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**An exploration of adolescents' thoughts about their sexually abusive
behaviour: A qualitative study**

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By

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ABSTRACT

This study aimed to explore adolescent sex offenders' thoughts about their sexually abusive behaviour and to understand their perspective of cognitive distortion using Interpretative Phenomenology qualitative methodology. Five participants convicted of indecent assault, attempted rape or rape were recruited from two sites and consented to participate in the study. A semi-structured interview schedule was used to elicit the adolescents' thoughts and experience with regards to their sexual offending which was analysed using Interpretative Phenomenological Analysis (IPA).

Analysis indicated that a disintegrated/dissociated 'sense of self' resulting from abandonment, neglect and the absence of good enough parenting partially underpinned adolescents' sexual offending behaviour. Cognition had a specific role in the process of sexual offending that was related to own victimisation. The results indicate a role of social-learning mechanisms in the process of sexual offending by adolescents and highlight the likely differences that may be evident between this population and models of understanding adult sex offenders. Regret and Guilt alongside attempts to understand the abusing aspects of self are relevant for treatment interventions.

Clinical implications of the findings and directions for future research are discussed.

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CHAPTER ONE: INTRODUCTION

Sex offending by adolescents is a significant and widespread problem. It places increasing pressure across most public services including health, education, the criminal justice system and social services and has long-term psychological effects for the victims. However, it has only attracted research attention over the last three decades as the threat posed by these individuals has been brought to the fore of the public's awareness through sensationalist media portrayals. One example of this is illustrated through the account of a group of adolescents aged 14 to 17 who gang raped a tourist ('Faces of Evil' *Daily Mail*, 19 April 1997). Arguably this public 'demonisation' of adolescent sex offenders has provided the background to the development of a body of psychological literature, which enables a greater understanding of sexually abusive behaviour by adolescents. The actual scope of sexual offending by adolescents is to be examined in the next section.

The psychological research of adolescent sex offenders is still in its infancy and consequently there are many gaps, particularly with regards to understanding the adolescent's experience of sexual offending, and it will be argued that completing such research is vital in order to accurately assess, treat, contain risk and move towards the prevention of further sexual victimisation, which may otherwise prevail. This thesis is therefore concerned with the adolescent's experience of sexually abusive behaviour paying particular attention to the role of their thoughts throughout this process.

1.1 Incidence and Prevalence of Adolescent Sexual Offending

The empirical literature is remarkably consistent in noting that adolescents make up a significant group of child abusers, with the majority of data on the prevalence of adolescent sexual offending originating in the United States. In a study conducted in Rhode Island, Kikuchi (1995) surveyed 1700 adolescents who had reported sexual abuse and found that 57% of respondents identified the abuser as aged between 13 – 17 years at the time of the assault. Other studies (Fromuth, Jones & Burkhart, 1991) suggest that around 3 per cent of all adolescent males have committed sexually abusive acts and Ryan & Lane (1997) have indicated that more than 70,000 boys and 110,000 girls are victims of adolescent perpetrators each year.

In the UK, results from the Northern Ireland Child Sexual Abuse Study (Research Team, 1990) showed that 36% of the reported incidents of child sexual abuse had involved an adolescent abuser. Kelly, Regan & Burton (1995), in a community sample of 16 to 21 year olds found that amongst those reporting abuse, 27% of perpetrators were 13 – 17 years old and a further 1% were under 13 years. However, these studies are based on clinical populations and therefore offer little insight into the real extent of sexual offending by adolescents in the general population.

Looking beyond their own clinical population, Glasgow, Horne, Calam & Cox (1994) focused on all cases of sexual abuse in one city and found that in a third of all cases the perpetrator was less than 18 years of age. Similar findings are reflected in the national Criminal Justice figures from the Home Office (Criminal Statistics for England and Wales, 1992), which have indicated that 30% of sex offenders are less than 21 years of age. More recent statistics from the same department (Criminal

Statistics for England and Wales, 1998) indicate the recorded level of sexual offences committed in England and Wales in 1997 as 33,200. Of this total, 6,400 were found guilty or cautioned and approximately 23 per cent of perpetrators were between the ages of 10 and 21 years of age. In total, children and young people aged between 10 and 21 years accounted for 47 per cent of all cautions for sexual offences.

However, statistics may not reflect a true picture of the degree of sexual offending by adolescents due to the lack of standardised inclusion and exclusion criteria (Hoghghi, 1997). For example, some statistics may be based on different definitions of adolescent sex offenders and include or exclude cases based on age or nature of offence. This is further compounded by the reluctance to report sexual offences committed by adolescents with concerns from both parents and professionals not to label the adolescent a sex offender. Furthermore, in some cases the extent of the problem may be minimised and the offending behaviour attributed to adolescent experimentation (James & Neil, 1996). Where the adolescent has come to the attention of services, the index offence is in some cases the tip of the iceberg. For example an investigation of adolescents referred for an alleged first offence showed that on average each had seven victims, Ryan (1988) cited in James & Neil (1996).

Therefore, clinicians cannot wholly rely on official figures for an accurate description of the nature and extent of adolescent sexual offending as these figures may represent a significant under estimation. This is illustrated by figures from the Criminal Justice Department of the Home Office (Criminal Statistics for England and Wales, 1992) which estimate that as many as 80% of rapes and indecent assaults remain unreported.

In the next section the current definition of ‘adolescent sex offender’ will be examined and the definition adopted by the present thesis is given.

1.2 Definition of Adolescent Sexual Offenders

It is not easy to define adolescent sexual offenders as the period of adolescence can vary across individuals and the criteria for what constitutes a sexual offence is dependent upon a number of variables.

Adolescence is usually said to have commenced with the onset of pubertal development (Buchanan, Maccoby & Dornbusch, 1992) and is generally accepted to occur at around 10 years, although a difference is apparent between boys and girls (Vasta, Haith & Miller, 1995). The upper limit of adolescence is nebulous and the criteria are usually dominated by psychological rather than physical factors, focusing on the ability to live independently of parents with the achievement of employment and / or a relatively permanent relationship with another person (Dacey, 1982). The age of 19 is most commonly used as the beginning of adulthood, but this is also dependent on physical, psychological and cultural factors.

What actually constitutes a sex offence may also change over time and place with different behaviours becoming decriminalised (for example homosexual relationships in England and Wales in 1967) and existing behaviours may be recognised as needing to be criminalized (for example male rape in the UK in 1994). Furthermore, legislative definitions vary dependent on the national culture and values and as such, sex offence legislation is usually unique to each country.

In the UK, The Sex Offenders Act 1997 introduced the sex offender register and contains lists of sexual offences under which offenders may find themselves having to register. The period of registration is defined by the severity of the offence and can range from indefinite registration to a minimum of 5 years. With regards to those perpetrators below the age of 18, all registration periods are halved despite much campaigning for an alternative provision for minors due to the likely lifelong stigmatisation. However, the 1997 act replaced the prior Sexual Offences Act (1993), which was the first formal legislative recognition of the capability of boys under the age of 14 of sexual intercourse thus enabling charges to be brought against them for rape and other forms of sexual abuse.

Central to the definition of sexual offending is the concept of consent. Consent is said to be invalidated if it is given under duress, whereas real consent or informed consent applies where the party knows and understands the full implications of the act and no duress and coercion has been applied. Children and young people are said to be unable to give full and independent consent, because they lack the competence to make such a decision until they have reached a certain age as set by the government. In the United Kingdom this has been fixed at 16 years of age since 1885 for heterosexual intercourse and only since 1997 has the case for the equalisation of homosexual intercourse been placed on the legislative agenda (Thomas, 2000).

Paying attention to the importance of consent, Ryan & Lane (1997) provide a clearer definition of sexual offences committed by adolescents and suggest:

The adolescent sex offender is defined as a minor who commits any sexual act with a person of any age (1) against the victim's will, (2) without true consent, or (3) in an aggressive, exploitative, or threatening manner (p 3).

This definition used by Ryan & Lane (1997) has, consequently been adopted by the majority of specialist services working with adolescent sex offenders and will be used within the present thesis.

In the next section, the definition as described above will be further elaborated by examining the research, which attempts to delineate types of offenders based on their offending behaviour.

1.3 Offence Based Typologies

The accepted view that adolescent sex offenders are not a homogenous group, which will be examined more fully in section 1.4 characteristics of adolescent sex offenders, has led to the recommendation that the "one size fits all" approach is abandoned in favour of developing typologies of offender (Becker & Kaplan, 1998).

Graves, Openshaw, Ascione & Eriksen (1996) completed a meta analysis of 20 years of empirical data involving the characteristics of adolescent sex offenders and derived 'offence driven typologies'. Three types of adolescent were found: 'paedophilic', who were more socially isolated and consistently offended against children and more regularly females, 'sexual assault offender' whose first offence occurred between the ages of 13 – 15 and who offended against victims of varying ages; and the

‘undifferentiated offender’ who committed a range of offences against varying ages and gender of victims and who experienced the more significant psychological difficulties. These categories have been subsequently replicated in other studies (Righthand & Welch, 2001).

The typologies derived are often related to the data on which they are based and different statistical methods may produce different typologies. Furthermore, typology research design and methodology suffers from the same difficulties that other adolescent sex offender research has encountered where unrepresentative samples are utilised often due to the difficulty of recruiting such participants.

According to Hoghughi (1997), researchers in the field are nowhere near differentiating abusive adolescents from other adolescents, so although typologies may prove useful, ascribing adolescents to these groups based on the current literature may prove inefficient in the accurate application of interventions.

To more fully understand the adolescent sexual offending population the empirical research describing specific characteristics of the aforementioned population will next be examined.

1.4 Characteristics of Adolescent Sex Offenders

Attempting to understand the characteristics of adolescent sex offenders may provide rich data about how these adolescents are different from otherwise normally developing peers, potentially offering insight into vulnerability factors and the

aetiology of sexually deviant behaviour. Characteristics have been examined in terms of gender, education, family structure, personality, conduct disorder, experience of victimisation and substance misuse and these will be considered next.

1.4.1 Gender

It is commonly accepted that the vast majority of adolescent sex offenders are male. However, it has only been in the last ten years that female adolescent sexual offending has been acknowledged (Blues, Moffat & Telford, 1999). As a result research with females is still very much in its early stages, and statistics indicating incidence and prevalence experience the same and arguably more problems as those applied to adolescent males. This is because significant under-reporting is much more likely as a result of a national reluctance to accept female sexual abuse, which is amplified when the female is still in her formative years. Furthermore, the ideological perception of women as the nurturing mother alongside the perception of sexual abuse as being predominately male-originated, impedes the acceptance of women's ability to commit sexual offences.

1.4.2 Education Attainment

Adolescent sex offenders are commonly understood to be less academically proficient than other adolescents. Studying 80 adult sex offenders, Crassati & McClurg (1996) found significant academic difficulties at school with 15% attending special schools, 14% experiencing literacy difficulties and only 5% remaining in education post – 18 years. Assessing intellect using the Wechsler Adult Intelligence Scale – Revised (WAIS-R) (Wechsler, 1981) they found a mean full scale Intelligence Quotient (IQ)

of 90, suggesting that the majority are situated at the lower end of average IQ, with only 5% of the sample scoring above IQ of 100 intelligence threshold.

In a British sample of 100 adolescent sex offenders, Richardson, Graham, Bhate & Kelly (1995) found that almost two thirds of their sample chronically truanted from school whilst 44% were subject to 'statementing' under the Education Act (1981), and as many as 78% had behaviour problems whilst at school. Similarly, James & Neil (1996) studied adolescent sex offending in Oxfordshire and found schooling to be extremely problematic, with full attendance in secondary school in only 41.9% of the sample and 58.1% being typically below average ability. This work supports earlier findings by Awad & Saunders (1989), who noted that 83% of the adolescent sex offender population had serious learning problems, with 48% diagnosed as having a learning disability.

However, it is prudent to note that those adolescent sex offenders who do not come into contact with services may be of higher academic ability.

Adolescent sex offenders are generally viewed of similar intellectual capacity as other non-sexually offending adolescents (Becker, Harris & Sales, 1993) and as such the degree of intellectual capacity may be a feature common to adolescent offenders rather than specific to sex offenders.

1.4.3 Family Structure

The family structure of adolescent sex offenders has been investigated in a number of studies, in an attempt to determine its role and relevance and as a means of identifying potential risk factors for later sexual offending.

Graves, Openshaw, Ascione & Eriksen (1996) completed a meta-analysis of 20 years of empirical data between 1973 and 1993, much of which was conducted in the USA, which resulted in definitions of specific categories of offenders as already discussed in section 1.3. They found that young sexual offenders come from middle and lower socio-economic classes with 59% from lower, 44% from middle and approximately 60% of Caucasian origin. With particular regard to family structure they discovered that differences were dependent on offence types. Of those committing sexual assault, 78% reported living in single parent families in comparison to those with paedophilic offence types. Fifty-three per cent of paedophilic offenders reported living in foster families. Focusing on familial interaction, they found that the paedophilic offenders originated from families that were both 'chaotic/rigid' and 'disengaged/enmeshed'. This suggests that there may be inherent differences in the family characteristics of adolescent sex offenders who commit certain types of offences.

The family environments of adolescent sex offenders have also been assessed to compare violent and non-violent offenders with a normative sample of non-offending age matched peers. In this study, Bischof & Stith (1995) found no differences between the three offending groups, supporting earlier findings by Fagan & Wexler (1988), who concluded that adolescent offenders are not significantly different with

regard to family background from other non-sexually offending peers. Of particular interest was the finding that all offending groups perceived their families as less supportive in comparison to the control group (Bischof & Stith, 1995)

This finding may not be surprising when you consider further family characteristics, which appear prominent in the backgrounds of some adolescent sex offenders. Graves et al (1996) highlighted the significant frequency of parental alcohol misuse in such families, with approximately 40% of cases across both sexual assaulters and paedophilic adolescents. Drug misuse was reported in 62% of fathers and 43% of mothers across all groups. The degree of parental substance misuse may be a contributory factor to findings, which suggest adolescent sex offenders have received very poor parenting (Dwyer, 1988).

Overall, it appears that adolescent sex offenders originate from families which are typically unstable and chaotic, frequently with only one parent and significant exposure to parental figures who misuse substances. However, research to date has not produced any significant family characteristics that might set adolescent sexual offenders apart from their otherwise offending peers.

1.4.4 Personality Characteristics

Attempting to understand the differences between normally developing adolescents and those who commit sexual offences has led researchers to investigate personality characteristics. Smith, Monastersky & Deisher (1987) analysed the Minnesota Multiphasic Personality Inventory (MMPI; Dahlstrom, Welsh & Dahlstrom, 1972)

results of 261 adolescent sex offenders. They made an interpretation based on 4 primary groups clustered around specific personality characteristics and contrary to expectation found that group assignment was not related to victim selection characteristics. They acknowledged the heterogeneity of their community sample, but concluded that delineating such groups based on personality characteristics is helpful in assigning adolescents to specific groups based on their personality profile. However, further work in this field is needed to enhance the differentiation of personality sub-types and would be important with respect to both aetiology and treatment of these adolescents.

Carpenter, Peed & Eastman (1995) used the Millon Clinical Multiaxial Inventory third edition (MCMI – III; Millon, Millon & Davis, 1994) to compare the personality characteristics of adolescents who offended against peers, with adolescents who offended against children. Offenders against children scored significantly on the schizoid, avoidant and dependant scales, compared to peer offenders. Both groups score were within the clinically significant range for antisocial personality scale, which the author postulated, may be underlined by conduct disorder.

Valliant & Bergeron (1997) conducted a comparison of sex offenders, non-sex offenders and control group of non-offending adolescents. The sex offender group was more socially isolated, more assaultive and more resentful than the non-sex offenders. However, the study employed small numbers in each group and no differentiation was made between different offence types. Contrary to these findings,

Oliver & Nagayama-Hall (1993) found that the sex offender group displayed the least deviant personality structure in comparison to 50 violent adolescents and 50 non-violent 'delinquent' adolescents.

Also contrary to findings of other studies, Dalton (1996) administered the Behaviour Assessment System for Children (BASC) to twenty-one boys aged 8 to 11 years, who were custody of the state for sexually assaulting other children. The results indicated that the group profile resembled the normative profile. This study looked at a younger age of offender than most studies of adolescent sex offenders, which may impact on the conclusions that were drawn. Nonetheless, it appears to contradict other studies that otherwise indicate that adolescent sex offenders have unique or different personality profiles to that of other normal adolescents.

It appears then that despite some findings suggesting that adolescent sex offenders have personality characteristics different from other adolescents, the research to date is inconclusive, as some studies have not looked at adolescent sex offenders versus adolescents who have not committed offences.

1.4.5 Conduct Disorder

As previously noted, a main feature of carrying out research with adolescent sex offenders, is grasping the debate around whether these adolescents are simply delinquent youth with a conduct disorder and that their sexual offences are a simple facet of their offending repertoire (Ageton, 1983), or whether they are a distinct group whose sexual offences reflect more than a conduct disorder. Uncertainty exists within

the literature about this issue, no small part of which can be attributed to the paucity of research in the area.

The essential feature of Conduct Disorder is the 'repetitive and persistent pattern of behaviour in which the basic rights of others or major-age appropriate societal norms or rules are violated' (American Psychiatric Association, 2000). If this pattern of behaviour persists into adulthood the diagnosis would change to one of Anti-Social Personality Disorder, which has otherwise been referred to as 'Psychopathy'.

Jacobs, Kennedy & Mayer (1997) assessed 156 adolescent offenders in the USA. Half had committed sexual offences against peers and younger victims and the other half had been referred for both violent and non-violent non-sexual offences. The sex offender group had fewer prior offences and no significant differences were found on the Hare Psychopathy Checklist Revised (PCL-R, Hare, 1991) between the groups with both groups scoring just below cut-off. These adolescents may more accurately be sub-grouped as Conduct Disordered and the PCL-R scores may be a feature of the population being incarcerated with the less violent/serious offenders being treated in the community. Furthermore, psychopathy cannot be accurately assessed and diagnosed, since personality is not thought to be fully developed until 18 years of age (American Psychiatric Association, 2000).

Further evidence for the existence of a sub-group of conduct-disordered adolescents within the adolescent sex offender group is provided by Kavoussi, Backer & Kaplan (1988). They completed structured psychiatric interviews on 58 outpatient adolescent sex offenders in order to indicate their psychiatric characteristics. They found that CD

was the most common clinical diagnosis within 48% of the sample (n=27). However, the major limitation of the study was a lack of any comparison group, and therefore it remains unclear what behaviours may be classified as supporting a diagnosis of CD in the general adolescent population.

Investigating the differences between conduct disordered adolescents and adolescent sex offenders, Hastings, Anderson & Hemphill (1997) found that the CD population scored higher than did both the adolescent sex offenders and the control group on the avoidance of problems. The CD group also scored more highly on the use of violence whereas the adolescent sex offender group used fantasy more frequently (i.e. they fantasised about hitting someone when faced with a problem). Both groups scored highly for socialised aggression in comparison to the control group. It can therefore be concluded that CD adolescents seem to display more openly violent behaviour whereas the adolescent sex offender group are generally more passive in their use of violence.

Reviewing earlier work, Ryan (1997) reports that only about 30% of juvenile sex offenders have been significantly involved in non-sexual delinquent or antisocial behaviours to support a diagnosis of CD and subsequently Antisocial Personality Disorder. The other 70% appear to manifest their paraphilic disorder without observable personality or behavioural characteristics that could distinguish them from their peers. Therefore, it appears that there may be a sub-group of adolescents whose sexual offending is just one of a range of problem behaviours which may be classified as Conduct Disordered. However, it cannot be assumed that all adolescent sex offenders have exhibited antisocial and violent behaviour, because the evidence for

this is inadequate. Overall, the studies reviewed suggest that adolescent sex offenders do not present with behavioural characteristics that distinguish them from other groups of adolescents, but that a sub-group may exist who do display sexual offending within the wider context of conduct disorder.

1.4.6 Experience of Victimisation

Arguably one of the most significant features of adolescent sex offenders is their previous experience of victimisation. Much research has focused on the experience of victimisation and maltreatment in the later development of abusive behaviour and subsequently several models have been developed which highlight the importance of such experiences (see section 1.6 models of sexually abusive behaviour). Associations have been found between abuse or neglect in childhood and various types of juvenile offending behaviour (Ford & Linney, 1995). Violent offending seems to be frequently associated with prior neglect (Jonson-Reid, 2000) and sexual offending is not always associated with prior sexual abuse (Widom, 1995)

Prevalence rates of maltreatment in adolescent sexual offenders are usually based on studies using small sample sizes and without rigorous methodologies and as such estimates vary from 17% to 75% (Ford & Linney, 1995, Worling, 1995). Investigating the specific nature of the early maltreatment of 96 adolescent sex offenders in a treatment programme, Way (1999) discovered that 67.7% self reported childhood sexual abuse, 72.3% physical abuse and 39.6% neglect.

Completing a large scale survey design study (n=496), Way, Satwah & Drake (1999) noted that 35% of adolescents who were in contact with services for sexually abusing a child, had themselves been referred to the services for sexual abuse, physical abuse or neglect. This figure cannot be generalised to the wide population of sexual offenders since the study examined those offenders who were classified as 'child molesters'.

There is an argument that the dubious nature of self-report of abuse (Jonson-Reid & Way, 2001), may influence prevalence figures and create inflated or under estimated accounts in the research literature, which should be compensated for by clinicians evaluating the validity of the self report. However, it remains important to work with the adolescent's perception and interpretation of their own early experiences, irrespective of the validity of this, as in the absence of a clear understanding of the adolescent's experience, there is the risk that the subtle dynamics of abusive experiences may be missed by the clinician and researcher alike, and the type of support and psychological treatment may not therefore be easy to determine.

Kobayashi, Sales, Becker, Figuerdo & Kaplan (1995) examined 117 adolescent male sex offenders to test a theoretical model of the aetiology of sexual offending in adolescents, focusing on potential causal factors highlighted in the literature. Physical abuse by the father and sexual abuse by males increased sexual aggression by adolescents, bonding to mother and good attachment decreased their sexual aggression. They explained the results within the context of a social learning model highlighting the complicated link between early factors and later deviant behaviour.

The studies reviewed suggest that not all adolescent sexual offenders have experienced abuse and not all adolescents who have been abused become perpetrators. Therefore conceptualising sexual offending requires more than a linear consideration of ‘victim to victimiser’ and a more complex multi-factorial understanding of deviant sexual offending behaviour in adolescence is necessary.

1.4.7 Substance Misuse

There is little research available to accurately describe the relationship between substance misuse and the commission of sexual offences by adolescents. In a review of the available literature, Lightfoot & Barbaree (1993) reported that between 3.4% and 72% of adolescents were under the influence of alcohol or drugs at the time of the offence. However, this wide range in the reported frequency does not allow for conclusive statements on the exact role of substances in the commission of sexual offences. It may be possible to hypothesise that substance misuse enables adolescents to overcome their ‘internal inhibitions’ to sexual offending (Finkelhor, 1984), which will be examined further in section 1.6.6.

Becker & Stein (1991) reported that 61% of their sample admitted to alcohol consumption and 39% reported illicit substance misuse with 49% reporting that the use of alcohol had not impacted upon sexual arousal. A statistically significant relationship was found between alcohol and the number of victims whereas such a relationship was not found between illicit substance misuse and number of victims. However, data was reliant upon the sample self-reporting the degree and variety of

substance misuse whilst also failing to use a control group to assess the degree of substance misuse in the general adolescent population.

The studies reviewed suggest a possible link between the misuse of substances and adolescent sexual offending. At the present time it is unclear how substance misuse mediates deviant sexual behaviour but it may be possible to hypothesise that substance misuse combined with other vulnerability factors such as early abusive experiences, dysfunctional family structure and poor educational attainment could lead to an increased likelihood of sexual offending by adolescents.

1.4.8 Summary of Characteristics of Adolescent Sex Offenders

The available studies have highlighted specific characteristics of adolescent sex offenders, which may set these individuals apart from their normally developing peers. These characteristics include: gender (males), social isolation, disturbed family relations, a higher frequency of own sexual abuse history and lower academic attainment (Awad & Saunders, 1989; Hoghughi & Richardson, 1990; Kahn & Lafond, 1988; Lakey, 1994).

It is fair to conclude that adolescent sex offenders are a heterogeneous group and that research has struggled to delineate a specific adolescent sex offender profile, which would accurately predict the likelihood of offending behaviour. Research to date has also been riddled with methodological flaws, often not employing control groups or categorising offenders into offence typologies. Furthermore, most of the research has been descriptive, probably reflecting the infancy of this type of research. A better

understanding of the adolescent's experience of their offending behaviour may add to a richer understanding of this early and mostly descriptive research on adolescent sex offenders. In the next section the empirical research examining the development from adolescent sex offending to adult sex offending will be reviewed highlighting the need for more a more clear understanding of this population.

1.5 Longitudinal Research on Adolescent and Adult Sex Offending Behaviour

Alongside addressing characteristics of adolescent offenders it is prudent to account for the likely further development of offending behaviour into adulthood. Figures in several studies report as many as 60 – 80 % of adult offenders disclosing their first offence as occurring in adolescence and that their offences increased in severity and frequency over time (Groth, Longo & McFadin, 1982). Rubinstein, Yeager, Goodstein & Lewis (1993) studied the outcome in adulthood of nineteen juvenile sexual offenders compared with fifty-eight violent juveniles over an eight year period. They found that the sexual offending group were significantly more likely to commit adult sexual offences and other violent crime than the comparison group.

There is a lack of empirical examination of the similarities and differences between adult and adolescent offenders. Some studies retrospectively investigate the childhood of adult offenders which brings with it methodological problems, but makes such research more feasible in terms of recruitment with less probability of attrition. One study conducted by Aylwin, Clelland, Kirkby, Reddon, Studer & Johnston (2000) compared adult sex offenders (n=434) with adolescent sex offenders (n=121) on offence severity ratings and found that adolescent offenders committed acts as serious

or more serious than the adult group and concluded that it is appropriate to use adult literature and treatment programs with adolescents. However, a legitimate argument for individualised treatment programmes tailored specifically for the adolescent population, is that adolescents are inherently different from adult offenders with difference in life experiences that shape and inform the way the offender develops.

Furthermore, intervention needs to be applied early in the offender's development whilst they are establishing patterns of sexual satisfaction and their distorted thinking is less entrenched (Calder, 1997). Before the treatment literature can be examined it is necessary to examine models of development and aetiology of sexual offending in order to more clearly understand the rationale behind intervention.

In the previous sections the empirical data on adolescent sex offenders and its relation to adult sex offenders has been examined. In the next sections we will examine these theories and models that may assist in enhancing our understanding of adolescent sex offenders.

1.6 Theories of Adolescent Sex Offending

1.6.1 Biological Theories

Human sexual behaviour is a complex interaction of environmental and social learning factors and hormones (Hucker & Bain, 1990).

Male sexual behaviour develops most significantly at adolescence when the majority of the biological processes that mediate sexual behaviour dramatically increase.

Androgens, which are one of several types of male hormone, stimulate the development and maintenance of the male's secondary sexual characteristics. The significant increase in the sexual drive during adolescence is correlated with the significantly increased synthesis of testosterone in the testes to which researchers have attributed both normal and abnormal sexual behaviour (Hucker & Bain, 1990).

Focusing upon male offenders specifically, Kreutz & Rose (1972) noted that offenders with a history of crimes of a more violent nature that were perpetrated during adolescence, also had significantly higher levels of testosterone in comparison to matched offending peers without such a history. This led to the conclusion that levels of testosterone may act as a predisposing factor to aggression when in combination with other social factors. Bain (1987) cautiously suggests that subtle and undetected abnormalities within androgen receptors or neurotransmitters may mediate sexually abusive behaviour but notes the lack of substantive research in the area and emphasises the importance of other social and individual factors.

The biological research outlined has been utilised in the development of specific models of sex offending applied to adult sex offenders

1.6.2 Neuropsychological Theories

Changes in sexual behaviour are a common complaint of patients following brain damage (Lezak, 1995). Having recognised sexually deviant behaviours following frontal brain damage, researchers have hypothesised that there is an association

between brain function and general sexual anomalies (Langevin, 1990) and as such these have been investigated in a number of studies completed with adult males.

Scott, Cole, McKay, Golden & Liggett (1984) examined brain function in thirty-six sex offenders with the Luria-Nebraska (LN) battery (Golden, Purisch & Hammeke, 1985) and categorised the sample into two groups - the 'paedophile' group and the 'sexual aggressive' group who had committed forceful sexual acts. They found that 55% of the sexually aggressive group obtained scores within the brain damage range and 32% obtained scores within the borderline range. However, the LN battery lacks specificity in identifying which brain sites are involved.

Producing contradictory results to those of Scott et al (1984), Langevin, Bain, Ben-Aron, Coulthard, Day, Handy, Heasman, Hucker, Purins, Roper, Russon, Webster & Wortzman (1985) compared twenty sexually aggressive offenders with a control group of 20 non-violent, non-sex offender controls on The Halstead-Reitan Neuropsychological Test Battery (HR) (Reitan & Wolfson, 1993) and also on CT scans. They found that there was no significant difference in overall brain dysfunction between the two groups as measured by HR, whilst also producing negative results on the CT scans. Although not reaching levels of statistical significance, they did however, note that 30% of the sex-offending sample as having damage in the temporal regions compared with 11% of the control group.

Despite the link between sexually deviant behaviour and the temporal lobe from controlled empirical research studies, it is not possible to generalise these findings to all sex offenders. Many of the offenders investigated in the above studies may have

been self-selected and possibly a sub-group of offenders in some way different from the general sex offending population.

Brain pathology in adolescent sex offenders to date has not been fully investigated. It may not be possible to generalise the findings of adult neuropsychological investigation research to younger offenders whose brain function is still in the process of development.

Hunter (2001) investigated attention and executive functioning in a population of adolescent sex offenders and it was found to increase with age and full-scale intelligence quotient. However, no significant differences were found between normal adolescents and sexually offending adolescents on attention and executive function and no significant differences were found between sub-groups of offenders. An unrepresentative control group was one given reason for why no differences were found and as yet the research remains inconclusive.

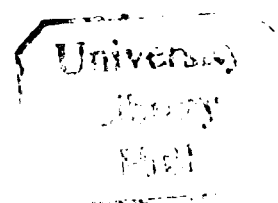
In summary, the empirical neuropsychological data has thus far produced results that indicate that specific and localised areas of the brain e.g. the temporal lobe may be linked to the commission of sexual offences. Much of this literature has been conducted with adult offenders and those studies investigating the neuropsychological functioning of adolescent offenders remains inconclusive. Further empirical investigation is required to understand more clearly the links between brain pathology and sexual offending behaviour.

1.6.3 Developmental Theories of Adolescence

For reasons of brevity not all developmental theories of adolescence will be reviewed in this section, but two key theories developed separately by Erikson (1968) and Piaget (1972) will be examined.

Erikson (1968) developed the psychosocial stage theory of the development of identity, which is characterised by a personal dilemma at each stage of social development. The process of resolving this dilemma influences the way in which the individuals described themselves in adulthood. For example, in the first two years of life the young infant must negotiate 'trust' versus 'mistrust', which is noted to be dependent on the style of parenting. Erikson (1968) postulated that the task of adolescence is one of 'identity formation' versus 'role confusion' in which the adolescent negotiates 'fidelity' to an ideological worldview and a sexual identity. In the case of unsuccessful negotiation of this dilemma the resulting crisis is one of 'role confusion' and uncertainty about values. This period is key in the individual's development into adulthood with attitudes, beliefs and self-esteem being formed. As a result, adolescence is an important stage for the development of a 'sense of self'.

Piaget (1972), in his theory of cognitive development, emphasised the similarities across children in their cognitive abilities as they proceeded with cognitive growth, and postulated the existence of four main stages. According to Piaget (1972), adolescence is characterised by the development of 'formal-operational thought', which is the development of the ability to use logic to solve abstract problems. A further development during this period is the capacity for 'relativistic thought' where



the adolescent comprehends that behaviour can be influenced by situational factors. Later criticisms of the theory have indicated that not all adolescents use formal operational thought in the same way described by Piaget, (Keating, 1980). However, it is of relevance to note that both Erikson (1968) and Piaget (1972) indicate the significance of adolescence and the likely differences between both children and adults resulting from the normal developmental process.

1.6.4 Learning Theory

As noted in previous sections, both biological and neuropsychological variables may have a mediating role in the commission of sexual offences by adolescents, even though the exact extent of this role remains unclear. Learning theory compliments this literature and has been used to understand the development of sexually abusive behaviour through the development of both Becker & Kaplan's (1988) model of deviant sexual behaviour and Lane's (1991) sexual abuse cycle (see section 1.6 Models of sexually abusive behaviour, pg 38) and informed the design of treatment interventions. In the main, learning theory is supportive of the 'victim to victimiser' viewpoint (Ryan, 1989) as early abusive sexual experiences are said to lead to the development of later sexual offending and this theory has been used as a therapeutic framework for the rehabilitation of sexual offenders (see section 1.7 Treatment Approaches). In this section three key mechanisms of learning are described.

Classical Conditioning is the procedure of pairing an originally neutral stimulus with a stimulus that reliably produces a response in order that the neutral stimulus comes to produce a version of the response on its own. McGuire, Carlisle & Young (1965)

theorised that sexual deviation is learned through a gradual process through the pairing of deviant memories and fantasies with masturbation. Learning takes place after the initial sexual experience, which provides a fantasy for later masturbation. Sexually abusive behaviour is therefore viewed as learned and cyclical. Sexual arousal in humans arguably is an unconditioned response and can become conditioned through the pairing of a number of environmental or symbolic stimuli with the aroused physiological state. The conditioned stimuli thereby obtain sexually arousing properties and will therefore elicit sexual behaviour (Laws & Marshall, 1990).

Operant Conditioning is the process of stimulus response learning much popularised by the work of Skinner (1953). The behaviour is reinforced if followed by a pleasant consequence increasing the probability that the behaviour will reoccur again. Reinforcement can be positive whereby the behaviour is directly rewarded or negative whereby the behaviour is indirectly rewarded through the removal or avoidance of an unpleasant event or consequence. Where behaviour has increased in frequency as a result of the presentation of a stimulus following it operant conditioning is said to have occurred. This type of learning can be seen in children that are groomed by sex offenders whereby sexualised behaviour is rewarded making the child feel special. Later reinforcement of sexualised behaviour may be gained through sexual rewards such as arousal and orgasm.

Social Learning theory originally developed from the work of Bandura (1977) where learning is said to occur vicariously through observing the behaviour of others, usually those most frequently in contact with the child such as parents. In relation to adolescent sex offenders, research has indicated the chaotic nature of their family

structure and likelihood of poor early parenting which in many cases includes sexual abuse. Developing in such environments is likely to lead to vicarious learning of modelled deviant behaviour, which subsequently may be re-enacted. Ryan (1989) notes that 'sexually abusive behaviour by male adolescents stems from their own experience of sexual victimisation becoming fixated on the early trauma and recreating the experience in ritualistic patterns that become more elaborate, more rigid and more secret over time (p 10)'. Such behaviour may further be reinforced over time through masturbation to the early abusive experiences and by other physiological responses however the physiological aspects have not been empirically tested. Learning theory posits that shaped patterns of behaviour have been learned through the course of developmental experiences and offers hope to offenders and treatment providers as re-learning is possible. Learning theory is one of the central theories that may be relevant to adolescents as it underpins the sexual abuse cycle (Lane, 1991) and the four-factor model of sexual abuse outlined by Finkelhor (1984), both of which are described later.

It is difficult to separate out these above mechanisms as they do not operate in isolation but usually work in conjunction with one another. Furthermore, behaviour does not occur in isolation of other intra-psychic mechanisms such as cognition, which may play a significant role in the development, and maintenance of sexual offending in both adolescents and adults. Next the role of cognition in adolescent sexual offending will be examined and related to the development of models of sexually abusive behaviour.

1.6.5 Cognitive Theory

Cognition is hypothesised to have a role in the commission of sexual offences by both adults and adolescents (Ward, Hudson & Johnston, 1997) however the nature of this role is not fully understood. Since the popularisation of cognitive theory and its application to a number of clinical disorders (Beck, 1996) clinicians have started to utilise this theory in an attempt to understand and treat sexual offending. This is conducted despite a lack of theorising about the role of cognition in sexual offending and has been primarily developed with adult sex offenders (Langton & Marshall, 2001). Furthermore, clinicians have then tended to generalise these theories to adolescent sex offenders without a sufficient understanding of the cognitions of that population during their offending (Becker et al, 1993).

Stermac & Segal (1989) argue that research on cognition needs to go further to understand how offender's thoughts influence their offending behaviour and to map out the role of cognition in the offence process. It can be argued that this is particularly significant with adolescents, a group who are under researched, and who, as noted earlier (section 1.6.3) are at an important stage in their developmental path.

Hayashino, Wurtele & Klebe (1995) expanded the work of Stermac & Segal (1989), using adult offenders who had not participated in a therapy programme. They compared the cognitions of incest offenders, extra-familial offenders, rapists, incarcerated nonsexual offenders and a control group of age matched non-offending peers. Their findings supported those Stermac & Segal (1989) in that extra-familial child sex offenders endorsed more beliefs that sexual contact with children was appropriate, than did any of the other groups. However, research to date has been too

static focusing only on post – offence cognitions (Ward, Hudson, Johnston & Marshall, 1997) and an understanding of the cognitive processes underlying behaviour at all stages of the offence chain could provide therapists with theoretical and practical guidance in the facilitation of therapeutic change.

Of particular significance to sexual offending is the role of cognitive distortion (CD), which was first applied to adult sex offenders by Abel et al (1989) and has subsequently been applied to adolescent sex offenders through the model of sexual abuse (Lane, 1991), which is described in section 1.6.9. Abel et al (1989) defined CD as an individual's internal processes including the justification, perceptions and judgements used by sex offenders to rationalise his molestation behaviour. CD is noted to stem from inaccurate perceptions, assumptions and conclusions about the world. However, it is unclear how cognitive distortions are generated and whether they are underlying beliefs or are the product of dysfunctional cognitive processing (Ward, Hudson, Johnston & Marshall, 1997).

The CD research literature, like that of adolescent sex offenders, is in its infancy, and the research suffers due to a range of definitions and inconsistent usage of terms amongst papers (Beech & Mann, 2002). For example, a discrepancy exists between defining CD as playing a maintenance role rather than a causal role in the commission of sexual offences. However, Finkelhor (1984) describes CD, alongside other factors, as a process that overcomes internal inhibitions to offending behaviour prior to the abuse taking place and therefore defines CD as playing a causal role.

Completing a qualitative study with eight adult incest offenders to investigate the efficacy of the four pre-conditions model (Finkelhor, 1984), Copps-Hartley (1998)

reported that clinicians view the rationalisation of abusive behaviour as a process of 'getting out of trouble' or to excuse their behaviour once they have been caught. However, rationalisations and justifications may be used throughout the sexual offence, as hypothesised by Lane (1991), as a way of overcoming their internal inhibitions against offending behaviour and may serve to maintain the offending behaviour over time (Murphy, 1990)

The pattern of development of CD is noted to be unique to each individual and with repetition the offender's thoughts are said to become ingrained and develop into a belief system that supports a habitual response style to many situations. When the CD's are more ingrained, following their application in sexually abusive behaviour, it is thought that the offending behaviour may occur more frequently (Lane, 1991) and subsequently CD may increase as the offending continues (Abel et al, 1984).

The content of cognition has been partially classified by Neidigh & Krop (1992) utilising an open ended questionnaire and the responses placed into eight categories: 'She enjoyed it'; 'this wont hurt her or affect her in anyway', 'this is not so bad, it's not really wrong', 'I was high on alcohol and drugs at the time', ' I wasn't thinking at all or else I wouldn't have done it', 'no one will ever find out so I wont get caught', 'she is flirting and teasing me so she wants me to do it', and 'we love each other so this is ok'. A recommendation to note was the necessity of distinguishing between the reported cognitions, which may be at a more surface level, and the cognitive distortions that may be at a deeper level, as they may not be the same.

To date most research has not gone beyond the measurement of CD using tests such as the Cognitive Distortions Scale (Abel et al, 1984) and the MOLEST scale (Bumby, 1996). However, fundamental problems exist with such measurement of cognitive distortion as scales are said to be transparent and direct in their content. Furthermore, they are noted to sensitise respondents to a set of attitudes that are socially unacceptable and as such are immediately denied (Horley & Quinsey, 1994). As these scales are scored on a continuum from 1-5 respondents tend to score in the upper range of the scale which represents strong disagreement with the items, indicating that socially desirable rather than genuine answers are given by the respondents (Swaffer et al, 1999). This has raised the question as to whether it is even possible to construct an unbiased measure (Langevin, 1991) and they have not been validated on an adolescent population. Assessing the cognitions of adolescent sex offenders using the Adolescent Cognition Scale (Hunter et al, 1991) has not produced differences between sex offenders and controls which has been attributed to the measure which is biased to socially desirable responding with only marginal reliability and internal consistency (Ward, 1997).

In summary, as many adult offenders begin offending in adolescence (Groth, Longo & McFadin, 1992), it can be argued that understanding the experiences and thoughts of adolescent sex offenders, with the aim to refute or further develop the theoretical models, and the assumptions they inevitably make, increases chance of success in the application of valid treatment programmes with the ultimate aim of preventing harm to numerous victims.

1.6.6 Models of Sexually Abusive Behaviour in Adolescence

Early theory in this relatively recent field of research focused on single factors of sexual offending developing theory, often without empirical underpinnings. As the research has developed theory has developed to include the notion that sex offenders are not a heterogeneous group and a more complex set of models are necessary (Andrews & Bonta, 1994) in order to integrate the multi-factorial nature of sex offending behaviour. These models will be discussed in turn.

1.6.7 Four Pre-conditions Model of Sexual Abuse

Recognising the lack of an organising framework for the increasing number of published research papers, theories and models in the area of sexual abuse, Finkelhor (1984) proposes a model which aims to integrate the common themes of the research into four common factors. This model was developed through reviewing the literature of child sexual abuse and focused upon work with adult offenders. However, if the model is appropriately adapted it may help to make sense of other forms of abuse and different types of offenders including adolescents (Hoghughi, 1997).

The first precondition is ‘motivation to sexually abuse’ which encompasses three further factors: 1) emotional congruence, 2) sexual arousal and 3) blockage.

1) Emotional congruence is the non-sexual motivation of sexual abuse characterised by the congruent relationship between the adult’s emotional needs and the child’s characteristics. This idea is based on research that characterise sex offenders as having an arrested psychological development, which is more similar to that of a child

than to that of an age matched peer. 2) Sexual arousal is a component of motivation to sexually abuse and is typically described in a social–learning framework, which has been described earlier. This factor accounts for the pattern of development of arousal to children as sexual objects and whilst this process may be more entrenched in adults, it may be key in understanding the development of sexually abusive behaviour in adolescents. 3) Blockage is the idea of exploring why some fail to have their sexual and emotional needs met in adult relationships.

The second precondition is ‘overcoming internal inhibitions’ where internal inhibitors are individual and social / cultural factors which may serve to prevent an individual from committing a sexual offence. Finkelhor (1984) argues that many people may have an inappropriate sexual interest in children and are motivated to commit a sexual offence but would never do so as they are inhibited by social rules. Inhibition at the individual level encompasses the values and beliefs the individual holds about himself, the role of women and children and the consequences of committing a sexual act. Individuals are said to overcome this individual inhibition with alcohol or other substance misuse and through the use of cognitive distortion, which is essentially a permission granting process to engage in sexually abusive behaviour and has been described earlier. Currently the relationship between substance misuse and the commission of sexual offences is not fully understood but it may be possible to hypothesise that such misuse enables the adolescent to overcome the internal factors otherwise preventing abusive behaviour.

The social and cultural factors, which enable ‘disinhibition’, include a social tolerance of sexual interest in children, weak punishment for those convicted of sexually

abusive behaviour, patriarchal ideologies, social tolerance for deviance committed when intoxicated and child pornography.

The third precondition is ‘overcoming external inhibition’ which are said to be the environmental factors which protect the child. The main external inhibition according to Finkelhor (1984) is adequate supervision of the child and presence of a parental figure, particularly the mother, which is said to help protect the child from potentially dangerous situations. As examined in section 1.4.5 the background of adolescent sex offenders appears characterised by parental absence, which, if considered within the context of this model, may relate to the high frequency of sexual abuse that is reported by this population.

The final precondition is ‘overcoming resistance of the child’ where specific children are targeted and ‘groomed’ for engagement in abusive acts, as they are deemed appropriate to the individual. Finkelhor (1984) argues that this is a complex precondition to abuse as it involves many subtle aspects of the child’s behaviour and personality. Some children are said to have a ‘front of invulnerability’ where they appear that they would not keep a secret or would instantly say no to the approaches of an adult.

For abuse to occur all four precondition need to be fulfilled. Finkelhor views this model as a conceptualisation of sexually abusive behaviour and not as an integrating theory despite the outlined links to the theories of adolescent sex offending. However it is widely applied in the treatment of sexually abusive behaviour despite the paucity of empirical research into its validity (Calder, 2002).

This model may be valuable as it considers the mechanism of motivation to develop sexually abusive behaviour, which may be relevant to adolescent sex offenders, and utilises social learning theory in its description of sexual arousal. Conversely, it does not account for the biological factors, which may have a mediating role in sexual offending. Furthermore, it postulates that cognitive distortion may have a role in overcoming internal inhibitions in the commission of sexual offences, although it does not describe the nature these distortions, which is arguably worthy of further investigation.

1.6.8 Model of Deviant Sexual Behaviour

A more adolescent specific model has been developed by Becker & Kaplan (1988) based upon the clinical observation of adolescent sex offenders. Acknowledging that their model is not empirically derived or validated, they argue that it may be useful in making sense of the complex heterogeneous factors, which may account for the development and maintenance of sexually abusive behaviours in adolescents.

They argue that the first sexual offence may be the result of a combination of individual characteristics that include a lack of social skills and a history of non-sexual deviance, family variables including family relationships and social-environmental variables including social isolation and anti-social behaviour. Having committed their first sexual offence, Becker & Kaplan (1988) suggest that there are three potential pathways, which the adolescent may follow. These pathways may be viewed as typologies of adolescent sex offender of a similar kind outlined by Graves et al (1996) in Section 1.3. The first is the 'Dead-End Path' whereby the adolescent does not commit any further sexual offence, arguably as a result of the negative

consequences that followed their first sexual offence or because the act was exploratory and usually without force. The second path is the 'Delinquency Path' where the adolescent not only commits other sexual offences, but also engages in non-sexual offences and deviant behaviours. The third path is the 'Sexual-Interest Path' on which the adolescent continues to commit sexual offences which frequently results in the development of a paraphilic arousal pattern, essentially the preference for sexual contact of an abusive nature. This group of adolescents are likely to have experienced pleasure from their first deviant sexual act with little or no serious negative consequences and then re-experienced in subsequent abusive sexual acts, and as such the behaviour reinforced, through masturbatory fantasies. Furthermore, Becker & Kaplan (1988) suggest that this group are likely to experience the most difficulty in forming age appropriate relationships in both adolescence and adulthood. This suggestion may be explained by the theory postulated by Finkelhor (1984) in which the offender has an arrested psychological development, characterised by the congruence between the adult's emotional needs and the child's characteristics preventing the development of healthy age appropriate relationships.

Testing the risk factors that underpin this model, Shields & Jordan (1995) recruited 56 adolescent sex offenders and compared them with 800 non-sexually offending adolescents. Their results supported Becker & Kaplan's suggestion that adolescent sex offenders are typically characterised by depression, poor academic performance, a history of sexual abuse and general anti-social behaviour not of a sexual nature. Four risk factors for sexually abusive behaviour outlined by Becker & Kaplan were not supported by Shields & Jordan's work. These were poor family relationships, social isolation and friendship groups inappropriate to age, and a history of physical abuse.

Shields & Jordan conclude that theory and model development in the area of adolescent sex offending is vital to guide future research and treatment. However, their work did not examine the subsequent pathways the adolescent's may follow, outlined by Becker & Kaplan (1988) proposed model of deviant sexual behaviour, and as such this model may be best thought of as a framework for proposed risk factors rather than an empirically derived theory.

1.6.9 The Sexual Abuse Cycle

The sexual abuse cycle model for adolescent sex offenders was conceived by Lane in 1978 and provided a theoretical framework to examine sexually abusive behaviours. The cycle was developed through clinical observation of the adolescent's participating in treatment in a closed adolescent treatment centre in Colorado and is noted to be applicable regardless of age, sex or intellectual level of the offender (Lane, 1991). Lane (1978) initially hypothesised that the trigger to the offence and its subsequent pattern of development related to a dysfunctional response based on situations that the adolescent found problematic and which lower self esteem (See Figure 1: The Sexual Abuse Cycle). This dysfunctional response in turn related to the misperception of power and control in a given situation, and to negative anticipation (i.e. expectations of rejection) through cognitive distortion (CD) (See section 1.6.4 Cognitive theory), which in turn related to perceptions of adequacy in the adolescent. Feelings of inadequacy are said to lead to hopelessness and the CD "It's no use" resulting in the adolescence avoidance of a number of situations and activities.

The adolescent would then externalise blame for their situation further enhancing their own self-perception as a victim. To compensate for these feelings, power and control seeking behaviour is the first observable compensatory reaction which in turn relates to the continued state of having to show others that they can not treat the adolescent in this way, compounded by the CD "Increased need for control". The adolescent is then noted to actively fantasise about the offending behaviour before a justification process is initiated, more readily permitting sexually abusive behaviour. Following the sexually abusive behaviour, the adolescent is said to reinforce the success of the sexual abuse but then begins to be fearful of getting caught, experiencing guilt and the related need to self-assure that the victim will not tell. Next follows the reframing stage where the adolescent is noted to experience ambivalence about the abusive behaviour and himself which further reinforces feelings of inadequacy managed through the 'Suppression' CD where the adolescent attempts to become more in control of their behaviour.

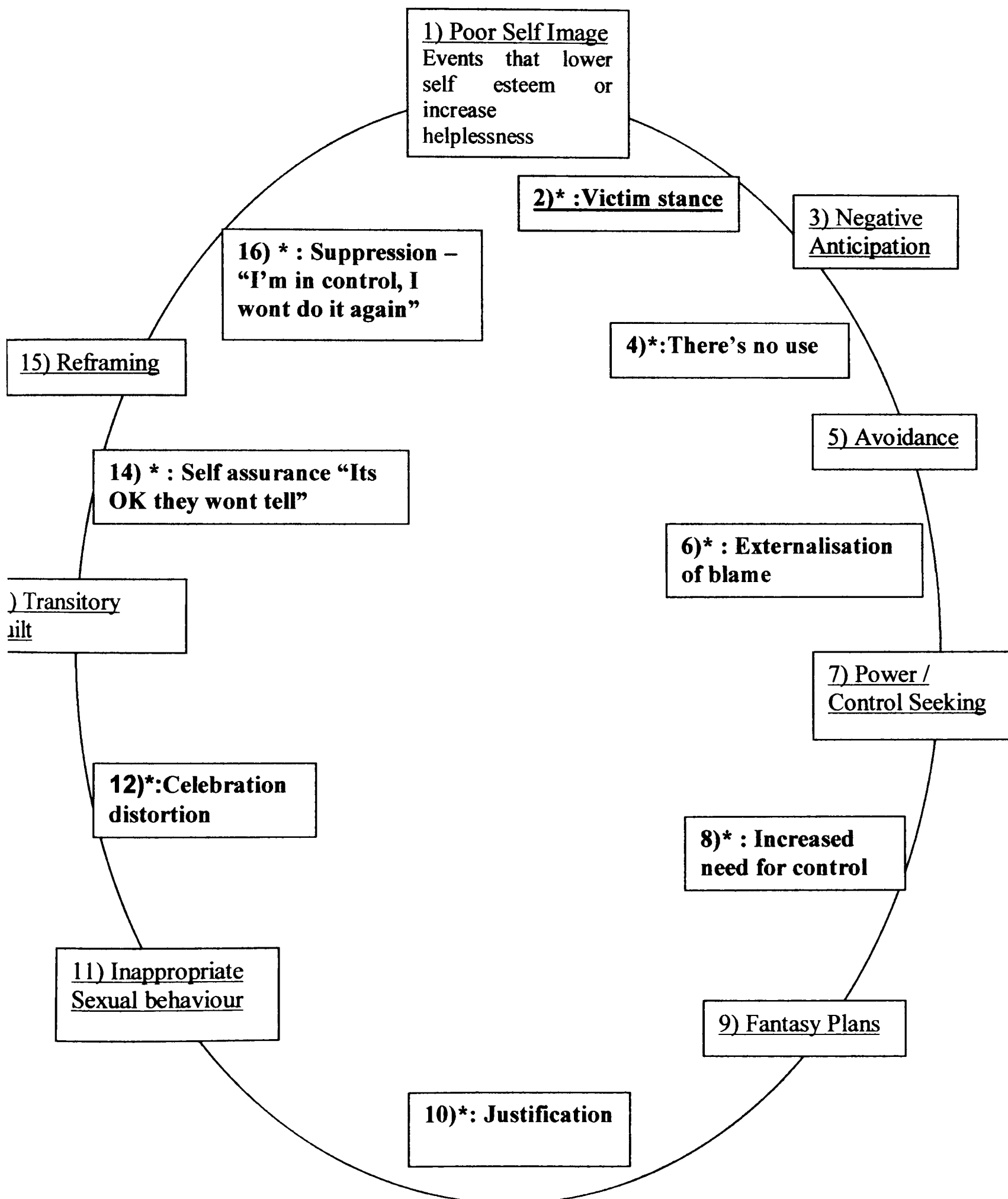
However, Lane (1991) acknowledges the plethora of theoretical assumptions that are made by the model. The offender is viewed as engaging in antecedent thinking about the offence and the abusive behaviour is seen as a sexualised expression of a non-sexual need. Abuse is viewed as a need to feel control and power over others and the offender experiences an increased state of well being when engaging in power based thoughts or behaviours. This experience is assumed to be sufficiently pleasurable that anxiety provoking thoughts or feelings present before the offence are temporarily eliminated or diminished. Also, all offenders are said to display CD, which will inevitably result in further progressive sexually abusive behaviour. However, to date

the model has still not been empirically validated and future research needs to validate, clarify or correct these assumptions.

The sexual abuse cycle can be seen in figure 1 on the following page.

Figure 1: Sexual Abuse Cycle for Adolescents (Lane, 1991)

* = Cognitive distortion relevant to that specific stage of the model



1.6.10 Integrated Models of Sexual Offending

More recently theories of sexual offending have attempted to become more integrated accounting for the number of factors that may influence sexual offending in adolescents and adults. Marshall & Barbaree (1990) have produced an integrated theory of sexual offending, which describes the biological, societal, individual and situational causal factors. They propose that the sexual and aggressive drives are similar and learning to separate and express them appropriately is a developmental task of childhood and adolescence, which some adolescents can not complete due to poor parenting. Drawing on the earlier work of Finkelhor (1984) they further propose that situational factors such as anger and alcohol may act as ‘disinhibitors’ to sexual offending particularly in adults who have been predisposed to sexual offending through the described biological and learning factors. Despite being the first theory to integrate the many influences on sexual offending behaviour, the theory has not yet been empirically validated in its entirety and does not propose that different pathways to sexual abuse may exist such as those proposed by Becker & Kaplan (1988) (see section 1.6.8). Furthermore, Marshall & Barbaree (1990) do not explicitly define a role of cognition despite research indicating that it may have a causal or maintenance role in the commission of sexual offences.

The quadripartite model of sexual offending (Hall & Hirschmann, 1991) proposes four pathways to sexual offending and includes physiological sexual arousal, cognitions, poor emotional control and personality problems. They suggest that a deviant sexual preference alongside cognition including justifications for sexual offending may result in the commission of a sexual offence in individuals who are unable to contain their emotions and whom have problems of personality caused by

early trauma such as developmental damage or neglect. However, there is less emphasis within the model on the biological and situational factors of sexual offending such as anger and alcohol use, which have been outlined in section 1.6.1.

Despite the relative usefulness of these theories in understanding the multi-factorial nature of sexual offending by adolescents, these models have been specifically designed to account for sexual offending by adults. As outlined above, there still remain specific gaps in the models (such as nature and role of cognition), which need to be addressed before theory can be adequately developed. In the next section the empirical data on the treatment of adolescent sex offenders is examined and reference drawn to the above theories and models upon which it may be based.

1.7 Treatment Approaches

Treatment approaches with adolescent sex offenders has to balance the needs of the individual against the needs of the wider community who are potentially at risk of sexual exploitation. As a result most treatment programmes are long-term and in some cases residential offering the adolescent the chance to engage fully with the programme whilst offering the community protection (Veneziano & Veneziano, 2002).

Currently treatment approaches with adolescent sex offenders employ cognitive-behavioural techniques conducted in a group setting in an attempt to target areas which may include cognitive distortion and deviant sexual arousal (Becker & Hunter, 1997), which draws upon both learning and cognitive theories, previously outlined in sections 1.6.4 and 1.6.5. However, to date there has been no adequate empirical

research that has demonstrated the effectiveness of particular treatment programmes for adolescent sex offenders (Veneziano & Veneziano, 2002). Furthermore, treatment programmes for adolescent sex offenders have been designed from models applied with adult sex offenders and to date it has not been established whether such programmes are effective with adolescent sex offenders (Marshall & Barbaree, 1990).

In the next section qualitative methodology, and its relevance to research with adolescent sex offenders, will be examined.

1.8 Qualitative Methodology

It is noted that research needs to adopt an epistemological position, which is having a clear set of objectives whilst having an understanding about the kinds of things that it is possible for us to know. For example, positivist epistemological positions imply that the goal of research is to produce objective knowledge, an understanding that is impartial and unbiased and based on an outside view.

Researchers of differing epistemological positions use qualitative methods. However, the common theme amongst such researchers is that qualitative approaches emphasise the development of an understanding of the context of a phenomenon and its meaning to the research participant (Krahn, Hohn & Kime, 1995). Such researchers are more interested in the quality and nature of experience than to examine cause and effect relationships (Willig, 2001). Qualitative research is not concerned with variables that are pre-defined by the researcher, as the research is often exploratory and interested in the meaning that the participant attributes to the phenomenon being researched.

A number of qualitative approaches are currently used with each bringing its own valuable contribution to clinical psychology research. Discourse Analysis is an analytic method derived from discursive psychology and aims to produce an understanding of the process by which phenomena are constructed through language (Willig, 2001). Therefore, Discourse Analysis is not concerned with the nature of phenomena (e.g. cognition). Grounded Theory was developed to examine social processes within a sociological framework and its applicability within psychological research has been questioned. As Willig (2001) notes 'its suitability as a qualitative research method for psychological research may be questioned as it may be argued that, when applied to questions about the nature of experience, as opposed to the unfolding of social processes, the Grounded Theory method is reduced to a technique for systematic categorization'. For brevity, these approaches will not be further elaborated here but 'phenomenology', and its relevance to the present research, will be examined in the next sections.

1.8.1 Phenomenology

Phenomenology is concerned with the phenomena that appear in our consciousness as we engage in the world around us; it is noted that it is possible to break through biases, which allows us to describe phenomena as they present themselves to us and that any human experience can be subjected to phenomenological analysis. Spinelli (1989) indicated that phenomenological psychology is more concerned with the diversity and variability of human experience than with the identification of specific essences. It is an attempt to get inside someone else's experience on the basis of their

description of it and it is the research participants' account that is the phenomenon with which the researcher engages.

1.8.2 Interpretative Phenomenological Analysis (IPA)

IPA is informed by principles of phenomenology developed through the twentieth century and has been used predominately in health psychology but with increasing applicability across specialisms (Personal Communication with Jonathan Smith, 2003). It attempts to capture the quality and texture of individual experience from the participant's perspective and its founder Jonathan Smith (1997) characterises IPA as an attempt to unravel meanings contained in accounts through a process of interpretative engagement with the texts and transcripts'. Such engagement takes place through a series of steps that allows the researcher to recognise themes and place them into master themes individually and then across cases. However, IPA recognises that it is not possible to access the participants' experience without influence from the researcher's own perceptions and as a consequence the analysis produced is always an interpretation of the participant's experience (Willig, 2001). As a result when conducting such research the researcher adopts a position of reflexivity in an attempt to understand how their own perceptions may influence the outcome.

IPA accepts that it is possible to gain access to another's thoughts and beliefs in relation to the phenomenon under investigation and that the participants' account of the phenomenon provides access to those thoughts (Willig, 2001). Furthermore, IPA assumes that participants can experience the same objective conditions e.g. sexual offending in different ways as a result of the thoughts and beliefs that mediate that

experience. Consequently, IPA is most suitable as a tool of investigation of adolescent's thoughts about their sexually abusive behaviour.

1.9 Rationale for Present Study

The empirical literature to date (see section 1.6) has used the same models and theories to understand both adolescent and adult sex offenders. However, it has been suggested (Hoghughi, 1997) that the Finkelhor (1984) Four Pre-condition Model needs to be adapted before it can be applied to adolescent sex offenders (see section 1.6.7) whilst Becker (1998) noted the importance of understanding the role of cognition in adolescent sex offences which may not be the same as more generalised theories and models developed with adult sex offenders. Treatment programmes for adolescent sex offenders are also based on the models used for adult sex offenders (Marshall & Barbaree, 1990) and to date there is a lack of outcome studies on effective support and treatment for adolescent sex offenders. It may be that adolescent sex offenders can be viewed as a distinct group from adult sex offenders, as they are likely to have less entrenched patterns of distorted thinking and offending behaviour (Caleder, 1997) and, as noted in section 1.6.3 may be of a different developmental stage as outlined by Eriksen (1968) and Piaget (1972).

Few studies such as Becker (1988) and Lane (1991) (see section 1.6.6) have looked at the cognitions and experiences of adolescent sex offenders. However, the models that have ensued have been based on clinical observation and have not been fully empirically validated. As noted in section 1.6.5 (Cognitive Theory) cognition and cognitive distortion may play a vital role in the offending process (Ward, Hudson,

Johnston & Marshall, 1997) but what is missing from the theories is the real perspective of the adolescent sex offenders (Becker, 1998). This would help to indicate whether this population needs a different treatment programme from those developed with adult sex offenders and may serve to validate the models of sexually abusive behaviour (Finkelhor, 1984; Lane, 1991). Consequently, Interpretative Phenomenological Analysis (IPA) has been selected as the most appropriate tool for the investigation of adolescent sex offender's cognitions and cognitive distortions as they report and understand them. This is because IPA allows the researcher to engage with the experience of the adolescent and attempts to understand their thoughts as reported by them. IPA allows a broad conceptual focus - in this case the focus will be to access cognitions (e.g. thoughts and beliefs) about the adolescent's offending behaviour.

1.10 Research Questions

- 1) What are the cognitions that adolescents experience prior to, during and after sexual offending?
- 2) How do these relate to the process of sexual offending?
- 3) What is the nature of cognitive distortion from the perspective of the adolescent and what role do they play?

CHAPTER TWO: METHOD

2.1 Design, Participants and Measures

2.1.1 Design

A qualitative design was employed and utilised a semi-structured interview schedule.

2.1.2 Participants

The participants were recruited having met the following criteria:

- 1) They have been convicted and referred to a specialist service for at least one sexual offence.
- 2) They are 13 – 18 years old, which is the age used among some specialist services and is the period most frequently demarked as adolescence (see section 1.2 Definition of Adolescent Sex Offender).
- 3) They do not have a recognised profound learning disability affecting their ability to comprehend the interview schedule.
- 4) They are not currently in the legal process being prosecuted for sexual offences or giving evidence in a case where they are the victim of abuse in order to prevent potential contamination of disclosure through research participation.
- 5) They are male. As noted in the literature on gender (see section 1.4.1) males account for the majority of sexual offences.

It was proposed that 15 participants would be recruited. However, the final number of participants recruited totalled 5, from two of the services who agreed to participate in

It was proposed that 15 participants would be recruited. However, the final number of participants recruited totalled 5, from two of the services who agreed to participate in this study. The services that were recruited and reasons for recruitment difficulties are described in section 2.2.

2.1.3 Measures

Semi- structured Interview Schedule

Following specific recommendations in the qualitative literature (Willig, 2001) the interview schedule was constructed and was structured around key areas of a sexual offence. The usual procedure for interviewing in qualitative studies was used whereby interviewing took an open-ended and relatively non-directive approach in order that the adolescents' personal experience could be encapsulated. The interview schedule was devised to answer the research question(s), so whilst the participant is offered time and space in the interview to describe their experiences, the researcher was required to hold the research question(s) in mind, to ensure that the data collected is relevant to the aims of the research. The themes in the interview schedule focussed upon five key periods of the sexual offence in order to obtain as much information from the participant about the sequence of events and their thoughts throughout this process. Within each broad area, prompts were used if necessary. These prompts were based on the guidance outlined by Spradley (1979), who highlighted the importance of descriptive, structural and evaluative questioning (Appendix 1 (i) show the interview schedule used).

The first theme explored how the adolescent came to be in contact with the service whereby narrative descriptive detail was elicited, allowing the adolescent to describe

more recent events and their journey to the service. This allowed the participant to describe non-threatening information about himself, whilst encouraging rapport between the participant and researcher to develop. The second theme explored the offence, which brought the adolescent to the service and thus the detail of experience and cognition was offence-orientated. This question focussed on the nature and extent of the offence and those thoughts that the adolescent experienced at the time. The third area then reflected back to the time before the offence, to encourage the adolescent to describe their experiences and thoughts leading up to the offence whilst the fourth area focussed upon the time post-offence, encouraging a description of the participant's thoughts following the offence. The final area was essentially retrospective and reflective, focusing on the adolescent's current thoughts about the offending behaviour and the sequence of events that led up to it.

Overall, the researcher paid particular attention to the way in which the interview was conducted, in addition to the process and the meaning that it may have for the adolescent, within the context of their 'cultural milieu' (Willig, 2001). For example, following their arrest, these adolescents had completed interviews by police officers, which had a distinct tone and purpose. As such it was vital to set the appropriate scene in order to allow for meaningful information to be elicited, within the research interviews. Furthermore, attention had to be paid to the use of language and the meaning of phrases and words within the culture of these adolescents. The researcher would therefore encourage the participant to elaborate and give concrete examples, in order to ensure that the participant's perspective was properly understood.

rapport prior to the actual interview process was considered vital. The researcher made explicit clear boundaries to the adolescent about the role of the interview, whilst also stating an interest in their experience and understanding of their offences and their thoughts throughout the process.

Demographics Sheet

The demographics sheet was completed by the researcher, from the participant's service file. As the service files of each participant had to be read in order to comply with the research protocol on reporting previously unknown offences, the sheet was completed at this time. The demographics sheet contains information about the participant's background, in order to contextualise their experiences and also to detail descriptive data about the sample. It includes information about family structure and previous living arrangements, age of participant and their ethnic origin. It also includes offence-specific questions, which focus on the number of offences, victim age and gender, number of victims and the offence type (Appendix 1 (ii) show the demographics sheet).

2.2 Service Descriptions, Process of Recruiting Services and Ethical Procedures

2.2.1 Specialist Services

Initially participants were to be recruited through a Multi-Agency service, which is funded from social services, probation and health. This service specialises in the assessment and treatment of adults and young people who sexually abuse. Three social workers, two probation officers and a psychologist staff the service. The young persons service accepts referrals from a number of agencies where there is concern about a young person's sexual behaviour and the concern can range from minor

concerns regarding a young person's sexual preoccupation to illegal sexual behaviour as defined in law where intervention will be implemented following the legal proceedings.

The secondary service from which participants were recruited is a specialist service offering a programme of intervention for young men who sexually abuse and will be referred to as service X. The programme is a rolling two-year holistic intervention package which adolescent males between the ages of 15 and 19 following conviction can be referred into.

The research idea was developed and subsequently discussed with a Clinical Psychologist with specialist experience within the area and other national leading experts from both the University of Huddersfield and Durham University.

2.2 Process of Recruitment and Ethical Procedures

Contact was recommended with the Multi-agency service. A meeting was arranged with the manager of the agency to discuss the design and the feasibility of the study in terms of effective implementation and recruitment, which was provisionally agreed. Further meetings were arranged to meet with the adolescent key workers and manager to discuss any potential concerns the staff may have with the design of the project. At this stage, staff and management felt it inappropriate for the researcher to approach the adolescents themselves and wanted to take responsibility for this aspect of recruitment. They were committed to the feasibility of and the rationale underpinning the study.

The Local Research Ethics Committee considered the proposal at this stage and granted full ethical approval for the study to commence (Appendix 2 show letter of ethical approval). The agency manager approached higher management who wished to ratify the project through their own board of management structure. This committee convenes monthly and delays in ratification were brought about through meetings being postponed and cancelled. The time from submission to final ratification was three months and the board of management committed the service to the potential group of participants who could be recruited (n=41) to the research project. The board of management fully ratified and supported the project in its entirety and were committed to the feasibility of the study and availability of adolescents to participate.

At this stage, the key workers under the direction of the agency manager approached the adolescents and their parents who fitted the research criteria, in order to examine interest to participate in the project and to obtain consent. Eliciting meaningful consent was considered key with these participants who, as the research literature has indicated, have frequently been subject to various types of abuse and have been coercive in abusive sexual behaviour towards others. Consideration was given to the potential participant's likely background, particularly as their comprehension of consent and its meaning may be poor. As such, explaining what consent means and ensuring that the participant felt that they could withdraw at any time if they did not want to participate in the research, was vital. If consent was granted by both the adolescent and their parent a time was arranged, outside of school hours, for the researcher to meet the adolescent with the key worker present, in order to engage the adolescent and to further explain the rationale and give the participant an information

sheet and to complete the consent form (Appendix 3 and 4 show information sheet and consent form). This meeting was arranged in premises other than that occupied by the Multi-agency service, since their premises are also used by adult sex offenders and it was important that the adolescent's safety was ensured. A fall back arrangement was to make use of local social services facility.

Prior to the initial interview, but having gained consent from the adolescent and their parent, a file search was completed to access referral information and demographic data. This was to access the information that was detailed previously for example age, family background and ethnic origin and offending history (Appendix 5 shows offence characteristic sheet). The researcher had to be aware of all past offences known by the service in case the adolescent disclosed further offences, which had not been appropriately managed and investigated. This was made explicit to the adolescent during the initial discussion about the project and on initiating the interview. Not only was confidentiality thoroughly described and the meaning explained but also the rationale for taping the session was given. The adolescent was aware that they could withdraw from the study or stop the interview at any time without any consequence to themselves.

Having conducted an initial interview, following the semi-structured schedule, a second appointment was arranged. The reasons for this are two-fold. Firstly, to ensure rigour in the research it was deemed important to undertake member validation. Member validation is the process of feeding back themes from the participant's analysed transcripts for the participant's comment and elaboration. This ensures that the interpretations made by the researcher fit with the participant's experience.

Secondly, having discussed sensitive material, ethically it was appropriate to meet again to give the participants an opportunity to reflect on the experience of the previous discussion. Should any significant or important issues have been raised, the participant had the opportunity to deal with these through the relevant service structures.

During the implementation of this procedure, it became apparent that recruitment was becoming seriously problematic, despite commitment from the agency of an adequate number of research participants. At this stage the researcher approached a number of other specialist agencies, which work with adolescent sex offenders. These agencies included Service A & B (North of England), Service C (West of England), Service D and Service X (See section 2.2.3 Recruitment Difficulties). Service X subsequently engaged in the research. Reasons for non-participation by other services are described in the next section. The researcher engaged the clinical services director from service X and the research, including its ethical consideration, was subsequently ratified by the board of managers two months after submission. The researcher initially visited the service to answer any questions that the service may have about the research and its implementation. Two further visits were arranged to complete the interviews and two further follow up sessions arranged for member validation and one final visit, to feedback emerging results, arranged. The process for interviewing previously outlined was used for all participants at service X.

2.2.3 Recruitment Difficulties

The difficulties experienced by the researcher in the recruitment process is outlined below with a description of the number of participants approached and those who fell outside of the recruitment criteria.

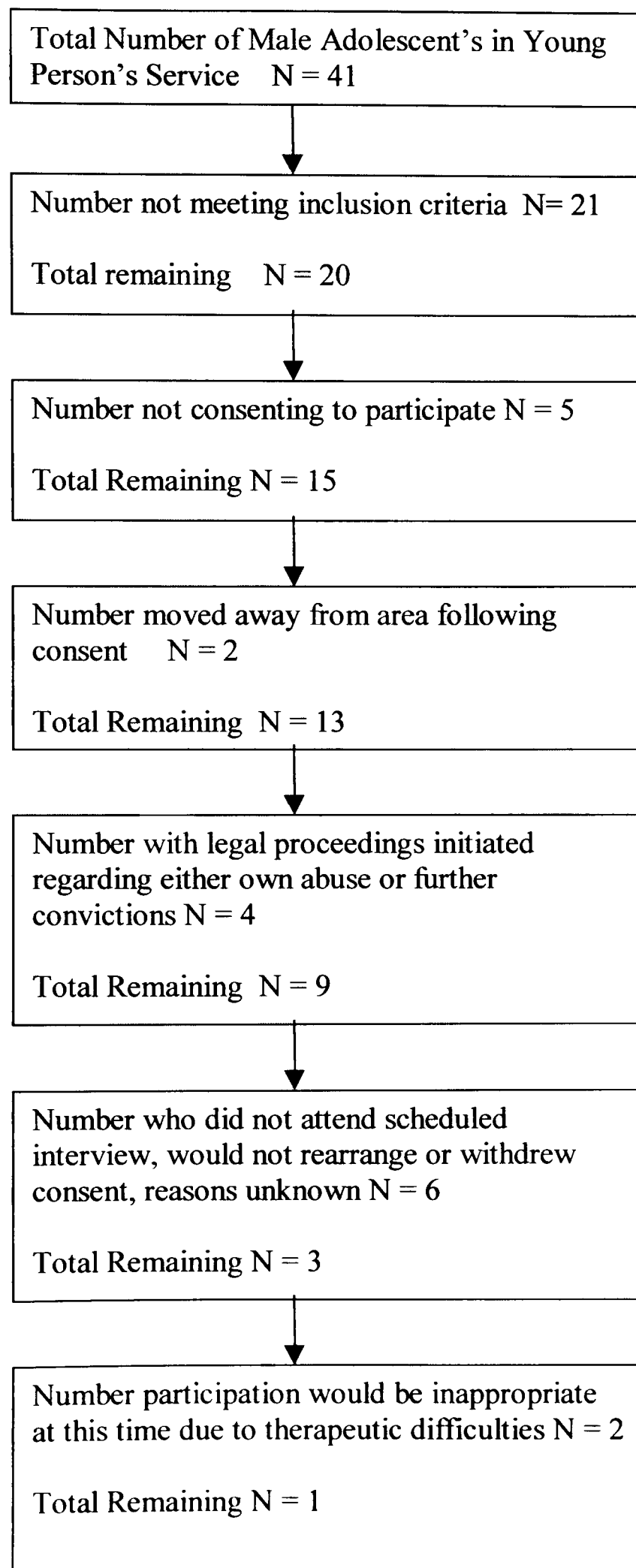
Multi-agency service: Being a local specialist service working with adolescent sex offenders it was deemed appropriate to invite participation from them. The service had not taken part in this type of research previously and service protocols and higher management decisions were necessary. Whilst the service manager was engaged and committed to the research, agreement was necessary from the board of managers who following discussion entirely supported the project and committed an adequate sample size. As shown in Figure two there was a potential of 41 participants at the start of the study but despite continual efforts on the behalf of the researcher, who was unable to approach the adolescents himself, engaging with potential participants and encouraging recruitment was not possible. There was no fixed base in which to interview the adolescents as they were unable to attend the premises for child protection reasons and interviewing was only possible outside of school hours. Furthermore, the nature of the work of the service meant that staff themselves were establishing their own relationship with the adolescent, with engagement being a slow and gentle process and staff would have to respond to the demands of other services in relation to the adolescent and work to contain any risk they may pose as a priority. Therefore participation in the present research was deemed secondary to this process. It was inappropriate for some participants to be recruited in the following situations: where the adolescent had disclosed further abusive behaviour, where more victims

had disclosed abuse by the adolescent or the adolescent had disclosed their own abuse. The reasons for this related to problems associated with process of disclosure.

Of the total potential participants (N=41), twenty-one participants did not meet the inclusion criteria. Of those twenty-one, nine participants met multiple exclusion criteria (for example the participants were not aged 13-18 years old and had not been convicted for sexual offending). Four potential participants were excluded because they were not aged 13-18 years old. Three participants were excluded because they had a recognised learning disability alone. Three participants were excluded because they had not been convicted for sexual offending but had been referred to the service due to concern regarding sexually inappropriate behaviour and two participants were excluded because they were in the legal process for their sexual offending.

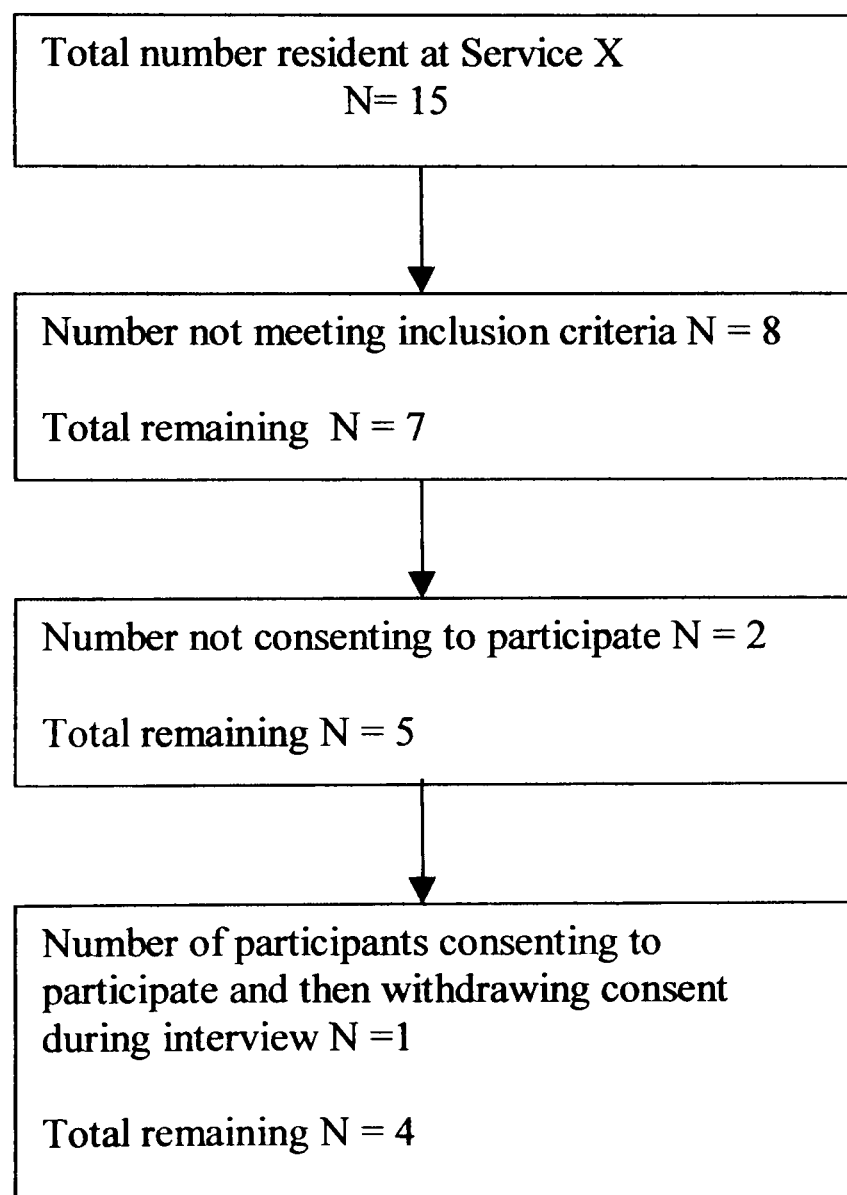
A number of adolescents (N=6), who had originally consented to participate failed to attend a number of arranged interview sessions and on discussion with their worker decided that they no longer wished to participate. The reasons for this are not known but perhaps may be attributed to having to complete interviews outside of school hours or the lack of a safe venue that was dedicated to the research. Furthermore, the service deemed two potential participants as unable to participate due to increasing difficulties in the therapeutic work they were undertaking with the service. As a result of the above difficulties, it was only possible to complete one interview with an adolescent from the Multi-agency service. Recruitment to the second service, Service X, is seen in Figure three.

Figure 2: Flowchart depicting non-participation of the total sample of adolescents at the Multi-agency service



Of the total potential participants resident at Service X (N=15) eight did not meet the inclusion criteria. Of those eight, four met multiple exclusion criteria (for example were outside the ages of 13-18 years old, had a recognised learning disability and/or were in the legal process with regards to their own abuse). One potential participant was in the legal process alone and three had a recognised learning disability. One interview was terminated as the participant withdrew consent during the interview.

Figure 3: Flowchart depicting non-participation of the total sample of adolescents at Service X



Reasons as to why other services approached could not be recruited are as follows:

Service A: The manager of this secure service in the north of England was approached and the research proposal discussed. The manager felt that the service was unable to participate at this time.

Service B: There were keen efforts and enthusiasm to participate in this research and the research application through the relevant management structures to comply with service and ethical procedures. However in the event of significant and unexpected organisational changes the service was unable to participate.

Service C: This London based forensic service was approached and discussion indicated that they would not be able to provide an adequate sample particularly as they had their own programme of research already in place.

Service D: This adolescent forensic service in the north of England were also implementing their own programme of research with adolescent offenders, were therefore unable to commit to recruitment for this research.

In addition, two leading experts in the field were consulted to help with recruitment of other services. However, a database of specialist services key in the rehabilitation of sexual offenders was only just in the process of being compiled. At the time of writing the researcher was informed that this database was unavailable until full research protocols had been devised for the collaborating centres identified by this database.

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CHAPTER THREE: RESULTS

Overview

This chapter presents the analysis of the data collected from the participants' interviews. Firstly, the descriptive data about the background and offence characteristics is presented which is followed by a summary list of the higher-order themes and sub-themes that emerged from the participants' interviews during the IPA analysis. The remainder of the chapter then presents and describes these themes, some of which contain strong language included to clearly illustrate how the participants' described their experiences.

The data from the interviews was organised into six themes, which were subsumed into two higher-order themes, 'Sense of Self' and 'Process of Offending'. An overview of each higher-order theme is given and then followed by a presentation of the sub-themes within it. Direct quotes from the participants' interviews are given to illustrate the theme and any variation between participants is highlighted and described.

3.1 Descriptive Data

Table 1 provides a profile of the demographic details of the participants including age, educational level, number of siblings, place of residence and participants' experience of abuse. The age range of the participants was 15 – 18 years of age with a mean age of 16.6 years. All participants were of white British ethnic origin and all from parents who were unemployed and divorced. Two participants were considered average

educationally and three participants were considered below average. No participants were considered to be above average. One participant was from a family with six other siblings deemed to be above average and the other participants had one to three siblings, falling within the normal range. Two of the participants were residing with a single parent prior to their conviction for their sexual offences and three participants were in receipt of foster-care provision. Four participants had previously disclosed physical abuse, two had disclosed sexual abuse and two had disclosed neglect. Table 1 is presented as a frequency table in order to ensure the anonymity of the participants and can be seen on the next page.

Table 1: Frequency table showing descriptive information about participants.

	Age (years)				Educational Level		Number of Siblings				Place of Residence		Reported Victim of Abuse		
	15	16	17	18	Below Average	Average	1	2	3	6	Foster Care	Single Parent	Sexual	Physical	Neglect
<i>N</i>	1	1	1	2	3	2	1	2	1	1	3	2	2	4	2

3.1.1 Offence Characteristics

The offences were classified into three categories based upon their legal conviction

- 1) Rape
- 2) Attempted Rape
- 3) Indecent Assault

In some cases the participant had admitted to repeated offences, which fit more than one category details of which are described in table 2 below. All of the participants had repeatedly offended against children ranging in age from four years to thirteen years old. Each participant has a mean number of eight offences with a range of two to more than twenty offences. The mean number of victims per participant is 3.6 with a range of one to eleven victims. The age range for the commission of the first offence is nine years to fifteen years old with a mean age of 12.4 years. Two participants exclusively offended against female victims, one participant exclusively offended against male victims and two participants offended against both males and females. Table 2 shows the participants' offence characteristics and can be seen on the next page.

Table 2: Individual offence profile of each participant including offence type, number of offences, number of victims and victim age.

Participant Number	Offence Type	Age at First Offence (Years)	Victim Gender	Number of Offences	Number of Victims	Victim Age / Age Range (Years)
1	Indecent assault	15	Female	2	2	11 – 13
2	Rape and attempted rape	15	Female	8	1	9
3	Attempted rape and Indecent Assault	13	Male	2	2	4 – 11
4	Indecent assault	9	Male and Female	6	2	4 – 8
5	Attempted rape and Indecent Assault	10	Male and Female	20 plus	11	7 – 13

3.2 Overview of Higher-Order Themes

Two higher order themes both associated with the experience of childhood were derived from the qualitative transcripts. These were ‘sense of self’, which incorporated the subordinate themes of threats to developing self and understanding the abusing self and ‘process of offending’ which incorporated the subordinate themes of enabling sexual offending, ‘It's not my fault’ and guilt and regret. Table 3 outlines these themes each of which will be considered next.

Table 3 Overview of higher order themes

Higher-Order Theme One: Sense of Self
<i>Theme one: Threats to Developing Self</i> Includes: Not Being Cared For and Being a Victim
<i>Theme Two: Understanding the Abusing Self</i> Includes: Dissociation, Lack of Control Over Thoughts and Feelings and Understanding Reasons for Sexual Offence
Higher-Order Theme Two: The Process of Abusing
<i>Theme One: Enabling Sexual Offending</i> Includes: Planning, “Abuse is OK” and “They Wanted it”
<i>Theme Two: “It's not my fault”</i> “It’s My Parents Fault”
<i>Theme Three: Guilt and Regret</i>

3.3 Higher-Order Theme One: Sense of Self

The themes of ‘Threats to Developing Self’ and ‘Understanding the Abusing Self’ are subsumed into the higher-order theme of ‘Sense of Self’. Both of these were related to disruption in growth and development prior to adolescence (i.e. early / mid childhood experience). The first was related to the emotional experience of self and development of identity whilst the second was associated with attempts to understand why the abuse was carried out.

Theme One: Threats to Developing Self

The theme of ‘threats to the developing self’ arose in different contexts for the participants in the study but related to the failures of those who should have been there to provide care for them. The early/mid-childhood life-experiences of the participants were characterised, from their perspective, as one of not being cared for and being treated cruelly / being victimised. Not being cared for incorporated the experience of being ignored and abandoned as is seen in the following:

“Yeah I come from a shitty council estate, no one cares about me, do you know what I mean? No one cares about me. Yeah I’ve got a massive family like but I feel alone in my family. I had a bad childhood” (P1)

“At that time, my step-mother was a real pain in the arse, really cruel to me” (P4)

For some participants not being cared for was illustrated through being abandoned by either one or both parents, which resulted in feelings of isolation and fear. Some participants described the experience of being ignored by their parents, which they feel they still live with and which affects them negatively.

“Put it this way, my life was horrendous, you couldn’t live there, shit and piss hate it hate it. My dad had to walk out and left us, it’s usually women who is scared of the man but my dad is scared of my mum and so were we” (P5)

“I got put in foster care, and my mum knows I can’t take it being in foster care, like my mum knows I can’t take it being away from her full stop. Can’t take it. Can’t take it” (P1)

“Being put into care was scary at first didn’t want to go in there, I got used to it” (P3)

“Like my dad lives from here to the house alone but he’s never talked to me, never acknowledged me either. Blanked me at my sixteenth birthday, its just all that sort of stuff really it gets me down” (P2)

“And important times in my life when by my parents they would just ignore me. Lots of hatred in my family” (P2)

One participant described the conflict that he had with his parents and its effect upon him:

“At home with my parents. Yeah yeah, ermmm, the year of 2000 was a really bad year for me, my life was, I was just crap. I was arguing with my parents all the time and I was really depressed. It really messed up my head and then I was sexually abusing the little girl” (P2)

He describes the conflict, within a context of feeling uncared for and whilst being victimised as factors contributing to his own perpetration of abuse.

Being a victim

All of the participants described the experience of being victimised physically and sexually throughout their childhood. The perpetrators of the abuse were close family members; those who were responsible for the participant’s care and other family members did not prevent the abuse from taking place.

“I’ve been beaten when I was younger, by my Nan and Granddad, well my Nan, I was sexually abused when I was 8 by my step dad’s nephew, and urmmm, and abused when I was 13 by someone” (P2)

“My mum married my step dad when I was 4 years old and he always used to smack us and that. He used to be violent and aggressive and he used to be bitchy with my mum and he always used to hit her and hit us lot and she used to ignore it and there

was this one day that I went to school with my face all bruised on here, it's where he got his fingers and started going like that, and my mum didn't send me to school and that's when social services got involved the first time and that and that's when we got in care" (P3)

The emotional impact of the abusive experiences is illustrated in the following accounts where the participants described feeling scared, hurt and worthless. The associated feeling of powerlessness was a typical experience of growing up.

"My step mum really hurt me, I think that this is a sort of reason why I could have been doing this, my step mum used to punish me in a really strange way, used to ask me to take my trousers down and would hit me with one of those fish slices you know, when I go home, it got to one point I was so pissed off that I just broke it in half and I don't know why but I have the fish slice at home, can't deny it because it's there. Really cruel to me" (P4)

"She beat us up with belt and threw my sister in an open fire, made us watch scary movies all the time. I hated her, have those thoughts about what my mum done to me and the dogs" (P5)

"I sort of grew up being a weak kid in the whole family, like, everyone knew the X's (family surname) like they are a big hard family and all this crap I wasn't really a good fighter, you know, I got beaten up, rather be beaten up then beat someone up stuff like that, grew up and get a smack around the head for not fighting. Or something like that" (P1)

"I want to prove that I am somebody inside, cos everybody's saying that I am a nobody, that's why I don't have respect because everybody's telling me that I am a nobody, its really tough, you don't know what its like until you've been there" (P1)

Theme Two: Understanding the Abusing Self

The theme of understanding the abusing self is characterised by an attempt to understand and in some cases integrate the antecedents of the offence. The antecedents of the offence were described as the 'dissociated self', and a lack of control of thoughts or feeling. Following this there was a need to understand the reasons for the sexual offence. An attempt to understand reasons for the sexual offence was seen as essential in order to prevent re-offending in the future.

Dissociation

Participants understood their offence in terms of a ‘divided self’ – the real self and the ‘other’ self. This theme of the dissociated self is seen as follows:

“I’ve been so against all that stuff. Paedophiles and people that abuse children. I hated it like people. I verbally abused people and stuff like that. Cos I’ve done it round my area and stuff. And then all of a sudden I’ve done it. I saw myself as different, I did yeah. I never thought I’d do anything like that. I don’t understand it, it just sort of happened its really weird” (P2)

“Breaking the law by committing indecent assaults, that aint me. That’s not me, that’s somebody completely different. So that isn’t the way I normally am. That part that aint me, the part that aint me. For, its like, I don’t know why but, it just, that’s just not me. Its not me, I’ve never done anything like that before in my life. Not committing indecent assaults, that’s paedophilia, that’s paedophilia basically. So that’s how I look at paedophilia, that’s how I look at it. That’s why that thing aint me” (P1)

“What the fucks he done this time? Only thing I can think is what the fucks he done this time. What am I going to get into shit for this time?” (P1)

Lack of Control Over Thoughts and Feelings:

All of the participants struggled to make sense of their offending behaviour and as a result experienced a lack of control over their thoughts and feelings.

“I just didn’t understand why I was enjoying it and why I was doing it” (P4)

“When I did it with my cousin I really didn’t understand why I did it, the way I was feeling, what I was thinking, and that” (P4)

“I didn’t have any thought pattern, well I did have thoughts, but I couldn’t see them or analyse them, I didn’t have any insight, I didn’t know what was going through my head it was just there. My head was just there” (P2)

Understanding Reasons for Sexual Offence:

A need to understand the reasons for why he committed the offence was important and in some cases this was seen as essential to rehabilitation (i.e. prevention of re-offending in the future):

'I know I wont do it again if I find out why it happened' (P1).

"I want to understand why it is I did it so I know not what to do in the future so I don't offend" (P2)

"I want to know how I do offences and I want to know how to stop it, signs for it, generally like to know how it affects others so I can think about it before doing it as well" (P4)

All participants described a chaotic and unstable family environment in which they felt unsafe. Positive early life experiences, which would enable a child's development and the establishment of a stable sense of identity, were remarkably absent from the data. The tone of the theme of threats to developing self is a lack of reconciliation with their past experiences and confusion about who they are and how they had developed abusive behaviour and through the theme of understanding the abusing self concern is expressed that there was a need to prevent the repetition of the patterns of their own experience.

3.4 Higher-Order Theme Two: The Process of Abusing

The three themes subsumed into this higher-order theme include 1) Enabling Sexual Offending, 2) It's not my fault and 3) Guilt and Regret and relate to the process of the participant carrying out the abuse. Enabling sexual offending includes planning the sexual offence and the beliefs that the adolescents' held which facilitated this process i.e. 'Abuse is OK' and 'They Wanted It'. The second theme, 'It's Not My Fault' related to a belief that others were to blame for the offences and is related to the process of abusing through relinquishing responsibility for the offence.

The third theme, Guilt and Regret, is associated with the emotional consequences of the offence and relates to the final stage in process of abusing.

Theme One: Enabling Sexual Offending

Planning

Three participants described how they ‘planned’ their sexual offending suggesting that these were not spontaneous and impulsive acts. Through the process of planning, which occurred to differing extents across participants, sexual offences as they occurred appeared to be more in the participant’s control.

“I would sit in my friends room and she would come in say good night, I would be thinking how can I make an excuse to get into her room and then I would think to myself that I would go and tell her story or something like that or just go and say goodnight as I was going or something like but I would go in there and I would offend” (P2)

“When the opportunity arose, when she was going to bed or something, I would do it” (P2)

“I would walk into her room or something and in my head I would think, I would be planning ermmm, how to do it. I knew it was just a little girl” (P2)

A difference between the participants existed in the degree of planning that they reported. Some described not thinking about offending until they were in the situation in which they had previously offended, where they would take the opportunity to offend. One participant reported what could be described as ‘predatory planning behaviour’ where they would be thinking about and planning the offending over greater periods of time to ensure that they could offend.

“Every evening, all day I used to eye up keep staring at the little whoever and then I would watch whose room I was going to go in, whoever went next door to me then

that's who I would offend, then I would go in the room. I was thinking sex, where are they? Will anyone see me? Thinking - How was I going to do it again? I would think about it all day, would think about it and thinking about it, getting them to myself, how I was going to do it to get them to myself, how I could get them, what would they do" (P5)

"Abuse is ok"

Participants described specific thoughts about their offending during the commission of the offences. Beliefs that abuse was the 'right thing to do' or part of 'sexual experience', were in some cases antecedents to the abusive act itself.

"At the time I thought that it was the right thing to do... I had sexual thoughts and was thinking sex about how could I do it" (P5)

"I didn't hate myself about doing it. I thought it was alright, it's OK" (P5)

"I didn't think it was wrong, it's not like you've done something wrong at all. The abuse was definitely right, it was right, I didn't think in my head that this is wrong or anything like that I just felt that I was having sex, I just saw it as just sex" (P2)

"I had no sexual experience in that way so could do it to someone who is younger" (P4)

"I was around there a lot really and then being a teenager and very sexualised and stuff and I just took every opportunity that I could really to have sex" (P2)

"I was thinking about all the things that I could try out, the things that I hadn't done, you know, anal sex, oral sex. Would like to have mutual masturbation" (P4)

Within the context of believing that sexual abuse was only a sexual act the participants described feeling sexually aroused by the offending which lead to masturbation. Some participants described feeling sexually aroused by the offences throughout the whole process of offending including the period after they had been convicted, which was underpinned by the belief that sexual abuse was not wrong. For one participant they no longer felt sexually aroused by the offences.

"When I was in prison before I first came here I used to masturbate about it quite a lot. And then over time it just wore off really. I haven't stopped masturbating but I

don't masturbate about that, about child abuse. I did masturbate about it when I got home, I would masturbate all the time, particularly in prison. But cant really remember, I cant remember if it was before the abuse or after, I'm sure it was after" (P2)

"After I was still quite aroused you know, I actually masturbated quite a few times after it had happened to it" (P4)

Others described a direct link (i.e. learned behaviour) between their own experience of being abused i.e. perpetrated against and their offence i.e. becoming a perpetrator.

"I believed that everything is ok, that was the biggest ones, like when I was sexually abused I thought that well its ok, its just having sex and its ok" (P2)

"I thought that it was wrong with my cousin but not with my step sister, because I was getting revenge, all the things I could do to her to get back at my step mum, generally being naïve and aggressive, that way I could rub it in her face" (P4)

"They wanted it"

Whilst participants described thoughts of a sexual nature during the commission of the offences, they also described thoughts that were specifically related to the victim, which appeared to facilitate offending behaviour. The participants believed that they had not applied force in the offences, illustrated in the following:

"Well obviously I thought that it was easy and he wanted it, because I wasn't forcing him. After a while he didn't do it he started rejecting a bit I never forced him. I thought that he wanted to do it because he came back and he sort of would come back and play the computer" (P4)

"She really liked me, yeah I liked her. Just sitting down and chatting, and then she cuddled me first and I cuddled her. I was just sitting on the wall, she comes and cuddles me, she cuddles me yeah, like that from behind" (P1)

"She had given me permission to do it, she doesn't want me doing it. She didn't say none of that to me, she cuddled me I cuddled her, she didn't say nothing" (P1)

An exception existed with one participant who openly discussed the use of physical force in enabling victim participation. A consequence was the belief that the victim had wanted to participate in the sexual act and that because there was no change in the way the victim interacted with them that the victim had consented.

“It made me feel like oh well it doesn’t matter she wanted to do it or something like that. That’s what gets more into my head like that she wanted to do it. Went on for a year and a half” (P2)

“ She’d be normal, she would just be fine, come and sit on my lap like normal. Talk to me wouldn’t treat me any different and it makes it go in your head even more” (P2)

“I wouldn’t say any threats to X not to get him to tell, but I would say that his parents would be really upset if they knew but no threats” (P4)

“I’d slap them around the head, so the back of their head stings and they cry so much they couldn’t grass. They wouldn’t tell X” (P5)

The participants described thinking that because there was no change in the way the victim interacted with them that the victim was consenting. One participant described the victim initiating and reciprocating interaction with them, which was thought to mean that the victim had given the participant permission to touch her.

Theme Two: “It’s not my fault”

Reflecting on their offences participants described the sexual offences as not being their fault and instead attributed blame to their parents, illustrated in the following:

“Wish my father would get out of the fucking picture, simple. I wish I never went into foster care in the first place. I wouldn’t ever offended. If I was at home with them I wouldn’t have done it” (P1)

“I wanted to stop earlier, my dad and mum weren’t doing a good enough job from keeping me from doing it again” (P4)

“I reckon it’s because my mum done it to me, I think that, not the same as I did it, she beat me up and that..... I think back to the time when my mum done it to me and think it’s her fault” (P5)

In one case blame was attributed to the effects of substance misuse whereby the participant describes feeling out of control:

“I don’t know why but as soon as I mix drugs and drink together, that thing takes over, whatever it is, that thing takes over and that’s when I offended” (P1)

“It’s not me. It’s not me. It’s not what I am normally like when I’m stoned. And both of them times I’d taken cocaine, which I wouldn’t normally do” (P1)

One participant denied committing the sexual offence despite significant evidence to the contrary and instead attributed blame to the victim:

“....I didn’t do it. He always has had a wild imagination and that, he always likes to tell people things I mean he is complete liar, he is a habitual liar” (P3)

One participant described their belief that through their own physical abuse by their mother their brain had been damaged, which had lead to their sexual offending:

“My mum, she beat me up and that, I think it damaged my brain, so I think that’s why I done it cos it’s damaged my brain” (P5)

Through attributing blame to external factors the participants relinquished responsibility for their own behaviour, which in one case seemed to reinforce that they had not done anything wrong, despite having been caught.

“It’s not like you’ve done something wrong at all. It’s more like you’ve been caught. More about getting caught really. Then the actual perpetrating. So it’s more about don’t wanna go to prison” (P2)

Theme Three: Guilt and Regret

Most participants describe wanting to make reparation for their actions apart from one who had committed the most offences against a large number of victims. For him regret was related to the loss of friendship with the victim and family members, but his account is devoid of guilt or regret about the likely consequences for his victim. Instead the account is more focused upon personal consequences for his actions such as the loss of a secure base.

“I want to go up to them and say sorry you know, I feel guilty because he was my best friend and every time he was upset I was there for him and when I was upset he was there for me, now I go there I can't see him he has to be out when I go now. Can't go at the weekend. I really miss him and foster-mum, if I hadn't done it I would still be at X now” (P5)

On reflection of the sexual abuse one participant described feeling guilty with regard to the wider affects of his actions on the other family members involved. He describes the affects his actions may have had on the victim and focused upon the widespread loss of friendship associated with abusing. However immediately following the abuse he focused upon how he felt about the abuse as opposed to the effect on the victim.

“I don't just think about X although she is the main one, I think about everyone, her parents her brother, my parents my family, it doesn't just affect me and her it affects everyone, it hurts a lot losing X as a friend as well, not spoken to him since, its like losing my brother, yeah, feel like I've lost somebody else” (P2)

“After it happened I'd feel really guilty, I'd be like oh my god what have I just done? And then I would leave as soon as I could. I'd just say goodbye to everyone and leave. And I felt dirty and stuff like that” (P2)

One participant describes the long-term impact their sexually abusive behaviour may have had upon the victim and the difficulty they experience when thinking that he was responsible for the long-term damage to the victim.

“Screwed him up in my mind, hated it, ruined his life, you know, he has nightmares, wets the bed, constantly in the bed, scrubbing himself trying to make himself clean, it's horrible, feeling that I could have done that you know” (P4)

3.5 Summary of Results

Five participants aged 15-18 years from two settings consented to the interview. Between them three categories of offence types were recorded i.e. indecent assault, rape and attempted rape. Two participants had only offended twice whilst one participant had a record of twenty or more offences.

The analysis derived two higher order themes the first comprising of two sub-themes whilst the second comprised of three. Overall, both of these themes were related to childhood and growing up experience, which comprised of poor parental nurture. The first higher order theme comprised of abandonment and victimisation which destructed or threatened the development of self and was associated with ‘dissociation’. Within this theme, the experience of abandonment and emotional neglect was important, but there remained potential scope for integration of the self. The experience of victimisation and cruelty which formed the basis for dissociation of self also appeared to link with the second higher order theme i.e. the process of offending. Here the presence of early negative models of social behaviour in the form of victimisation and cruelty also provided the basis of a socially learned experience whereby the adolescent became a perpetrator. These two themes were linked by regret and guilt in some participants. In the discussion, this will be examined in terms of the similarities and differences of adolescent and adult sexual offenders, developmental

theory i.e. the development of self and identity and the empirical literature on ‘victim to victimiser’. The implication for future clinical and research practice, using the literature reviewed in the introduction in section 1.6.5 i.e. cognitive theory and clinical implications and 1.7 i.e. current treatment approaches. In the light of the present findings other therapeutic methods, which may help adolescent sexual offenders will be discussed.

CHAPTER FOUR: DISCUSSION

4.1 Overview

In this thesis the study set out to examine the cognitions (ie thoughts and beliefs) of adolescent sex offenders with respect to their offending behaviour. Five participants were interviewed using a structured interview schedule and IPA. The discussion will therefore concentrate on the following: (1) Descriptive Data (2) Higher-Order Themes (3) Clinical Implications (4) Limitations and (4) Future Research.

4.2 Descriptive Data

The demographic and offence characteristic information will be discussed in the following sections, making reference to previous literature reviewed in Chapter 1.

All participants were Caucasian, which is consistent with the research reviewed in section 1.4.3, which noted that approximately 60% of adolescent sex offenders originate from this background (Graves et al, 1996). It is not clear why the two units that were sampled within this study had a poor representation of non-Caucasian adolescent sex offenders. One of the two units where only one participant was interviewed was drawn from a geographical area in which there is little variability with regards to ethnicity and is predominantly constructed of a Caucasian population. The other unit received referrals from all parts of the country. Future research with adolescent sex offenders may need to examine how non-Caucasian adolescent sex offenders are in fact offered treatment. It may be that given the difficulty in definition noted in section 1.4.5 that some adolescent sex offenders are in fact diagnosed with a conduct disorder, which may include those of non-Caucasian ethnic backgrounds.

For the purposes of discussion family background is constructed of parental marital status, place of residence, siblings and parental occupation. Consistent with the research reviewed in section 1.4.3, which notes that 78% of adolescent sex offenders are reported to be living in single parent families (Graves et al, 1996), all of the participants' parents had divorced. Information regarding number of siblings in the family was collected to support and contextualise demographic information about the family background and structure. The number of siblings in an adolescent sex offender's family had previously been investigated by Dobson (1999) as a factor contributing to 'family chaos' and noted that adolescent sex offenders had a significantly higher number of siblings than did age matched non-sexually offending peers. Only one participant in the current study had a higher than average number of siblings and therefore is not consistent with previous research. The socio-economic status of the participants was assessed through their parent's occupation and all participants' parents were unemployed and without specific professions, which may indicate that they originate from families with lower socio-economic status. This is not consistent with research completed by Awad, Saunders & Levine (1984) who noted that adolescent sex offenders were more likely to come from a middle-class background in comparison to non-sexually offending peers. However, Barbaree et al (1993) note that the socio-economic status of adolescent sex offenders is unclear as a result of the varying sampling techniques and samples utilised in such research.

Consistent with the findings of Way (1999), which indicate that physical abuse is the most common type of abuse experienced by adolescent sex offenders, four of the participants had previously reported physical abuse. Two participants had reported sexual abuse, which is consistent with Widom (1995) who notes that sexual offending

is not always associated with the experience of sexual abuse. Furthermore, this may support the contention posed by Lane's (1991) sexual abuse cycle (see section 1.6.9), which indicates that it is not necessary in the victim to victimiser theory for adolescent sex offenders to have experienced their own sexual abuse in order to go onto abuse others. Two participants had reported prior neglect, which may be a contributory factor for the provision of foster-care. Previous research (Jonson-Reid, 2000) has indicated that violent offending may be associated with previous neglect however the degree of violence associated with the abusive behaviour by the adolescents in the current study has not been investigated (see section 4.5 for a more full discussion). However, the formal charges brought against the adolescent may be indicative of the degree of violence used in their sexual offending. For example, rape may be associated with more violence due to the penetrative nature of the offence, it is acknowledged that this method is not a definitive assessment of the degree of violence associated with the adolescents' offending. Emotional abuse was not considered in the descriptive information as it usually may co-occur with other forms of abuse and is typically more difficult to substantiate.

Consequently, consistent with previous research, the participants may have originated from families that are unstable and chaotic, with a number having experienced neglect and abuse and because a number had to receive foster-care provision or originated from single-parent families. It is not suggesting that single-parent families are by their nature unstable but that this factor, alongside the frequency of neglect and abuse and lower socio-economic status, may together contribute to a more unstable and chaotic family environment. On the basis of the above information it may be suggested that the participants may have received poor parenting (see section 4.6 for further

discussion), which is consistent with the conclusions of previous research in section 1.4.3 (Dwyer, 1988). The development of a parenting capacity is not based in cause and effect and is influenced by both individual and systemic/sociological factors e.g. limited social support and limited economic options.

Information with regards to educational level was gained from the case-notes and collected to compare this population with previous populations in the literature. The educational assessments were based upon subjective reports from the participants' teacher as opposed to formalised psychometric testing. These findings are consistent with the research reviewed in section 1.4.2 completed by James & Neil (1996) and Craissati & McClurg (1996), which indicate that adolescent sex offenders are often at the lower-end of average when completing standardised intelligence testing. However, it should be noted that it those adolescents who do not come into contact with services may be of a higher academic ability.

Based on the characteristics of their offences, the participants may fit Graves et al (1996) 'paedophilic' typology as they all offended against children. However, this typology is characterised by an interest in female children and one of the participants offended against males exclusively and a further two offended against both males and females. Three of the participants may fit Graves (1996) 'sexual assault' typology as they started their offending behaviour between the ages of 13 and 15 years. However, this typology is characterised by offending against various ages of victims and therefore it may be possible to exclude the participants from this category alone based on their specific offending against children. It should be noted that typology research combines offence characteristics with other characteristics such as history of

psychological difficulties, which is outside the scope of the current research. Should this data have been collected and a larger sample recruited it may have been possible to more clearly differentiate between offenders and categorise them into typologies of offence.

With reference to Becker & Kaplan (1988) model of deviant sexual behaviour (section 1.6.8) it may be more appropriate to classify the participants as having followed the 'Sexual-Interest Path' as all participants repeatedly offended where following an initial abusive sexual experience the adolescent continues to commit sexual offences which frequently results in the development of a 'paraphilic' arousal pattern, which is the preference for sexual contact of an abusive nature. It may become more apparent through the description of the themes below that the participants more suitably fit this typology pathway.

4.3 The Relationship Between Themes and Psychological Theory / Empirical Models of Adolescent Sex Offenders

In this section each of the themes will be examined in turn and this will be followed by evaluation of both higher-order themes together in the light of theory and empirical studies.

4.3.1 Higher-Order theme one: 'Sense of Self'

Sense of Self incorporated the sub-ordinate theme of threats to the developing self, which related to the participants early experiences, and served to undermine their development and integration of a stable Sense of Self. The second sub-ordinate theme, Understanding the Abusing Self, related to the participants' attempting to make sense

of themselves their behaviour and a lack of awareness of their own thoughts and feelings, in one case the offending behaviour was attributed to a separate self which seemed to be dissociated and out of their control. These are new findings as to date the literature on adolescent sex offending appears to have followed that of the adult sex offenders, especially with respect to treatment studies described by Marshall & Barbaree (1990) in section 1.7, and as a result there is currently not an available literature to discuss these concepts in depth with regards to adolescent sex offenders. Consequently, these concepts will be discussed with regards to the models examined in section 1.6 before a more in-depth discussion unfolds drawing upon other bodies of literature, which may help to contextualise these findings.

Traditionally, 'Sense of Self' has been conceptualised into two domains: the existential self, which is the subjective experience of existing, comprising of personal identity and the empirical self which is an objective understanding of the individual's own characteristics and personality traits. It is suggested that together these two components of the self comprise an individual's sense of whom they are (Damon & Hart, 1992).

With reference to the Four Pre-conditions Model (See section 1.6.7) Finkelhor (1984) suggests that the motivation to sexually abuse is comprised of emotional congruence, which is the congruence between the adult sex offender's emotional needs and the child's characteristics. It is postulated that the offender has an arrested psychological development more similar to that of a child. Despite being developed for adults, it may be suggested that this model can be adapted, with reference to the findings of the current study, to become more relevant to adolescents. The model does not suggest how or why adult sex offenders may have an arrested psychological development and

it may be helpful to broaden this concept to include a lack of an integrated sense of self, which would more specifically indicate relevant intervention programmes. Similarly, in the Model of Deviant Sexual Behaviour, Becker & Kaplan (1988) suggest that adolescents following the sexual-interest pathway experience difficulties forming age appropriate relationships, which may also be attributed to arrested psychological development as postulated by Finkelhor (1984). As will be discussed in more depth later in the discussion, the negative early experiences, which threaten the development of a sense of self, may also serve to underpin this process.

In the Cycle of Sexual Abuse, Lane (1991) suggests that the cycle is initiated through a process of events that result in poor self-image in the offenders. It may be possible to suggest that a poor self-image is preceded by a lack of an integrated sense of self facilitated through threats to its development by early negative and abusive experiences characterised by a lack of 'good enough' parenting. Consequently, adolescent sex offenders may have a poor understanding of themselves and their own experiences, which would prevent the development of a positive self-image. This possible underlying developmental problem may then mediate the onset of the cycle of sexual abuse through social learning processes, which will be examined when discussing the second higher-order theme 'Process of Offending'.

The integrated model of sexual offending proposed by Marshall & Barbaree (1990) highlight the importance of early development in the commission of sexual offences despite being developed for adult sex offenders. However, this model proposes that a developmental task of adolescence is to separate the related but usually unconnected sexual and aggressive drives, which may be mediated by physiological factors and is

not thought to occur in sex offenders as a result of poor parenting. Although it is outside the scope of the current study to validate this model of sexual offending, it may be possible to enrich it by suggesting that poor parenting may threaten the development of an integrated sense of self which then may mediate later developmental tasks such as the separation of sexual and aggressive drives. This added component to the model may help to explain how poor parenting relates to developmental difficulties and may contribute to the development of appropriate interventions.

4.3.2 Higher-Order Theme Two: Process of Abusing

The process of abusing reported by the adolescents consisted of a number of elements and is more focused upon their cognition about the sexual offending. The first theme consists of the factors that the participants' described as enabling the sexual abuse to take place. Firstly the participants' described planning the sexual abuse, which was a process of antecedent thinking about how they could sexually offend involving the search for opportunities. With reference to Lane (1991) Cycle of Sexual Abuse, which is the only model currently available examining in depth the actual process of offending, antecedent thinking is considered as a theoretical assumption as it has not been empirically validated. The nature of antecedent thinking in this model is based upon fantasy plans but does not highlight a specific role for the actual planning of the sexually abusive behaviour. However, it may be suggested on the basis of the above findings that some adolescent sex offenders do engage in antecedent thinking about the sexual abuse, which is based upon situational variables such as being in the same environment where the last abusive behaviour took place. It may therefore be possible

to hypothesis a role for classical conditioning where the environment had been paired with a stimulus, which acted as a trigger to antecedent thinking.

The second factor that enabled the sexual abuse to take place were the beliefs that “Abuse is OK” and that the victim “wanted it” which were reported during the commission of the abuse. The participants’ did not think that their behaviour was wrong and would view the abuse as an opportunity to engage in sexual activity, in some cases furthering their own sexual experience. This then led to sexual arousal following the abusive behaviour and subsequent masturbation. The belief that “Abuse is OK” seems to have a role of enabling the adolescents’ to overcome their internal inhibitions as suggested by Finkelhor (1984) in section 1.6.7. However, as the title of this factor would imply, the adolescents would be deemed to have internal inhibitors to their sexually offending which the described thinking patterns would help them overcome. It is not possible to presume that this is the case and no current literature is available to further expand our understanding of the nature of adolescent sex offenders’ internal inhibitors. However, a striking feature of the above beliefs is the way that they may be reinforced through sexual arousal and masturbation. Following the commission of the sexual offence, the findings from this study suggest that the thought of the abuse was sexually arousing leading to masturbation to a fantasy of the sexual abuse, which through a process of classical conditioning may further reinforce sexual arousal to abusive sexual acts. This finding supports the work of McGuire, Carlisle & Young (1965) who initially theorised the above process. Participants described how their own abuse mediated the belief that “Abusing is OK” and may be underpinned by social learning mechanisms described in section 1.6.4. This is supportive of the victim to victimiser learning theory perspective of sexual offending

as early abusive sexual experiences are said to lead to the development of later sexual offending (Ryan, 1989).

It may be possible to suggest that the belief “They Wanted It” could be underpinned by the dynamics of the participants’ own early abuse as suggested in the traumagenic dynamic model (Browne & Finkelhor, 1986). This theory suggests that sexuality can become traumatised and the normal perception of sexual relations distorted through abusive experiences in childhood. Being based in social-learning theory, it is possible to suggest that the participants in this study believed that they were responsible for their own abuse and therefore may have wanted it to happen. This belief, as is suggested with other offence supportive cognitions outlined in section 1.6.5, may therefore have both a causal and maintenance role. However it is insufficient to state that holding this belief in isolation of other vulnerability factors such as a disintegrated sense of self will inevitably lead to sexual offending. The similarities between the beliefs that “Abuse is OK” and “They Wanted It” will be further discussed following examination of the next theme, which is the post-offence belief the participants’ held that “It's not my fault”.

In section 1.6.9 Lane (1991) indicated the role of a cognitive distortion that is associated with externalising blame to others prior to the commission of sexual offences. It is apparent that the participants in the current study similarly externalised blame for the offence however this did not occur prior to the offence but was a post-offence belief. This may have served to relinquish the adolescent of responsibility for their actions and may guard the adolescents’ remaining self-esteem in the face of both public and self-hatred. A key point to consider is that the literature may refer to this belief and both “Abuse is OK” and “They Wanted It” as cognitive distortion in that

they may be thinking errors, which would make no sense to normally developing individuals. However, these beliefs made sense to the participants' within the context of their earlier experience through the mechanisms of learning and cognitive theory and to them were not errors in their thinking process. The beliefs "They Wanted It" and "It's Not My Fault" did serve to justify the sexual offences committed however this also implies that the adolescent was consciously aware that their behaviour is wrong and in the case of these findings the opposite is true. It raises the question as to how helpful it is clinically, particularly when working with younger offenders who may not have had the opportunity to develop a more self-reflective capacity, to deem these thoughts and beliefs distorted without considering the adolescents' earlier experiences. Furthermore, it has been noted that to label a sex offenders thinking as distorted implies that clinicians know the truth and have the ability to correct these thoughts, which would inevitably lead to the offender ceasing to offend, which is unproven in the literature (Maletzky, 2001). It may be more helpful to differentiate between those adolescents whose sexual offending appears to be more as a result of social learning and a disintegrated self and those who offend without a background of widespread abuse. This would prevent the potential pit falls in the application of cognitive therapy, which will be discussed in section 4.4 Clinical Implications.

The subordinate theme is Guilt and Regret and was the last stage in the offending process as reported by the participants. Lane (1991) suggested that guilt was a transitory feeling which was not related to the effects the abuse has on the victim but related to a fear of getting caught. This may be the case for some adolescent sex offenders but for the participants in the current study guilt and regret were connected and seemed to have a more complex role. Regret was expressed in the context of the

losses that the participants' experienced as a result of their offence whilst simultaneously expressing guilt about the consequences for their victims. For one participant (participant number five) who had committed the most offences against the largest number of victims and may therefore be more similar to an adult sex offender, the guilt expressed was solely related to personal loss and not related to the likely damage to the victim. In this case this participant seems to more clearly fit with the contention of Lane (1991) with regards to the nature of guilt but overall participants felt guilt following the offences but not during. It may be suggested that the adolescents' expression of regret and guilt may be mobilised therapeutically in rehabilitation and this will be discussed in section 4.4 Clinical Implications.

4.3.3 Synthesis with New Literature

In the next section the first theme 'sense of self' will be discussed in more detail by drawing upon a range of theoretical models, which may help to explain how a sense of self is developed and how this may lead to the process of abusing outlined above.

It has been noted that adolescence is a key period for the establishment of identity and the sense of self (Erikson, 1968). The basic tenet of this theory is a normal conflict that exists for adolescents between identity development and role confusion, the successful negotiation of which will enable a more fully integrated sense of self which will be carried forward into adulthood. The participants in this study were characterised by threats to their developing self since they reported insufficient care neglect and substantial physical and/or sexual victimisation. It may be that participants were unable to integrate a coherent sense of self as a result of these experiences, which may have served as vulnerability factors for the later development

of sexually abusive behaviour. However, it is important to note that these experiences alone will not inevitably lead an adolescent to sexually offend but that a more in depth understanding of how these experiences may have a mediating role in sexually abusive behaviour may be important. Examination of the experiences of a larger number of adolescent sex offenders who have themselves been victimised, using the current study as a basis for developing a quantitative survey, is a potential area of future research.

The long-term effects of abuse have been well documented and it is widely acknowledged that these experiences will undermine the normal developmental processes (Vasta et al, 1995). Physical abuse is associated with the externalising of behaviour problems such as teenage delinquency and also the experience of relationship problems (Malinosky-Rummel & Hansen, 1993) whereas the long-term effects of sexual abuse are better understood through Browne & Finkelhor (1986) 'traumagenic dynamics' model. This suggests that victims are likely to experience traumatic sexualisation, stigmatisation, betrayal and powerlessness through the dynamics of the abuse. Consequently, this may lead to misconceptions about normal sexual behaviour and this may be related to the current participants where such misconceptions, underwritten by the disruption of normal developmental processes allowed the belief that abuse is not wrong i.e. the victim "wanted it". Mollon (2001) notes that 'a number of dissociations and distortions of the perception of self may occur in children coping with widespread trauma in order to preserve a semblance of coherence of experience (Pg 209)'. This experience may be best understood within the context of attachment theory models, which will be examined next.

The importance of early child-caregiver relationships to later psychological development is well established (Vasta et al, 1995). Internal working models are said to develop through the process of parent-infant interaction allowing the development of schema about self and others, which may then establish the foundations for later adolescent and adult relationships (Bowlby, 1988). These internal working models subsequently relate to different attachment styles in children; for example, where care has been empathic, consistent and responsive to the child's needs, self-schema is characterised by the self being lovable and competent and others as being available and dependable and is associated with the development of secure attachment. However, and as may be relevant to the participants in the current study, where parenting has been unresponsive and inconsistent the self-schema of being bad in relation to others being frightening and unavailable may develop and is associated with a disorganised attachment style. This latter style of attachment has been associated with risks related to anti-social behaviour problems and aggression (Lyons-Ruth, Alpern & Repacholi, 1993) and 'difficult temperament', which may underpin both conduct disorder and the development of later personality disorders (Zennah, 1996). Given this, it is not surprising that there are difficulties in differentiation between adolescent sex offenders and conduct disordered adolescents (see section 1.4.5. Conduct Disorder) where some literature suggest that sexual offending is a sexual expression of otherwise disordered conduct. Although some differences have been established (Kavoussi, Backer & Kaplan, 1988), it may be the case that the common theme underlying both presentations is attachment theory and early experiences of poor parenting.

A process that may underpin the socially-learned ‘victim to victimiser theory’ (Ryan, 1989) is the internalisation of the victim-persecutor internal working model for relationships through the experience of being powerless (Carr, 1999). It may be that adolescents are more vulnerable to commit abusive sexual acts when in the position to exert control and power over more vulnerable individuals. Therefore although abusive behaviour clearly is sexually orientated it may be mediated by more unclear unmet emotional and developmental needs leading to a disintegrated sense of self.

Summary and Synthesis of Themes

The two higher-order themes and the constituent subordinate themes are presented in figure four on page 99. The synthesis outlines the above discussion and suggests antecedents to the offending behaviour. It is suggested that the experience of abandonment and neglect, and therefore the absence of nurturing and a poor attachment, feed into the state of a ‘disintegrated’ and ‘dissociated’ sense of self. This state is further influenced by the experience of victimisation and cruelty alongside the presence of a negative model of social behaviour, which suggests that the process of offending is underpinned by social learning mechanisms.

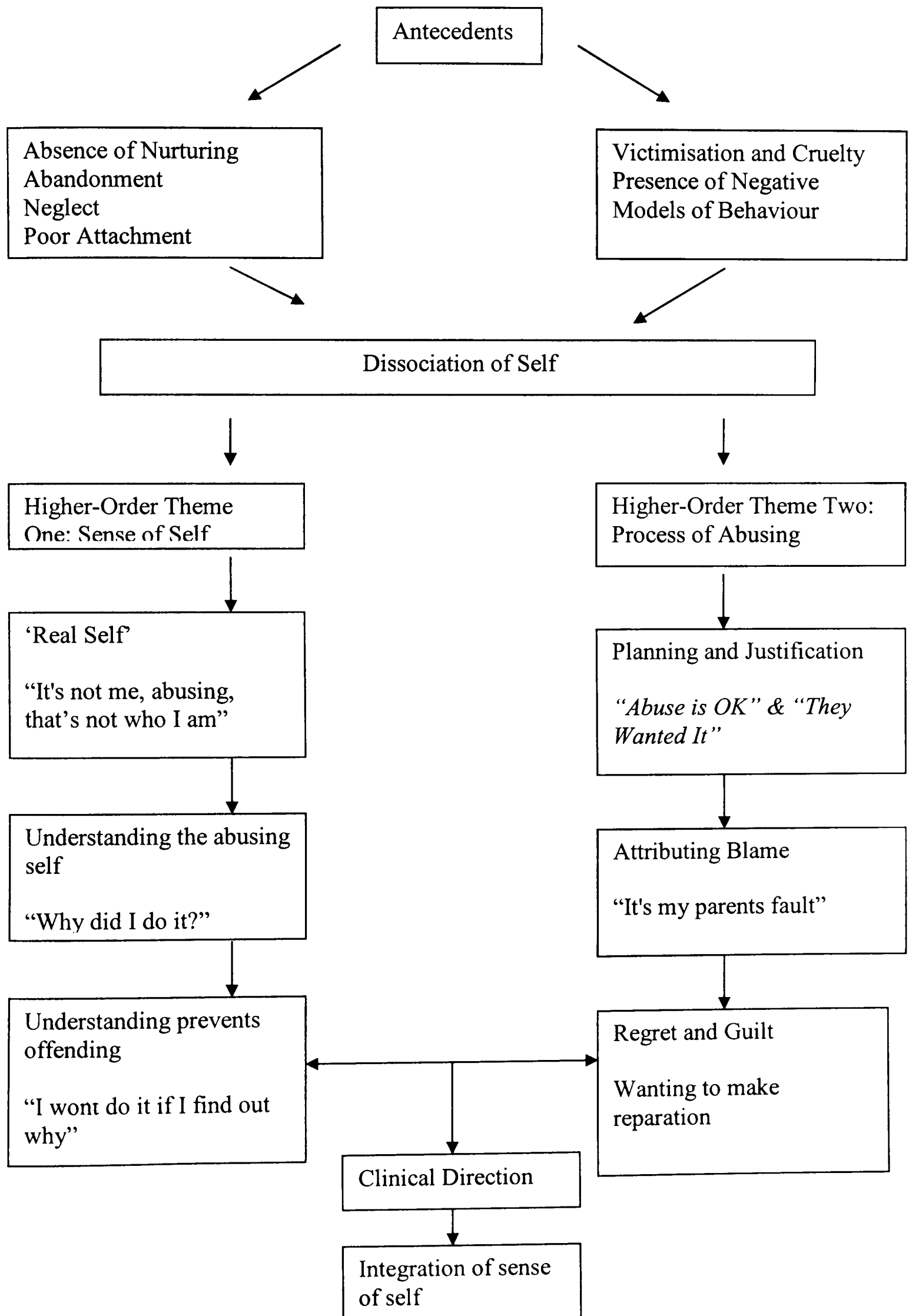
Within the first Higher-Order theme a ‘real self’ is evident, which is associated with the participants’ recognition that there is another aspect to themselves which may be split off and is not related to offending. Attempts at understanding the ‘abusing self’ and integration of this aspect of themselves within the context of their earlier experiences, may lead to the prevention of further offending behaviour and may lead to the direction of clinical intervention. This will be examined later in section 4.4 Clinical Implications.

The second Higher-Order theme relates to the process of sexually offending and is based on the principles of social-learning. Here it is suggested that the experience of victimisation and the presence of abusing 'models' have influenced the participants' development of offending behaviour. The process of justification may serve to maintain the offending behaviour but is based in the reality of their own experience i.e. that abuse is OK and just sex and that 'They Wanted It' as this is their own childhood experience. Blaming others is an aspect of the process of offending which occurred following the offence. Although potentially serving to maintain an element of self-esteem in the face of further threats to the already disintegrated sense of self i.e. public reactions to sex offenders, social hatred, this component may partially also be based in the participants' reality. It is not appropriate to suggest that the offending was solely the participants' parents fault as doing so would accept that the participant has no responsibility for their actions. However, it may be the case that for the majority of the participants, their early childhood experiences of neglect and abuse do in fact play a causal role in the commission of their sexual offences. In some ways the present research suggests that offending behaviour for adolescent sex offenders may not be underpinned by a cognitive distortion model (Lane, 1991) but is rooted in the reality of the participants' experience. However, in contrast to the current models of offending behaviour, which, it is suggested are dominated by behavioural and social learning models, such as those of Lane (1991) and Finkelhor (1984), the present research suggests that there is scope for managing the competing conflicts or ambivalence seen in adolescent sex offenders i.e. the development of identity versus socially-learned offending behaviour, via the route of 'regret and guilt' that was found in the participants' description of their experience. Regret and guilt in the process of offending may therefore have a clinical utility in assisting the adolescent sex

offenders to understand the 'abusing self' and to prevent future offences. Regretting their actions and wanting to make reparation is a significant motivation for rehabilitation and understanding the abusing aspect of themselves may help to prevent offending in the future.

Indeed, following the link between the theoretical position taken by the present synthesis, it may be that if therapeutic endeavours focussed on the strengths of the developing self and identity, through the route of reparation, then the progress toward annihilation in adulthood and the risks of future offending will be reduced. Evidence for this view is seen in the descriptions of participant five (see theme three page 79), where increased number of offences appear to result in a somewhat different view of regret and guilt and intensity of predatory behaviour. The clinical implications of this will be discussed in section 4.4.

Figure 4: Synthesis of Themes



4.4 Clinical Implications

The present study that is based in an understanding of the experience of adolescent sex offenders, suggest that there are subtle differences in adolescent sex offenders as compared with adult sex offenders. Adolescents who have not had a long history of offending may have feelings of remorse and guilt that may be used to develop their own sense of self and identity within the context of more general models of adolescent development.

For these adolescents, where the frequency of offending has not resulted in a complete annihilation of the 'sense of self' and where their motivation and behaviour is not strongly based on the 'victim to victimiser' (i.e. socially-learned) understanding, there may be scope for rehabilitation. Treatment in this case may need to focus on developing identity rather than on treatment that is based on models on cognitive distortion. It could be argued that applying treatment based on cognitive distortion without understanding the reality of the adolescent sex offender's experience may in fact result in the reduction of feelings of remorse and guilt, an increased annihilation of the sense of self and potential risks with regards to increased offences in the future.

A model of clinical intervention that may be helpful in combining the socially learned and cognitive aspects of the offending process, alongside the underlying disintegrated sense of self is that of Cognitive Analytic Therapy (CAT). CAT is underpinned by models of the developing self such as those offered by psychoanalytic theory and the principles of self outlined by Kohut (1977). CAT also draws upon cognitive theory and patterns of thought as they relate to the difficulties experienced by the client. This model may be adapted and mobilised for intervention with adolescent sex offenders

where emphasis is placed on the growth and integration of self within a developmental therapeutic framework. This model may also provide intervention at the cognitive level i.e. practicing how to avoid for unhelpful ways of thinking about the offence. Thus the role and the development of such cognitions can be understood within the context of the adolescents' past experiences, but managed within a behavioural framework.

Other models may be useful in treating adolescent sex offenders from the perspective of 'sense of self'. As previously outlined, the development of a sense of self may be related to the internal working models the adolescent may hold about themselves and others as a result of their childhood experiences. It may be possible to help change more negative internal working models using the techniques outlined by Young (1990) in his schema focused therapy. Despite being developed as a way of understanding personality disorders, this approach if adequately adapted may be suitable to increasing the adolescents' understanding about the development of specific cognitions that they hold within the framework of their own abusive experiences. Schema focused therapy is one of the longer therapeutic interventions and fits adequately into a developmental approach, which may highlight patterns in the adolescents' cognition that may relate to childhood abandonment and abuse. Such a framework would allow the adolescent to develop a more integrated sense of self whilst perhaps working through the emotional impact of their early childhood experiences.

Interpretative psychodynamically orientated therapy (Malan, 1995) may also be utilised clinically as a helpful way of conceptualising the adolescents' sexual offending behaviour. Focusing upon the way the adolescent relates to others and

patterns of interpersonal process will highlight the different aspects of 'self' which provide a containing environment in which to explore the traumatic experiences of childhood.

4.5 Directions for Future Research

This study suggests that there may be some empirical support, at least on understanding and developing treatment packages, to the view that adolescent sex offending may be different as a group to their adult counterparts. It would be useful for further research to empirically test the interacting themes identified within the research using large numbers of adolescent sex offenders. The themes may be used as a basis of a measure of sense of self in adolescent sex offenders and subsequently be validated upon that population.

Further research may also investigate those adolescents who have experienced sexual victimisation and may have a disintegrated sense of self, but who do not go onto sexually offend. This may indicate more clearly, the mechanisms of pathways into sexually abusive behaviour and highlight the protective factors, which may prevent the development of sexual offending. Furthermore, follow-up studies may allow a clearer insight into the factors that prevent recidivism in adolescent sex offenders.

Research into the nature of internal working models in adolescent sex offenders would more clearly highlight the role of attachment theory in mediating sexually abusive behaviour. Such research would also suggest the efficacy of attachment based therapeutic interventions and may shed some light on the hypothesised attachment link between conduct disorder and sexual offending.

4.6 The Research Process and Potential Limitations of the Study

Five participants were interviewed to examine the research questions in section 1.10. Some studies using IPA recommend larger numbers of participants i.e. ranging from 8 to 15 but recent studies presented at conference reached data saturation with only six participants (Smith, 2003).

The present study with five participants offered a rich data set with enough information to allow synthesis and model building, which may be a start for future work in the area.

On the basis of this data it is suggested here that using more participants may not have added more to this pilot work and that the task for future research is to use these findings to develop empirical evidence for the present theory i.e. the theory that adolescent sex offenders may in effect be different to adult sex offenders and the role conflict of adolescent sex offenders if understood may be used to help adolescent sex offenders negotiate and overcome the consequences of childhood experience in particular the offending behaviour, which may be socially learned and a result of their own experience of victimisation and cruelty.

The expression of regret and guilt that exists could be used within a number of theoretical frameworks to develop clinically relevant programmes of care that might allow for growth of identity and an integrated sense of self.

It is acknowledged that the study may be methodologically simple and qualitatively purist drawing solely upon the Interpretative-Phenomenological approach to examine cognition. Firstly, this approach is underpinned by the assumption that it is possible to

access participants cognition in relation to their experience through the process of an interview. It may be argued that through the post-offence self-report interview the participants projected a retrospective reality of their offending based on what they thought the researcher was interested in and wanted to hear. Furthermore, the process of reflecting on thoughts is difficult for the most eloquent of participants and when the phenomenon under examination is potentially threatening to the participant, as it reflects an aspect of their behaviour, which is considerably undesirable, eliciting the process of cognition may become more difficult. Nonetheless the participants interviewed seemed keen to share their thoughts and although their reports are retrospective, they reflect their perception of reality as they see it now.

A significant complexity with cognitive research with sex offenders relates to the terminology and definition of a cognitive distortion. The participants in the research did not understand and think about their thoughts in terms of them being incorrect and in some way distorted. Alternatively, the participants reported the role of their cognitions and the process by which they may have been implicated in the commission of the offending behaviour. Consequently, the researcher had to rely on the interpretation of these cognitions from the perspective of the participants' experience rather than imposing the position adopted in more positivist research. Despite the relative limitations of this approach, it may be argued that this also serves as a strength of the research as IPA does not attempt to judge the truth, and the extent to which participants' accounts relate to an external reality, but is more interested in the participants' perception and experience of the sexual offending. It is suggested that future research and clinical practice should avoid the usual practice of clinicians forming judgements which are not necessarily congruent with the experience of the

adolescent sex offender and instead work from within the context of the adolescent's experience of their offending behaviour.

Despite recommendations that studies employing IPA should aim to recruit at least six to eight participants as an optimum number for data saturation (Smith, 2003 Personal Communication), this study had a recruitment capacity of five participants. However, interesting and arguably valuable findings have been produced by the study, which may need further development before these can be clinically mobilised (see section 4.5 Directions for Future Research).

The study may have planned more thoroughly for the eventuality that a full sample could not be recruited. However, the difficulties experienced by the researcher may be common to individual and university-based research where the researcher is not working with the population clinically on a daily basis. It should not be discouraged that individual researchers undertake this type of research as most research in the area is produced by clinicians using their own samples and independent researchers may offer innovative and creative research proposals which will inevitably further understanding in the field. However, it is prudent for such potential researchers to ensure that they have the relevant support systems in place such as academic supervision and field supervision, which is vital to support the researcher with any unexpected events such as further disclosure of abuse and dealing with reactions to the population's account of their behaviour. It may be suggested that amongst professionals undertaking such work there is a lack of recognition of the likely impact this type of work has upon the worker, perhaps as a result of lack of resources and pressure to contain risk and rehabilitate sex offenders. The likely outcome may be

poor for both the professional and the adolescent themselves if these issues are not properly addressed.

Due to the age range of the participants recruited in the study (mean age of 16.6 years) the emerging themes may not be relevant to a younger adolescent population. Although all participants included were within the specified age range, it may have been interesting to recruit younger participants, which may have produced more varied themes particularly with reference to the first higher-order theme (Sense of Self) as it may be postulated that younger adolescents may function at a lower developmental level.

Furthermore, the exclusion of participants with a learning disability on the grounds that these individuals may represent a different sub-group of offenders outside of the scope of the project, may have been theoretically unsound particularly with regards to the high frequency of reports that adolescent sex offenders as a whole group seem to perform below average intellectually (Crassati & McClurg, 1996). However, this decision was made on procedural grounds, in the attempt to ensure that consent to recruitment was as straight forward as possible. The subsequent sensitivity required with regards to consent to participate in the study would have retrospectively allowed for the increased ethical considerations required for learning disabled participants. The study was limited to male adolescent sex offenders as the majority of the research completed to date has examined this sample. It may have been interesting, albeit difficult, to recruit female adolescent sex offenders in an exploration of their thoughts about their sexual offending.

A further limitation of the study was not accounting for the duration that each participant had been involved in intervention. Although for recruitment purposes and the limited number of services that specialise in containing adolescent sex offenders it would not have been possible to recruit equal numbers of participants at different stages of intervention, it may have been helpful to have recruited only newly referred adolescents. This would have controlled for the variability in the stages of rehabilitation. Furthermore, the study only recruited participants who had sexually abused on a number of occasions and therefore, as already mentioned, may be more like the sexual interest and paedophilic typology suggested by Becker & Kaplan (1988), it may not be possible to generalise these findings to all adolescents who have committed sexual abuse. It would be interesting to further the research by examining the thoughts and experiences of adolescents who had only committed one sexual offence, which would further the understanding of the similarities and differences of these perhaps different adolescents.

The study did not make use of a 'pilot study', which may have aided the development of the semi-structured interview schedule in terms of eliciting in more depth the participants' thoughts. It was key to maximise engagement with the participants throughout the interview to establish an environment in which they could openly discuss their experiences. It may have been useful to incorporate a more structured activity as part of this process such as the system outlined by Becker (1993), who used a structured card-sort of cognitive distortions. Incorporating this system may have more explicating elicited the participants' beliefs, the meaning of which may then have been explored following the semi-structured interview schedule. However, it may have also not allowed for the richness of data that emerged or may have required more participants to reach data saturation.

The quality of the analytic procedure may have been influenced through the researcher's previous experience of positivist epistemological research. Employing qualitative methodology necessitated the development of an understanding of more philosophical epistemological concepts and a researcher with more experience of these concepts may have enabled the emergence of different themes. Furthermore, as the process of analysis is interpretative the researcher's attitudes and beliefs may have influenced the themes generated. This was accounted for in the process of analysis through the researcher clearly understanding how their own attitudes may influence the perception and interpretation of the data (see Appendix 6 Personal Reflexivity Statement). With regards to the validation of the themes, it was only possible to undertake member validation with four of the participants as the fifth participant did not consent to arrange another time to meet. Having generated the themes subsumed into higher-order theme two, these were fed back to the participants at Glebe House and the opportunity taken to reflect on the experience of the interview with the participants, which were accepted as an accurate reflection of the transcripts. Higher-order theme one was not fed back to the participants as these themes evolved later in the stages in the analysis.

4.7 Conclusion

Rich data based on a small sample of 'hard to recruit' adolescent sex offenders was produced and analysed using appropriate IPA procedures. As a result of this analysis, new and interesting findings have been produced which relate to the underlying disintegrated sense of self that was experienced, by the population recruited, from early childhood maltreatment, victimisation and a lack of 'good enough' parenting. Furthermore, the process of adolescent sex offending and the role of cognition was

explored. The results indicate a role of social-learning mechanisms in the process of sexual offending by adolescents and highlight the likely differences that may be evident between this population and models of understanding adult sex offenders i.e Finkelhor (1984).

It was possible to synthesise the themes produced from the analysis of the transcripts and offer a model of understanding the participants' experiences in the form of a model, which as previously indicated, may need further empirical validation on larger samples. Through mobilising the 'good' aspects of the participants' self and the process of guilt and regret expressed in the overall process of offending it was possible to suggest directions for clinical interventions. Adapted appropriately CAT and schema focussed therapies, within a context of development and growth, may offer these adolescent sex offenders the opportunity to change their behaviour potentially saving the manufacture of further victims.

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APPENDIX 1 (i)

Semi-Structured Interview Schedule:

(Narrative descriptive question)

1) Can you tell me about how you came to be here?

Prompts and Elaboration:

- What happened?
- What did you do?
- Who sent you along?
- What did they say?
- What did you think?
- What was it like?

(Offence orientation)

2) Thinking of the event, could you describe what happened and what you were thinking?

Prompts and Elaboration:

- How did it start?
- What was happening at the time?
- How were you feeling?
- What sorts of things were you thinking?
- What sorts of things were you doing?
- What were other people doing?
- How did other people react?
- What sticks out most in your mind?
- What do you remember most?

(Pre-offence factors)

3) What sorts of things had been happening before you did this?

Prompts and Elaboration:

- Where were you before it happened?
 - What had you been doing beforehand?
 - What led up to it?
 - When did you first start to think about doing it?
 - What were you thinking?
 - What happened next?
 - How did you feel?
-

(Post offence factors)

4) What sorts of things happened after the event?

Prompts and Elaboration:

- Where were you after the event?
- What did others do?
- What were you thinking?
- What were you doing?
- How did you feel?
- What, if anything, had changed after the event?

(Retrospective reflection)

5) How do you feel about what happened now?

Prompts and Elaboration:

- What do you think about it?
- What sticks out most in your mind?
- What, if anything, do you wish had been different?
- What do you think your parents / carer's feel about it?
- Do you feel the same as them?

APPENDIX 1 (ii)

Descriptives Sheet:

Age

Parents Occupation?

Mother _____

Father _____

Ethnic Origin

White / European	
Afro Caribbean	
Asian / Oriental	
Other	

Are your parents

Married	
Divorced	
Separated	
Other	

Did you live with

Both parents	
Only your mother	
Only your father	
Foster Care	
Residential Care	
Other	

How many brother's and sisters do you have?

School Performance

Above average	
Average	
Below average	
Special needs	

APPENDIX 2

HULL AND EAST RIDING LOCAL RESEARCH ETHICS COMMITTEE

c/o Faculty of Health
Coniston House
The University of Hull
East Riding Campus
WILLERBY
HU 10 6NS
Phone: 01482 466771
Fax: 01482 466769

e-mail: k.birtwhistle@hull.ac.uk

Mr. S Halford
Department of Clinical Psychology
University of Hull
Cottingham Road
HULL HU67RS

23 October 2002

Dear Mr. Halford,

LREC/ 10/02/189 Protocol number: An exploration of adolescent's thoughts relating to their sexually abusive behaviour / sexual offending

The Hull and East Riding REC reviewed your application on 21st October 2002. The documents reviewed were as follows:

- *LREC Application Form signed and dated 8/10/02*
- *Research Proposal*
- *Participant Information Sheet version 1 dated 10/09/02 on Headed Paper*
- *Participant Consent Form on headed paper*

The members of the Committee present agreed there is no objection on ethical grounds to the proposed study. I am, therefore, happy to give you the favourable opinion of the committee on the understanding that you will follow the conditions set out below:

Conditions

- You do not undertake this research in an NHS organisation until the relevant NHS management approval has been gained as set out in the *Framework for Research Governance in Health and Social Care*.
- You do not deviate from, or make changes to, the protocol without prior written approval of the REC, except where this is necessary to eliminate immediate hazards to research participants or when the change involves only logistical or administrative aspects of the research. In such cases the REC should be informed within seven days of the implementation of the change.
- You complete and return the standard progress report form to the REC one-year from the date on this letter and thereafter on an annual basis. This form should also be used to notify the REC when your research is completed and in this case should be sent to this REC within three months of completion.

Hull and East Riding Local Research Ethics Committee Members
Prof. SR Killick (Chair) Mr M Davidson Dr CJ Brophy
Mr GS Duthie Cllr K West Mrs H Thomson-Jones
Mrs F Shepherd Mrs H Williams Ms F Ashton

Dr R Calvert
Dr E Baguley
Mrs J Wild

Mrs E Dakkak
Dr I MarkovaMrs

Dr D Horton
S Floyd

- If you decided to terminate this research prematurely you send a report to this REC within 15 days. indicating the reason for the early termination.
- You advise the REC of any unusual or unexpected results that raise questions about the safety of the research.

The project must be started within three years of the date on this letter.

Yours sincerely '

1
 Prot. a,9 Mlick
 Chair of the Hull and East Riding REC

cc Sponsor: NONE

LREC/10/02/189	Please quote this number on all correspondence
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Hull and East Riding Local Research Ethics Committee Members
 Prof. SR Killick (Chair)

Mr GS Duthie	Dr D Horton
1 Markova	Cllr K West
Mrs F Shepherd	Mrs S Floyd
	Mrs H Williams

Mr M Davidson

Dr CJ Brophy Dr R Calvert

Mrs H Thornton-Jones

Ms F AshtonMrs J Wild

Mrs E Dakkak

Dr E BaguleyDr

APPENDIX 3

Participant Information Sheet

Version 1

10/09/02

Title: 'Exploring Adolescent's Thoughts About Their Sexually Abusive Behaviour'

My name is Steve Halford and I am a Trainee Clinical Psychologist at the University of Hull. You are being invited to take part in a research project. Before taking part it is important to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What's the purpose of the study?

The project's aim is to find out about and explore the thoughts that adolescent males have about their sexually abusive behaviour. In particular, the project is looking at the types of thoughts which may or may not influence further sexually abusive behaviour.

Why have I been chosen?

You have been asked if you would like to take part because I am looking for around 15 male adolescents (between the ages of 13 – 18) who are currently in contact with a service due to some sexually abusive behaviour.

Do I have to take part?

It is up to you whether or not to take part. If you decided to take part you will be given this information sheet to keep and be asked to sign a consent form. If you do decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time or a decision not to take part will not affect the standard of care you receive.

What will I need to do?

If you do decide to take part in the research, a time will be arranged for us to talk about your thoughts. This will last for approximately an hour to an hour and a half and this will be taped so that I do not miss anything that you may say. As soon as the tapes have been typed up they will be destroyed and any identifying information such as your name will be made anonymous (i.e. changed so that you can not be identified). The tape and the typed version of the session will be kept secure at the University of Hull. It may be necessary to arrange a second time to talk if we run out of time during the first session. It will be also be necessary to go through your notes

which are held by the service in order to find out a little bit more about your background, i.e. if you have come into contact with services before.

What happens with the information?

All taped sessions will be destroyed once the session has been typed and in the typed copy any information which may identify you will be made anonymous. The typed copy from the session will then be analysed looking particularly at the thoughts that you may have discussed during the session. The findings from the study will be written up into a 'thesis' which is a big project to be examined by the university.

Will the information be confidential?

What you say during the session will usually be confidential which means that what you say will not be told to other people. The only times when other people may have to be informed of what you have talked about is if you discuss an offence which the service is not aware of or if you yourself are in danger of harm. Where this is the case, you will be told that other people will need to be informed of what you have discussed and other professionals may want to talk about it with you in more detail. The information you give will not affect the help you receive from the service.

You will be given a copy of this sheet to read in your own time and if it raises any questions or concerns for you please ask and I can arrange to answer them for you,

Thank you very much,

Steve Halford B.Sc (Hons)
Trainee Clinical Psychologist
University of Hull

APPENDIX 4

CONSENT FORM

Title of project: 'Exploring Adolescent's Thoughts About Their Sexually Abusive Behaviour'.

Name of Researcher: Steve Halford

1. I confirm that I have read and understood the information sheet dated 10/09/02 (version 1) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, without my medical care or legal rights being affected.

3. I understand that sections of any of my service notes may be looked at by the researcher in order to obtain background information such as previous contact with services.

4. I agree to take part in the above study.

Your name _____ Date _____ Signature _____

Parents name _____ Date _____ Signature _____

Researcher _____ Date _____ Signature _____

APPENDIX 5

Offence Characteristics Sheet:

Type of Offence:

Number of known offences:

Number of victims:

Age of Victim (s):

Gender of Victim(s):

Male	
Female	

APPENDIX 6

Personal Reflective Statement

Researcher's Pathway to Research:

The pathway to research, I believe, can be telling about the likely attitudes held by the researcher and is therefore described in the following section. My interest in the general area of 'abuse' was formed through clinical experience in a community mental health team where it became apparent that many of the patients attending presented with problems, which may be underpinned by the lasting dynamics of early childhood trauma. This interest was later consolidated through my child clinical psychology placement where it was possible to play a direct therapeutic role in the amelioration of the effects of abuse experienced by children.

At this time, a media frenzy took hold in the UK with regards to the treatment of paedophiles and the cracking down of internet child pornography. This alongside a long standing interest in 'more difficult to help' clients and forensic clinical psychology, developed my research interest into sexual offenders and particularly adolescent sex offenders, who I believed through early intervention, would be more amenable to change. Following this interest and having discussed potential research ideas with other clinicians in the field, the current research protocol was devised and implemented. Personal attitudes towards sexual offending may play an important role in qualitative research of this type and are therefore described below.

The Research Process

Engaging adolescents in discussion of their own experiences later influenced the researcher's attitude that perhaps these adolescent's behaviour had indeed been shaped and influenced through their own negative experiences and harrowing accounts of abuse. Adolescents' recalled in depth harrowing tales of cruelty and victimisation they experienced in their formative years and at this stage in the process it seemed apparent to the researcher that mechanisms of 'victim to victimiser' were very much responsible. However, through the process of transcription and the initial engagement with the text, the researcher's attitude towards adolescent sex offenders started to change to a more punitive position. This was directly linked to the graphic and detailed accounts of their perpetration of sexual abuse. At this time, these reactions were noted as significant and appropriate support measures were secured in order not to bias interpretation of accounts with my own emotional reaction to the horror of abuse. The potential danger at this stage was that these adolescents would have been judged to be simply manipulative and using their experiences as a way of excusing their own offending, which would have been an unfair representation of these adolescents' experience. To secure an accurate reflection of their experience as possible, the researcher completed the analysis in a series of stages i.e. initially making free ranging notes on the transcripts before moving onto another less challenging aspect of the research and discussed the nature of offenders experience within the context of research support.

Engagement with adolescent sex offenders highlighted to the researcher an interesting process that may occur also in other professionals in their work with adolescents. This

is that having to try to understand and engage at an analytic level with harrowing and graphic material may inevitably lead to unexpected and strong emotional reactions from the researcher/clinician, which would inevitably lead to an influence in their attitudes to their work with these adolescents and may serve as a risk factor for occupational burnout. As a result, I believe in the importance of structured and well resourced support networks for clinicians working in this field to ensure that the vulnerable population of adolescent sex offenders receive the highest level of support, containment and treatment.