreeableness over the non-offending controls. They also displayed more empathic concern for others and less self-esteem, and were less likely to express their sexual desires and interests than the control group. The clerical offenders evidenced higher levels of conscientiousness than the lay offenders. The emerging

clinical picture of the clerical child sex abuser is thus of someone who is diligent, concerned about the well-being of others, self-effacing and compliant with poor self-regard, and a reticence to express his sexual needs and desires.

As the theoretical literature does not distinguish between clerical and lay child sex abusers the theoretical considerations will be discussed below together with the lay offenders. However, with regard to previous empirical studies this study did not replicate the findings of Saradjian and Nobus (2003) who found clerics had distorted sexual interests in children. This study offered partial support to studies (Haywood, Kravitz, Grossman, Wasyliv, & Hardy, 1996; Haywood, Kravitz, Wasyliv, Goldberg, & Cavanaugh, 1996) indicating that clerical child offenders had lower levels of psychopathology than lay offenders, and that clerical offenders had lower levels of sexual experience and drive than non-offending controls. This study did not replicate the findings of Plante (1996) that clerical offenders exhibit maladaptive personality characteristics. This was also supported by the work of Madsen, Parsons, & Grubin (2006) who found that elevations on neuroticism and reduced agreeableness were most associated with personality disorders, and the clerical child sex offenders studied here did not display elevated neuroticism and had elevated agreeableness as opposed to deficits in this dimension, which would contradict the expected finding of a personality disorder according to Plante (1996).

The lay child sex abusers evidenced higher levels of neuroticism, agreeableness, emotional loneliness, empathic concern, personal distress, and under-assertiveness than the control group. These participants also displayed lower levels of extraversion, openness, self-esteem, and social sexual desirability than the non-offending control group. The emerging clinical picture of the lay-offender is thus that of an emotionally vulnerable and unstable person, who has difficulty asserting himself and relating to others. He would defer his own needs in favour of meeting those of others, and would report an elevated level of concern for other people. He would have a poor sense of self-regard and would be conservative in his outlook, and somewhat rigid in his coping strategies and beliefs. He would also be reticent to express his sexual preferences and desires. This clinical picture is largely congruent with the theories of child sexual abuse discussed in Chapter 3.

These theories all highlight deficits in the psychological characteristics of child sex abusers which have been highlighted by this study. This study has found that the child sexual abusers displayed characteristics of low self-esteem, emotional loneliness, elevated psychological distress, under-assertiveness and deregulation which could be expected given the theories discussed previously. However, the theories also predicted reduced empathy, victim empathy, distorted thinking, and sexual pre-occupations which this study did not find.

This study did support the findings of a number of the prior empirical studies (Cohen, et al., 2002; Fisher, Beech, & Browne, 1999) which found that child

sex offenders had lower levels of assertiveness than non-offending controls. This study also supported previous research (Cohen, et al., 2002; Fisher, Beech, & Browne, 1999; Kalichman, 1991) that found that child sex offenders had lower levels of self-esteem than those who had not committed sexual offences against children. The findings (Fisher, Beech, & Browne, 1998; Fisher, Beech, & Browne, 1999; Marsa, et al., 2004) that child sex offenders had higher levels of social isolation or emotional loneliness were replicated in this study. This study offered support to Fisher, Beech, & Browne (1999) in their finding that child sex abusers did not differ from non-offending controls in their general empathic ability. However, this study did not support their finding that child sex offenders exhibited deficits in victim empathy.

This study thus elicited an unexpected finding that was not replicated in the empirical studies using the Sex Offender Assessment Pack measures. This was that the groups did not differ on a number of the offence specific measures such as the Children and Sex Cognitive Distortion Scale, Children and Sex Emotional Congruence Scale, Victim Empathy Distortion Scale. This finding indicates that the offenders who participated in this study did not report any significant deficits on these variables. This could be due to a response bias in their answers, or these variables were not significant contributing factors to their abuse of children. The groups also did not differ in their scores on the Multiphasic Sex Inventory: Sexual Obsessions Scale (MSI:SO), the Interpersonal Reactivity Index: Perspective Taking Scale (IRI:PT), the Locus of Control Scale, or the Over-Assertiveness Scale. If these findings were not due to response bias then it might be that the offender groups were low-

deviance and so were not primarily motivated to offend by their erotic interest in children, need to dominate others, sexual obsessions, or by forces or drives over which they have no control. This explanation does have some credence given the fact that the offenders were assessed through a community based treatment centre and not a prison where a number of the prior empirical studies cited were conducted. While a number of the sexual abusers were later incarcerated, none of them were at the time of the study. These findings would however also be congruent with those of Fisher, Beech, & Browne, (1998 & 1999) and Beech, (1998) who reported that high-deviancy child sex abusers would evidence more erotic interest in children, emotional congruence with children and have more impaired perspective taking ability.

The MDA was able to predict group membership based on the scores of participant's on the measures used in this study.

Predicted Group Membership

The MDA identified 2 functions that were able to predict group membership with a hit rate of 72% which was significantly higher than the proportional chance criterion of 53% for the lay group, 21% for the clerical group, and 26% for the control group. The "stretched" vector plots illustrate the 3 distinct group centroids for the analysis while the vectors provide illustrations of the relative importance of the variables for the discrimination. These indicate that Agreeableness (A), then Openness (O), Self-Esteem (SE), Empathic Concern (EC), Under-Assertiveness (UA), and Social Sexual Desirability (SSD) provided the most substantial discriminating value. This finding lends support

to the construct of personality structure as being a critical determining factor as to who commits a sexually abusive act against a child and who does not.

Limitations of the Study

The major limitation of this study is the fact that the 3 groups were not matched for age, education or socioeconomic status. The findings would have been significantly more robust and generalisable if the groups had been demographically matched. This study could also have been strengthened by having a control group of psychologically healthy non-offending clerics and a group of non-offending clerics with psychological difficulties. This study could have been improved by having larger sample sizes. A further limitation was the fact that 4 scales did not meet the reliability criterion of a Cronbach's alpha above 0.60. These were Multiphasic Sex Inventory: Sexual Knowledge and Beliefs (MSI:SKB), which measures participant's factual knowledge about sexual anatomy and behaviour, IRI: Fantasy which is part of a general empathy measure that examines participant's capacity to identify with fictional characters in a book or movie, SHAPS, which is a lie scale embedded in the Sex Offender Assessment Pack to test for response bias, and the Social Desirability Scale, which measures participant's tendency to respond in a socially desirable way. These findings are similar to those reported by O'Reilly (2004) who also did not achieve satisfactory reliability coefficients on these measures, with the exception of the IRI: Fantasy scale, which he did not use.

A further potential limitation that was not examined was the length of time since the offences were perpetrated as a significant proportion of the clerical group related to abusive acts that were perpetrated many years (>25 years) before they were apprehended or acknowledged their offences. While this was true for some of the lay offenders a substantial number of them had offended in the relatively recent past (<5 years).

Implications for Clinical Practice and Future Research

A key finding in this study was that the clerical child sex offenders did not display the same deficits in their psychological characteristics as the lay child sex offenders. Clinicians used to working with populations of non-clerical child sexual abusers might incorrectly assume that clerical men who do not display the expected deficits are not offenders. In this regard it should be noted that the variables with the most discriminatory ability were general personality characteristics, and not offence specific measures or measures of sexual functioning. The lack of psychological vulnerability of the clerical child sex abusers could also reduce their motivation to attend treatment, in that they are experiencing less symptomatology. However their higher levels of agreeableness do indicate the importance of interpersonal contact and approval for these men, so they are likely to be guided by the clinicians directions together with those in authority over them. In contrast the lay child sex offenders display higher levels of symptomatology and are thus more likely to be motivated to attend treatment. They also display more interpersonal deficits and so are less able to access supports which, provides further motivation for them to attend treatment.

The deficits as elicited in this study also provide some guidance as to the nature of treatment required by these men. They would derive benefit from a group therapeutic approach to address interpersonal deficits and provide a milieu of support. It might also be useful for the work to focus on personality change as opposed to offence specific variables. Alternatively there might be offence specific variables that were not examined in this study that merit further research and therapeutic attention as required.

This study has found the personality structure of the members of the different groups to differ. This study would benefit from being replicated with a population of incarcerated offenders. In addition larger sample sizes could facilitate a more detailed analysis of personality facets without adversely affecting the power of the study. Further studies that examine personality change in therapy and re-offence rates would be beneficial.

References

- Baumeister, R. F. (1989). Masochism as escape from the self. *Journal of Sex Research*, 25. 28-59.
- Becker, J.V., & Quinsey, V.L. (1993). Assessing suspected child molesters. *Child Abuse & Neglect*, 17. 169-174.
- Beckett, R., Beech, A.R., Fisher, D., & Fordham, A.S. (1994). *Community Based Treatment for Sexual Offenders: An Evaluation of Seven Treatment Programmes*. London: Home Office.
- Beckett, R., Beech, A.R., & Fisher, D. (1996) *SOAP: Adult Sex Offender Assessment Pack: Description of Measures and Guidelines for Scoring*. London: Home Office.
- Beech, A.R. (1997/8). Towards a psychometric typology for assessing pre-treatment level of problems in child abusers. *The Journal of Sexual Aggression*, 3(2). 87-100.
- Beech, A.R. (1998). A psychometric typology of child abusers. *International Journal of Offender Therapy and Comparative Criminology*, 42(4). 319-339.
- Benjamini, Y., and Hochberg Y. (1995). Controlling the false discovery rate: a practical and powerful approach to multiple testing. *Journal of the Royal Statistical Society. Series B (Methodological)* 57 (1), 289–300

- Blackburn, R. (1982). The special hospital assessment of personality and socialisation. Unpublished manuscript. Ashworth Hospital Liverpool. Cited in Beckett, R., Beech, A., Fisher, D., & Fordham, A.S. (1994). *Community-Based Treatment of Sex Offenders: An Evaluation of Seven Treatment Programmes*. London: Stationary Office.
- Brace, N., Kemp, R., & Snelgar, R. (2006). *Spss for Psychologists (3rd Ed.)*. London: Palgrave MacMillan.
- Briere, J. & Runtz, M. (1989). University males' sexual interest in children: Predicting potential indices of "pedophilia" in a non-forensic sample. *Child Abuse & Neglect*, 13. 65-75.
- Cohen, L.J., McGeoch, P.G., Watras-Gans, S., Acker, S., Posnansky, O., Cullen, K., et al. (2002). Personality impairment in male pedophiles. *Journal of Clinical Psychiatry*, 63(10). 912-919.
- Costa, P.T., & McCrae, R.R. (1992). *Revised NEO Personality Inventory (NEO PI-R) and NEO Five Factor Inventory (NEO-FFI) Professional Manual*. Odessa, FL: Psychological Assessment Resources.
- Craissati, J., McClurg, G., & Browne, K. (2002). The parental bonding experiences of sex offenders: A comparison between child molesters and rapists. *Child Abuse & Neglect*, 26. 909-921.
- Darwin, C. (1859). *The Origin of the Species*. Hertfordshire: Wordsworth.

- Davis, M.H. (1980). A multi-dimensional approach to individual differences in empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10, 85.
- Erickson, W.D., Walbek, N.H., & Seely, B.A. (1987). The life histories and psychological profiles of 59 incestuous stepfathers. *The Bulletin of the American Academy of Psychiatry and the Law*, 15(4), 349-357.
- Faul, F. & Erdfelder, E. (1992). *Gpower: A priori, post-hoc and compromise power analyses for MS-DOS (computer programme)*. Bonn, FRG: Bonn University Dept. of Psychology.
- Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. New York: Free Press.
- Fisher, D., Beech, A.R., & Browne, K. (1998) Locus of control and its relationship to treatment change and abuse history in child sexual abusers. *Legal and Criminological Psychology*, 3, 1-12.
- Fisher, D., Beech, A.R., & Browne, K. (1999). Comparison of sex offenders to non-offenders on selected psychological measures. *International Journal of Offender Therapy and Comparative Criminology*, 43(4), 473-491.
- Gagon, J. H. (1990). The explicit and implicit use of the scripting perspective in sex research. *Annual Review of Sex Research*, 1, 1-43.
- Greenwald, H.J., & Satow, Y. (1970). A short social desirability scale. *Psychological Reports*, 27, 131-135.

- Hall, G. C. N. (1996). *Theory Based Assessment, Treatment and Prevention of Sexual Aggression*. New York: Oxford University Press.
- Hall, G. C. N., & Hirschman, R. (1991). Towards a theory of sexual aggression: A quadripartite model. *Journal of Consulting and Clinical Psychology*, 59 (5). 662-669.
- Hall, G. C. N., & Hirschman, R. (1992). Sexual aggression against children: A conceptual perspective on etiology. *Criminal Justice and Behaviour*, 19, 8-23.
- Hands, D.W. (1998). Cognitive distortions of clergy sex offenders. *ATSA News Letter, Spring*. Beaverton, Oregon: Association for the Treatment of Sexual Abusers.
- Hanson, R.K. & Harris , A. (2001). *The sex offender need assessment rating (SONAR): A method for measuring change in risk levels*. Available from <http://www.publicsafety.gc.ca/res/cor/rep/cprmindex-eng.aspx>
- Haywood, T.W., Kravitz, H.M., Grossman, L.S., Wasyliv, O.E. & Hardy, D.W. (1996a). Psychological aspects of sexual functioning among cleric and noncleric alleged sex offenders. *Child Abuse & Neglect*, 20(6), 527-536.
- Haywood, T.W., Kravitz, H.M., Wasyliv, O.E., Goldberg, J., & Cavanaugh, J.L. (1996b). Cycle of abuse and psychopathology in cleric and noncleric molesters of children and adolescents. *Child Abuse & Neglect*, 20(6), 1233-1243..

- Hillbrand, M., Foster, H., & Hirt, M. (1990). Rapists and child molesters: Psychometric comparisons. *Archives of sexual behaviour*, 19(1), 65-71.
- Isely, P.J. (1997). Child sexual abuse and the Catholic Church: An historical and contemporary review. *Pastoral Psychology*, 45(4), 277-299.
- Johnston, S.A., French, A.P., Schouweiler, W.F., & Johnston, F.A. (1992). Naivete and need for affection among pedophiles. *Journal of Clinical Psychology*, 48(5), 620-627.
- Kalichman, S.C. (1991). Psychopathology and personality characteristics of criminal sexual offenders as a function of victim age. *Archives of Sexual Behaviour*, 20(2), 187-197.
- Kalichman, S.C., Henderson, M.C., Shealy, L.S., & Dwyer, M. (1992). Psychometric properties of the Multiphasic Sex Inventory in assessing sex offenders. *Criminal Justice and Behaviour*, 19(4), 384-396.
- Keltner, A.A., Marshall, P.G., & Marshall, W.L. (1981). The description of assertiveness and social fear in a prison population. *Corrective and Social Psychiatry*, 27, 41-47.
- Lalor, K. (1999). A survey of sexually abusive experiences in childhood amongst a sample of third level students. *The Irish Journal of Psychology*, 20(1), 15-28.
- Langevin, R., Curnoe, S., & Bain, J. (2000). A study of clerics who commit sexual offences: Are they different from other sex offenders? *Child Abuse & Neglect*, 24(4), 535-545.

- Levin, S.M., & Stava, L. (1987). Personality characteristics of sex offenders: A review. *Archives of Sexual Behaviour*, 16(1). 57-79.
- Madsen, L., Parsons, S., & Grubin, D. (2006). The relationship between the five-factor model and DSM personality disorder in a sample of child molesters. *Personality and Individual Differences*, 40. 227-236.
- Mann, J., Stenning, W., & Borman, C. (1992). The utility of the MMPI-2 with pedophiles. *Journal of Offender Rehabilitation*, 18(3/4). 59-74.
- Mann, R., & Beech, A. R. (2003). Cognitive distortions, schemas and implicit theories. In T. Ward, D. R. Laws, & S. M. Hudson (Eds.), *Theoretical issues and controversies in sexual deviance*. London: Sage.
- Marsa, F., O'Reilly, G., Carr, A., Murphy, P., O'Sullivan, M., Cotter, A., & Heavey, D. (2004). Attachment styles and psychological profiles of child sex offenders in Ireland. *Journal of Interpersonal Violence*, 19(2). 228-251.
- Marshall, W.L. (1989). Invited essay: Intimacy, loneliness and sexual offenders. *Behaviour Research and Therapy*, 27. 491-503.
- Marshall, W. L., & Barbaree, H. E. (1990). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws, & H. E. Barbaree, (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*. New York: Plenum.

- McElroy, S.L., Soutullo, C.A., Taylor, P., Nelson, E.B., Beckman, A.D.,
 Brusman, L.A., et al. (1999). Psychiatric features of 36 men convicted
 of sexual offences. *Journal of Clinical Psychiatry*, 60. 414-420.
- McGee, H., Garavan, R., deBarra, M. & Byrne, J. (2001). *The SAVI Report
 on Sexual Abuse and Violence in Ireland*. Dublin: Liffey Press.
- McKay, M.M., Chapman, J.W., & Long, N.R. (1996). Causal attributions for
 criminal offending and sexual arousal: Comparison of child sex offenders
 and other offenders. *British Journal of Clinical Psychology*, 35. 63-75.
- Money, J. (1986). *Lovemaps: Clinical Concepts of Sexual/Erotic Health and
 Pathology, Paraphilia, and Gender Transposition in Childhood,
 Adolescence and Maturity*. Buffalo New York: Prometheus Books.
- Musser, P., Cimboic, P., & Rossetti, S. (1995). Ephebophilia and the MCMI-
 II. *Sexual Addiction & Compulsivity*, 3(2), 214-222.
- Nichols, A.R., & Molinder, I. (1984) *Multiphasic Sex Inventory Manual*.
 Tacoma, WA: Nichols & Molinder.
- Norwicki, S. (1976). Adult Norwicki-Strickland Internal-External Locus of
 Control Scale. Reproduced in A.C. Salter (1988). *Treating Child Sex
 Offenders and their Victims: A Practical Guide*. London: Sage.
- Norwicki, S., & Duke, M.P. (1982). The Norwicki-Strickland life span locus of
 control scales: Construct validation. In H.M. Lefcourt (Ed.), *Research*

with the Locus of Control Construct (vol. 2, pp. 9-43). New York: Academic Press.

O'Hare, A., Whelan, C.T., & Commins, P. (1991). The development of an Irish census-based social class scale. *The Economic and Social Review*, 22. 135-156.

O'Reilly, G. E. (2004). *An Independent Evaluation of the Irish Prison Service Sexual Offender Intervention Programme*. Unpublished Doctoral Thesis. Department of Psychology; University College Dublin.

O'Reilly, G. E., & Carr, A. (1999). Child sexual abuse in Ireland: A synthesis of two surveys. *The Irish Journal of Psychology*, 20(1). 1-14.

Pennington, B.F. (2002). *The Development of Psychopathology: Nature and Nurture*. New York: Guilford Press.

Plante, T.G. (1996). Catholic priests who sexually abuse minors: Why do we hear so much yet know so little? *Pastoral Psychology*, 44(5). 305-310.

Russell, D., Peplau, L.A., & Cutrona, C.A. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39. 472-480.

Ruzicka, M.F. (1997). Predictor variables of clergy pedophiles. *Psychological Reports*, 80. 589-590.

Saarni, C. (1999). *The Development of Emotional Competence*. New York: Guilford Press.

- Salter, A. (1988). *Treating Child Sex Offenders and their Victims: A Practical Guide*. Newbury Park, CA: Sage.
- Saradjian, A., & Nobus, D. (2003). Cognitive distortions of religious professionals who sexually abuse children. *Journal of Interpersonal Violence, 18*(8). 905-923
- Schlank, A.M. (1995). The utility of the MMPI and the MSI for identifying a sexual offender typology. *Sexual Abuse: A Journal of Research and Treatment, 7*(3). 185-194.
- Sherry, S. B., Hewitt, P. L., Flett, G. L., Lee-Baggley, D. L., & Hall, P. A. (2007). Trait perfectionism and perfectionistic self-presentation in personality pathology. *Personality and Individual Differences, 42*(3). 477-490.
- Simkins, L., Ward, W., Bowman, S., & Rinck, C.M. (1989). The multiphasic sex inventory: Diagnosis of treatment response in child sex abusers. *Annals of Sex Research, 2*(3). 205-226.
- Tabachnick, B.G., & Fidell, A.S. (2007). *Using Multivariate Statistics (5th Ed.)*. Boston: Pearson.
- Thissen, D., Steinberg, L. & Kuang, D. (2002). Quick and easy implementation of the Benjamini-Hochberg procedure for controlling the false positive rate in multiple comparisons. *Journal of Educational and Behavioral Statistics, 27*(1). 77-83.

- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sexual Abuse: A Journal of Research and Treatment*, 14, 139-154.
- Waldron, B. (2003). *Evaluating the properties of sexual offender assessment instruments in Irish settings*. Unpublished Doctoral Thesis. Department of Psychology; University College Dublin.
- Ward, T., & Beech, A.R. (2004). The etiology of risk: A preliminary model. *Sexual Abuse: A Journal of Research and Treatment*, 16, 271-284.
- Ward, T., & Beech, A. R. (2006). An integrated theory of sexual offending. *Aggression and Violent Behaviour*, 11, 44-63.
- Ward, T., & Hudson, S. M. (1998). The construction and development of theory in the sexual offending area: A meta-theoretical framework. *Sexual Abuse: A Journal of Research and Treatment*, 10, 47-63.
- Ward, T., & Keenan, T. (1999). Child molesters' implicit theories. *Journal of Interpersonal Violence*, 14, 821-838.
- Ward, T., Polaschek, D. L. L., & Beech, A. R. (2006). *Theories of Sexual Offending*. Chichester: John Wiley & Sons.
- Ward, T., & Siegert, R. J. (2002). Towards a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime & Law*, 8, 319-351.

Appendix A

Letter of information for participants



Granada Institute

Crinken House,
Crinken Lane,
Shankill,
Co. Dublin,
Ireland.

Telephone: (01) 272 1030
Fax: (01) 272 0129
e-mail: graninst@indigo.ie

17 February 2003

Letter of Information

Title of study: Psychological profiles of clerical and non-clerical men who have sexually abused children

Researcher: Patrick Randall

The purpose of this study is to compare the psychological profiles of clerical and non-clerical men who have sexually abused children. These profiles will also be compared with those of men who have not sexually abused children to establish whether or not these profiles can be used to predict membership of a particular group.

Participants will be asked to complete psychological questionnaires on one occasion. This should take approximately 2 hours. The data collection, analysis, and storage will be in accordance with the Data Protection Act and Best Practice in Scientific Research.

Participation is voluntary, no presentation or publication of this research will include personal details or information which could in any way identify a participant.

The results of this study will be used to guide the assessment and treatment programme at the Granada Institute and could be published in dissertation format and in professional journals or books.

Please complete the enclosed questionnaires and return them to me using the envelope provided. If you have any questions or require any further information regarding this study please contact the undersigned.

Yours sincerely

Patrick Randall
Principal Clinical Psychologist

Appendix B

Letter of consent for participants

Letter of Consent

Research Title: Psychological profiles of clerical and non-clerical men who have sexually abused children

Researcher: Patrick Randail, Principal Clinical Psychologist, Granada Institute, Crinken House, Crinken Lane, Shankill, Co. Dublin

- I understand that this is a study to examine the psychological profiles of men who have sexually abused children and compare them with men who have not sexually abused children.
- I understand that I am being invited to participate in this study which will involve the completion of questionnaires on one occasion.
- I understand the results of this study may be published in a dissertation, book or article and that I will not be identified nor recognised in any published material.
- I understand that participation is voluntary and I am free to opt out at any stage.
- I understand that all records will be destroyed after 10 years.
- Data collection, analysis and storage will be in line with the Data Protection Act and Best Practice in Scientific Research.

I agree to participate in this study.

Signed:

Date:

Witness:

Signed:

Date:

Appendix C

Letter of ethical approval for the study



Centuries **5** of Hospitaller Care

Hospitaller Order of St. John of God

Provincial Administration

Hospitaller House

Stillorgan

Co. Dublin

Ireland

Tel: (01) 283 1201

Fax: (01) 283 1257

25 October 2002

Mr Patrick Randall
Principal Clinical Psychologist
Granada Institute
Crinken House
Crinken Lane
Shankill
Co Dublin

Dear Patrick,

Re. Proposal – *"Psychological profiles of clerical and non-clerical men who have sexually abused children"*

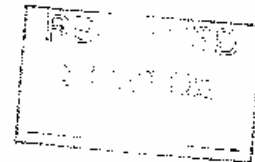
Thank you for your amendments to the above Proposal, as requested.

The Provincial Ethics Committee has pleasure in formally approving this research proposal and take this opportunity to wish you well with the study

We look forward to receiving a copy of your findings.

Yours sincerely,

Fr. Fintan Brennan-Whitmore O.H., Chairperson
Provincial Ethics Committee



Appendix D

Personal Reaction Inventory

Name:

Date:

QUESTIONNAIRE 1**PERSONAL REACTION INVENTORY.**

Please indicate to what extent the following statements apply to you using the following key

1. very like me
2. quite like me
3. a little like me
4. neither like or unlike me
5. a little unlike me
6. quite unlike me
7. very unlike me

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|
| 1. | No matter who I'm talking to I'm always a good listener. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | I have sometimes taken unfair advantage of another person. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | I am always courteous, even to people who are disagreeable. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | I sometimes try to get even, rather than forgive and forget. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | I am quick to admit making a mistake. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | I have always faced up to the bad as well as the good consequences of things I have done. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | I sometimes feel resentful when I don't get my own way. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | I would never think of letting someone else be punished for my wrong-doing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | There have been occasions when I took advantage of someone. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | At times I have wished that something bad would happen to someone I disliked. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | I am always attentive to the person I am with. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | There have been times when I felt like rebelling against people in authority even though I knew they were right. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Appendix E

UCLA Emotional Loneliness Scale

QUESTIONNAIRE 2

E L QUESTIONNAIRE	
Name:	
Date:	

Indicate how often you feel the way described in each of the following statements. Circle one number for each question.

STATEMENT	Never	Rarely	Sometimes	Often
1. I feel in tune with people around me	1	2	3	4
2. I lack companionship	1	2	3	4
3. There is no one I can turn to	1	2	3	4
4. I do not feel alone	1	2	3	4
5. I feel part of a group of friends	1	2	3	4
6. I have a lot in common with people around me	1	2	3	4
7. I am no longer close to anyone	1	2	3	4
8. My interests and ideas are not shared by those around me	1	2	3	4
9. I am an outgoing person	1	2	3	4
10. There are people I feel close to	1	2	3	4
11. I feel left out	1	2	3	4
12. My social relationships are superficial	1	2	3	4
13. No one really knows me well	1	2	3	4
14. I feel isolated from others	1	2	3	4
15. I can find companionship when I want it	1	2	3	4
16. There are people who really understand me	1	2	3	4
17. I am unhappy being so withdrawn	1	2	3	4
18. People are around me but not with me	1	2	3	4
19. There are people I can talk to	1	2	3	4
20. There are people I can turn to	1	2	3	4

Appendix F

Locus of Control Scale

QUESTIONNAIRE 3

We are trying to find out what men and women your age think about certain things. We want you to answer the following questions the way *you* feel. There are no right or wrong answers. Don't take too much time answering any one question, and do try to answer them all.

One of your concerns during the test may be, "What should I do if I can answer both yes and no to a question?" It's not unusual for that to happen. If it does, think about whether your answer is just a little more one way than the other. For example, if you'd assign a weighting of 51% to 'yes' and assign 49% to 'no,' mark the answer 'yes.' Try to pick one response for all the questions and not leave any blanks.

Circle 'yes' or 'no' next to each item. Be sure to put your name and the date on our answer sheet. Thank you.

1. Do you believe that most problems will solve themselves if you just don't fool with them? YES NO
2. Do you believe that you can stop yourself from catching a cold? YES NO
3. Are some people just born lucky? YES NO
4. Most of the time do you feel that getting good marks at school meant a great deal to you? YES NO
5. Are you often blamed for things that just aren't your fault? YES NO
6. Do you believe that if somebody studies hard enough he or she can pass any subject? YES NO
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? YES NO
8. Do you feel that if things start out well in the morning it is going to be a good day no matter what you do? YES NO
9. Do you feel that most of the time parents listen to what their children have to say? YES NO
10. Do you believe that wishing can make good things happen? YES NO
11. When you get punished does it usually seem it's for no good reason at all? YES NO
12. Most of the time do you find it hard to change a friend's (mind) or opinion? YES NO
13. Do you think that cheering more than luck helps a team to win? YES NO
14. Did you feel that it was nearly impossible to change your parents' mind about anything? YES NO
15. Do you believe that parents should allow children to make most of their own decisions? YES NO
16. Do you feel that when you do something wrong there's very little you can do to make it right? YES NO
17. Do you believe that most people are just born good at sports? YES NO
18. Are most of the other people your age stronger than you are? YES NO
19. Do you feel that one of the best ways to handle most problems is just not to think about them? YES NO
20. Do you feel that you have a lot of choice in deciding whom your friends are? YES NO
21. If you find a four leaf clover, do you believe that it might bring you good luck? YES NO

03/02/98

1

22. Did you feel that whether you did your homework or not has much to do with what kind of marks you got? YES NO
23. Do you feel that when a person your age decides to hit you there's little you can do to stop him or her? YES NO
24. Have you ever had a good luck charm? YES NO
25. Do you believe that whether or not people like you depends on how you act? YES NO
26. Did your parents usually help you if you asked them to? YES NO
27. Have you felt that when people were angry with you it was usually for no reason at all? YES NO
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today? YES NO
29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? YES NO
30. Do you think that people can get their own way if they just keep trying? YES NO
31. Most of the time do you find it useless to try to get your own way at home? YES NO
32. Do you feel that when good things happen they happen because of hard work? YES NO
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters? YES NO
34. Do you feel that it's easy to get friends to do what you want them to? YES NO
35. Do you usually feel that you have little to say about what you get to eat at home? YES NO
36. Do you feel that when someone doesn't like you there's little you can do about it? YES NO
37. Did you usually feel that it was almost useless to try in school because most other children were just more clever than you were? YES NO
38. Are you the kind of person who believes that planning ahead makes things turn out better? YES NO
39. Most of the time do you feel that you have little to say about what your family decides to do? YES NO
40. Do you think it's better to be clever than to be lucky? YES NO

Appendix G

Social Response Inventory

In each of the following items a Social Situation is described, together with a number of possible responses. Please place an X beside the response that you think you would do. If none of the alternatives seems exactly right for you, check the one that is closest to what you believe you would actually do. Remember we are interested in what you think you actually WOULD do rather than what you think is appropriate.

1. You are in the middle of eating supper when a man comes to the door to ask you questions about television programmes you watch. Would you:

- | | |
|----|---|
| a. | Ask him in and answer the questions while you finish eating. |
| b. | Answer all his questions immediately leaving your supper to get cold. |
| c. | Tell him, without giving any explanation that you will not answer his questions. |
| d. | Angrily tell him to go away and slam the door in his face. |
| e. | Explain that it is not a convenient time and politely tell him you will not answer the questions. |

2. You would like to go out with a woman you know fairly well, but have never dated her before. Would you:

- | | |
|----|--|
| a. | Ask her for a date and be able to accept it if she refused. |
| b. | Find it impossible to ask her. |
| c. | Ask her for a date and become angry or abusive if she refused. |
| d. | Find it difficult to ask her. |
| e. | Ask her for a date and if she refused keep on asking to try to make her change her mind. |

3. If a male friend, who has borrowed some money from you seemed to have forgotten about repaying it, would you:

- | | |
|----|--|
| a. | Demand the money back and threaten to hit him if he denied borrowing it. |
| b. | Ask him for the money back and insist that he did borrow it if he denied doing so. |
| c. | Say nothing to avoid possible trouble or embarrassment. |
| d. | Ask for the money back and become angry if he denied borrowing it. |
| e. | Ask if he could return the money but drop the matter if he denied borrowing it. |

4. This attractive woman you work with is in the habit of not wearing a brassiere. One afternoon, when your car has broken down, she offers you a ride home. When the car stops at your place you make a pass at her and she angrily tells you to get out. Would you:

- | | |
|----|--|
| a. | Tell her to shut up and get out slamming the door behind you. |
| b. | Say something like: "Who the hell do you think you are, you slut?" and grab her breast before you get out. |
| c. | Tell her you are sorry for mistaking her intentions and apologise for upsetting her, then leave the car. |
| d. | Become embarrassed and jump out of the car and run inside. |
| e. | Embarrassedly say: "Sorry", and get out. |

5. If you had arrived late for a meeting and the speaker had already begun to talk would you:-

- | | |
|----|---|
| a. | Go to an empty chair even if it meant disturbing people. |
| b. | Go to an empty chair provided you could do so without disrupting the meeting. |
| c. | Stand at the back even if there was an empty chair near the front. |
| d. | Go cautiously to an empty chair feeling embarrassed about disturbing the meeting. |
| e. | Go to an empty chair even if it meant disrupting the whole meeting. |

6. If you had decided that you no longer wanted to date a woman, would you:

- | | |
|----|--|
| a. | Gently but clearly explain your changed feelings to her. |
| b. | Avoid telling her and go on as though nothing is wrong. |
| c. | Abruptly tell her you are sick of her and that you can't stand the sight of her anymore. |
| d. | Avoid telling her but be cold and distant to her. |
| e. | Tell her you do not want to see her any more but refuse to explain why. |

7. If, after leaving a shop, you realise you have been short-changed by the cashier, would you:

- | | |
|----|---|
| a. | Return and ask for the correct change and, if necessary, complain to the Manager. |
| b. | Return and tell the cashier he/she sort-changed you and become abusive if he/she does not give you the change owing. |
| c. | Go back and request the correct change but drop the matter if the cashier says it is too late to do anything about it. |
| d. | Forget the matter rather than face possible embarrassment or trouble. |
| e. | Go back and demand that the cashier give you the change owing immediately and become threatening or physically violent if he/she refuses. |

8. The woman who lives next-door asks you to give her a ride to work. It's a good deal out of your way and you don't want to be inconvenienced. Would you:

- | | |
|----|---|
| a. | Say you would be glad even though you are annoyed. |
| b. | Give her a ride but do not speak to her. |
| c. | Tell her you are not a free taxi service. |
| d. | Tell her you are sorry but it is too far out of your way. |
| e. | Abruptly tell her no, but offer her no explanation. |

9. You are drinking in a hotel with a new girlfriend when the woman you used to go out with comes in. She is a bit drunk and comes over to sit beside you and begins to talk to you. If you wanted her to leave, would you:

- | | |
|----|---|
| a. | Introduce her to your girlfriend and then politely tell her you wish to be alone. |
| b. | Become embarrassed but say nothing. |
| c. | Tell her to go away. |
| d. | Tell her she is a drunken slut and to leave you alone. |
| e. | Become embarrassed and introduce her to your girlfriend. |

10. If you lived in an apartment and the man who owned the place failed to make certain necessary repairs after promising many times to do so, would you:

- | | |
|----|--|
| a. | Say nothing to avoid embarrassment or trouble. |
| b. | Nervously ask him if he would get the repairs done. |
| c. | Angrily demand that the repairs are done immediately. |
| d. | Threaten to report him to the authorities if he doesn't get the repairs done immediately. |
| e. | Firmly state that it is his responsibility to see that the repairs are carried out and insist that they be done quickly. |

11. You have a few drinks at a hotel and you are dancing with this attractive woman you have just met. You are feeling horny so you press yourself against her and she pushes you away. Would you:-

- | | |
|----|--|
| a. | Become embarrassed and say simply "Sorry". |
| b. | Tell her that you are sorry and you did not mean to upset her. |
| c. | Become embarrassed and pretend nothing happened. |
| d. | Angrily walk away and leave her on the dance floor. |
| e. | Pull her tightly against you and tell her not to be a bitch. |

12. You have spent the day at the beach with a woman you have been dating for the past month. You want her to have supper with you but she says she already has promised to see another man. Would you:

- | | |
|----|---|
| a. | Tell her that if she wants to go out with someone else, she can go to hell. |
| b. | Tell her you are disappointed but you don't say anything else. |
| c. | Tell her that you are angry and that you will call her tomorrow. |
| d. | Pretend that it is all right even though you are upset. |
| e. | Tell her you are disappointed and would like to know what this means regarding your relationship. |

13. If you had told a male friend something in confidence and find out that he had told it to someone else, would you:

- | | |
|----|--|
| a. | Tell him you are upset. |
| b. | Become abusive and threatening. |
| c. | Say nothing about it and continue to be friendly to him. |
| d. | Say nothing and be cold to your friend for a while. |
| e. | Become verbally abusive and tell him that he is no longer your friend. |

14. You are at a meeting and this woman who seems to have taken over the group asks for your opinion. Would you:

- | | |
|----|--|
| a. | Tell her that she is an bossy bitch and loudly state your opinion. |
| b. | Just say you agree with her even if you don't. |
| c. | State your opinion calmly even if it disagrees with her. |
| d. | State your opinion in a loud forceful voice. |
| e. | Be too uncomfortable to say anything. |

15. A male friend asks to borrow some money and you definitely do not want to lend it to him. Would you:

- | | |
|----|--|
| a. | Lend him the money anyway. |
| b. | Say no, and stick to your decision even if your friend pleaded with you. |
| c. | Say no at first, but if he pleaded, lend him the money. |
| d. | Angrily tell him no and become abusive if he asks again. |
| e. | Abruptly tell him no, and show your annoyance if he asks again. |

16. You just had intercourse with a woman and she tells you that she didn't enjoy it. Would you:

- | | |
|----|--|
| a. | Become embarrassed. |
| b. | Tell her she is a bitch and hit her. |
| c. | Become embarrassed and say nothing. |
| d. | Tell her she is a bitch and leave immediately. |
| e. | Tell her that her remark hurt your feelings and insist that she explain herself. |

17. If you wanted to borrow your male friend's car and were not sure how he would respond, would you:

- | | |
|----|---|
| a. | Not ask him to avoid possible embarrassment. |
| b. | Ask him and become annoyed if he says no. |
| c. | Ask and become abusive and threatening if he says no. |
| d. | Ask him and accept if he says no. |
| e. | Nervously ask him. |

18. You have been out with a woman and have bought her supper and drinks, and taken her to a dance. You had a good time and she seems to like you. She invites you to her apartment and you make sexual advances towards her. If she refuses your advances, would you:

- | | |
|----|--|
| a. | Stop your advances towards her but ask her to explain her refusal. |
| b. | Immediately become embarrassed and leave. |
| c. | Keep trying but stop if she begins to get upset. |
| d. | Stop your advances and say nothing. |
| e. | Keep trying and force her to have sex with you if she continues to refuse. |

19. If you were with a group of people you did not know very well and they were discussing a topic you were interested in, would you:

- | | |
|----|--|
| a. | Have no difficulty expressing any opinion you might have and, in turn, allow other people to have their say. |
| b. | Tend to dominate the discussion. |
| c. | Nervously express your opinion only if you felt very strongly about it. |
| d. | Always keep your opinions to yourself however strongly you felt about the matter being discussed. |
| e. | Expect to be viewed as the leader and expect others to keep quiet and listen only to your point of view. |

QUESTIONNAIRE 6

sri(m).rcb - 20/5/96

4

20. If a female sales assistant is trying to get you to buy a more expensive item than you want, would you:

- | | |
|----|---|
| a. | Ask to see the cheaper item but do not insist when she continues to show you the expensive one. |
| b. | Tell her firmly that you are not interested in the item and have her show you something else. |
| c. | Tell her you don't want that and become annoyed if she persists. |
| d. | Tell her to shut up and threaten her if she doesn't stop bugging you. |
| e. | Buy the item even though you don't want it. |

21. If a man made fun of you to the point where it became annoying, would you:

- | | |
|----|---|
| a. | Show your anger and be abusive to him. |
| b. | Say nothing to avoid a possible scene. |
| c. | Ask him to stop but say nothing more if he persisted. |
| d. | Express your annoyance firmly and ask him to stop. |
| e. | Become angry and try to hit him. |

22. If a woman at a party speaks to you but you don't want to talk to her, would you:

- | | |
|----|--|
| a. | Tell her to get lost and become abusive if she does not leave. |
| b. | Pretend to be interested rather than create a scene. |
| c. | Tell her politely that you wish to be alone and insist if she doesn't leave. |
| d. | Tell her you do not wish to speak with her and turn your back on her. |
| e. | Look disinterested but don't tell her you would rather be left alone. |

Appendix H

Thornton Self-Esteem Scale

QUESTIONNAIRE 5

Name:.....

Date:.....

Please answer the following questions by ticking in the box for 'yes' or 'no'

		YES	NO
1.	Do you ever wish you were someone else?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you like the sort of person you are?	<input type="checkbox"/>	<input type="checkbox"/>
3.	At an election, would you vote for someone you knew very little about?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you often feel ashamed of yourself?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you understand yourself?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a low opinion of yourself?	<input type="checkbox"/>	<input type="checkbox"/>
7.	If you could get into the cinema without paying, and be sure you weren't seen, would you probably do it?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you think you can make a success of your life?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are things all mixed up in your life?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you like to know some important people because it makes you feel important?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are you happy with the way you are?	<input type="checkbox"/>	<input type="checkbox"/>
12.	When you are not feeling well, do you sometimes feel annoyed?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I

Interpersonal Reactivity Index

III QUESTIONNAIRE

Name:

Date:

The following statements ask about your thoughts and feelings in a variety of situations. For each item, show how well it describes you by choosing the appropriate number on the scale at the top of the page.

When you have decided on your answer, fill in the space following the item. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly and as accurately as you can.

Nothing like me	A little like me	Quite like me	Like me	A lot like me
0	1	2	3	4
1.	I daydream quite often about things that might happen to me			_____
2.	I often feel sorry for people less fortunate than me			_____
3.	I sometimes find it difficult to see things from another person's point of view			_____
4.	Sometimes I don't feel very sorry for other people when they are having problems			_____
5.	I can really relate to the feelings of characters in a good book			_____
6.	In emergency situations I feel nervous			_____
7.	I don't usually get emotional (e.g. frightened or weepy) when I watch a film or TV drama			_____
8.	I try to look at everybody's side of an argument before I make a decision			_____
9.	When I see someone being bullied or 'ripped off' I feel a bit protective towards them			_____
10.	I sometimes feel helpless when I am in the middle of a very emotional situation			_____
11.	I sometimes try to understand my friends better by imagining how things look from their point of view			_____
12.	Becoming extremely involved in a good book or film is unusual for me			_____
13.	When I see someone get hurt I stay calm			_____
14.	Other people's bad luck does not usually upset me very much			_____
15.	If I'm sure I'm right about something I don't waste time listening to other people's arguments			_____
16.	After seeing a character on TV or in a film I have felt as though I was like that person			_____
17.	Being in a tense emotional situation scares me			_____
18.	When I see someone being treated unfairly I sometimes don't feel very much pity for them			_____
19.	I am usually pretty good at dealing with emergencies			_____
20.	I am often quite touched by things I see happen			_____
21.	I believe that there are two sides to every question and try to look at them both			_____
22.	I would describe myself as a pretty soft-hearted person			_____
23.	When I watch a good film I can very easily put myself in the place of the leading character			_____
24.	I tend to lose control during emergencies			_____
25.	When I am upset at someone I usually try to 'put myself in his shoes' for a while			_____
26.	When I am reading an interesting story I imagine how I would feel if the events in the story were happening to me			_____
27.	When I see someone who badly needs help in an emergency, I go to pieces			_____
28.	Before criticising somebody, I try to imagine how I would feel if I were in their place			_____

01/02/98 (after Davis 1980)

Appendix J

Children and Sex Questionnaire

QUESTIONNAIRE 8

This questionnaire is concerning your experience of children and your feelings and thoughts about them. Before you start, please answer the following questions:

Sex Male Female *(please circle)*

Age _____

Marital Status Single Married Divorced Separated Widowed
(please circle)

Number of children _____

Number of step children _____

How regularly do you talk to or have personal contact with children?

daily / more than 3 times a week / weekly / less than once a week / less than once a month
(please circle)

Do you work with children? Yes No *(please circle)*

**FOR THE PURPOSE OF THIS QUESTIONNAIRE CHILDREN
MEANS PERSONS OF 14 YEARS AND YOUNGER.**

INSTRUCTIONS

Read each question carefully. Put a tick (✓) in the area which is closest to your view or direct experience.

e.g. I like talking to children

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

THANK YOU FOR YOUR HELP.

QUESTIONNAIRE

1. CHILDREN FEEL SAFE WITH ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

2. CHILDREN LIKE MY COMPANY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

3. I GET ANGRY SOMETIMES.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

4. CHILDREN LIKE TO PLAY WITH ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

5. I ENVY CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

6. SOME CHILDREN MAKE ME FEEL VERY GOOD.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

7. I SOMETIMES GET STRANGE FEELINGS WHEN I'M WITH CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

8. I FIND IT HARD TO RESIST CHILDREN'S REQUESTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

9. CHILDREN LIKE TO TALK ABOUT SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

10. I SOMETIMES THINK OF THINGS THAT ARE TOO BAD TO TALK ABOUT.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

11. CHILDREN ARE POWERFUL.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

12. I PREFER TO SPEND MY TIME WITH CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

13. I TALK TO CHILDREN ABOUT MY PROBLEMS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

14. MOST ADULTS DO NOT UNDERSTAND CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

15. I HAVE LOVED A CHILD AT FIRST SIGHT.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

16. THINKING ABOUT CHILDREN MAKES ME FEEL GOOD.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

17. I KNOW WHEN CHILDREN ARE INTERESTED IN ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

18. CHILDREN ARE MORE HONEST THAN ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

19. CHILDREN KNOW A LOT ABOUT SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

20. CHILDREN KNOW MORE ABOUT SEX THAN ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

21. SOCIETY DOES NOT GIVE CHILDREN ENOUGH RESPONSIBILITY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

22. CHILDREN TEASE ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

23. SOMETIMES CHILDREN LOOK AT ME IN A SPECIAL WAY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

24. I KNOW HOW TO TALK TO CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

25. PEOPLE DON'T KNOW WHAT CHILDREN ARE LIKE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

26. I LOVE CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

27. I THINK ABOUT CHILDREN WHEN I'M ALONE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

28. CHILDREN STOP ME FEELING LONELY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

29. I AM GOOD AT MAKING CHILDREN LAUGH.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

30. I KNOW MORE ABOUT SOME CHILDREN THAN THEIR PARENTS DO.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

31. I SOMETIMES FEEL LIKE SWEARING.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

32. CHILDREN KNOW WHAT THEY WANT.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

33. CHILDREN WANT SEXUAL CONTACT WITH ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

34. THERE IS NOTHING WRONG WITH SEXUAL CONTACT BETWEEN CHILDREN AND ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

35. SOMETIMES I LAUGH AT A DIRTY JOKE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

36. CHILDREN CAN BE TRUSTED.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

37. CHILDREN ARE SPECIAL FOR ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

38. CHILDREN FIND ME EASY TO MAKE FRIENDS WITH.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

39. I ALWAYS TELL THE TRUTH.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

40. CHILDREN ARE NOT AS INNOCENT AS MOST PEOPLE THINK.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

41. WHEN ADULTS AND CHILDREN HAVE SEXUAL RELATIONSHIPS IT IS NOT ALWAYS THE ADULTS FAULT.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

42. IF CHILDREN WANT, THEY SHOULD BE ALLOWED TO HAVE SEXUAL RELATIONSHIPS WITH ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

43. MOST SEXUAL CONTACT BETWEEN ADULTS AND CHILDREN DOES NOT CAUSE ANY HARM.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

44. CHILDREN TELL LIES ABOUT ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

45. CHILDREN CAN BLACKMAIL ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

46. SOCIETY IS HYPOCRITICAL IN ITS ATTITUDE TO CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

47. ADULTS CANNOT BE TRUSTED.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

48. I ALWAYS READ THE EDITORIAL IN THE NEWSPAPER.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

49. MANY ADULTS HAVE SEXUAL INTEREST IN CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

50. THERE IS TOO MUCH TALK ABOUT CHILDREN AND SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

51. CHILDREN CAN FLIRT WITH ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

52. CHILDREN CAN LEAD ADULTS ON.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

53. CHILDREN CAN LOOK AFTER THEMSELVES.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

54. SOMETIMES I GOSSIP.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

55. SOME CHILDREN FIND ME ATTRACTIVE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

56. I THINK ABOUT CHILDREN WHEN I AM ALONE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

57. WHEN A CHILD SMILES AT ME IT CAN MAKE ME FEEL ODD INSIDE OF MYSELF.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

58. I KNOW WHAT CHILDREN LIKE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

59. CHILDREN REMIND ME OF MYSELF.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

60. I FEEL MORE COMFORTABLE WITH CHILDREN THAN WITH ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

61. CHILDREN SPEAK WITH THEIR EYES.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

62. SOMETIMES I MEET A CHILD WHO I KNOW HAS SPECIAL FEELINGS ABOUT ME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

63. CHILDREN SOMETIMES ASK ADULTS FOR SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

64. I WOULD RATHER WIN THAN LOSE A GAME.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

65. I AM BETTER THAN MOST PEOPLE AT UNDERSTANDING CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

66. I AM BETTER THAN MOST PEOPLE AT GETTING ALONG WITH CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

67. I HAVE LOVED A CHILD.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

68. CHILDREN CAN LEAD ADULTS ASTRAY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

69. NOW AND THEN I PUT OFF UNTIL TOMORROW WHAT I OUGHT TO DO TODAY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

70. THERE IS NO HARM IN SEXUAL CONTACT BETWEEN CHILDREN AND ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

71. THERE ARE SOME PEOPLE WHO I DON'T LIKE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

72. PEOPLE UNDERESTIMATE HOW MUCH CHILDREN KNOW ABOUT SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

73. SOME CHILDREN COULD TEACH ADULTS ABOUT SEX.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

74. IF CHILDREN WANT THEY SHOULD HAVE SEXUAL CONTACT WITH ADULTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

75. CHILDREN CAN MAKE ME DO THINGS AGAINST MY WILL.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

76. WHEN I FEEL LOW CHILDREN CHEER ME UP.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

77. I FIND THAT MY TABLE MANNERS AREN'T AS GOOD AT HOME AS THEY ARE WHEN I AM IN COMPANY.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

78. SOME CHILDREN PREFER TO BE WITH ME RATHER THAN THEIR PARENTS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

79. CHILDREN ARE VERY ATTRACTIVE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

80. GIRLS ARE LIKE WOMEN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

81. I FIND IT EASY TO TALK TO CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

82. CHILDREN SEEM TO SEEK ME OUT.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

83. SOME CHILDREN MAKE ME FEEL 'FUNNY' INSIDE.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

84. NEWSPAPERS AND TELEVISION STIR UP ADULTS INTEREST IN CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

85. I CAN TALK ABOUT MY FEELINGS WITH CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

86. SOME OF MY CLOSEST FRIENDS HAVE BEEN CHILDREN.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

87. WHEN I AM FEELING UNWELL I SOMETIMES FEEL CROSS.

Very true / Somewhat true / Somewhat untrue / Very untrue / Don't know

R C Beckett

©R C Beckett 1987
Oxford Forensic Service
Fair Mile Hospital
WALLINGFORD
Oxon
OX10 9HH

Appendix K

Victim Empathy Scale

*Think about your offence,
and then please answer the
following questions:*

VES OG

INSTRUCTIONS

READ EACH STATEMENT ON THE QUESTIONNAIRE AND PUT A ✕ AT THE POINT
ALONG THE LINE WHICH BEST DESCRIBES YOUR VIEW.

Thinking about the girl involved, would you think she:-

1. Enjoyed what happened

Did not enjoy it at all	somewhat disliked it	somewhat enjoyed it	very much enjoyed	<input type="checkbox"/>
				don't know

2. Felt attracted to you

Felt very attracted	moderately attracted	slightly attracted	felt no attraction	<input type="checkbox"/>
				don't know

3. Took it all as a game

Absolutely	mostly	not really	not at all	<input type="checkbox"/>
				don't know

4. Had signalled beforehand that she might not mind what happened

Very possibly	quite possibly	unlikely	very unlikely	<input type="checkbox"/>
				don't know

5. Could have stopped this happening if she wanted to

Not at all	only with difficulty	quite easily	very easily	<input type="checkbox"/>
				don't know

6. Was sexually aroused (turned on) by you

Felt very aroused	felt pretty aroused	slightly aroused	did not feel aroused at all	<input type="checkbox"/>
				don't know

Thinking about the girl involved, would you think she:-

7. Wanted the situation to go further

Not at all slightly mostly very much ☐ don't know

8. Was in control of the situation

Had no control at all had little control had most control totally in control ☐ don't know

9. Felt good about what happened

Felt very good mostly good mostly bad felt very bad ☐ don't know

10. Felt safe in the situation

Felt totally safe mostly safe mostly unsafe felt very unsafe ☐ don't know

11. Was secretly excited by what happened

Very much excited pretty excited a little excited not at all excited ☐ don't know

12. Had pleasant sexual fantasies afterwards over what had happened

Often sometimes rarely never ☐ don't know

13. Felt guilty about how she had behaved

Not guilty at all slightly guilty pretty guilty felt very guilty ☐ don't know

Thinking about the girl involved, would you think she:-

14. Was afraid in the situation

☐ Felt very afraid ☐ felt quite afraid ☐ felt little fear ☐ felt no fear at all

☐ don't know

15. Thought about the situation afterwards

☐ Very many times ☐ often ☐ occasionally ☐ never

☐ don't know

16. Secretly hoped that something similar might happen again

☐ Very much hoped ☐ hoped quite a lot ☐ slightly hoped ☐ did not hope at all

☐ don't know

17. Felt sorry for herself over what happened

☐ Not sorry at all ☐ a little sorry ☐ quite sorry ☐ very sorry

☐ don't know

18. Felt sorry for you over what had happened

☐ Very sorry ☐ quite sorry ☐ a little sorry ☐ not sorry at all

☐ don't know

19. Had led you on

☐ Almost certainly ☐ possibly ☐ unlikely ☐ very unlikely

☐ don't know

20. Felt angry about what had happened

☐ Extremely angry ☐ pretty angry ☐ slightly angry ☐ not at all angry

☐ don't know

Thinking about the girl involved, would you think she:-

21. Had experienced something similar in the past

Very possible quite possible unlikely very unlikely ☐ don't know

22. Felt victimised by you

Felt very victimised mostly victimised slightly victimised not at all victimised ☐ don't know

23. Worried that someone would find out what happened

Did not worry at all worried a little worried a lot was extremely worried ☐ don't know

24. Would like to do something similar again if she had the chance

Very likely quite likely unlikely very unlikely ☐ don't know

25. Was more sexually experienced than her age would suggest

Very unlikely somewhat unlikely possibly very likely ☐ don't know

26. Had been led on by you

Not led on at all slightly led on mostly led on was totally led on ☐ don't know

27. Was left feeling emotionally confused

Very unlikely somewhat unlikely possibly very possibly ☐ don't know

Thinking about the girl involved, would you think she:-

28. Afterwards felt dirty inside of herself

Very unlikely	somewhat unlikely	possibly	very possibly	<input type="checkbox"/> don't know
------------------	----------------------	----------	------------------	--

29. Was able afterwards to forget what had happened

Very easily	quite easily	not easily	not at all	<input type="checkbox"/> don't know
-------------	--------------	------------	------------	--

30. Was harmed in the long term by what happened

Very unlikely	somewhat unlikely	possibly	very possibly	<input type="checkbox"/> don't know
---------------	----------------------	----------	---------------	--

Appendix L

Multiphasic Sex Inventory: SKB, SO, & SSD

SEXUAL MATTERS QUESTIONNAIRE

1. The clitoris has a small shaft and head (glans) which is similar to the penis.
2. I seldom think about sex.
3. A woman urinates through her clitoris.
4. I am more interested in the excellent articles in "Playboy" and magazines like that than I am in the centrefolds.
5. During sexual intercourse, the penis can get caught in the vagina.
6. It does not interest me to learn that a woman may not be wearing any panties.
7. Males should have an orgasm regularly to keep the testicles from overfilling with semen.
8. I think about sex 80% of the time.
9. Oral sex disgusts me.
10. It turns me off when a female advertises her sexuality.
11. The glans of the clitoris is generally about the size of a pea.
12. The thought of a woman performing oral sex on me does not interest me.
13. A male with a circumcised penis has more sexual sensation than a male who is uncircumcised.
14. I do not really notice if people are sexy or not.
15. Like females, many males get erect nipples when sexually stimulated.
16. I need sex or masturbation daily to reduce tension.
17. I get turned off with a woman who exposes part of her breasts or legs to men.
18. It is very sensitive deep inside the vagina and that part must be stimulated for a woman to have an orgasm.
19. It would interest me to learn that a female has felt pleasure from masturbating herself.
20. The clitoris is usually the most sensitive female sex organ.
21. I have not been able to stop myself from looking at others in a sexual way.
22. Many people could interest me sexually.
23. I am not interested in sex matters as most men seem to be.
24. It is not normal for males to have erections during sleep.
25. I have to fight the impulse to masturbate.
26. I like to look at sexy pictures.
27. It seems that everything I do and everywhere I go I am constantly thinking about sex.
28. Women's genitals are less sensitive to physical stimulation than those of males.
29. I am too easily sexually excited.
30. I'm worried about sexual things.
31. I enjoy flirting.
32. There are times that I laugh at a dirty joke.
33. I wish thoughts about sex did not bother me.
34. When a man is with an attractive woman, he has thoughts about sex.
35. I get turned off when I see a female wearing her clothes so tight you can see everything.
36. Younger women have tighter vaginas than older women.
37. I know I am different than other people because sex is on my mind so much.
38. The thought of a woman fondling my penis does not interest me.
39. The "tying off" of the testicle cords for sterilisation is dangerous because it reduces sex interest and drive.
40. I like to look at sexually attractive women.
41. Sexual things interest me.

42. Unlike most men, women are capable of having multiple orgasms.
43. X-rated movies would interest me, especially if I could view them in the privacy of my home.
44. If I did not fantasise about sex I could not maintain my erection.
45. I would not go to a topless bar or show for any reason.
46. I often drift into daydreams about sex.
47. One of the first signs of sexual excitement in the female is wetness of the vagina.
48. It feels good when I touch my sexual parts.
49. By stimulating the clitoris, many women are likely to have an orgasm.
50. To have a sexual orgasm means the same as to have a climax.
51. As an adult I have masturbated.
52. I don't like to think about sex as much as I do.
53. If the penis is large enough, a woman will generally experience an orgasm.
54. I am obsessed with sex.
55. It does not interest me to learn that a woman may not be wearing a bra.
56. I would not be interested in seeing a film about people engaging in intercourse.
57. A male is capable of having an orgasm before he reaches sexual maturity or adolescence.
58. I am turned off when a woman tries to flirt with me.
59. The penis becomes hard because the inner bone stiffens.
60. I regularly have had several orgasms in one day.
61. I have daydreamed about sex so much that I have masturbated or had sex once a day or more.
62. I like sex play.
63. I like to see lots of bare skin.
64. The clitoris is difficult to find because it is covered up by the vagina.
65. I would not be interested in seeing a person nude.
66. Most men I have been around are dirty minded.
67. I have been told that I am preoccupied with sex.
68. A woman urinates through the small opening between her anus and her vaginal opening.
69. There have been times when thoughts about sex have almost driven me crazy.
70. The thought of having sex with more than one partner at a time does not interest me in the slightest.
71. Sexy stories are interesting to me.
72. The clitoris is located at the top part of the genital region, just about where the "lips" begin.
73. It is possible for a male to have a sexual orgasm without an ejaculation of fluid.
74. I have to fight sexual impulses continually.
75. I was curious about sex as a child.
76. I cannot seem to keep my mind away from thoughts about sex.
77. I lose interest in a woman if her dress is too short.
78. I lose interest when I see an overly sexy female.
79. I need help because I am not able to control my sexual behaviour.

Appendix M

NEO Personality Inventory-Revised

NEO PI-R™

Revised NEO Personality Inventory (NEO PI-R)

Item Booklet—Form S

Paul T. Costa, Jr., PhD, and Robert R. McCrae, PhD

Instructions for use with the Hand-Scoring Answer Sheet

For use with the Machine-Scoring Answer Sheet, turn to page 2.

Please read all these instructions carefully before beginning. Mark all your answers on the answer sheet and write only where indicated. **DO NOT** write in this test booklet.

On the accompanying answer sheet, please write your name in the space provided. Indicate your sex by placing a check in the appropriate box under "Sex." Enter the date and your identification number, if you have been given one, in the spaces provided. Check "Yourself" in the space labeled "Person being rated" since you are describing yourself. Write in your age and check the box next to "S" in the space labeled "NEO Form."

This questionnaire contains 240 statements. Please read each item carefully and circle the one answer that best corresponds to your agreement or disagreement.

Circle "SD" if the statement is definitely false or if you **strongly disagree**. ☒ SD ☐ D ☐ N ☐ A ☐ SA

Circle "D" if the statement is mostly false or if you **disagree**. SD ☒ D ☐ N ☐ A ☐ SA

Circle "N" if the statement is about equally true or false, if you **cannot** decide, or if you are **neutral** on the statement. SD ☐ D ☒ N ☐ A ☐ SA

Circle "A" if the statement is mostly true or if you **agree**. SD ☐ D ☐ N ☒ A ☐ SA

Circle "SA" if the statement is definitely true or if you **strongly agree**. SD ☐ D ☐ N ☐ A ☒ SA

There are no right or wrong answers, and you need not be an "expert" to complete this questionnaire. Describe yourself honestly and state your opinions as accurately as possible.

Answer every item. Note that the answers are numbered down the columns on the answer sheet. Please make sure that your answer is marked in the correctly numbered space. If you make a mistake or change your mind, **DO NOT ERASE!** Make an "X" through the incorrect response and then draw a circle around the correct response. After you have answered the 240 items, answer the three questions labeled A, B, and C on the answer sheet. Turn to page 3 in this booklet and begin with item 1.

PAR Psychological Assessment Resources, Inc. • 16204 N. Florida Avenue • Lutz, FL 33549 • 1.800.331.8378 • www.parinc.com

Copyright © 1979, 1985, 1989, 1991, 1992 by Psychological Assessment Resources, Inc. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of Psychological Assessment Resources, Inc. This form is printed in blue ink on white paper. Any other version is unauthorized.

9 8 7 6 5 4 3 2 1

Reorder #RO-2028

Printed in the U.S.A.

1. I am not a worrier.
2. I really like most people I meet.
3. I have a very active imagination.
4. I tend to be cynical and skeptical of others' intentions.
5. I'm known for my prudence and common sense.
6. I often get angry at the way people treat me.
7. I shy away from crowds of people.
8. Aesthetic and artistic concerns aren't very important to me.
9. I'm not crafty or sly.
10. I would rather keep my options open than plan everything in advance.
11. I rarely feel lonely or blue.
12. I am dominant, forceful, and assertive.
13. Without strong emotions, life would be uninteresting to me.
14. Some people think I'm selfish and egotistical.
15. I try to perform all the tasks assigned to me conscientiously.
16. In dealing with other people, I always dread making a social blunder.
17. I have a leisurely style in work and play.
18. I'm pretty set in my ways.
19. I would rather cooperate with others than compete with them.
20. I am easy-going and lackadaisical.
21. I rarely overindulge in anything.
22. I often crave excitement.
23. I often enjoy playing with theories or abstract ideas.
24. I don't mind bragging about my talents and accomplishments.
25. I'm pretty good about pacing myself so as to get things done on time.
26. I often feel helpless and want someone else to solve my problems.
27. I have never literally jumped for joy.
28. I believe letting students hear controversial speakers can only confuse and mislead them.
29. Political leaders need to be more aware of the human side of their policies.
30. Over the years I've done some pretty stupid things.
31. I am easily frightened.
32. I don't get much pleasure from chatting with people.
33. I try to keep all my thoughts directed along realistic lines and avoid flights of fancy.
34. I believe that most people are basically well-intentioned.
35. I don't take civic duties like voting very seriously.
36. I'm an even-tempered person.
37. I like to have a lot of people around me.
38. I am sometimes completely absorbed in music I am listening to.
39. If necessary, I am willing to manipulate people to get what I want.
40. I keep my belongings neat and clean.
41. Sometimes I feel completely worthless.
42. I sometimes fail to assert myself as much as I should.
43. I rarely experience strong emotions.
44. I try to be courteous to everyone I meet.
45. Sometimes I'm not as dependable or reliable as I should be.

46. I seldom feel self-conscious when I'm around people.
47. When I do things, I do them vigorously.
48. I think it's interesting to learn and develop new hobbies.
49. I can be sarcastic and cutting when I need to be.
50. I have a clear set of goals and work toward them in an orderly fashion.
51. I have trouble resisting my cravings.
52. I wouldn't enjoy vacationing in Las Vegas.
53. I find philosophical arguments boring.
54. I'd rather not talk about myself and my achievements.
55. I waste a lot of time before settling down to work.
56. I feel I am capable of coping with most of my problems.
57. I have sometimes experienced intense joy or ecstasy.
58. I believe that laws and social policies should change to reflect the needs of a changing world.
59. I'm hard-headed and tough-minded in my attitudes.
60. I think things through before coming to a decision.
61. I rarely feel fearful or anxious.
62. I'm known as a warm and friendly person.
63. I have an active fantasy life.
64. I believe that most people will take advantage of you if you let them.
65. I keep myself informed and usually make intelligent decisions.
66. I am known as hot-blooded and quick-tempered.
67. I usually prefer to do things alone.
68. Watching ballet or modern dance bores me.
69. I couldn't deceive anyone even if I wanted to.
70. I am not a very methodical person.
71. I am seldom sad or depressed.
72. I have often been a leader of groups I have belonged to.
73. How I feel about things is important to me.
74. Some people think of me as cold and calculating.
75. I pay my debts promptly and in full.
76. At times I have been so ashamed I just wanted to hide.
77. My work is likely to be slow but steady.
78. Once I find the right way to do something, I stick to it.
79. I hesitate to express my anger even when it's justified.
80. When I start a self-improvement program, I usually let it slide after a few days.
81. I have little difficulty resisting temptation.
82. I have sometimes done things just for "kicks" or "thrills."
83. I enjoy solving problems or puzzles.
84. I'm better than most people, and I know it.
85. I am a productive person who always gets the job done.
86. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.
87. I am not a cheerful optimist.
88. I believe we should look to our religious authorities for decisions on moral issues.
89. We can never do too much for the poor and elderly.
90. Occasionally I act first and think later.

91. I often feel tense and jittery.
92. Many people think of me as somewhat cold and distant.
93. I don't like to waste my time daydreaming.
94. I think most of the people I deal with are honest and trustworthy.
95. I often come into situations without being fully prepared.
96. I am not considered a touchy or temperamental person.
97. I really feel the need for other people if I am by myself for long.
98. I am intrigued by the patterns I find in art and nature.
99. Being perfectly honest is a bad way to do business.
100. I like to keep everything in its place so I know just where it is.
101. I have sometimes experienced a deep sense of guilt or sinfulness.
102. In meetings, I usually let others do the talking.
103. I seldom pay much attention to my feelings of the moment.
104. I generally try to be thoughtful and considerate.
105. Sometimes I cheat when I play solitaire.
106. It doesn't embarrass me too much if people ridicule and tease me.
107. I often feel as if I'm bursting with energy.
108. I often try new and foreign foods.
109. If I don't like people, I let them know it.
110. I work hard to accomplish my goals.
111. When I am having my favorite foods, I tend to eat too much.
112. I tend to avoid movies that are shocking or scary.
113. I sometimes lose interest when people talk about very abstract, theoretical matters.
114. I try to be humble.
115. I have trouble making myself do what I should.
116. I keep a cool head in emergencies.
117. Sometimes I bubble with happiness.
118. I believe that the different ideas of right and wrong that people in other societies have may be valid for them.
119. I have no sympathy for panhandlers.
120. I always consider the consequences before I take action.
121. I'm seldom apprehensive about the future.
122. I really enjoy talking to people.
123. I enjoy concentrating on a fantasy or daydream and exploring all its possibilities, letting it grow and develop.
124. I'm suspicious when someone does something nice for me.
125. I pride myself on my sound judgment.
126. I often get disgusted with people I have to deal with.
127. I prefer jobs that let me work alone without being bothered by other people.
128. Poetry has little or no effect on me.
129. I would hate to be thought of as a hypocrite.
130. I never seem to be able to get organized.
131. I tend to blame myself when anything goes wrong.
132. Other people often look to me to make decisions.
133. I experience a wide range of emotions or feelings.
134. I'm not known for my generosity.
135. When I make a commitment, I can always be counted on to follow through.

136. I often feel inferior to others.
137. I'm not as quick and lively as other people.
138. I prefer to spend my time in familiar surroundings.
139. When I've been insulted, I just try to forgive and forget.
140. I don't feel like I'm driven to get ahead.
141. I seldom give in to my impulses.
142. I like to be where the action is.
143. I enjoy working on "mind-twister"-type puzzles.
144. I have a very high opinion of myself.
145. Once I start a project, I almost always finish it.
146. It's often hard for me to make up my mind.
147. I don't consider myself especially "light-hearted."
148. I believe that loyalty to one's ideals and principles is more important than "open-mindedness."
149. Human need should always take priority over economic considerations.
150. I often do things on the spur of the moment.
151. I often worry about things that might go wrong.
152. I find it easy to smile and be outgoing with strangers.
153. If I feel my mind starting to drift off into daydreams, I usually get busy and start concentrating on some work or activity instead.
154. My first reaction is to trust people.
155. I don't seem to be completely successful at anything.
156. It takes a lot to get me mad.
157. I'd rather vacation at a popular beach than an isolated cabin in the woods.
158. Certain kinds of music have an endless fascination for me.
159. Sometimes I trick people into doing what I want.
160. I tend to be somewhat fastidious or exacting.
161. I have a low opinion of myself.
162. I would rather go my own way than be a leader of others.
163. I seldom notice the moods or feelings that different environments produce.
164. Most people I know like me.
165. I adhere strictly to my ethical principles.
166. I feel comfortable in the presence of my bosses or other authorities.
167. I usually seem to be in a hurry.
168. Sometimes I make changes around the house just to try something different.
169. If someone starts a fight, I'm ready to fight back.
170. I strive to achieve all I can.
171. I sometimes eat myself sick.
172. I love the excitement of roller coasters.
173. I have little interest in speculating on the nature of the universe or the human condition.
174. I feel that I am no better than others, no matter what their condition.
175. When a project gets too difficult, I'm inclined to start a new one.
176. I can handle myself pretty well in a crisis.
177. I am a cheerful, high-spirited person.
178. I consider myself broad-minded and tolerant of other people's lifestyles.
179. I believe all human beings are worthy of respect.
180. I rarely make hasty decisions.

181. I have fewer fears than most people.
182. I have strong emotional attachments to my friends.
183. As a child I rarely enjoyed games of make believe.
184. I tend to assume the best about people.
185. I'm a very competent person.
186. At times I have felt bitter and resentful.
187. Social gatherings are usually boring to me.
188. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.
189. At times I bully or flatter people into doing what I want them to.
190. I'm not compulsive about cleaning.
191. Sometimes things look pretty bleak and hopeless to me.
192. In conversations, I tend to do most of the talking.
193. I find it easy to empathize—to feel myself what others are feeling.
194. I think of myself as a charitable person.
195. I try to do jobs carefully, so they won't have to be done again.
196. If I have said or done the wrong thing to someone, I can hardly bear to face them again.
197. My life is fast-paced.
198. On a vacation, I prefer going back to a tried and true spot.
199. I'm hard-headed and stubborn.
200. I strive for excellence in everything I do.
201. Sometimes I do things on impulse that I later regret.
202. I'm attracted to bright colors and flashy styles.
203. I have a lot of intellectual curiosity.
204. I would rather praise others than be praised myself.
205. There are so many little jobs that need to be done that I sometimes just ignore them all.
206. When everything seems to be going wrong, I can still make good decisions.
207. I rarely use words like "fantastic!" or "sensational!" to describe my experiences.
208. I think that if people don't know what they believe in by the time they're 25, there's something wrong with them.
209. I have sympathy for others less fortunate than me.
210. I plan ahead carefully when I go on a trip.
211. Frightening thoughts sometimes come into my head.
212. I take a personal interest in the people I work with.
213. I would have difficulty just letting my mind wander without control or guidance.
214. I have a good deal of faith in human nature.
215. I am efficient and effective at my work.
216. Even minor annoyances can be frustrating to me.
217. I enjoy parties with lots of people.
218. I enjoy reading poetry that emphasizes feelings and images more than story lines.
219. I pride myself on my shrewdness in handling people.
220. I spend a lot of time looking for things I've misplaced.
221. Too often, when things go wrong, I get discouraged and feel like giving up.
222. I don't find it easy to take charge of a situation.
223. Odd things—like certain scents or the names of distant places—can evoke strong moods in me.
224. I go out of my way to help others if I can.
225. I'd really have to be sick before I'd miss a day of work.

- 226. When people I know do foolish things, I get embarrassed for them.
- 227. I am a very active person.
- 228. I follow the same route when I go someplace.
- 229. I often get into arguments with my family and co-workers.
- 230. I'm something of a "workaholic."
- 231. I am always able to keep my feelings under control.
- 232. I like being part of the crowd at sporting events.
- 233. I have a wide range of intellectual interests.
- 234. I'm a superior person.
- 235. I have a lot of self-discipline.
- 236. I'm pretty stable emotionally.
- 237. I laugh easily.
- 238. I believe that the "new morality" of permissiveness is no morality at all.
- 239. I would rather be known as "merciful" than as "just."
- 240. I think twice before I answer a question.

Appendix N

Biographical Information Questionnaire

Biographical Information

1. Age: _____
2. Marital Status: _____
3. Number of Children: _____
4. What was the last school level completed?: _____
5. Highest Qualification: _____
6. Occupation: _____
7. Have you ever been hospitalised for psychological/psychiatric problems?: _____