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**ARE MALE SEXUAL OFFENDERS NORMAL MEN, OR CAN THEY BE
VIEWED AS A DEVIANT SUB-GROUP OF MEN?**

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**ARE MALE SEXUAL OFFENDERS NORMAL MEN, OR
CAN THEY BE VIEWED AS A DEVIANT SUB-GROUP OF
MEN?**

By

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in partial fulfilment for the degree of

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Abstract

**ARE MALE SEXUAL OFFENDERS NORMAL MEN, OR CAN THEY BE
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This study investigated whether sexual offenders were measurably different from nonoffenders on a battery of self-report questionnaires. The study was designed to test four aims: 1. To test the validity of the self-report methodology. 2. To test the effectiveness of the treatment given to sex offenders. 3. To test for differences between the offender's before and after their treatment with the nonoffenders. 4. To test the differences of the psychological profiles between the offender samples and the nonoffenders. The four aims were related to divergent positions held in the literature on sexual offenders. One position in the literature views sex offenders as deviant. The second position views sex offenders as normal men.

Thornton's (1992) battery of self-report questionnaires was given to three samples. A dependent sample of offenders, (n=31), before and after their treatment and an independent sample of nonoffenders, (n=16).

The results were analysed using Kendall's tau-b for aim one. For aims 2 and 3, t-tests were employed. For the profile analysis, aim 4, multivariate and univariate ANOVAS were employed. The balance of the results favoured the deviancy position.

Differences were measurable between the three samples. The nonoffenders have significantly different psychological profiles compared to the offender samples. The treatment received by the offender's is shown to be effective for key attitudes and beliefs that should reduce the risk of reoffending. The treatment does have some failings. The failings are in more indirectly related attitudes and may be a result of design weaknesses. The findings show the need to understand nonoffenders more in order to place offenders attitudes in a culturally normative context.

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Author's Declaration

At no time during the registration for the Degree Doctor of Clinical Psychology has the author been registered for any other University award.

The contents of this bound volume are identical to the volume submitted for examination in temporary binding except for the amendments requested at the examination.

This study was conducted while the author was a Trainee Clinical Psychologist in the South West Region based in the Trecare NHS Trust. The research was conducted with Devon Probation Service and members of the general public.

Signed.....

Date.....15/7/97

CHAPTER ONE - INTRODUCTION

1.1 The Topicality of Sexual Offending in Britain Today.

The topic of sexual offending is one of great interest to present day society. In Britain today sexual offending is regularly in the news media and interest in the topic has never been so widespread within society. In 1995 there were 2202 men sent to prison for sex offences, while only 450 completed treatment, (HMSO, England and Wales). The Government, the media, the prison service, the probation service, the medical service, the Church, psychologists, sociologists, philosophers, parents, men, women and children all have a view and an expectation upon researchers and practitioners within the field. Each of these groups listed above are stakeholders within our society and more broadly make up what we know today as human existence and experience. Each stakeholder is often alarmed and frightened by the topic of sexual offending. Each has its agenda and its own demands for action. Treatment is itself questioned, in a white paper Mr Howard, the Home Secretary, proposes to give mandatory life sentences for repeat offenders. Treatment within prisons has its limitations for generalisation, Thornton (1997). Treatment in the community has localised opposition, as has been seen at the Gracewell Institute in Birmingham. In March of 1997 in Plymouth, a man had his house burnt to the ground by vigilantes who believed the man to be a sex offender. In parts of the United States some treatment can be offered to offenders without the threat of imprisonment if they come forward and are successfully treated. The debate rages on about how to protect children and how to respond to perpetrators, while conclusions often remain elusive. Many different models exist, but no single approach is without its critics.

1.2 The Cultural Context of Sexual Offending.

The issues surrounding sexual offending are many and broad and need to be placed in a cultural context. The issues go beyond our present day society. In other historical moments and in other societies the issues will be different than they are now in our society. The customs and traditions of any given historical moment and the cultural norms of any given society provide the backdrop for the understanding of sexual offending. Russell (1984) sees rape as a cultural issue rather than a problem of individual psychology. Russell seeks to define the structural, economic and organisational variables that create and maintain 'rape supportive cultures'. Levine (1959), in an anthropological analysis of a south-western Kenyan tribe, describes how the cultural organisation of gender relationships and sexuality leads to a rape culture. In the Gussii tribe, rape could be seen as part of 'normal cultural' behaviour. In Britain, at the time of Shakespeare, it was not uncommon for 'children' to be married. Romeo and Juliet, early teenagers, are a case in point. In tribal societies, in other parts of the globe today, some of the customs would appear shocking to the norms of our society. In western societies at war, such as the former Yugoslavia, rape was widespread and reported by victims on all sides.

The problem with placing sexual offending in a cultural context is very real as sexual offenders often cite cultural norms, from other societies, as a justification for their abusive behaviour. Researching the attitudes of non-offending men in Britain, to sexual offending, should provide a better understanding of what is culturally normative in Britain.

1.3 Can Male Sexual Offenders be viewed as a Deviant Sub-group of Men?

Sexual offenders are often viewed in the research literature as **deviant**. Deviance, as a concept, places those men who offend in an 'out-group' from 'ordinary' men. Feminist writers, such as Brownmiller (1975), have argued that all men are potential rapists. The feminist line of argument goes against the 'deviancy' argument. The concept of deviancy is one that splits the research on sexual offenders, with some researchers maintaining that child abuse and rape are deviant, while the feminists see all males as capable of such acts. It is more comfortable for society to view sexual offenders as deviant, therefore different from themselves. The vigilante who attacks the home of a suspected sex offender, may be experiencing the same need to display 'he' is not one of 'them', as the homophobic man who attacks a gay man.

If the men who commit sexual assaults on children or adults are 'deviant' it should be reasonable to suppose their psychological profile will be different from the 'non-deviant' group. If the attitudes of men who commit sexual assault are no different than those of the nonoffenders, the word 'deviant' becomes redundant. However, there are many different men, from different backgrounds, with different personal histories. Therefore, different perceptions between different men, may exist, as to what constitutes deviancy. Defining what society deems as deviant can be done using the law as a guide, but the law, too, is in part subjective and fallible. The interesting question is then, what ranges of attitudes exist in the general population towards sexual offending? Can a clear divide exist between offenders and nonoffenders on what is permissive or culturally normative? The treatment of sexual offenders aims at changing the attitudes of men towards more 'normal' attitudes; however, can we define what 'normal' is?

So far we have discussed the perpetrators of sexual assaults; but what of the victims?

1.4 Victims of Sexual Assault.

Sexual assault can have a profound and devastating effect on the victim. The problems faced by victims have been categorised by Jehu (1991), as mood disturbances, self-damaging behaviour, interpersonal problems, stress disorders and sexual difficulties. Jehu reported that the victims often blame themselves, see themselves as inferior to other people and have a high attempted suicide rate. A victim of childhood sexual abuse has an increased vulnerability to rape as an adult, (Russell 1986) and is more likely to enter prostitution, Silbert and Pines (1981). Children can have secondary traumas, such as removal from the parental home and living in the care system and then the return to home, Millham (1986). Some research evidence exists to suggest many male abusers have themselves been victims of abuse, Becker and Stein (1991). The cycle of abuse then goes on as male victims may become male perpetrators. In this way, the problem of abuse is passed through the generations. However, not all perpetrators have a history of abuse as a child, Fisher (1994). Therefore some men who abuse have a different developmental route into abusing to other men. There may be numerous routes into becoming an abuser. As there may be many routes into abusing. Is there a developmental route that could not lead to becoming an abuser? In other words, can all men become abusers? Can we screen out the men who may become abusers? Before these questions could be answered scientifically, psychology would need to devise sophisticated assessment procedures that can distinguish between offenders and nonoffenders. If it were possible, it would be of obvious benefit to society if men who may abuse in the future, could be screened for at an early stage. However, before such

claims could be made, it is necessary to test whether present assessment techniques can even pass the first obstacle and produce different profiles for known offenders and known nonoffenders.

1.5 The Extent of the Problem: Incidence and Prevalence

Incidence refers to the number of new cases occurring, while prevalence refers to the past number of cases reported.

The literature on childhood experiences is not extensive and suffers from methodological problems. The different studies have reported very different results. The problems with prevalence studies are documented by Finkelhor (1986). The factors that determine the variations in the results include; the definition of abuse; the data collection technique; the sample characteristics. These themes will be developed further below.

In one study, Finkelhor (1979), interviewed 530 female and 266 male college students regarding their sexual contacts with adults when they were children. Finkelhor found that 11 % of females and 4% of males had been abused. Wyatt (1985), using a broader definition of abuse reported 62% of females reported having been abused. Wyatt and Peters (1986), recalculated Wyatt's 1985 figures using Finkelhor's more narrow definition of abuse and the prevalence dropped from 62% to 54%. The difference was then accounted for by sampling and data collection differences...

The Northern Ireland Research Team (1991), reported an incidence of 0.9 per 1000 for proven cases and 1.83 per 1000 for cases that were unproved. In the United States an

incidence rate of 0.7 per 1000 was reported by NCCAN in the year 1981. Methodological problems with incidence studies also exist, leading to a probable underestimate of true levels, Fisher (1994).

1.6 Definitions.

Defining what constitutes child sexual abuse, rape and a sex offender, is a culturally loaded question, to which the law is not a clear guide. In the early research, as seen in the incidence and prevalence studies, the definition of abuse was central to the findings of a study. Researchers have responded to this failing in the field, by coming up with working definitions in an attempt to standardise the research question. However any working definition is dynamic and not to be mistaken for a definitive definition.

1.6.1 Two Definitions of Child Sexual Abuse, Browne and Finkelhor (1986)

1. **Child Sexual Abuse:** Forced or coerced sexual behaviour imposed on a child.
2. **Child Sexual Abuse:** Sexual activity between a child and a much older person, whether or not obvious coercion is involved. (older being defined as over 5 years older than the victim.)

1.6.2 Definition of Rape: Taken from Freund (1990).

‘Rape can be defined as penile penetration of a nonconsenting victims vagina, anus, or mouth, with no or almost no preceding erotic interaction, or an erotic preference for having a nonconsenting person perform fellatio.’

1.6.3 The Definition of a Sexual Offender:

In law, a sexual offender is a person convicted of a sexual offence. Therefore until a person is caught, tried and successfully prosecuted they are not a sexual offender. Caparulo (1991), argues that behaving in a sexually offensive way makes a person a sexual offender, regardless of the legal status. However, defining 'sexually offensive' becomes another minefield of subjectivity. For the purposes of this study the legal definition will be employed, when screening for nonoffenders. This definition does not however exclude the possibility that a non-convicted male is a perpetrator.

1.7 Summary so far.

Sexual assault as we have seen is very topical in contemporary society. We have discussed the need to place sexual offending within a cultural context. The question has been posed how appropriate is the term, 'deviant', when describing the attitudes and behaviour of a sexual offender. The need for a better understanding of what is culturally normative, has been highlighted by the high rates of prevalence within our society. This will have a devastating effect on large numbers of people.

We have seen how the research design, in terms the definition of abuse, the data collection technique and the sample characteristics, has a major impact on the research findings. Psychological research has been at the forefront of the investigation into sexual offenders. Psychologists have helped shape the theoretical and clinical understanding of sexual offenders. Psychologists should, therefore, be in a prime position to provide help to victims, perpetrators and service planners.

1.8 What can Psychology Offer in Dealing with the Perpetrators of Assault?

Psychological treatment for the victims of abuse is well documented elsewhere, Jehu (1988); Cahill *et al.* (1991). Psychology can also help in the treatment of the offender's, in the hope of reducing the future incidence of abuse. Psychology can offer; research skills, theoretical models, assessment tools and procedures, a range of treatment packages and evaluations of the services offered to offenders. The literature in each of these areas is large and rapidly growing.

If an accurate screening battery of self-report questionnaires could be devised which is sensitive to discriminate between offenders and nonoffenders, it would have many uses. Firstly, potential sexual offenders could be screened out of jobs connected with children. Screening adolescents would highlight potential abusers of the future and proactive work could be set up to address their needs. A second function such a screening battery would provide is a better understanding of what is culturally normative. Knowing what is culturally normative is important to the providers of services, to have a better understanding of treatment outcome. If after treatment it could be demonstrated that offenders are culturally normative in their attitudes, then treatment can be said to be successful.

1.8.1 The Assessment of Offenders.

The assessment of offenders is of critical importance to the safety of the public. The perceived risk that an offender poses is the criterion on which judgements of their release from prison, or access to their children, is based. Risk assessments are now mandatory when working with offenders. A risk assessment draws not only on psychological variables but also; situational variables, a personal history, medical conditions and medication, economic variables and substance use. However, psychological profiling is an important aspect of a risk assessment. Assessing the psychological profile of an offender draws on a theoretical understanding of stereotyped offending patterns. The assessment also requires an understanding of how to apply the theory to the individual concerned. Self-report questionnaires form only one part of the psychological profiling of offenders.

The interpretation of psychological profiles relies heavily on the theoretical understanding of sexual offending behaviour, Nichols and Molinder (1984). The Multiphasic Sex Inventory, Nichols and Molinder (1984), (MSI), make very explicit claims as to the developmental pathways by which an offender moves from fantasy to grooming and cruising behaviour, to assaults and finally aggravated assaults. The Lie scales on the MSI rely completely on this theoretical basis. Therefore, the theoretical perspective taken by a psychologist will determine the form a psychological profile will take.

1.9 Theories and Perspectives of Sexual Assault.

There are two emerging positions on sexual assault present in the literature. The first position centres on conditioning theory and social learning theory, in explaining the etiology and maintenance of deviant sexual preferences. In the past, researchers first focussed on conditioning theory and then, later, on the role of cognitions, in sexual arousal. Social learning theory helps put conditioning theory and the role of cognitions into a social context. The second position centres on the sociocultural justifications for sexual assault and is more a feminist sociocultural perspective than a psychological theory.

The sociocultural perspective, Russell (1984), asks questions such as 'Is sexual assault deviant?' Conditioning theorists, such as Laws and Marshall, attempt to answer the question, 'why do some men go on to rape while others do not?' The different emphases may seem subtle. Investigating the differences may seem like an academic question that misses the point. However, the results of following either line of argument bring the researcher into a very different theoretical understanding of sexual assault and thereby very different psychological profiles of offenders. The clinician also needs to have a clear theoretical understanding of the assumptions behind their treatment. To make sense of how practitioners carry out treatment on offenders, it is necessary to look more closely at the theoretical underpinnings of the different perspectives.

1.9.1 Conditioning Theory and Social Learning Theory.

The development of sexual preferences and sexual behaviour has been understood in terms of the primacy of conditioning for nearly fifty years, Kinsey *et al.* (1948). In the 1970's, the behavioural research paradigm was based on laboratory studies of both classical and operant conditioning, Langevin and Martin (1975) and Quinn *et al.* (1970). In the early 1980's, researchers attempted to trace the etiology and maintenance of deviant sexual preferences, Quinsey and Marshall (1983). The problem the laboratory studies faced was how to overcome their lack of methodological rigor, Earls and Marshall (1983) and generalise to incorporate the social learning mechanisms, Bandura (1977), Plummer (1984).

Laws and Marshall (1990), describe a theoretical model that attempts to demonstrate how a person could develop deviant sexual preferences and then how these preferences are maintained. Laws and Marshall select the evidence from the laboratory paradigm and assert 10 fundamental principles underlying the acquisition of deviant sexual preferences.

Briefly, Laws and Marshall see a function for Pavlovian conditioning, operant conditioning and social learning theory. The role of classical conditioning in pairing highly prepared stimuli (sexual arousal) with advantageous behaviour (adult heterosexual contact), is uncontroversial, Seligman (1971). The expression of deviant sexual behaviour is still explainable by the preparedness hypothesis, when pairing of arousal takes place with deviant behaviour. Possibly through pornography, an adolescent may be sexually aroused by a woman in a film. The woman may then be violently assaulted; the prepared stimuli, (sexual arousal) is then paired with a deviant

behaviour. Operant conditioning occurs in parallel with the classical conditioning. The processes of extinction, punishment, differential consequences and chaining all operate together to form the individual's sexual preference. Deviancy is maintained by a chain of distorted cognitions, deviant sexual acts and then arousal paired with satisfaction. If the adolescent fantasises about the film, he may believe the woman enjoyed her experience, confusing the pain on her face as pleasure. The adolescent may then ejaculate while fantasising and so pair the deviant arousal with pleasure.

Social learning theory may also account for the learning of deviant sexual behaviours, in the same way as normal sexual behaviours are learnt, Bandura (1977). Through participant modelling (being abused), vicarious learning (pornography) or symbolic modelling (shaping of fantasies), deviant sexual behaviour can be learned. Self-labelling and self attributions occur by observation of one's own behaviour, McKay et al (1996). As an abuser will observe that their behaviour is discordant with others, the choice is to label the self as abnormal, or to justify the abuse to avoid the cognitive dissonance. Thereby abusers become highly skilled at justifying their behaviour and minimising the perception of harm to the victim.

The advantage that such a conditioning theory brings to the field of sexual arousal is in the resultant prescription for treatment. The same conditioning processes that resulted in the formation and maintenance of the deviant arousal can be employed by a clinician to shape increasingly acceptable arousal patterns. However, the practicalities of controlling all the situational and personal variables necessary to ensure that retraining was possible, would need the full co-operation and trust of the abuser.

1.9.2. The Role of Pornography.

The influence of pornography has been widely researched for its effects on violent offenders and non offenders. Pornography also acts as a good illustration of how the deviancy assertion and the feminist assertion differ in their emphasis of the same phenomena.

To Brownmiller (1975), pornography and rape have the same ideological function within a society. "It is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear."

Laws and Marshall (1990), describe and conceptualise pornography and rape very differently. "A single series of events,..., over time by happenstance, creates all the necessary conditions for a very strong proclivity to engage in deviant sexual behaviour,..., it is just as simple as that."

Schaefer and Colgan (1977), demonstrated that arousal to pornography will diminish over time in nonoffenders unless they are instructed to masturbate, then arousal levels stay high. Laws and Marshall (1990), argue that conditioning in fantasies will steer tastes in pornography and thereby deviant preferences. Marshall (1988), demonstrated that paedophiles are high frequency masturbators, using more pornography with a more focussed theme.

As pornography is a very common facet of western societies, is it reasonable to argue that offenders will be influenced in the same ways as nonoffenders? Therefore, it could be argued that both sets of researchers are arguing that anybody can become aroused to deviant stimuli?

There are three themes in the feminist research on pornography and rape. The first theme looks at the social acceptability and prevalence of sexual assault. The second theme looks at social attitudes towards women. The third theme discusses the social competence of the perpetrator and the role of social competence in sexual assault. The literature on child molesters and female perpetrators, is much more limited than the literature on male rapists.

Feminist writers such as Herman (1990), follow Brownmiller's arguments and make a clear link between pornography and sexual assault. Pornography is viewed as having an ideological function, an expression of male supremacy as well as a role in conditioning masturbatory behaviour. Society is seen as legitimising pornography in many main stream films and in 'mens' magazines. In this way, society is legitimising 'rape-supportive' attitudes in men and 'victim' attitudes in women. Therefore, the feminist would see the solution to sexual violence as not only in treating the offender but also in changing society.

1.9.3 The Social and Cultural Factors in Sexual Assault - Feminist Perspective.

Researchers such as Juliet Darke view sexual aggression not as primarily deviant but as motivated by power. The motivation to offend is not based on an individuals psychology but seen as a cultural, political and historical phenomenon, primarily motivated by the desire for power and control.

A feminist social analysis of sexual assault would view sexual aggression as an intrinsic feature of a culture of male supremacy. In a culture that encourages the eroticisation of

male dominance and female submission, it becomes simply a short hop on a continuum to use coercive methods to gain gratification. For feminists, therefore, the men who commit these crimes are not 'sick' or 'deviant' they are all too normal.

The sociocultural characteristics identified in societies where rape is prevalent are: patrilocality and high levels of feuding, Quinsey (1986). Other social factors identified include: a degree of interpersonal violence, an ideology of male toughness, an ideology of female inferiority, negative attitudes towards women and wars, Sanday (1981). The expression of these social factors can be seen in a variety of situations such as the comments of judges; in literature, Nabokov's *Lolita*; and in scientific publications, Virkkunen (1981). Virkkunen describes the child victims of sexual abuse as provocative and often participating.

The feminist writers have shown that these 'sociocultural' characteristics are not only found to influence rapists but many nonoffenders. In a study by Stille, Malamuth and Schallow (1987), sexual aggression was found to be common in control populations. Malamuth in an earlier study, Malamuth (1981) used a single question to test nonoffenders: "How likely are you to commit a rape if you were guaranteed not to be caught?"; 35% reported they would.

The feminists point to the shortcomings of the 'deviancy' studies. The sampling difficulties make gaining a representative sample difficult. The offender's that are convicted do not suffer from psychiatric disorders or learning disability, Knight *et al.* (1985). These findings are seen as evidence of the normality of the offender's. Feminists, such as Herman (1990), have highlighted the point that research often fails to distinguish between the attitudes of offenders and nonoffenders. (1995). In a study

using college males as nonoffenders, investigating attitudes to rape, Koss et al (1987) reported 44% of college males admitted to date rape, another 25% to using coercion. The feminist researchers also report that the cycles of abuse hypothesis, whereby a history of being abused leads to becoming an abuser, also shows the fallibility of the deviancy etiology. The feminists argue that the majority of abusers are male, yet the majority of victims are female, therefore being abused for a female does not lead to vast numbers of female abusers. The feminists conclude that sexual assault is a mainly male behaviour reflecting the social desire to maintain male power and dominance over the female. The counter argument to the feminist stance on the cycle of abuse is that the pattern of abuse continues in women, but the form of expression is internalised, e.g. depression, etc. men tend to externalise. However, the evidence for this counter argument seems more anecdotal than scientific.

The model of addiction is favoured by feminist researchers. The argument follows the line of addiction as would describe an alcoholic. The motivation for the offence becomes the attachment to the mood altering behaviour. The addictive qualities of sexual offending, as advocated by Herman (1990), suggests a three year period of abstinence to achieve a successful treatment. Since pornography is widely available and that the society is largely patriarchal, such a period of abstinence is difficult to achieve.

The feminists have been successful in raising the consciousness of society to the needs of the victims. This pressure has brought about changes on the police force and on courts in their interview procedures for domestic violence and rape. The addictive model does have a therapeutic consequence in describing a treatment path for offenders. However, following the line of argument to its end, sexual offenders cannot be

successfully treated until the power balances within society are more even. Industries such as the sex industry would need to make radical changes in the portrayal of women. The emphasis is more on the use of custodial sentences until society has changed, in its attitudes towards women. While such changes are unlikely to happen quickly, dealing with the reality of today's society still remains. The task then becomes how to incorporate the lessons of the feminist writers into the psychological theories.

1.9.4 Stimulus Control of Sexual Arousal.

In an attempt to reflect the deviancy Abel et al. (1987) and the feminist Russell (1988) position, Barbaree (1990), sees sexual assault as a result of many interacting variables. Barbaree sees a role for sexual and aggressive processes in sexual assault. Barbaree describes the form of the interaction between sexual and aggressive processes in behavioural terms. Stimulus control is seen by Barbaree as operating in two ways. Firstly for child molestation, stimulus control determines the 'object' of choice and the motivation to seek sexual interactions with children. Secondly with rapists, stimulus control of arousal is part of the aggressive response, with cognitive, behavioural and psychophysiological components.

The 'sexual preference hypothesis' states: a man becomes aroused to a deviant stimulus when the arousal is stronger than non deviant stimuli he is then motivated to seek that deviant stimulus. This hypothesis then has two components, the pairing of deviancy with arousal and the subsequent motivation to seek expression of the deviant preference.

Laboratory studies have been devised to test the sexual preference hypothesis. Still photographs or video footage is presented to men and their erectile responses are recorded, Murphy and Barbaree (1988). These laboratory experiments have proved useful in showing the arousal links with child molesters, but not so useful with rapists. Barbaree and Marshall (1989) tested 5 profiles of sexual arousal. Their subjects were; child molesters, rapists and controls. The profiles were; adult, teen-adult, non-discriminant, child-adult and child. The non-offender controls responded most strongly to the non-deviant adult profile in 70% of cases. This means that 30 % of the controls showed 'deviant' arousal patterns, but none to the child profile. Child-molesters responded to all five profiles. However, 35 % responded most strongly to the child profile. The rapists also responded to all five profiles, with some preference to the use of force; however, when victim distress was portrayed the response was often lost. It could be that rapists hold distorted cognitions about the victim of the attack which when challenged, make the stimulus control weaker.

It would seem that individual men have idiosyncratic patterns of stimulus control. The profile bands tested by Barbaree and Marshall (1989), would need to be much more narrow to find the strongest response in every subject. The usefulness of the laboratory paradigm, then, is questionable especially when combined with issues around the faking of erectile responses, Wydra *et al.* (1983). What is useful from this line of research is the highlighting of the role of cognitions in shaping the stimulus control for each subject. It was also interesting that a great variation existed within the non-offender groups.

1.9.5 The Role of Cognition in Sexual Assault.

The research on the role of cognitions in sexual assault derives influence from two different research directions. In the first direction, the researchers looked at behavioural chaining and fantasy development in offenders. They concluded that cognitions play an important role in the development and maintenance of deviant sexual preferences. As such psychological assessment tools have been devised to test the cognitions of the offender's to produce insights into possible risky attitudes held by individuals, Nichols and Molinder (1984). The second line of researchers investigated the role of sociocultural factors. They demonstrated that the beliefs a society hold are influential on sexual aggression. These beliefs must be held by any one individual within their cognitive constructs and schemata. Therefore, other assessment tools have been devised to assess an individuals perception of societal rules and norms, Burt (1980). The task for the researcher, in this area of sexual offending, is to map the offending pattern of beliefs, the attitudes, the processing style, the social skills and the behaviour that culminate in abuse. Therefore, any psychological profile would need to be broad enough to incorporate all the relevant factors in sexual assault.

Investigators have discovered many cognitive characteristics of offenders. The cognitive distortions for rapists include: women pretend to say 'no', women enjoy rape, victims are to blame, victims are undamaged by rape, etc. Cognitive distortions for child molesters include: children are sexually provocative, children enjoy sex with adults, children are unharmed by sex with adults, etc.

The social skills of rapists have been found to be poor at interpreting social cues from women, Lipton, etal. (1987). The social skills of child molesters have shown an

emotional congruence with children and a fear of adult interaction. The self-report measures developed to date do not often distinguish offending populations with controls however, Segal and Stermac (1984); Overholster and Beck (1986). This may be to do with the design of the measure which, in the past, tended to be too global when investigating cognitive schemata. The trend has to be in developing more specific assessment tools which, in the past, has had more success at distinguishing between different types of offenders and controls, Heimberg and Becker (1981).

This investigation will aim to establish the effectiveness of current self-report tools, in distinguishing offenders from nonoffenders.

1.9.6 Abel et al (1987): The Classification of Sexual Offenders.

This line of important research focused on understanding the taxonomic structure of what was assumed to be a deviant population. Such studies were described by Knight and Prentky (1990) as 'the keystone of theory building and planning interventions'. Abel *et al.* (1987) studied 561 subjects. He drew together psychological, behavioural and physiological assessment methods to investigate the demographic characteristics of the offender's. Their results point to offenders having multiple paraphilias, in some cases as many as 10 were reported. Abel et al classified 21 deviations present in their sample. Such research has lead to a greater clinical understanding of the heterogeneity of offender groups such as rapists and child molesters.

Previous researchers, Knight et al (1985) attempted the classification of offenders using deductive and inductive methods together. Knight et al (1985) examined the rapist

topography and child molester topographies. Knight et al (1985) used cluster analysis to find the homogenous groups using similarities and differences on a specific set of attributes. The deductive methods informed the choice of variables for the inductive, Blashfield (1980). They concluded there were nine sub-types of rapists and 10 sub-types of child molesters. The conclusions of Knight et al (1985) demonstrate the difficulties facing researchers that attempt to contrast offenders with non offenders. Simply using an offender sample may be misleading as it may contain a variety of sub-types. However, the validity of the sub-groups identified by Knight et al (1985), is difficult to replicate as procedures of assessment are not standardised and samples tend to be too small. Ten years on, the sub-types are not widely employed in research methodologies but add to the cautions in the interpretation of investigations.

1.9.7 Summary of the Theories and Perspectives on Sexual Assault.

It has been clear that a divide exists within the literature on sexual assault. On the one hand the psychological research has concentrated on understanding the etiology and maintenance of deviant arousal. The psychological research has used established psychological theories such as conditioning theory and social learning theory. On the other hand feminist writers have advocated viewing offenders not as deviant but reflecting wider societal problems. Offenders are seen by the feminists as 'normal', their attitudes being on a continuum with all men. The different premises on which the two lines of reasoning are based produce quite different recommendations for treatment priorities. A cognitive behavioural therapist who wished to challenge a rape supportive

belief, using reality testing, would give different messages if they saw rape as culturally normative or as a deviancy.

Some psychological researchers have attempted to bridge the gap between the two lines of reasoning. The clinician in the front line of working with offenders does not have the choice of waiting for societal change. The need for some form of intervention now drives the hunt for solutions.

Before moving on to more sophisticated models of sexual offending used widely by clinicians, it is necessary to mention a different line of research separate from both the two described thus far. The physiological and neurological researchers have also been active in the field of sexual offenders.

1.10 Physiological Influences.

The role of androgenic hormones has been studied by Hucker and Bain (1990). The study of the physiology of sex hormones in the human male has shown there to be no specific abnormality of the androgen metabolism in sexual assaulters. Castration has been employed as a treatment for sex offending Bremer (1959). However, Heim (1981), reported that castration has variable effects; 46% of subjects reported they could still masturbate or have intercourse and only 41 % reported having lost their potency.

The research on sexual abnormalities and the brain is in its infancy. It is argued that brain damage is associated with behavioural and personality changes including sexual behaviour. Single case studies are reported as evidence to support this idea, Langevin

(1990). Langevin argues that there is a link between temporal lobe impairment and sexually anomalous behaviours. However, the high technology and expertise needed to further test these hypotheses has precluded large scale investigation. It is not unexpected, therefore, that little corroborative evidence has yet been gathered.

1.11 Integrated Multi-Factor Theories.

Single factor theories: biological Goodman (1987), psychodynamic Freud (1948), sociological Herman (1981) or behavioural Laws and Marshall (1990) each have a useful perspective without disproving the others. Clinicians needed clear guidance from the academic researcher. The literature was, as we have seen, often contradictory. In an attempt to address the limitations of single factor theories, Finkelhor (1984), devised a multi-factor framework and model to address male child molesters in a way that was clinically meaningful.

Finkelhor proposes a framework of the factors involved in the development of deviancy towards children. The framework includes a description of the process by which an offence is committed. Finkelhor describes four factors which are complimentary to one-another and are sufficient to account for the diversity of offending behaviour.

1. Factor one concerns emotional congruence with the child. For the offender, the 'child' is special, non-threatening. The offender may also be identifying with the aggressor from his childhood. Adult interactions are often fearful for the offender, he feels happier in the company of children.

2. Factor two describes the different processes whereby an adult can find a child sexually arousing. As we saw in section 1.9.1, social learning theory has been used to describe how possible routes into finding children sexually attractive occur: Through participant modelling (being abused), vicarious learning (pornography) or symbolic modelling (shaping of fantasies).
3. Factor three examines why some offenders seem to be blocked in their ability to have their emotional and sexual needs met in adult relationships. Two types of blockages are described. The first type of blockage refers to when an individual is unable to relate to his peers. This acts as a developmental block to maturation and is the key reason for poor adult social skills. This block occurs often in adolescence and highlights the need for adolescent screening for potential abusers of the future. The second blockage refers to situational blockages where the offender is unable to exploit possible appropriate sexual interactions. Offenders have been shown to be emotionally lonely and isolated, Garlic (1992). The isolation and low self esteem often leads offenders to be in situations that block the opportunity for appropriate adult relationships. The individual predisposed to finding children arousing, when situationally blocked, is more likely to seek child sexual contact.
4. Factor four considers reasons how and why internal inhibitions to abusing are overcome or not present in the offender. Within this framework you can organise the various single factor theories. Many of the self-report measures that have been developed hold Finkelhor's theoretical understanding behind the design of their questions.

Finkelhor also developed a four stage model to describe the necessary preconditions for an offence to occur. It is the developmental model, along with the framework, which makes Finkelhor a multi-factor model.

The first precondition is the motivation to abuse sexually. The development of the motivation is similar to Wolf's explanation of 'potentiators', Wolf, (1984). Wolf described how social, developmental, situational and cultural factors can provide a child with the abusive attitudes and behaviours (potentiators) that lead to the motivation to abuse.

The second precondition is overcoming internal inhibitions against having sex with children. This may be achieved in a variety of ways, cognitive distortions, blame of external factors, substance use, etc.

The third precondition is to overcome external inhibitions. The offender must set up a situation where abuse is possible, by planning and grooming. Society sets obstacles in the path of abusers, which the abuser needs to overcome. Often the abuser will seek vulnerable children, such as those in the care system, but also often by befriending the child's mother.

The final precondition is to overcome the resistance of the victim. The offender may use a variety of ploys to overcome the resistance of the victim, again by grooming, bribes, threats, etc. The offender needs to feel secure that the child will not report the abuse, or stop him in other ways.

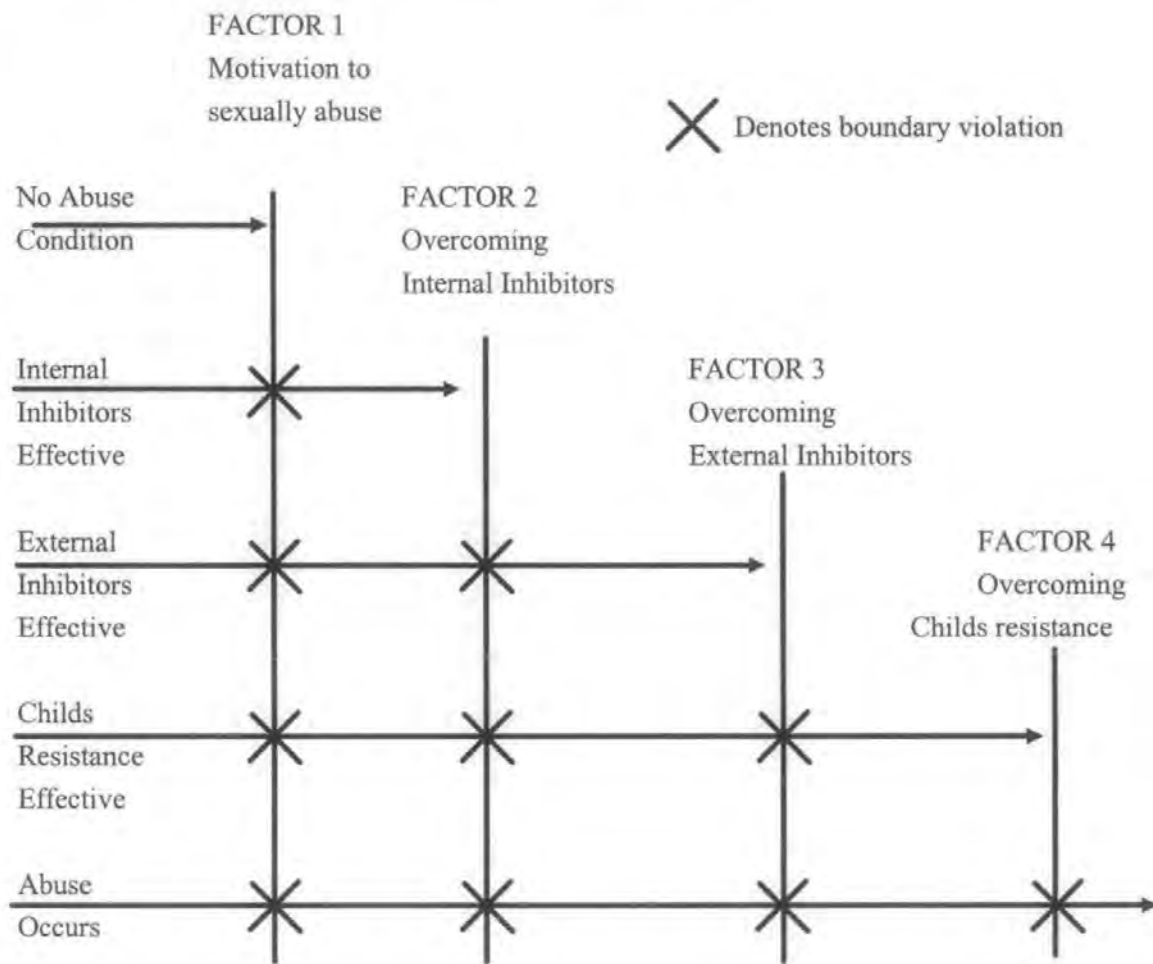
Finkelhor's preconditions have been criticised for the final emphasis being on the victim to allow abuse to occur, Smith (1994). Smith adapted Finkelhor's model to represent a

different distribution of responsibility. Smith emphasises that each boundary point is an obstacle to abuse. The offender needs to find some means to violate the boundary, to move on, until abuse is possible. These violations represent targets for treatment interventions.

The model and framework have inherently built into it a clear understanding of how to target treatment for individual offenders. The CBT therapy offered to offenders today, is often based on Finkelhor's four stage model, Wyre (1987). Therefore Finkelhor has been adopted by many practitioners in the field.

While Finkelhor's model has a great benefit for the clinician working with male offenders against children, it cannot be seen as a definitive answer to all the questions posed by all sexual offenders.

Figure 1: Finkelhor's four preconditions: adapted by Smith.



1.12 Researching Sexual Offending.

Sexual offending has had a research boom growing for nearly twenty years. You would expect much to be understood, much to have been discovered. The research paradigm should by now be well oiled and sophisticated methodologies established. While much progress has been made, still twenty years on the basic questions are still argued over and methodological questions are still at the front of the list of criticisms. The drive for answers from the different stakeholders has never been so great. It may be that the

momentum created by the drive for answers has left behind the basic questions in the need to do something.

1.13 Problems with Sexual Offending as a Research Area.

Researchers face many problems in the field of sexual offending. Sexual offending is very difficult to study. The issues are hard to scientifically define. Offenders, victims and their families are often not keen to co-operate with researchers because of the shame and stigma associated with abusing and being abused. Denial of the problem is often the easiest solution to the difficult issues sexual offending raises. There are ethical dilemmas that have inhibited the study of some of the core questions in the field, such as disclosure of information. Research in the past has tended to look at questions where access to data is more easy, such as with incarcerated offenders. However, as Russell (1984) reported, probably less than 10% of abuse is reported to the police and less than 1% results in arrest and a small percentage of this 1% results in conviction. Over a two year period in one social service district in London, 1476 investigations into alleged child abuse were undertaken. Only 91 resulted in a court hearing and only 6 resulted in a conviction, Smith (1995). These facts leave vast amounts of data untested and demonstrates a skewing of the data that is tested. This skewing of both the samples studied and the questions asked may mean research to date has missed the most interesting fields of study.

1.13.1 Use of Non-offender Samples.

Studies do not always use a control sample, or a comparison group. Those which do often use other types of offender, Barbaree *et al.* (1979); college students, Malmouth (1981); even prison officers, Beckett *et al.* (1994). There are problems with such samples as control groups as they may not be representative of the general population. Researchers have found it difficult for ethical and practical reasons to use a non-offender sample made up from a random sample of men in everyday life. Researchers have tended to concentrate on areas where access to subjects is easiest, measurement is most refined and the issues are most defined. As Oppenheimer said "It is a profound and necessary truth that the deep things in science are not found because they are useful, they are found because it was possible to find them." The task facing current researchers in this field is to push the boundaries of what it is possible to find.

1.13.2 Assessment Tools

An associated problem with research in this area is that the assessment tools developed to date have been designed for use with incarcerated samples. This reflects the phenomena described in 1.13.1. Incarcerated offenders are available to researchers. The questionnaires often ask questions referring to sexually abusive behaviour which are not applicable to nonoffenders. This narrow focus of investigation precludes the use of such test instruments with broader samples, such as non-offending groups. The problem of skewed samples and narrow focuses of investigations act as a vicious circle and leaves the researcher in a catch 22 situation when trying to broaden the field of research.

Therefore, when attempting to find measures that can be used with comparison sample groups, the researcher needs to use more indirect, yet associated, assessment tools. The past research findings can be used as a heuristic in guiding the quest for areas of investigation that are transferable across sample populations. By chipping away at the breadth of study in this way, more appropriate research tools may be developed which could reverse the vicious circle into a virtuous circle.

1.14 The Treatment of Offenders and Evaluation of Services in Britain Today.

The practitioners working with offenders are charged with the duty to do something now, to respond to the immediate needs of society. The prison service and the probation service provide such a front line resource in the treatment of sexual offenders. The model of treatment currently favoured by the probation service is to provide small community based treatment groups, using cognitive behavioural therapy. Ray Wyre (1987), at the Gracewell Clinic, first devised the treatment process in Birmingham. NOTA, the National Association for the Development of Work with Sex Offenders, has since formed. Following the publication of the influential STEP report, Beckett et al (1994), which evaluated seven community programmes, the approach advocated by Wyre has been widely adopted. Beckett found the treatment to be effective at changing attitudes, especially for child-offenders. However, such evaluations can only report changes in offenders attitudes. The use of a control sample from the general population is needed to compare the treatment changes to cultural norms.

The treatment is based on the principles of cognitive behavioural therapy, using models such as Finkelhor's as a guide as to where to look. Behavioural treatment is aimed at teaching offenders to modify or control their 'deviant' sexual arousal and fantasies in order to shape these fantasies and arousal patterns to a more appropriate form. Cognitive therapy aims to challenge the cognitive distortions that are commonly held by offenders. Cognitive distortions can be wide ranging but common distortions include, minimising the harm to their victims, the seriousness of their behaviour. The cognitive distortions help the offender to justify to themselves their actions.

The client is first assessed during a semi-structured interview also using self-report questionnaires and to obtain a detailed personal history. The offender is then assessed as to their suitability for treatment. The treatment takes place in small groups of around 6-8 offenders, held weekly, over 16-20 weeks. Between the group sessions, offenders may be seen for individual work, again of a CBT style. There is a clear structure to the groups. Each week the group addresses a different aspect of offending behaviour. The clinical targets for cognitive behavioural work are; denial and minimisation, damage to victims, justifications and distorted thinking about offending, deviant sexual fantasies, relapse prevention, lifestyle and personality traits and sex education. A more detailed description of the treatment process can be found in Wyre (1987).

The topics covered in the treatment groups reflect the best understanding to date of which areas are pertinent to the risk of re-offending. Thornton (1992), devised a battery of psychological questionnaires that attempt to reflect the topic areas in the treatment groups. The battery of questionnaires are described more fully in *appendix 6*

1.15 Introduction to Measuring Attitudes

The task of measuring attitudes is not a straightforward task. The concept of an attitude is abstract. Therefore tools designed to measure attitudes are constructs. The construct is a tool that serves the evaluators' need to see order and consistency in what clients say, think and do, so that, given certain behaviours, predictions can be made about future behaviours. An attitude is not however something we can readily examine or measure in the same way a doctor can examine for example, heartbeats. We can only infer the existence of an attitude that a client has by their words and actions. However, it would seem intuitive that the clients attitudes are of most interest clinically when attempting to treat offending behaviours. Indeed cognitive behavioural therapy relies on the assumption that core beliefs and attitudes are central in how a person chooses to behave.

1.15.1 Precautions in Measuring Attitude

The following precautions are useful to keep in mind when looking at attitudes:

- Measuring attitudes relies on inference. Therefore, no categorical claims can be made by using questionnaires alone.
- Behaviours, beliefs and feelings do not always match and may vary from person to person. Therefore, to rely on one or few measures may lead to distortions and errors.
- The design of the attitude measure is important. Measures should be reliable and valid. Therefore, established and researched questionnaires are preferable.

1.15.2 The Reliability of Self-report Questionnaires with Sex Offenders.

Abel and Rouleau (1990) reaffirmed the need for reliable and valid questionnaires when assessing sex offenders. Direct observation of sexual behaviour is impractical and laboratory methods have proved problematic. Self-report methodologies are often the most parsimonious. The methodology of the data collection is central to the validity of the self-report questionnaire. Kaplan (1985) tested the self-reports of offenders under two conditions. She found that where anonymity was assured and the results were not part of any parole or legal system then the offender's disclosed a greater amount of information.

Devising new questionnaires is a lengthy and costly procedure. It would be necessary to test their accuracy, validity and reliability. Therefore, it is preferable to use ready-made questionnaires which have already been tested for accuracy, validity and reliability.

However, in the area of sexual offending it is necessary to be cautious about the historical methods used to devise the current self-report measures. The samples on whom the questionnaires were validated are, as we have seen, skewed, see section 1.13. Often the control populations are not truly generalisable to the whole male population. See section 1.13.1.

1.15.2.1 The Study Sample and the Reliability of Self-report Questionnaires.

The design of the study must take into account the unique qualities of the study sample, sexual offenders and the context of their participation in the research. The clients

attending the community probation service are not often volunteering for treatment of their own free will. Often, the clients have their own agenda that may prejudice how they wish to be perceived. Questionnaires are self-report measures. Therefore, they rely on the client solely as a source of information. A client may attempt to falsify their responses to gain contact with their children or to appeal to a court as a reformed character. The design of the questionnaires and the data collection procedure must take steps to minimise such erroneous variables. However, considering the possible shortcomings of self-report questionnaires it would be wise to design an independent validity check on the scores obtained from the offender sample. The validity of the self-report questionnaires could be checked against the opinions of the staff providing the treatment to an offender. If the questionnaires produce a profile of a client that is similar to the profile of that client as assessed by the professional staff, then both profiling methods gain validity. Using established assessment tools reduces the task of assessing validity. The Individual Clinical Ratings Form, Hogue (1993) is such an established tool which is designed to assess the staffs perceptions of an individual offender on items relating to the topics covered by the questionnaire battery. The ICRF is listed in *Appendix 7*.

1.16 The Questionnaires Employed by the Prison Service.

Thornton (1992) devised an assessment battery of self-report questionnaires for the prison service. The questionnaires included covered a wide range of attitudes thought to be pertaining to sexual offending. The questionnaires cover sociocultural and psychological topics. However, some of the questionnaires can only be given to sexual offenders, as the questions assume the respondent has committed a sexual offence.

Therefore, in this study, only the questionnaires that could be given to sexual offenders and nonoffenders were employed. The questionnaires constitute only part of the assessment procedure. The full assessment also includes a clinical interview procedure and background information such as victim statements and previous offences. The battery of questionnaires used are detailed in *appendix 6*. Also refer to the method section 2.3.

The three precautions when looking at attitude, listed above in section 1.15.1, need to be considered carefully when selecting which questionnaires to include in the study.

The battery of questionnaires needs to be pertinent to Finkelhor's model as described above. However, the battery of questionnaires must not be too narrow in the type of attitude investigated, section 1.9.5. Hence the battery was designed to provide information on a broad range of attitudes. Some of the questionnaires are targeted directly at core attitudes relating to sexual offending against children and adults. Some of the questionnaires are more indirect and look at potentially related aspects to offending behaviour but are not directly asking about sexual offending.

1.17 Aims of this Investigation.

1. The first aim is to establish the validity of the self-report methodology. This will be attempted by using an independent source of data on each offender, to check against the self-report data. The practitioners in the probation service will act as the independent data source. If the practitioners assess the offender's in a similar way to the battery of questionnaires, independently, then the self-report methodology can

be seen as valid. This will allow more confidence in the interpretation of the findings of this investigation. See hypothesis one.

2. The second aim hopes to understand the effectiveness of CBT treatment in improving offenders' attitudes. Initially the findings will hope to show offenders' attitudes have changed following treatment. See hypothesis 2. The use of a representative sample of nonoffenders will provide evidence of what is culturally normal in Britain. Contrasting culturally normal attitudes with the offender's attitudes before and after their treatment will provide a context in which to understand treatment outcome. See hypotheses three and four.
3. The third aim is to establish the effectiveness of self-report methodologies at distinguishing between offenders and nonoffenders. The same statistics used for aim 2 are used for aim 3. If the questionnaires cannot distinguish between offenders and nonoffenders, two possible interpretations follow. One interpretation could be that the questionnaires lack validity. The other interpretation is that offenders and nonoffenders hold similar attitudes to each other towards sexual offending. If, in the future, psychology hopes to screen for potential offenders using self-report methodologies, then the effectiveness of self-report procedures at distinguishing offenders and nonoffenders needs to be demonstrated. Hypotheses 2, 3 and 4.
4. The final aim is more global and relates to the third aim, but all questionnaires are compared together. The final aim hopes to examine the extent to which the differences identified within the literature, regarding the deviancy vs. the 'all too normal' positions, are found in the findings. This will allow for an insight into the cultural normality of sexual offending attitudes in British men. If the attitudinal

profiles of offenders and nonoffenders are similar, then the feminist position is vindicated. If the attitudinal profiles are significantly different, then offenders can more easily be seen as deviant. See hypothesis five.

1.18 Null Hypotheses.

Null hypotheses are stated as is the convention. The experimental hypotheses would state that there will be significant differences.

Ho₁: There will be no correlation between the ranking of the battery of questionnaire scores, both before and after treatment, with the ranking of the staff scores from the Individual Clinical Ratings Form.

Ho₂: There will be no significant differences in the scores, on each of the individual questionnaires comprising the battery of questionnaires, between the pre-treated offenders and the post-treatment offenders.

Note. Some questionnaires would be expected to return lower scores post testing, while others will be expected to return higher scores post testing. The questionnaires are described more fully in appendix 6. The questionnaires expected to score higher post testing are: Self Esteem Questionnaire and the Social Response Inventory - Social Confidence. All the other questionnaires would predict lower scores post testing, if treatment is successful.

Ho₃: There will be no significant difference in the scores, on each of the individual questionnaires comprising the battery of questionnaires, between the pre-treated offenders and the control sample of nonoffenders.

Ho₄: There will be no significant difference in the scores, on each of the individual questionnaires comprising the battery of questionnaires, between the post-treatment offenders and the control sample of nonoffenders.

Ho₅: There will be no significant differences between the pre treatment offender profiles, the post treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5a}: There will be no significant differences between the pre treatment offender profiles and the post treatment offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5b}: There will be no significant differences between the pre treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5c}: There will be no significant differences between the post treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

1.18.1 Predictions.

1. It is predicted that Ho₁ would be rejected. This would show that the data collection methodology was valid at collecting accurate self-report information.
2. It is predicted that Ho₂ will be rejected for all questionnaires. This will show that treatment is universally effective at changing the attitudes of perpetrators.
3. It is predicted from the 'deviancy' position that Ho₃ would be rejected and Ho₄ accepted. This would show that the pre-treatment offenders attitudes on individual questionnaires differ for nonoffenders. Also, that treatment would be successful at 'normalising' the attitudes of offenders, making them similar to nonoffenders.
4. It is predicted from the feminist position that Ho₃ and Ho₄ would be accepted. This would show that the attitudes towards sexual offending held by nonoffenders is indistinguishable from the attitudes held by offenders.
5. The final prediction would be that Ho₅, Ho_{5b} and Ho_{5c} would be rejected from the 'deviancy' position but accepted from the feminist position. If Ho_{5a} were accepted, then the treatment would have been shown to be ineffective at changing the psychological profile of offenders.

Chapter 2: Method.

2.0 Design

The design included two groups of men, in three experimental conditions, a paired sample of sex offenders and an independent sample of non-sexual offenders. The design of the study can be seen as quasi-experimental, with a pre-test and post test design with a control group. *Diagram 1*, summarises the form of the study.

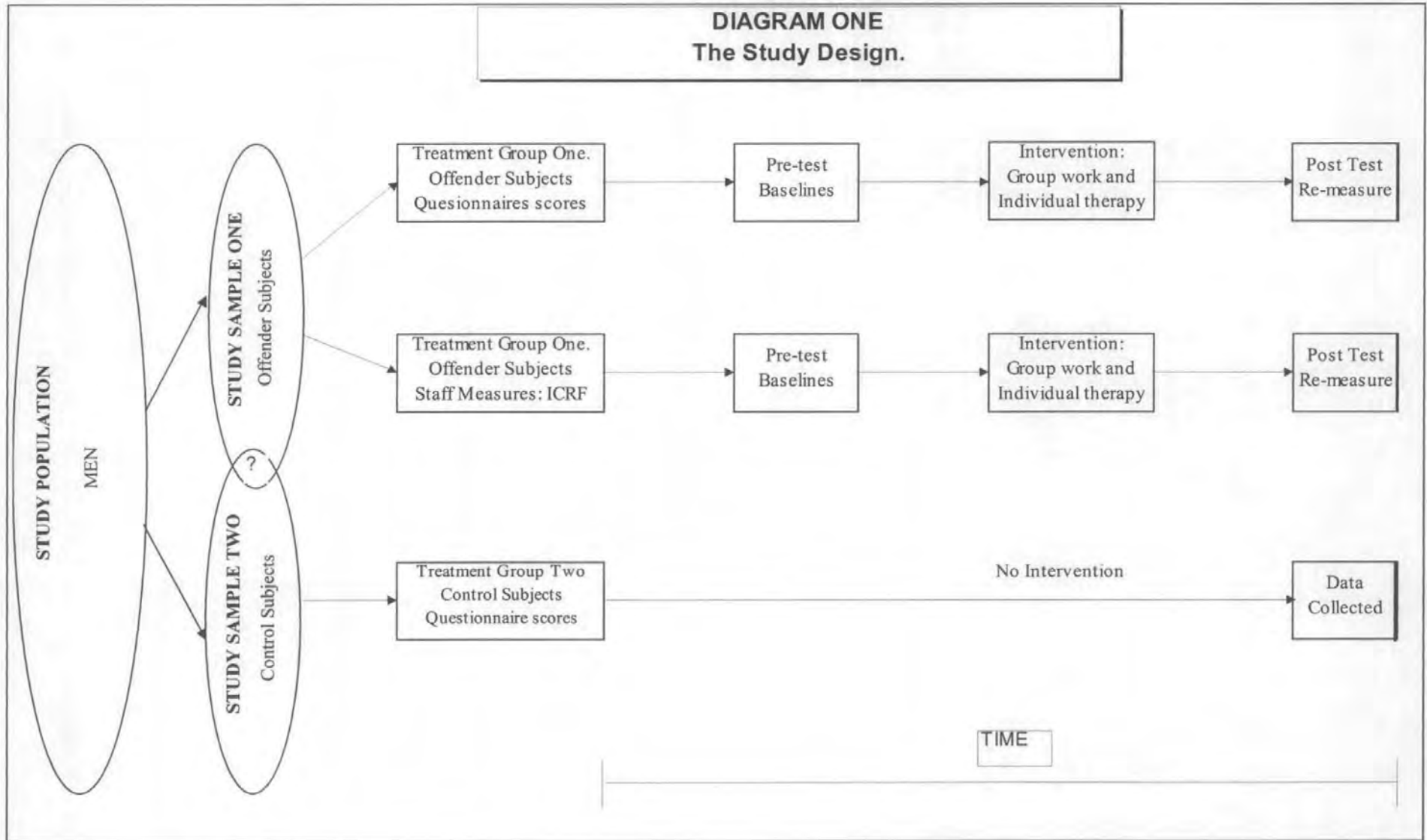
The quasi-experimental design selected is a powerful design for ruling out explanations of attitude change, other than program effects. The selection of a quasi-experimental design is a compromise between non-experimental designs which do not address the problems of external influences and classical experimental designs which seek to control for all external influences.

The control group, the nonoffenders was assumed to be stable over time. Therefore, questionnaire data was only collected once for this sample. The offender's were tested twice on the battery of questionnaires and twice on the ICRF, before treatment and after treatment.

2.1 Participants.

The participants were drawn from two sources. The offender sample was drawn from a local probation service treatment centre for sex offenders. The control sample was drawn from the general public and from the same geographical location as the offender

DIAGRAM ONE
The Study Design.



sample. The sampling methodology needed careful consideration to ensure the elimination of possible biases and to maximise the samples' representativeness, therefore the generalisability of the findings.

2.1.1 Sampling.

In general the sampling methodology needed to be aware of the representativeness of the samples by considering selection biases, the external validity of the sample and the size of the samples.

The sample of offenders and nonoffenders, ideally, would be as closely matched as possible to add to the validity of the investigation. In previous research, the control samples have been notably different from the offender samples, see section 1.13.1. This makes the generalisability of their findings more difficult to establish.

2.1.2 Sample Size.

The sample size of the study needs careful consideration. Size of samples determines the robustness of the findings. The selection of an ideal sample size depends on many factors, Kraemer and Thiemann (1987). To find the experimental effect being tested for statistical requirements need to be considered. There are two types of error that can lead to an incorrect result, Type I and Type II errors, Howell (1982). The chosen level of Alpha (type I error), will determine the probability of wrongly concluding an

effect when it is not present. The power of the study will determine the probability of not detecting true effects, type II error.

Standard formulae can be used to relate minimum effect size to; Power, Alpha and Sample size. However, time and resources also have a practical effect on limiting sample sizes. Cohen (1969) devised a set of conventions designed to enable an experimenter to predict the required programme parameters. Broadly speaking, increasing sample size will increase the power of the study. However, the pragmatics of the everyday world require some end to the research period. Therefore, the question becomes- 'How large does the sample size need to be to ensure sufficient power and to ensure a reasonable time span?'

2.1.2.1 Calculating the Power Level

Calculating the sample sizes is needed to achieve an adequate power. This is important to ensure the investigation achieves its aims. If the sample sizes are too small, the results will not have sufficient power to ensure confidence in the results.

Power is defined as the probability of correctly rejecting a false H_0 . Power is a function of several variables. Firstly, α , the probability of a type I error. Secondly, β , the probability of a type II error. Thirdly the sample size and finally the properties of the test employed. The following calculations are made following the methodology for t-tests. The exact power can be calculated later on the actual samples achieved.

Power depends upon the degree of overlap between the sampling distributions under H_0 and H_1 . The overlap is itself a function of the difference between the population means, μ_0 and μ_1 and also the standard error. The distance between μ_0 and μ_1 , when the sample size is unknown, is called the effect size γ . The symbol δ is used to refer to the recombining of effect size and sample size.

The estimation of the sample size requires the setting of the power level and an estimation of the effect size. There are three ways to estimate the effect size. Firstly, the sample means and variances of previous research could be used as a guide to the values of $\mu_0 - \mu_1$. However, as there is very little research using the same questionnaires this option is not viable. The second option is to allow the researcher to determine what would be a meaningful difference between μ_0 and μ_1 . This, too, is not viable as the questionnaires do not lend themselves readily to interpretation in this way. The only remaining option is the least preferable. It follows a convention devised by Cohen (1969). Cohen has used fairly arbitrary means to define levels of γ . Following Cohen, the effect size for γ was set at 0.5, a medium effect size.

The power level should be set high enough for confidence in the results. A power level of 0.8 means the study has an 80% chance of recording an accurate result, i.e. there is a 20% chance of a Type II error. Using tables calculated by Howels (1982), for a power of 0.8, $\delta = 2.8$. Using Cohen (1969) convention for medium power, 0.5, the power equation is:

$$\text{Power } 0.8: \left(\frac{2.8}{0.5}\right)^2 = 31$$

Note, the formula above is used when the sample means are dependent, as in the offender sample. Therefore, the offender sample size necessary to satisfy the statistical power of 0.8, with an effect size of 0.5 is 31 clients.

However, the control sample is independent and therefore a separate calculation is needed. The power equation for independent samples is slightly different as the mean differences between H_0 and H_1 , not simply the difference between H_0 and H_1 . The sample size will therefore need to increase to reach the same level of power:

$$\text{Power } 0.8 = 2 \left(\frac{2.8}{0.5} \right)^2 = 63$$

As such large samples are unlikely, given the time and resources constraints, one option is to increase the effect size. This solution is, however, rather arbitrary as a means of not compromising the power of the investigation. Without being able to estimate the variance from previous research or the qualities of the questionnaires, altering the estimate of variance, using Cohen's convention, becomes the reluctant choice.

If the effect size is increased from 0.5 to 0.8, using Cohen's convention, the non-offender sample size needed for a power of 0.8 goes down to 25.

The level of Alpha was chosen at 0.05 or below, as is the common convention.

In profile analysis ANOVA analysis is necessary. The terminology for power, with analysis of variance, is slightly different from the calculations above which are based on t-tests. We need to define a statistic ϕ' , estimating the expected differences among the μ_j , derive a second statistic ϕ , which is a function of n and ϕ' , then calculate the

power from the non-central F distribution tables. The equation used is : $\phi = \phi' \sqrt{n}$.

SPSS v6.0 returns power estimates for ANOVA models.

2.1.3 Considerations in Selecting the Sampling Methodology.

Ideally, the samples would have been random samples of matched subjects. The subjects would have been matched for age and sociocultural factors. The use of random samples maximises the representativeness and the ability to generalise from the sample to the target population. However, true random samples are difficult to obtain, especially in a sensitive research area such as sexual offending. The offender sample came from only one source and was of a limited potential size. This makes randomising the offender sample difficult. Therefore alternative sampling methodologies were considered. The alternative types of sampling procedure considered were; opportunistic, criterion, nominated and stratified.

Considerations about the sampling methodology are tied to the ethical considerations of the participants. See section 2.2. It would have been less preferable to send out questionnaires in the post as the briefing and debriefing procedures would be less satisfactory. The more preferred choice was to arrange that the participants attend a data collecting session that the researcher could attend. There were, however, practical difficulties in organising a large group of control subjects to attend one data collection session. The timing was often inconvenient to pockets of the population. For example, employed people may find it difficult to attend during working hours, parents may find it more convenient to attend during school hours. Therefore, providing a set time to attend would add selection and de-selection biases into the sample in subtle ways. It was therefore necessary to find individual times that were

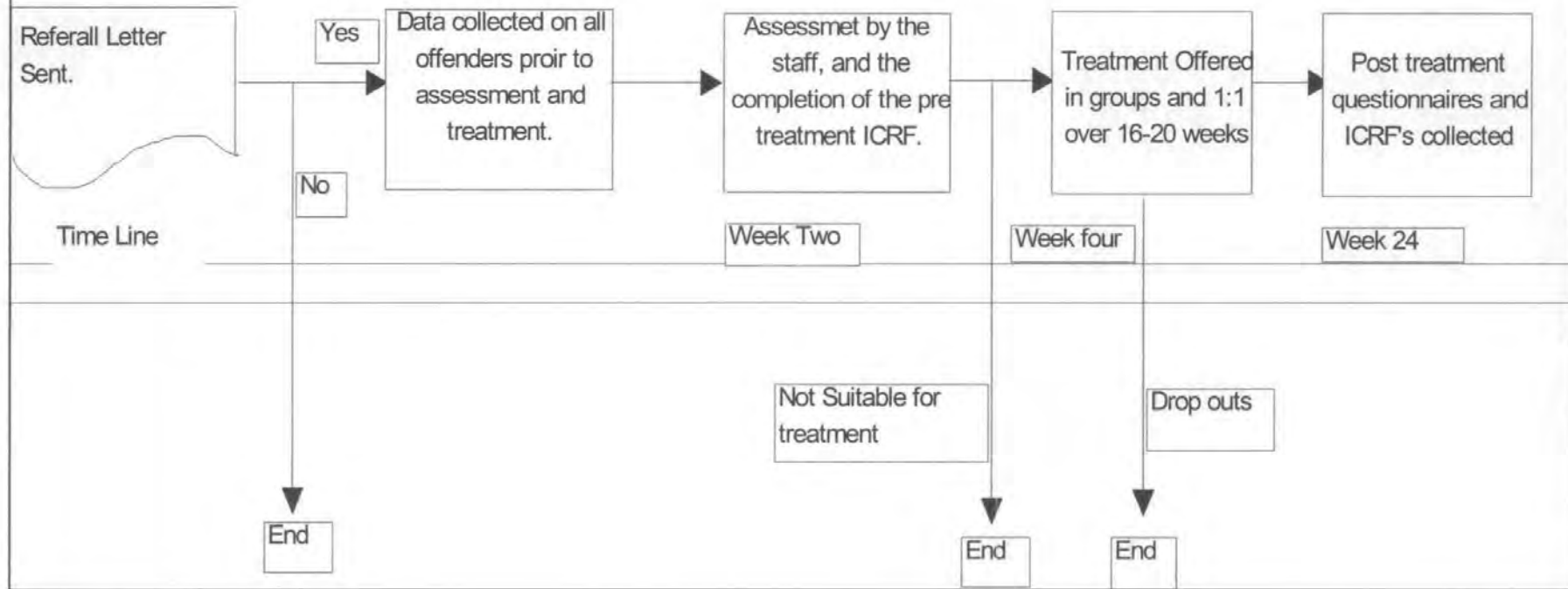
convenient to the respondent to collect the data, for the control sample. While this was more time consuming for the researcher, this data collection technique removed potential self selection or deselection biases.

2.1.3.1 Sampling the Offender Population.

The offender sample was collected upon the basis of the next 31 clients to pass through the treatment process of the community treatment centre. See section 2.1.2 on the size of samples. This process made the offender sample as random as possible. The offender's were semi-contracted as part of their treatment conditions to co-operate with the investigation. The offender's could choose not to co-operate if they wished. One subject refused to participate at post treatment. There were 58 pre test questionnaires collected in order to obtain 31 post test scores. Twenty seven subjects were unavailable at the post test stage for a variety of reasons. The 27 subjects who were measured at the pre treatment phase were not included in the analysis.

The timing of the data collection was constrained by the process of the community treatment centre. See *Diagram 2*. The pre treatment measures needed to be collected before treatment, or assessment taking place. This gave a two week window between the referral being sent to the client for their first assessment session. The clients were invited in groups of five to eight to attend a data collecting session. The clients were briefed and debriefed individually and sat alone, with the researcher present, while completing their questionnaires.

Diagram Two.
Summary of the Offender Data Collection
Process.



2.1.3.2 Initial Plan for Sampling the Control Sample.

Initially the control subjects were hoped to be recruited through local schools in different areas of the city. This would have provided a large random sample of men from a similar stratified sociocultural background of the offender's.

An initial letter was drafted to go out to parents, through the local schools in the hope of recruiting participants. *See appendix 4.* The head teachers at two Primary schools, local to the Probation Treatment Centre were approached for permission. The head teachers were pleased to co-operate. However, the Boards of Governors vetoed the request. This experience demonstrates vividly the difficulties faced in attempting to research this topic area, as stated in section 1.13. The governors did not want the names of the schools involved with any research that may have inferred sexual abuse was occurring at their school. Despite promises of anonymity, the governors would not be persuaded. Therefore an alternative means of recruitment was required and an alternative sampling methodology was employed.

2.1.3.3 Alternative Sampling Methodology of the Control Sample.

The alternative sampling methodology could be described as a criterion sampling technique. The sample of offenders was fixed in nature. Therefore the control sample would need to be matched to the offender sample. This meant the offender sample was

collected first. The subjects for the control sample were selected on the marker characteristics of the offender sample. The marker characteristics of the offender sample included the age, parental status, employment, educational level and ethnic origin.

2.1.3.4 Demographic Characteristics of the Samples.

Table 1: Demographic Characteristics of the Samples:

Variable	% of Offender Sample, n=31	% of Non-Offender Sample, n=16
Rapists	20	N/A
Child Offenders	80	N/A
Custodial Sentence	31	not known
Victim known to offender	55	N/A
Victim a relative	24	N/A
Victim a stranger	10	N/A
Pre convictions	41	not known
Ethnic Origin Caucasian	97	100
Currently Employed	24	54
Retired or not known	48	20
Mean age	45	40
Age range	23-80	26-64
Parent or step parent	78	80

Demographic information that would have been useful to know was the educational attainment of the subjects. However, as this information was not available from the offender's background information, it was not collected from the control sample. Informally the practitioners, working with the offender's, stated very few of the offender group were university educated. Therefore, the control sample was selected outside a university population and matched using the marker characteristics of the offender sample as the criterion for selection.

2.2 Ethical Considerations.

In consultation with the clinical teaching staff at the University of Plymouth, it was agreed that no formal approach would be made to an ethical committee for this research. The participants were not drawn from a health service population. As such an ethics committee was not required. However, there were ethical questions to be addressed. Time will be spent here outlining the ethical considerations.

The ethical considerations were slightly different for the offender sample and the non-offender sample. The offender sample were semi-contracted to take part in the investigation as part of their treatment contract. Therefore, the participation of the offender sample was not purely voluntary. However, the ethical considerations of the offender sample were not ignored. The offender participants could still choose not to cooperate. However, their refusal then became a treatment issue. The briefing and

debriefing of the offender sample were carefully considered and the right to refuse and the right to anonymity still applied for the offender sample.

2.3.1 Ethical Guidelines for the Collection of Data.

The B.P.S. (1993), in the ethical principles for conducting research with human participants, state that the following factors need consideration:

'The essential principle is that the investigation should be considered from the standpoint of all the participants: foreseeable threats to their well-being, health, values or dignity should be eliminated.'

The general points to consider for this research were to maintain a balance between the interests of the participants and the interests of the research. The topics covered are; consent, deception, debriefing, withdrawal from the investigation, anonymity, protection from risk, privacy and giving advice.

The questionnaires are of a nature that may, for some potential participants, cause discomfort, therefore the wording and debriefing procedure were scrutinised by independent advisors to ensure participant interests are not compromised. Mr. Nick Canaver (Chartered Clinical Psychologist) and Dr Reg Morris (Chartered Clinical Psychologist), from the University of Plymouth, acted as the ethical advisors.

2.3.2 Consent - *see appendix 1*

The questionnaires explicitly ask questions that could be considered private in nature. Therefore, a full explanation of the nature of the investigation was seen as necessary before consent was sought. This extra step needed to protect the interests of the participants. This step can also be seen as helping the interests of the investigation, even though there is potential for suggestion to bias the results. The validity of the investigation relies on the honest and accurate completion of self-report questionnaires. Therefore, the potential for erroneous bias in the data collection could be great. See section 1.15.2. If, without an accurate briefing, the respondents attempted to double guess the intentions of the investigation, then the validity would be lost. The briefing was made comprehensive to control for any potential experimental bias and for any potential upset of the respondents. The respondents should feel more able to express honest opinions if they see their scores as having no link to the probation service and being fully anonymous. The clients then marked a consent form, by ticking a box, so that their names were not recorded and their anonymity ensured, *see appendix 1*.

2.3.3 Deception.

As stated above, to ensure that potential unease following the briefing was avoided, information about the nature of the investigation was not to be withheld from the

participants, before consent. The wording given to the participants before consent being sought was carefully balanced so as not to introduce suggestion effects into the investigation. If participants felt led in how they ought to have been perceived, then suggestion biases would have been introduced into the data. The balances of needs, however, were with the participants feeling comfortable with the nature of the investigation.

2.3.4 **Debriefing.**

The nature of the investigation was fully described as detailed in the debriefing instructions given to the participants, see Appendix 2 and 5. The investigator was available, or given a contact number, to discuss the experience of completing the questionnaires with the participants to monitor for unforeseen effects. If it was felt necessary, time was given to the participants to discuss their experience following debriefing. The participants were informed of appropriate professionals to consult if they so wished, or if they felt issues had been raised for them. A contact number was left with them should they wish to contact the researcher in the weeks following the data collection. It was hoped this intervention would cover the possibility of unforeseen effects on the participants' well being. Again, this eventuality did not arise.

2.3.5 Withdrawal from the Investigation.

It was made clear from the onset that participants could withdraw from the investigation at any time and any data collected would be destroyed. The offender sample did have the right to withdrawal although their refusal to co-operate would have become a treatment issue. One offender who completed treatment refused to co-operate at the post test stage. His data was not used in the investigation.

2.3.6 Anonymity.

Anonymity of the participants was ensured by the design of the data collection methodology. The participants name was not collected and their questionnaires were placed in an unmarked, sealed envelope. The data, when scored, was grouped together so that no individual score could be recognised or traced to an individual participant. The questionnaires are of a sensitive nature regarding sexually abusive attitudes. However, it is not possible, using the questionnaire data alone, to discover whether a participant is a current abuser. Therefore no conflict of anonymity arose.

It was important for the honest completion of the self-report measures that participants believed the data collected was anonymous, Abel and Rouleau (1990).

2.3.7 Protection of the Participants.

The participants were drawn from a population where the investigator had no position of authority or influence. No financial payment was offered to the participants in such a way as to induce them to participate against their better judgement.

The Children Act 1989 requires that if an abuser becomes known to you that you have a professional duty to report this to the police or social services. If, during the data collection, somebody from the control sample had started to disclose that they were an abuser, they would then be informed of my duty to pass on that information. A participant may have reported another person whom they believed to be an abuser. In that eventuality, they would have been informed that, if they tell me the name of the abuser, I would be required to pass on the information. This eventuality did not arise.

There was potential for the investigation to expose the participants to harm greater than that of ordinary life, as the questionnaires covered sensitive topic areas. The potential to trigger possible abusive childhood memories could not be ignored. Therefore, a full explanation of the nature of the investigation was necessary before consent being sought. The ability to stop at any time was explained and the opportunity for further discussion after debriefing was offered.

Participants were given a contact number should they wish to contact the investigator regarding their participation in the research. The investigator was present, whenever possible, during the data collection, for the experimental samples and for the control

sample. If participant distress was observed, the participant was asked if they wish to stop and appropriate counselling offered. Alternatively, the participants were advised of the appropriate professional help available, (Their G.P. and Adult Mental Health Services). These situations did not arise.

2.3 Instruments.

The instruments are detailed in *appendix 6*

Thornton (1992), devised what he believed to be a set of relevant questionnaires, to form a battery of questionnaires to use in the prison service, in the treatment of sexual offenders. Other researchers such as Beckett et al (1994), have also used Thornton's battery of measures. Unfortunately, some of the questionnaires in Thornton's battery cannot be used on control samples as the questionnaires assume the respondent is a sexual offender. Such questionnaires were omitted from this study.

Table 2 summarises the questionnaires composing the battery of questionnaires employed. The battery can be seen to cover a broad spread of attitudes, relating directly and indirectly towards sexual offending. Each of the questionnaires has a theoretical basis for being included in the battery. Some questionnaires are included because of their relevance to psychological theory, while others are included because of their relevance to feminist perspectives.

Table 2: Questionnaires Comprising the Battery.

Variable	Summary of the attitudes tested.	Author
Beliefs about Sex and Rape	Endorsements of the kinds of beliefs sometimes used to justify rape.	Burt (1980)
Kids and Sex Q.naire overall	Attitudes related to sex with kids. Includes both the sub-scales below.	Beckett (1989)
Kids and Sex Q.naire Cog. Distortions	Sub-scale of the K&S overall. Examines the cognitive distortions of paedophiles	Beckett (1989)
Kids and Sex Q.naire emotional congruence	Sub-scale of the K&S overall. Examines the emotional congruence with kids.	Beckett (1989)
Sex with Children Questionnaire	Measures permissive attitudes towards sex with children	Hodkinson (1990)
Social Personality Inventory - defensiveness	Measures generalised defensiveness, pertinent towards denial of offences.	added to social confidence by Thornton (1992)
Social Personality Inventory - social confidence	Measures social self-esteem.	Marshall & Christie (1982)
Opinions Q.naire women	Measures traditional or 'sexist' attitudes towards women.	Spence etal (1973)
Opinions Q.naire Ethnocentricity	Measures racist and militarian attitudes.	Eysenck (1987).
Opinions Q.naire Machiavellianism	Measures cynical and manipulative attitudes towards others.	Christie & Geis (1970)
Self Esteem Q.naire	Measures self esteem	Thornton (1992)
Social Response Inventory-passivity	Measures passive, under-assertive social skills.	Marshall etal (1981)
Social Response Inventory-anger	Measures angry, over-assertive social skills.	Marshall etal (1981)
UCLA - I	Measures emotional loneliness	Russell etal (1980)

2.3.1 Individual Client Rating Form, (ICRF), Hogue (1993).

The ICRF is made up from 12 dimensions, nine clinical and three participation. The ICRF was designed to plot the progress of individuals undertaking the treatment programme in prisons. The questions are scored on a likert scale returning a score of; -2, -1, 0, 1, 2. The mid point, zero, represents the minimum acceptable score, while minus two represents the most risky score, *see Appendix 7*.

The probation service use the ICRF as part of their assessment of risk, for each of their clients. The ICRF can be scored pre and post treatment, for each client and the progress of treatment is then measured.

As noted above, in section 1.15.2.1, the characteristics of the study sample and the context of testing may make self-report measures vulnerable to erroneous variables. Therefore, it makes sense to check the validity of the self-report questionnaires against the scores by the line staff, using the ICRF. If the questionnaires produce a profile of a client that is similar to the profile of that client as assessed by the professional staff, then both profiling methods gain validity. Using established assessment tools reduces the task of assessing validity. The Individual Clinical Ratings Forms, Hogue (1993) is such an established tool.

2.4 Procedure.

As described above, the design of the study required that a battery of questionnaires be completed on two samples of men, a paired sample of sexual offenders and a control

sample. The offender sample completed the questionnaire battery twice, once before treatment and secondly after treatment. The control sample were assumed to be stable over time and so only completed the questionnaire battery once.

The offender sample were also measured twice, by the staff providing the treatment on the offender's. The staff completed the ICRF after their own formal assessment of the offender's, before treatment and at the end of the treatment process. The time gap between the two data gathering sections was about 16-20 weeks.

The data collection procedure was piloted at a number of levels to ensure potential biases and erroneous experimental effects were reduced as far as possible.

2.4.1 Piloting the Wording of the Instructions given to the Offender Sample.

Before the wording was finalised for the offender sample, advice was sought from; the manager of the probation treatment centre, a chartered clinical psychologist and the liaison supervisor for this study. The process of consultation informed the form and content of the wording. The initial draft was changed to emphasise more strongly the independence of the research, from the probation service. The independence of the research from the probation service was felt important to emphasise, to ensure the honest completion of the self-report measures. The wording of the instructions and details of the considerations given to the wording, can be found in appendix 5. The wording has a

Flesch Reading Ease of 74% and a Flesch-Kincaid Grade Level of 6.7. Therefore, the wording should be easily understood.

2.4.2 The Piloting of the Instructions given to the Control Sample.

The wording of the instructions given to the control subjects needed to be different from the wording given to the offender sample, as a different contractual agreement existed. The control sample were free volunteers in the investigation. The offender sample were semi-contracted to participate.

The form and content of the wording to be given to the control subjects was again arrived at following consultation from chartered clinical psychologists and the liaison supervisor. The final instructions given to the control subjects were changed in the light of the unforeseen and unplanned changes in the data collection procedure. The schools could not be used as a source for the control sample.

2.4.3 Piloting the Alternative Sampling Methodology for the Nonoffenders.

The piloting of the alternative sampling methodology occurred in two stages:

1. Firstly, a letter was given to potential respondents contacted through social networks of parents that were known to the researcher. Parents were targeted as nearly 80% of the offender sample were parents. A second consideration was the employment

circumstances of the respondent as only 24 % of the offender sample were in employment. However this was more difficult to know in advance.

Ironically, the men who were distributed the letter were parents at the schools who refused to allow the research to take place on their school site. Using social networks is less preferable to a more random sampling procedure. However, the topic area makes the perfect experimental design more difficult to achieve.

2. Parents who were known well by the researcher were asked for their reactions to the data collection procedure. In total, three respondents acted in the piloting procedure. The comments gained from this process lead to small changes in the data collection procedure.

The pilot data collection procedure revealed that the briefing did act to reassure the respondent about the anonymity of the study. However, the respondents were confused about how to answer some specific questionnaires. The questionnaires did not all define what a child was, i.e. what age is a child below; 14, 15 or 18?. As the Kids and Sex Questionnaire did define a child as 14 years or younger, this definition was generalised to all the other questionnaires, after the piloting procedure. The data from the piloting process was not included in the final analysis.

The men who acted as participants in the non-offender sample were self selected as described in stage one of the piloting exercise, section 2.3.2. The self selection may act as a source of unavoidable bias in the sample, as 35 men were approached and only 16

agreed to participate. The men who responded to the invitation were then briefed on the nature of the investigation, following the ethical guidelines highlighted above, see *appendix 1*

In the majority of cases the researcher was present throughout the data collecting procedure and was available to de-brief the clients as described above, also see *appendix 1*. However, for some participants this was not possible. In these circumstances the de-briefing was done by written instruction. A contact number was given to all participants if they wished to contact the researcher.

2.5 Analysis

The analysis was carried out using Excel 5.0 for the data collection and graphing. SPSS v6.0 was used for the statistical analysis.

2.5.1 Ho1: Correlation between the ICRF and the Questionnaire Battery.

In order to test Ho1, the questionnaire battery and the ICRF need to be reduced to one set of data each. To test Ho1, the overall ranks from the questionnaires and the staff ratings are correlated, to seek evidence of agreement. Ranks are needed as to questionnaires do not return interval data, which is commensurable. A high scoring questionnaire may obscure a low scoring questionnaire. The statistic necessary is the one-tailed Kendall's

tau-b Statistic. It is predicted that low scores on the ICRF will correlate with low scores on the questionnaires.

The Individual Clinical Rating Form, as seen in section 2.3.1 and *appendix 7*, is scored on a Likert scale returning a score of -2 through to +2, on twelve items. The scores from each on the twelve items are summed, to return an overall score for an individual, ranging from -24 to 24. This final score represents a measure of risk for an individual.

The questionnaire scores can also be used to return a measure of relative risk for each individual. For each individual, their scores on the battery can be ranked within the group scores. This will produce a ranking of clients on the dimension of 'relative riskiness' in their attitudes.

The procedure for producing the overall rank of relative riskiness from the questionnaires needs to be described. Each questionnaire contains implicit assumptions about the riskiness of the attitudes recorded. For example: Higher scores on the Sex with Children questionnaire, (SWCH), indicate the presence of more risky attitudes than lower scores. All the questionnaires can be ranked in a similar way, from high to lower risk. The ranks for each questionnaire can then be combined to give a sum of ranks score, for each individual. The sum of ranks score can then itself be ranked to return a final ranking from most risky to least risky, for the whole sample. It is the ranking of the overall sum of ranks that is correlated with the scores from the staff using the Individual Clinical Ratings Form.

The ranking procedure make no assumptions about the weighting given to individual questionnaires. All the questionnaires are treated as if they are equally pertinent to risk. This assumption in the ranking procedure is probably flawed. However, no heuristic exists to guide the weighting the questionnaires should carry. The same assumption is made in scoring the ICRF.

The procedure for producing the overall sum of ranks is repeated for the pre-treatment condition and the post-treatment condition. If the correlation between the ICRF and the battery is high then the validity of the data collection procedure is heightened. This will mean that the staffs assessment of risk correlates with the batterys assessment of risk. It should be emphasised again that the staff are not given access to the questionnaire data when making their assessment.

The level of alpha is set at 0.05. The level of power is aimed at 0.8. The exact power can be calculated once the data is analysed.

2.5.2 Ho₂, Ho₃ & Ho₄. Differences between the Battery Scores on each Condition.

For Ho₂, the samples are matched, seeking to compare pre and post mean scores, for the offender sample. The scoring was carried out in Excel 5.0 and the analysis on SPSS v.6.0. The final scores on each of the questionnaires, for each matched subject, were then fed into SPSS and the data was run on a paired sample t-test.

For, Ho₃ and Ho₄ the samples are independent, seeking to compare means between the different samples. The scoring procedure was similar for the procedure for Ho₂. The statistic necessary is the t-test for independent samples.

The level of alpha is 0.05, however as 14 t-tests will be calculated, Bonferroni states that alpha should be divided by the number of trials, therefore $\alpha = 0.004$. The power level again is aimed at 0.8. If there is a significant group by variable interaction then there is no need to adjust alpha using Bonferroni and alpha will remain at 0.05. See Ho₅, multivariate ANOVA on all three groups, a test for parallelism. Bonferroni is used when the t-tests are employed on separate, unrelated variables, Howell (1982).

2.5.3 Hos's Profile Analysis.

Profile analysis is a complex and difficult procedure to describe and to interpret. Different authors describe and recommend different statistical procedures. The aim of profile analysis is to compare the performance of two or more groups on a battery of test scores. The procedure outlined below is based on Stevens (1986).

Profile analysis makes an assumption about the test scores. The data is assumed to be scaled similarly, so that they can be said to be commensurable. The data must be commensurable to ensure non-parallelism is not a scaling artefact. The data from the questionnaire battery is not scaled similarly. Each questionnaire has its own unique scoring system. Therefore the scores need to be standardised by converting the scores to

z-scores, for the each sample. Another concession to comensurability is the need for all high scores to represent 'unhealthy' attitudes. For this reason the scores on the Self Esteem Questionnaire and the Social Personality Inventory - social confidence, were inverted.

Profile analysis asks three questions of the data in a set order: Stevens (1986)

1. Are the profiles parallel? If the answer is 'yes' for two groups, it would imply that one group scored uniformly better than the other on all variables or that both groups were coincident.
2. If the profiles are parallel, then are they coincident? In other words, did the groups score the same on each variable?
3. If the profiles are coincident, then are the profiles level? In other words do all variables have equal scale means?

If the profiles are not parallel, then there is a group by variable interaction. This means the relative scores of the groups depend on the variable. If the profiles are not parallel, then stages two and three are not computed. If the profiles are parallel, but not coincident, then stage three is not computed.

There is a further complication with the design of this investigation. The three groups included in the profile analysis are not all matched. The control group are independent of the offender's group. The offender group is paired over time and is therefore made up of

the same individuals. The control group, however, is made up of different individuals. The tests for parallelism, coincidence and level would ideally be run on the repeated measures ANOVA to take advantage of the fact that two samples were matched. However, as not all the groups are paired, this is not possible, using SPSS v.6.0. Therefore, the test for group by variable interaction, for parallelism, is run on multivariate ANOVA to ensure all three groups can be included in the analysis and be compared on an equal basis. The repeated measures ANOVA on SPSS v6.0 does not return a multivariate effect for group. Therefore, the matched sample was also run on a multivariate ANOVA. Unfortunately the multivariate ANOVA does not consider the offender conditions as paired. This will make the analysis return slightly different univariate results than the paired t-tests for the pre-treatment offenders and the post-treatment offenders. However, the test for parallelism will still be valid.

The test for parallelism employs a multivariate test of significance run looking at the effect 'group'. 'Group' is composed of the experimental conditions being tested. See 1-4 below for the different definitions of 'group'.

The test for coincidence employs a between subjects ANOVA, testing the significance for the first condition, T1, using sequential sums of squares, against changes in the second condition. This is a repeated measure and, therefore, is only possible to compute for the pre and post offender groups, as these are the only paired samples. In other words, did the pre-offenders score the same on each variable as the post offenders.

The test for level employs a multivariate test of significant comparing the 'groups' for equal scale means. The means of all the variables within the first group, (pre offenders) are compared to the means on all the variables within the second group, (post offenders). This will test if the groups have equal scale means.

Univariate F-tests will illuminate where the similarities and differences exist within the profile analysis.

If H_{0s} is accepted for parallelism, coincidence and level, then the profiles can be seen as the same.

If H_{0s} is accepted for parallelism and coincidence but rejected for level, then the groups can be said to be the same. However they may have different scale means, i.e. they differ in the values over all the variables. This would mean the profiles are the same, but the degree of 'healthiness' of the attitudes differs overall.

If H_{0s} is accepted for parallelism, but rejected for coincidence, then the profiles can be said to differ in scores on all variables. This would mean the profiles follow the same shape, but all variables, (questionnaires), have different values for one group.

If H_{0s} is accepted for parallelism, coincidence and level for all three groups, then they can be seen as coming from the same population. This would mean that offenders could not be seen as a deviant sub-group of men. If H_{0s} were accepted, then the feminist hypothesis that all men are potential rapists holds more validity. Alternatively, if H_{0s} was accepted, then the self-report tools available at this point could be shown to be unable to

distinguish between offenders and nonoffenders. This may put the questionnaires' validity into question. See aim three, section 1.17.

The profile analysis needs to be run on all three groups together, then on each group in pairs. This will mean that that the profile analysis will be run four times:

1. Pre-treatment offenders vs. Post-treatment offenders vs. Controls.
2. Pre-treatment offenders vs. Post-treatment offenders.
3. Pre-treatment offenders vs. Controls.
4. Post-treatment offenders vs. Controls.

Running the profile analysis four times will provide further detailed information on the similarities and differences among the three groups, which are not discernible from running all three groups together.

Alpha is set at 0.05, with a hypothesised power of 0.8. The precise power can be calculated once the data has been collected.

Chapter Three - Results

3.0 Hypothesis One.

Ho₁: There is no correlation between the ranking of the battery of questionnaire scores, both before and after treatment, with the ranking of the staff scores from the Individual Clinical Ratings Form.

If Ho₁ were accepted then the validity of the self-report methodology would be put into doubt. See aim 1, section 1.17. The procedure for arriving at the overall rank of riskiness for the questionnaires is described in the method section. See section 2.5.1. The analysis was run on SPSS v.6.0, using Kendalls tau-b correlation. The n = 25, due to large amounts of missing data.

Table 3: Ho₁: Correlations Between The Questionnaires Overall Rank Order & Staff Ratings on the ICRF, Overall Rank Order .

Variables	Correlation Coefficients	Level of significance
Pre Questionnaires overall rank x Pre Individual Clinical Ratings rank	0.3311 n = 25	0.011
Post Questionnaires overall rank x Post Individual Clinical Ratings rank	0.2626 n = 25	0.034

Table 3 demonstrates that H_{01} is rejected both pre and post. There are significant correlations at alpha 0.05, $p = 0.011$ and $p = 0.034$, between the pre and post questionnaire rank order and the pre and post staff rating rank order, respectively. This result validates the accuracy of the self-report methodology for the offender sample. The staffs rating of riskiness correlates with the questionnaires rating of riskiness at $r = 0.3311$ and $r = 0.2626$, at the pre-treatment testing and post-treatment, respectively. This consistency in the testing procedure also adds to the reliability of the self-report methodology.

3.1 Hypothesis Two.

H_{02} : There will be no significant differences in the scores, on each of the individual questionnaires comprising the battery of questionnaires, between the pre-treated offenders and the post-treatment offenders.

If H_{02} were accepted then the CBT treatment could be seen as ineffective. See aim 2. See section 1.17. The procedure for analysing hypothesis two is described in section 2.5.2. As there is a significant group by variable interaction, between all three groups, $F = 0.000$, (see section 3.4), then the Bonferroni adjustment to alpha, is not required. There was, however, a non-significant group by variable interaction between the pre and post offender samples, $F = 0.079$. The non-significant result between the pre and post samples, means Bonferroni ought to be used between these samples. However, for comparability and as the group by variable interaction was significant between all three samples, the alpha will remain at 0.05 for H_{02} .

Table 4: Ho2: Pre vs. Post treatment scores for Offenders.

Variable	Pre treatment mean	Post-treatment mean	t-value	df	2-tailed sig.
Beliefs about Sex and Rape	11.0	8.33	3.35	29	0.002
Kids and Sex Q.aire overall	148.4667	129.1667	2.22	29	0.035
Kids and Sex Q.aire Cog. Distortions	18.033	12.033	2.38	29	0.024
Social Personality Inventory - df	20.6897	18.4138	2.93	28	0.007
Sex with Children Questionnaire	15.7	6.5667	3.55	29	0.001
Kids and Sex Q.aire emotional congruence	21.7	17.9	1.9	29	<i>0.068</i>
Opinions Q.aire Ethnocentricity	10.5806	9.6129	1.14	30	0.264
Opinions Q.aire women	9.0645	9.7742	-.69	30	0.496
Opinions Q.aire Machiavellianism	8.0	8.5161	-.63	30	0.532
Self Esteem Q.aire	7.7419	6.6452	1.05	30	0.30
Social Personality Inventory - sc.	49.5517	46.7931	1.39	28	0.177
Social Response Inventory- passivity	14.0	12.9355	0.83	30	0.413
Social Response Inventory- anger	1.2581	1.5484	-.72	30	0.479
UCLA - I	34.6897	36.5862	-0.87	28	0.390

Bold = significant result *Italics suggest a strong trend* Plain = not significant

The results show that the treatment received by the offender's had mixed results and for some questionnaires H_{02} was rejected, but for others it was accepted. However, treatment did change those beliefs most directly linked to sexual offending: Beliefs and Sex and Rape, $p = 0.002$; Sex with Children Questionnaire, $p = 0.001$; Kids and Sex Questionnaire, $p = 0.035$. Disappointingly, for those providing the treatment, the self esteem and social skills of the offender's did not rise.

3.2 Hypothesis Three.

H_{03} : There will be no significant difference in the scores on each of the individual questionnaires comprising the battery of questionnaires between the pre-treated offenders and the control sample of nonoffenders.

If H_{03} were accepted then the questionnaires could not be seen to distinguish between offenders and nonoffenders. See aim 3, section 1.17. The second aim, section 1.17, describes how the effectiveness of the CBT treatment can be further understood by comparing offenders with the nonoffenders. If H_{03} is rejected, then the offender's can be seen at the beginning of their treatment as different from the nonoffenders. If this difference is maintained at post treatment, H_{04} , then the treatment effectiveness can be questioned. The procedure for analysing H_{03} is described in section 2.5.2.

The results again show that H_{03} is sometimes accepted but is mainly rejected, for the different questionnaires.

Table 5. Ho3: The Pre-treatment Offender Sample and the Control Sample.

Variable	Pre treatment mean	Control Sample Mean	t-value unequal	df unequal	2-tailed sig.
Beliefs about Sex and Rape	11.0	7.125	2.61	38.59	0.013
Kids and Sex Q.aire overall	148.4667	141.875	0.60	43.87	0.552
Kids and Sex Q.aire Cog. Distortions	18.033	11.5	2.09	43.62	0.042
Social Personality Inventory - df	20.5667	17.75	2.5	36.61	0.017
Sex with Children Questionnaire	15.7	6.1875	3.13	33.75	0.004
Kids and Sex Q.aire emotional congruence	21.7	21.5	0.07	35.53	0.948
Opinions Q.aire Ethnocentricity	10.5806	4.4375	5.43	43.83	0.000
Opinions Q.aire women	9.0645	4.1875	3.78	29.99	0.001
Opinions Q.aire Machiavellianism	8.0	7.4375	0.64	32.99	0.529
Self Esteem Q.aire	7.7419	14.8125	-6.42	43.38	0.000
Social Personality Inventory - sc.	49.5517	57.25	-1.97	35.12	<i>0.056</i>
Social Response Inventory- passivity	14.0	8.9375	2.69	44.92	0.01
Social Response Inventory- anger	1.2581	1.0	0.57	36.32	0.574
UCLA - I	34.8	25.75	2.91	38.9	0.006

Bold = significant result *Italics suggest a strong trend* Plain = not significant

Ho₃ is rejected for: Opinions Questionnaire- Ethnocentricity and Women, $p = 0.000$, 0.001 respectively; Self Esteem Questionnaire, $p = 0.000$; Sex with Children questionnaire, 0.004 ; The Beliefs and Sex and Rape, $p = 0.013$; Kids and Sex Questionnaire-Cognitive Distortions, $p = 0.042$; Social Personality Inventory - defensiveness, $p = 0.017$; Social Response Inventory - passivity, $p = 0.01$ and UCLA-I, $p = 0.006$.

3.3 Hypothesis Four.

Ho₄: There will be no significant difference in the scores, on each of the individual questionnaires comprising the battery of questionnaires, between the post-treatment offenders and the control sample of nonoffenders.

The second aim, section 1.17, describes how the effectiveness of the CBT treatment can be further understood by comparing treated offenders with the nonoffenders. If Ho₄ were rejected the treatment can be seen to be ineffective at making offenders attitudes and beliefs like nonoffenders. The procedure for analysing Ho₄ is described in section 2.5.2.

Again the results are mixed, with Ho₄ being rejected for some questionnaires, but this time accepted for the majority. Therefore, treatment is successful at making treated offenders more like controls. Ho₅ addresses the question of similarity between the psychological profiles of the offender groups and the nonoffenders in a more systematic manner.

Table 6. Ho4: The Post-treatment Offender Sample and the Control Sample.

Variable	Post treatment mean	Control Sample Mean	t-value unequal	df unequal	2-tailed sig.
Beliefs about Sex and Rape	8.33	7.125	0.84	36.49	4.04
Kids and Sex Q.aire overall	129.1667	141.875	-1.35	42.49	0.184
Kids and Sex Q.aire Cog. Distortions	12.033	11.5	0.21	42.29	0.837
Social Personality Inventory - df	18.4138	17.75	0.62	32.43	0.537
Sex with Children Questionnaire	6.5667	6.1875	0.26	43.98	0.795
Kids and Sex Q.aire emotional congruence	17.9	21.5	-1.26	31.23	0.216
Opinions Q.aire Ethnocentricity	9.6129	4.4375	4.69	43.14	0.000
Opinions Q.aire women	9.7742	4.1875	3.87	38.1	0.000
Opinions Q.aire Machiavellianism	8.5161	7.4375	1.14	37.71	0.261
Self Esteem Q.aire	6.6452	14.8125	-8.02	44.5	0.000
Social Personality Inventory - sc.	46.7931	57.25	-2.37	41.43	0.023
Social Response Inventory- passivity	12.9355	8.9375	2.05	45.0	0.046
Social Response Inventory- anger	1.5484	1.0	1.04	43.63	0.306
UCLA - I	36.5862	25.75	3.5	38.36	0.001

Bold = significant result *Italics suggest a strong trend* Plain = not significant

Ho₄ is rejected for: Opinions Questionnaire- Ethnocentricity and Women, at $p = 0.000$; Self Esteem Questionnaire, $p = 0.000$ and UCLA-I, $p = 0.001$; Social Personality Inventory-social confidence, $p = 0.023$; Social Response Inventory - passivity, $p = 0.04$ and UCLA-I, $p = 0.006$. The majority of questionnaires accept Ho₄: The Beliefs about Sex and Rape; The Kids and Sex Questionnaire -Overall -Cognitive Distortions -Emotional Congruence; Opinions Questionnaire-Machiavellianism; Social Response Inventory-defensiveness; Social Response Inventory - anger and the Sex with Children Questionnaire.

3.4 Hypothesis Five.

Ho₅: There will be no significant differences between the pre treatment offender profiles, the post treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5a}: There will be no significant differences between the pre treatment offender profiles, the post treatment offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5b}: There will be no significant differences between the pre treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

Ho_{5c}: There will be no significant differences between the post treatment offender profiles and the non-offender profiles, as obtained using the entire questionnaire battery. The profiles will be parallel, coincident and level as defined by Stevens (1986).

The procedure for analysing Hos is described in section 2.5.3. The analysis is carried out using multivariate and univariate ANOVA on SPSS v.6.0.

3.4.1 Parallelism.

Table 7: Profile Analysis. The Test for Parallelism.

Multivariate test of significance. Test Name: Pillais.

	Value	F	Hypoth df	Error df	Sig. of F
Ho ₅ : Pre-treatment vs. Post treatment vs. Controls.	0.96172	3.90357	28.00	118.00	0.000
Ho _{5a} : Pre-treatment vs. Post treatment	0.36389	1.75706	14.00	43.00	<i>0.079</i>
Ho _{5b} : Pre-treatment vs. Control.	0.78323	7.74270	14.00	30.00	0.000
Ho _{5c} : Post-treatment vs. Control	0.79520	8.32019	14.00	30.00	0.000

Bold Italics = a non-significant result Plain = a significant result

3.4.1.1 Parallelism- Pre-treatment offenders vs. Post treatment offenders vs. Controls.

Table 7 shows, that Hos is rejected when run on all three groups together, therefore there is a significant group by variable interaction, F = 0.000. From graph one, it can

be seen that the three lines on the graph do not run parallel to each other. This result means the three groups do not have the same psychological profile. More specifically the result means at least one group is different from the other two. To understand more about the behaviour of each condition, the profiling needs to be repeated on each pair of conditions.

This result also justifies not using the Bonferroni adjustment to alpha, for the t-tests.

3.4.1.2 Parallelism between the Pre-treatment and Post-treatment Offenders..

Table 7 demonstrates that for the pre-treatment offender group and the post treatment offender group H_{05a} is accepted; $F = 0.079 > 0.05$. This means that there is not a significant group by variable interaction for the pre-treatment and post-treatment groups. Therefore the pre-treatment offenders and the post-treatment offenders do have a parallel psychological profile over all the questionnaires. This means the CBT treatment given to the offender's has not altogether changed the psychological profile of the offender's, but it could have changed the level of one group. This will need further testing.

However, $F = 0.079$ does demonstrate a strong trend towards non-parallelism as it is very close to alpha 0.05. To understand this result in more detail it is necessary to look more closely at the univariate F-tests on the individual questionnaires, derived from the multivariate ANOVA. See Table 8.

Graph One: Profile of Mean z-scores for Pre and Post Treatment Offenders and Controls.

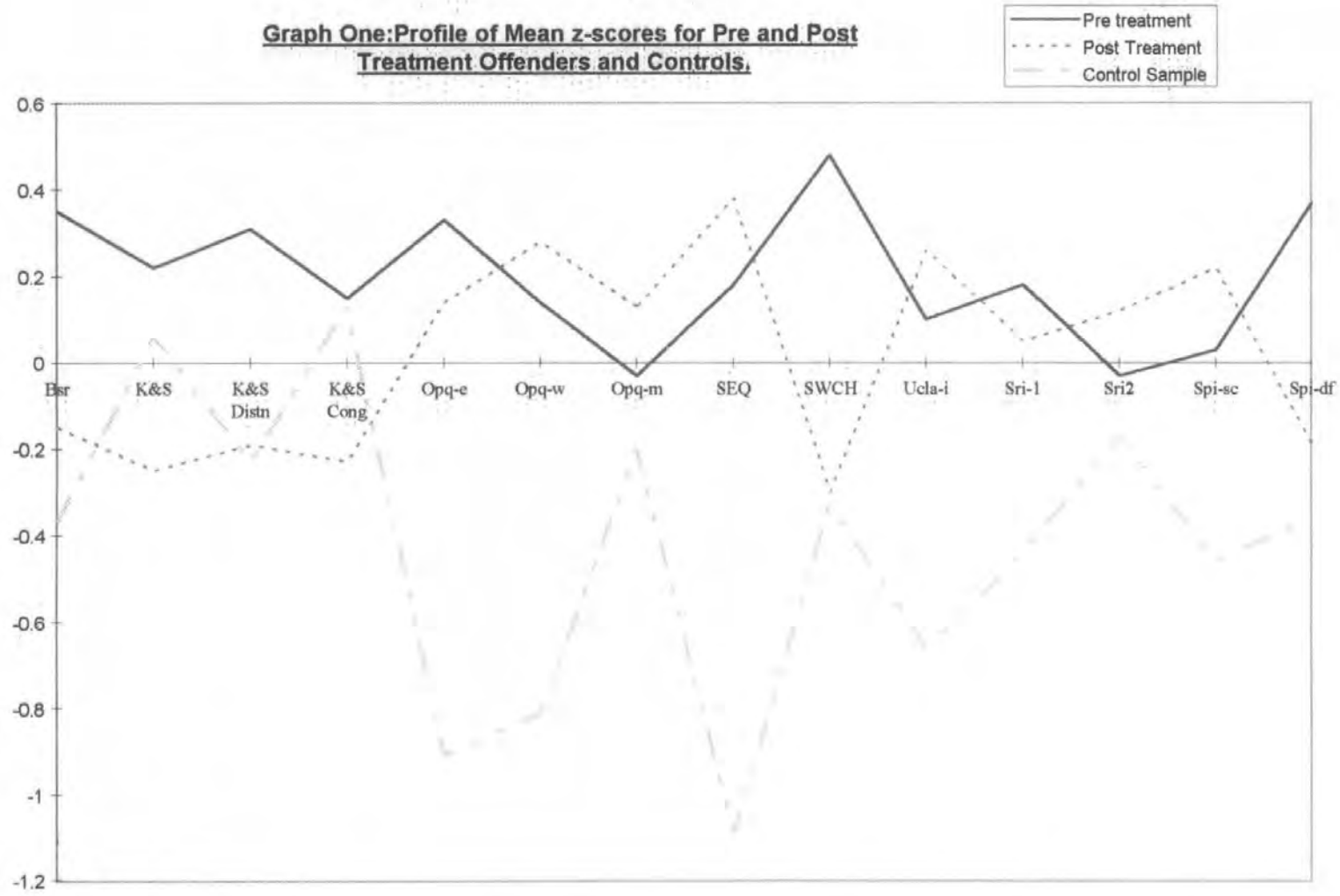


Table 8 shows where the significant changes occurred, between the z-scores for the pre-treatment offenders and the post-treatment offenders. Despite there being significant differences on the Sex with Children Questionnaire and the Social Personality Inventory - defensiveness, but not on other variables, the profiles remain parallel. The Beliefs about Sex and Rape questionnaire and the Sex with Children Questionnaire - cognitive distortions, show a strong trend towards being different between the two conditions. The significant results and the trends towards significance, were not strong enough to put the overall profile on all the questionnaires non-parallel.

Graph 1 displays how the lines for the pre-treatment offenders and the post-treatment offenders deviate. The Sex with Children Questionnaire, (SWCH) and the Social Personality Inventory- defensiveness, (SPI-df), display marked deviations from each other. However, overall the lines remain fairly parallel throughout. Parallelism is not affected by the value of the lines, only by the shape of the lines.

The reason Table 8 differs from Table 4 is the way they were calculated. Table 4 takes into consideration that the groups were paired and was run on the raw data. The data displayed in Table 8, is standardised data and seen as independent, as SPSS v6.0, does not return the necessary statistic using the repeated measures ANOVA.

Table 8: Univariate F-tests on Pre-treatment and Post-treatment Offenders, using z-scores, with (1,56) df.

Variable	Hypoth. SS	Error SS	Hypoth. MS	Error MS	F	sig. of F
Beliefs about Sex and Rape	3.80205	56.09449	3.80205	1.00169	3.79565	<i>0.056</i>
Kids and Sex Q.aire	3.18444	66.45556	3.18444	1.18671	2.68343	0.107
Kids and Sex Q.aire-distortions	3.56524	62.06332	3.56524	1.10827	3.21693	<i>0.078</i>
Kids and Sex Q.aire-congruence	2.18017	59.26988	2.18017	1.05839	2.05989	0.157
Opinions Q.aire-ethno.	0.28057	46.33941	0.28057	0.82749	0.33907	0.563
Opinions Q.aire-women.	0.66651	45.85896	0.66651	0.81891	0.81390	0.371
Opinions Q.aire-Mach.	0.81504	55.35512	0.81504	0.98848	0.82453	0.368
Self Esteem Q.aire.	0.8131	46.99769	0.8131	0.83924	0.21604	0.644
Sex with Children Q.aire.	9.21616	62.18981	9.21616	1.11053	8.29889	0.006
UCLA-I	0.37281	56.23540	0.37281	1.00420	0.37125	0.545
S.R.I. Passivity	0.7554	64.60796	0.7554	1.15371	0.06547	0.799
S.R.I. Anger	0.31824	66.03442	0.31824	1.17919	0.26998	0.605
S.P.I. social confidence	0.46633	60.40811	0.46633	1.07872	0.4320	0.514
S.P.I. defensiveness	4.96811	54.85447	4.96811	0.97954	5.07186	0.028

Bold = significant result *Italics suggest a strong trend* Plain = not significant

3.4.1.3 Parallelism between the Controls and the Offender groups.

Table 7 shows that there is a very significant group by variable interaction between the control sample and the pre-treatment offenders, $F = 0.000$ and the control and the post-treatment offenders, $F = 0.000$. This means that how closely the control group scores match to the other group depends on the variable, not the group. Therefore H_{05} , H_{05b} , H_{05c} are rejected. The controls possess a different profile than the offender samples.

Graph 1 illustrates the amount of variation in the shape of the lines, between the control line and both the pre and post-treatment offender lines.

3.4.2 Coincidence of the pre-treatment and the post-treatment offender samples.

As the pre-treatment offender samples and the post-treatment offender samples are parallel, it is appropriate to analyse the next question, coincidence.

Table 9: H_{05a} : Coincidence between the Pre and the Post-treatment Offenders.

Test of Between-Subjects Effects.

Source of Variation	Sequential sums of squares	df	MS	F	sig. of F
Within Cells	137.87	56	2.46		
Group	6.00	1	6.00	2.44	0.124

Table 9 shows that, for coincidence H_{05a} is accepted as $F = 0.124 > \alpha 0.05$. The profiles can then be seen as coincident. Therefore, the profiles for the pre-treatment offenders and the post-treatment offenders can be considered the same. The conclusion that follows from this result is that the differences that exist between the two groups are not great enough to make the profiles non-coincident.

Table 10: H_{05a} : The Test of Level between the Pre and Post-treatment Offenders.

Effect: Groups by variable. Multivariate tests of significance.

Test Name	Value	Exact F	Hypoth. df	Error df	sig. of F
Pillais	0.13780	0.54095	13	44	0.866

Table 10 shows that H_{05a} is accepted for level. The means on all the variables, (questionnaires), within the groups, are not significantly different.

3.4.3 Summary of the Profile Analysis.

For the pre-treatment offenders and the post-treatment offenders H_{05a} is accepted for parallelism, coincidence and level.

Therefore, the pre-treatment offenders and the Post treatment offenders can be seen as having the same psychological profile. The treatment offered to the offender's then has not altered the psychological profile of the offender's.

This result is surprising and inconsistent with the findings of the paired t-tests which revealed many significant differences between the individual questionnaires and the

univariate tests in Table 8, which also revealed some significant differences. One possible explanation for these anomalous results is the size of the questionnaire battery and the equal weighting, given to each questionnaire. The possible explanations for these apparently contradictory results will be followed up in more detail in the discussion section.

3.5 **Other Interesting Results: The Kids and Sex Questionnaire.**

The Kids and Sex Questionnaire behaved very differently to the Sex with Children Questionnaire, despite the two being designed to measure similar attitudes. The differences between these two questionnaires illustrates the difficulty in interpreting the questionnaires at face value when comparing offenders with nonoffenders.

The Kids and Sex questionnaire returns an overall score, a cognitive distortions score and an emotional congruence score. See appendix 6. Table 11 displays in detail the spread of scores on the Kids and Sex questionnaire and contrasts them with the Sex with Children Questionnaire.

The mean scores on the Kids and Sex questionnaire show little difference between the pre-treatment offenders and the control group; 147.47 and 141.88, respectively. The same is true for the sub-scales. The post-treatment offenders score the lowest, with a mean of 129.17. This result appears surprising. It would have been anticipated that the pre-offender sample should score much more than the control sample.

The explanation for the similarity in the mean scores of the pre-treatment offenders and the controls, is found by looking in more detail at the descriptives in Table 11. The control sample have a much more narrow range of scores, clustering around the

mean score, with a higher minimum score and a lower maximum score. The pre-treatment offenders, cluster more around the very low scores, or the very high scores. The net result is a very similar mean score but from a very different spread of scores.

Graph 2 illustrates, how the control sample cluster within one standard deviation from the mean. The offender sample often scores well above and well below the mean.

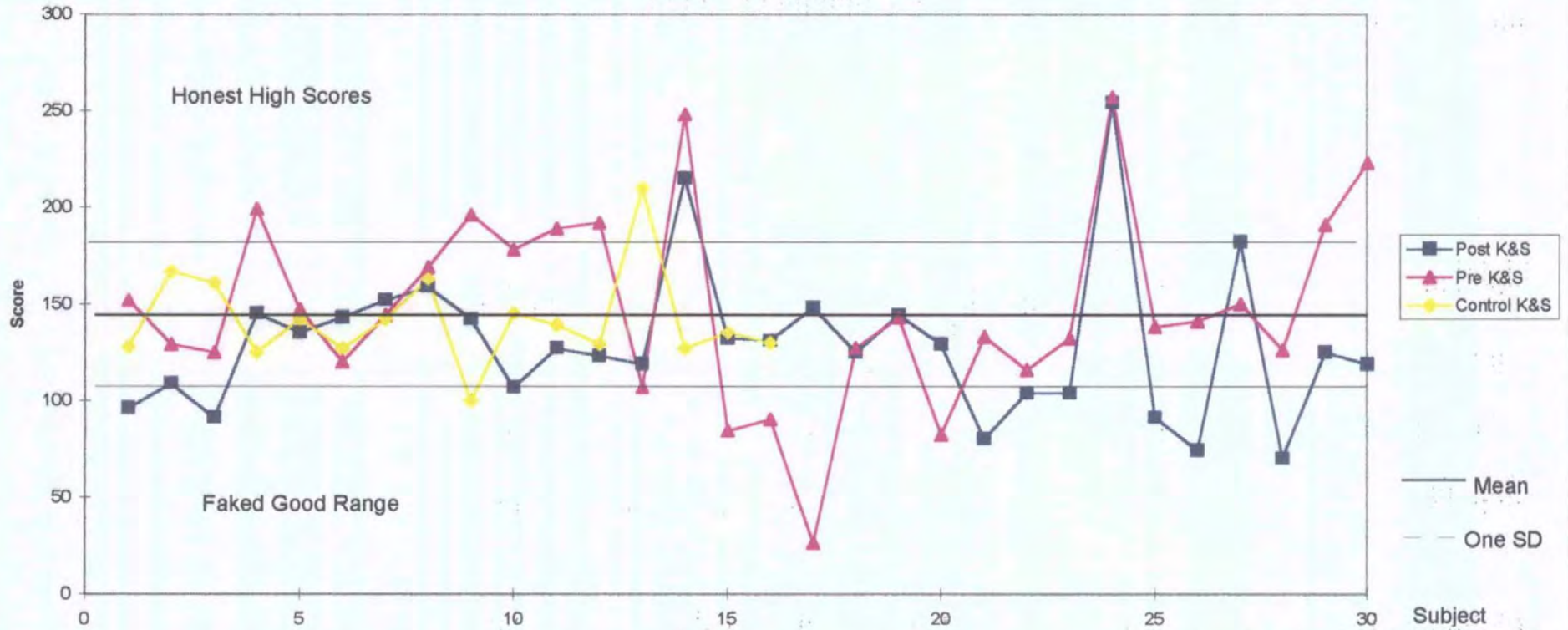
The Sex with Children questionnaire behaves in a much more predictable manner. The pre-treatment offenders score highest, while the controls score the lowest.

This demonstrates the need to interpret the raw score, for a particular respondent, with caution. The score can only accurately be interpreted by placing the score within a context. In other words, the raw score on a questionnaire alone does not allow for the accurate interpretation of the meaning of an individual's responses. Only by understanding that a respondent is an offender or not, can clinical sense be made of their responses on the questionnaires. A pre-treatment offender, returning a very low score on the Kids and Sex Questionnaire, may believe he is coming over as very well adjusted. However, as the controls suggest, such a low score is deviant from the norm and is therefore likely to be faked good. A non-offender returning a mid-range score may appear to be endorsing cognitive distortions or as possessing emotional congruence. However, the clinical interpretation of this score would be healthy. Only if the respondent was known to have offended, would a clinical interpretation, that such a score represents a risk be justified. The further implications of these points will be followed up in the discussion.

Table 11: The Kids and Sex and The Sex with Children Questionnaires.

Variable	Mean	Std Dev	Range	Minimum	Maximum	N Label
Pre K&S	148.47	49.80	231.00	26.00	257.00	30
Pre K&S distortions	18.03	14.34	52.00	0.00	52.00	30
Pre-K&S Congruence	21.70	10.84	44.00	0.00	44.00	30
Pre-SWCH	15.70	15.96	65.00	0.00	65.00	30
Post-K &S	129.17	38.87	184.00	70.00	254.00	30
Post-K&S distortions	12.03	10.59	35.00	0.00	35.00	30
Post-K&S congruence	17.90	9.32	40.00	3.00	43.00	30
Post-SWCH	6.57	6.39	24.00	.00	24.00	30
Control-K&S	141.88	24.67	110.00	100.00	210.00	16
Control - K&S distortions	11.50	6.80	24.00	.00	24.00	16
Control - K&S congruence	21.50	9.16	36.00	5.00	41.00	16
Control-SWCH	6.19	3.43	11.00	2.00	13.00	16

**Graph Two: Scatter Plot: Pre vs. Post vs. Controls.
Kids and Sex Questionnaire**



3.6 Power.

The actual sample sizes achieved were 31 for the matched sample of offenders and 16 for the control sample. SPSS v6.0 returns the effect size, the noncentrality and the power. Therefore the offender sample reached the planned size but the control sample was smaller than planned.

For the paired t-tests the power was achieved at 0.8. That is an 80% chance of rejecting H_0 , when it is false.

For the independent t-tests, the power is lower due to the smaller size of the control sample. When alpha is 0.05 (two-tailed), with the effect size set at 0.8, $\delta = 2.26$, therefore power = 0.6. Therefore the chance of appropriately rejecting a false H_0 was 60 %.

Form the ANOVA Repeated Measure tests for (H_0 s), at alpha 0.05: The actual effect size = 0.641, non-centrality = 28.619, returning a power of 0.75. Therefore the profile analysis, for all three samples, with $n = 31$ and $n = 16$, there is a 75% chance of rejecting H_0 , when it is false.

For the ANOVA multivariate tests, (H_0 s), at alpha 0.05: The effect size was 0.364; non-centrality = 24.599; and power = 0.82. _

Chapter Four - Discussion

4.0 The Aims and Predictions of the Investigation.

The aims of the investigation are listed in section 1.17. The predictions follow the null hypotheses in section 1.18. Each aim and prediction will be discussed separately. The methodological weaknesses will be highlighted at the end of each section. The conclusions will relate the aims to the wider perspectives covered in the introduction.

4.1 Aim One: Ho₁: Prediction One: The validation of the self-report methodology.

The first aim of the investigation was to establish the validity of the self-report methodology. The prediction stated that Ho₁ would be rejected and therefore the questionnaires rating of risk would correlate significantly with the staffs rating of risk. This aim was a necessary precaution. Self-report methodologies used on sex offenders had been criticised in past research by Abel and Rouleau (1990) and Kaplan (1985), see section 1.15.2.

The results for Ho₁ are reported in section 3.0, Table 3. This result shows a significant level of agreement between the practitioner's and the questionnaires assessment of risk.

Abel had highlighted the need for self-report methodologies to have built in safeguards to ensure honest and accurate responses. The safeguards employed in the design were; the

anonymity of the respondents, the independence from statutory agencies, the careful wording of the briefing instructions and the grouping of the data collected. The result shows the safeguards to be effective.

The result gives validity to the clinical judgement of the practitioners working with the offender's. The practitioner's have been shown to be aware of clients attempting to 'fake good'. The ICRF, Hogue (1993), was employed as a means of assessing the practitioner's perceptions, for each offender. Section 2.5.1 describes how the ICRF was collected pre and post treatment and then correlated with the questionnaire scores.

In summary, the rejection of H_{01} gives validity to the self-report methodology. The piloting of the briefing instructions and the process of consultation did seem to reassure the offender's sufficiently for them to complete the questionnaires honestly and accurately. The rejection of H_{01} provides more confidence in results of the rest of the analysis. The whole investigation relies on self-report. Therefore, it was prudent to test the confidence in the self-report methodology.

4.2 **Aim Two: Prediction Two: H_{02} : The Effectiveness of Treatment.**

The second aim of the investigation was to test the effectiveness of the treatment provided for the offender's. The prediction was that H_{02} would be rejected for all the questionnaires. This would show that the offender's, after treatment, would score universally better, on all questionnaires, than they did before treatment.

Ho2 compared pre-treatment offenders with post-treatment offenders. The results for Ho2, reported in section 3.1, indicate that treatment did significantly alter the scores on a number of key questionnaires relating to sexual offending. However, not all questionnaires showed an improvement following treatment. Therefore, prediction two was only partially supported.

Any measure of attitude is based on inference. Therefore, these findings should not be viewed categorically, section 1.15.1. The validity of the individual questionnaires has been demonstrated to varying degrees. Some measures are better validated than others. Therefore, the interpretation of the findings needs to be cautious in making strong claims.

4.2.1 The Beliefs about Sex and Rape Questionnaire.

Table 4, showed a significant reduction in rape supportive beliefs, following treatment. In other words, the offender's endorse fewer rape supportive beliefs following treatment. This should mean that the offender's are less likely to rape, following treatment.

However, as illustrated in Table 1, only 20% of the offender sample were rapists. It is probable that changing attitudes towards rape, in non-rapists, is easier than changing the attitudes of rapists. This is because non-rapists do not hold the denials and justifications towards rape that rapists would hold. Therefore, it would be difficult to be sure that the treatment would have the same effect on a larger sample of rapists.

Rapists have been shown in previous evaluations, Beckett et al (1994), to be more difficult than child offenders to treat using CBT. It may be that the characteristics of the victim makes CBT therapy more difficult for rapists than child offenders. A child as a victim, is more easily portrayed as an 'innocent' than an adult. Social psychologists have noted that the characteristics of victims of crime alter the perception of wrong doing. The literature on a 'belief in a just world', Lerner (1970), Zuckerman (1975), demonstrates that a child is viewed more compassionately than an adult. When confronted with an injustice, an individual needs to restore a sense of justice. In some circumstances, justice can only be restored by derogating the victim so that they seem, in some way, to have deserved their fate, Lerner and Simmons (1966). Jones and Aronson (1973), demonstrated that victims of rape were treated differently if they were virgins, married women or divorced women. Kelly (1973), explains such disparities with attribution theory. The perpetrator of rape, to avoid negative self attributions, will derogate the victim. This phenomenon was described in section 1.9.1, McKay et al (1996). It may be that child perpetrators find the reality gap between their dissonance and the fact they abused, greater than rapists. Therefore reality testing is more effective with child offenders. It is interesting to note that the belief in a just world literature was researched on nonoffenders.

4.2.2 The Kids and Sex Questionnaire and the Sex with Children Questionnaire.

Table 4 shows that treatment is successful at significantly lowering scores on the Kids and Sex Questionnaire, (K&S). and The Sex with Children Questionnaire, (SWCH). One

sub-scale of the K&S, cognitive distortions, also shows a reduction following treatment. The emotional congruence sub-scale of the K&S, shows a trend towards significance. However, the result is not significant.

The rejection of Ho₂ for the Kids and Sex questionnaire appears, on face value, to be a good treatment outcome. However, as reported in section 3.5, simply comparing the mean scores for the K&S leads to a misleading interpretation, see section 4.4.1.

4.2.3 Defensiveness: Social Personality Inventory.

Ho₂ was rejected for the defensiveness scale of the Social Personality Inventory. The pre-treatment offenders are more defensive than the post treatment offenders. This result shows that treatment has reduced defensiveness in the offender's. Defensiveness refers to an individual's ability to own up to mistakes and take responsibility for their actions. Offenders before treatment often blamed victims, situations or traumas for their abusive behaviour. After treatment, offenders took more responsibility themselves for their choice of behaviour. This should reduce the chance that the treated offender would re-offend.

4.2.4 Questionnaires that do not show significant improvements after treatment.

The CBT treatment received by the offender's does not affect all the questionnaires making up the battery see Table 4.

The questionnaires that relate more indirectly to sexual offending, do not respond as well to treatment. The questionnaires were selected by Thornton (1992), on a theoretical basis and a need to employ a broad range of measures see section 1.16. Appendix 6 gives a fuller description of the theoretical basis of the questionnaires.

The breadth of theoretical research has lead to a wide variety of attitudes and behaviours being implicated in the origins of sexual offending. The feminist perspective highlights the need for social skills and societal attitudes to be included, Lipton et al. (1987). Patriarchal attitudes held by society have been shown to influence rape supportive cultures, Quinsey (1986). It could be argued therefore that sexual offenders would endorse such views in their beliefs. Low self-esteem and emotional loneliness have been implicated in social isolation, Garlick (1992). Social isolation leads to the offender living in a situation that acts as a block to appropriate adult relationships. The lack of intimate adult relationships and the resultant situational blocks is one of Finkelhor's preconditions for abuse to occur see section 1.11. Therefore, the more indirect questionnaires that do not improve are still important and may point to future service development needs.

4.2.5 The Opinions Questionnaire.

The Opinions questionnaire has three sub-scales; ethnocentrism, women and machiavellianism. For Ho2, all three sub scales show no significant differences between the pre and post-treatment offenders, Table 4. Therefore, the treatment has not improved the relative levels of sexism, racism or cynicism.

4.2.6 Self Esteem.

The self-esteem of the offender's did not improve following treatment. Although the difference was non-significant, the self-esteem got worst following treatment.

This is a worrying aspect of the treatment outcome. It is likely that low levels of self-esteem will act as a brake to relapse prevention, O'Callaghan and Print (1994). The motivation to change is one of the central aims of relapse prevention. Motivation is a difficult concept to operationalise. However, self-esteem is likely to be a significant factor in motivation. As the self-esteem of the offender sample does not improve, becoming motivated would be difficult.

4.2.7 Social Skills.

Social skills were assessed using the Social Response Inventory-social confidence and the Social Personality Inventory. There was no significant improvement on these measures between the pre and post-treatment offenders, Table 4. Social skills are necessary life skills if appropriate adult relationships are to be formed.

4.2.8 Emotional Loneliness.

Emotional loneliness was found to be a significant factor present in offender populations in prison, Garlic (1992). The UCLA-I measures emotional loneliness at the time of assessment. Emotional loneliness covers topics like how well supported the individual feels, from the people around them. Emotional loneliness also covers isolation, social withdrawal and companionship. The failure to improve emotional loneliness is worrying because the offender is less likely to be able to gain positive experiences while feeling alone. The treatment should provide the offender with the potential to start gaining positive life experiences and reverse the vicious circle offending can bring. However, treatment alone cannot achieve this. The offender needs social opportunities and support in their lives to be able to realise the potential.

4.2.9 Summary of Prediction Two.

It was predicted in section 1.18.1 that H_{02} would be rejected for all the questionnaires and show treatment to be universally effective. This prediction has not been demonstrated across all questionnaires. However, the questionnaires most directly relating the sexual offending did follow the prediction. The CBT treatment can then claim to be effective at changing important attitudes towards sexual offending. A central premise of CBT is that attitudes relate to behaviour. Therefore, it can be hoped that the improvement in the attitude of offenders has made them less likely to re-offend. This finding should not be over-shadowed by the failure to achieve on all the questionnaires. Sex offenders were

once thought of as untreatable. That CBT has such a positive outcome is very encouraging.

4.2.10 Limitations of Ho2: Prediction Two

Methodologically, Ho2 can only conclude that relative to how dangerous offenders were before treatment they are less dangerous after treatment. Looking at offenders alone does not provide information about how safe, relative to nonoffenders, the offender's are following treatment. Ho3 and Ho4 tested how the offender's compared to nonoffenders, before and after their treatment. This places the treatment of offenders in the context of culturally normative views.

As section 1.2, stated sexual offending needs to be placed in a cultural context. CBT hopes to 'normalise', the attitudes of the offender's. However, what is culturally normative is a matter of debate. The literature on sexual offenders is split as to the nature of sexual offending. The first premise states that sexual offending is 'deviant', Laws and Marshal (1990). Alternatively, the feminist analysis of sexual offending would state that all men are potential offenders. The feminist premise is that sex offenders are 'all too normal'. For the CBT therapist, therefore, the message is contradictory. The aim of CBT is to normalise the attitudes of offenders, but what could be seen as normal is often undefined.

4.3 Aim 2: Ho3 and Ho4: Treatment Effectiveness Compared to Controls.

Studies in the past have evaluated the treatment offered to sex offenders, Beckett et al (1994). However, the use of a control sample, from the general population, allows further inferences to be drawn. The problems with using control samples have often made such inferences difficult to achieve. See section 1.13.1. The control sample returns values that represent culturally normative values. By comparing the scores of the offender's, to the scores of nonoffenders a better understanding of treatment outcome is established. The post-treated offenders are compared with cultural norms, not just their attitudes before treatment.

4.3.1 The Culturally Normative Beliefs about Sex and Rape.

Table 5 reveals that for the Beliefs about Sex and Rape Questionnaire a significant difference exists between the pre-treated offenders and the controls. Therefore, pre-treated offenders endorse more rape supportive attitudes than controls.

Table 6 shows that this difference between the samples is lost at post-treatment. Therefore, the treated-offenders can be shown to have similar attitudes to the controls. The results of Ho3 and Ho4, demonstrate more strongly the effectiveness of treatment, than Ho2 alone.

4.3.2 Culturally Normative Defensiveness.

Compared to pre-treatment offenders, the control sample was significantly less defensive. This result would suggest that the controls are better able to face their mistakes and take responsibility for their actions than pre-treated offenders. The post-treatment offenders do not show any significant difference with the controls. Therefore, treatment has been shown to be effective at reducing the levels of defensiveness in the offender's, to culturally normative levels.

4.3.3 Culturally Normative Scores on the Opinions Questionnaire.

The control sample differs very significantly from the offender's, both at pre and post testing, on the ethnocentrism and women sub-scale. The machiavellianism sub-scale does not differ significantly between the samples.

This result shows that the offender's hold more traditional attitudes towards women and more racist attitudes than the nonoffenders. The treatment given to the offender's did not alter these views.

One possible explanation for this result is that these kinds of attitudes are not readily changed in a fixed term course of CBT. The focus of the topics covered in the treatment does not directly address these attitudes.

Alternatively, the result may reflect a weakness in the sampling methodology. The control sample was not as large or randomly selected as was initially planned. This may have skewed the control sample in subtle ways. However, the criterion sampling methodology took steps to minimise the differences between the samples. The samples were drawn from geographically similar populations and were matched for age and parental status, etc., see section 2.1.3.3.

However, sampling weaknesses are unlikely to produce such a large significant difference, when in reality there should not be one. Racist and traditional views of women attitudes reflect a propensity to derogate outgroups. An individual who derogates an out-group could be seen as more likely to derogate an individual from that out-group. The feelings and emotions of the victim of the derogation would not be considered. Sex offenders are not good at empathising with their victims, Beckett et al (1994). The ability to cut-off from the victims experience prevents the offender from using internal inhibitions that would otherwise stop him abusing, Finkelhor (1984). Therefore, it is perhaps unsurprising that offenders differ from controls on such questionnaires. That such beliefs are often core-constructs, Kelly (1955), may make them difficult to change in a 16 week course of CBT.

4.3.4 Culturally Normative Scores for Self Esteem.

The controls have very significantly higher self-esteem than the pre and post-treated offenders.

It is however, not too surprising that self-esteem is low in known offenders. The pre-treatment offenders will have gone through many experiences that could have lowered their self-esteem. The offender sample had all admitted their guilt for their crimes. Some of the offenders' had been in prison. All the pre-offenders would have had to face their families and friends with the truth about their sexual behaviour. Such incidents would almost inevitably have an affect on their self-esteem. The CBT treatment then challenges the offender's defences used to protect themselves, section 1.14. The offender's will have been helped to empathise with their victims and to re-frame their behaviour, free from previous internal defences. This process could be expected to result in a short term drop in self-esteem. The post-treatment assessment took place within four weeks of the offender's finishing their treatment. In the longer term, it may be hoped by the service providers that the treatment will increase the opportunities for positive experiences for the offender's. However, such positive effects are unlikely to be felt within the time scale of the post treatment assessment. The design of the study would need to be altered to take a longer term follow-up assessment to more fairly evaluate the treatment effects on self-esteem.

4.3.5 Culturally Normative Scores for Social Skills.

The control sample showed some significant differences from the offender's, Tables 5 and 6.

The control sample was very significantly more assertive than the pre-treatment offenders. At post-treatment the level of significance was not so great, but still significant. The social confidence of the offender's got worse following treatment, compared to the controls. The difference in social confidence between the pre-treatment offenders and the controls was just non-significant. At post-treatment the difference from the controls was significant. The over-assertive or angry response was not different between the samples.

This result portrays offenders as passive, unassertive individuals, who lack the social skills to confidently interact in adult circles. Eighty per cent of the offender's were child offenders, Table 1. This result fits the theoretical belief that child offenders avoid adult relationships and feel more comfortable in the company of children, Finkelhor (1984).

Again, the short time span between the end of treatment and the post-treatment assessment may have prejudiced the results against showing any improvement in social skills.

4.3.6 Culturally Normative Scores for Emotional Loneliness.

The pre-treatment and post-treatment samples differ significantly from the controls. There is no significant improvement in emotional loneliness following treatment.

Again, it is unclear, under the present experimental design, if the level of emotional loneliness would increase given a longer follow-up. Emotional loneliness is probably an important factor in relapse prevention. See section 4.2.8. This result may represent a significant deficit in treatment outcome. However, the result probably reflects differences in lifestyles of the samples.

4.4 Aim 3: Ho₃ and Ho₄: The Deviancy Premise vs. The Feminist Premise.

Predictions three and four predicted the pattern of results from the different premises.

Prediction three relates to the deviancy premise. If Ho₃ were rejected but Ho₄ accepted, then the deviancy argument is validated. If the results show significant differences between the controls and offenders before treatment, but not after treatment, then offenders can be seen as measurably different to nonoffenders. Treatment would have been seen to be effective at normalising the offender's.

Prediction four relates to the feminist perspective. If the offender's are not different to the controls either before or after treatment, then the offender's can be seen as 'all too normal'. The problem will have been identified as not one of individual pathology, but a wider problem held by all men within society.

As has been discussed, the results were mixed. Neither Ho₃ or Ho₄ were accepted or rejected for all the questionnaires. This apparently ambiguous result appears to shed no light on the contradiction within the literature surrounding the nature of sexual assault. However, the behaviour of the K&S provides a useful insight into making sense of the apparent ambiguity.

4.4.1 Difficulties in the Interpretation of Mean Scores.

The results from the K&S appear on face value to show that offenders hold similar attitudes that lead to sexual assault against children, as do controls. However, as section 3.5 and Graph 2 demonstrated the interpretation of Ho₂, Ho₃ and Ho₄, for the K&S, is not so straight forward.

The behaviour of the K&S is very interesting and illustrates the problems faced by researchers when simply comparing means between self-report questionnaires. The use of a control sample can clarify possible miss-interpretations. Not giving careful consideration to the characteristics of the respondent and the behaviour of the questionnaires on different samples can also lead to misleading interpretations.

Feminist researchers have claimed that self-report measures often fail to differentiate between offenders and nonoffenders, Harmon et al (1995), see section 1.9.3. This is seen as evidence against viewing sex offenders as deviant. The claims of such researchers are based on comparing the mean scores of the questionnaires. If the comparison between

samples was restricted to the mean scores, on the K&S, then Ho₃ and Ho₄, would agree with such a feminist view. The pre-treatment offenders show no significant difference with the controls on the K&S. However, as Table 11 and Graph 2, demonstrates the spread of scores between the offender samples and the controls vary tremendously. The control samples scores are almost completely within one standard deviation from the mean. The offender samples score much more frequently beyond one standard deviation from the mean. Therefore for the K&S, the control sample has demonstrated that scores within one standard deviation from the mean are 'normal'. Scores above and below one standard deviation from the mean represent a clinical problem.

The feminists may reply that to claim scores within one standard deviation of the mean are normal just because that's where the control sample scored is tautological. What is needed to justify the claim is not tautology, but independent verification of the findings. The SWCH questionnaire acts as such independent findings.

The SWCH contrasts with the K&S. Both questionnaires target similar endorsements from offenders. However, they return a different pattern of results. The SWCH follows a much more predictable pattern of scores. See section 1.18.1. The pre-treated offenders score significantly higher than the controls on the SWCH. The post-treatment offenders do not show any difference to the controls. Therefore, the control sample has been shown to score differently from the offender sample on a related measure. This gives confidence that the controls do hold different attitudes than the offender's.

The sub scales of the K&S, do not behave in the same way as the overall scale. The range of scores, shown in Table 11 are not so different between the samples. The emotional congruence sub-scale does not differentiate between the offender's and nonoffenders. This could be interpreted as providing evidence for the feminist positions. However, due to the results of the overall score on the K&S and the SWCH score, the more parsimonious conclusion is to question the validity of this experimental sub-scale. This sub-scale asks respondents to rate the truth of statements such as "I have loved a child at first sight". Eighty per cent of the control sample were fathers. It is not surprising that they endorse such items. It would seem clinically naive to conclude that a father endorsing such a statement is displaying emotional congruence with children and therefore represented a risk of abuse. However, a known offender endorsing such a statement may raise concerns. The problem of validation for such a self-report questionnaire is that the clinical interpretation of the endorsements depends upon the nature of the respondent. This makes comparing offenders and nonoffenders highly problematic when using self-report questionnaires designed for use with offenders.

In summary, the K&S provides a valuable illustration of the caution needed when interpreting the scores of respondents. Simply comparing the means between samples often hides interesting variations between the groups. The responses to items on the questionnaires often can only accurately be interpreted by looking at the characteristics of the respondent. This result highlights the need, but also the difficulty, in the development of more self-report questionnaires that target all men, not just offenders.

4.4.2. Summary of Ho₃ and Ho₄.

The balance of evidence from Ho₃ and Ho₄ favours the deviancy position. The core questionnaires relating most directly to sexual offending show significant differences between the control sample and the pre-treatment sample. Such findings demonstrate that offenders are measurably different from nonoffenders in many of their attitudes to sexual offending.

These differences are often lost following treatment. Treatment then is shown to change the attitude of offenders to comparable attitudes displayed by nonoffenders. The questionnaires that do not show any differences between pre-treated offenders and controls are less directly related to sex offending. The questionnaires that do not show differences in mean scores, such as the K&S questionnaire, under closer examination can be revealed to show very real differences. Only two out of fourteen questionnaires do not show differences between the samples, machiavellianism and anger.

4.4.3 Weaknesses of Ho₃ and Ho₄.

The evidence from Ho₃ and Ho₄ comes from examining each questionnaire separately. This gives plenty of room for variations between the questionnaires to cloud the results. Although explanations can be found for the majority of cases that support the deviancy position. The conclusions would be stronger if the samples could be shown to be different

when all the variables are considered together. H_{05} , the profile analysis aims to show that the offender's and nonoffenders show different profiles across all variables.

4.5 Aim 4: H_{05} , H_{05a} , H_{05b} and H_{05c} : The Profile Analysis.

Prediction 5 stated that if H_{05} , H_{05b} and H_{05c} were rejected then the deviancy position would be strengthened. If H_{05} , H_{05b} and H_{05c} were accepted then the feminist position would be strengthened. If H_{05a} were accepted then the treatment would be shown to be ineffective at changing the profile of the offender's.

The results of the profile analysis are reported in section 3.4 and the analysis is described in section 2.5.3.

4.5.1 H_{05} : Profile Analysis of all Three Samples.

Table 7 shows hypothesis H_{05} was rejected. The three groups do not have parallel profiles. This means that there is a significant group by variable interaction between the three samples. Graph 1 reveals that the three lines are not parallel. The control sample has a very different curve, compared to the offender samples. The rejection of H_{05} strengthens the deviancy position and weakens the feminist perspective. The control subjects have been shown to have measurably different attitudes to the offender samples.

The weakness of H_{05} is that it is difficult to pick out detailed conclusions when comparing all three samples together. Running the profile analysis on each pair of samples will reveal more about the similarities and differences between the samples.

4.5.2 H_{05b} : The Profile Analysis of the Pre-Treatment Offenders and the Controls.

Hypothesis H_{05b} compared the profile of the control sample with the pre-treatment offenders. Table 7 shows that H_{05b} was rejected. This result shows in more detail that the control sample and the pre-treatment offenders do not have a parallel profile. This result adds further evidence for the deviancy premise over the feminist premise. The offender's can be shown to be measurably different from the controls, before treatment.

4.5.3 H_{05c} : The Profile Analysis of the Post-Treatment Offenders and the Controls.

Hypothesis H_{05c} compared the profile of the control sample with the post-treatment offenders. Table 7 shows that H_{05c} was rejected. This result shows in more detail that the control sample and the post-treatment offenders do not have a parallel profile. This result adds yet further evidence for the deviancy premise over the feminist premise. The offender's again appear different to the controls.

However, it may have been hoped by the treatment providers that these two profiles would have been more similar. The treatment offered to the offender's does not overall make the psychological profile of the offender's similar to the controls.

4.5.4 Ho_{5a}: The Profile Analysis of the Pre and Post-Treatment Offenders.

Table 7 shows hypothesis Ho_{5a} is accepted at $F = 1.75706$, $p = 0.079$. This result shows that the profiles of the pre-treatment offenders and the post-treatment are parallel, as $p = 0.079 > p = 0.05$. This result alone does not tell us that the profiles are the same. Parallelism is not affected by the value of the curves, only by their shape. Graph 1 shows that deviations between the pre-treatment offenders curve and the post-treatment offenders curve exist. The SWCH and the Social Personality Questionnaire-defensiveness, display marked deviations from each other. The difference is univariately significant between the two conditions. See Table 8.

Stevens (1986) describes two more stages in the analysis, coincidence and level. See section 2.5.3. The test for coincidence is reported in Table 9. For Ho_{5a}, coincidence is accepted. This result does show that the profiles can be considered the same. The univariate differences between the offender samples, reported in Table 8, were not strong enough to alter the overall significance of the coincidence.

The final test for level will determine if the samples can be considered as coming from the same population. The tests for parallelism and coincidence have shown that the profiles are the same, but this does not mean that the scale means are the same. The degree of healthiness in the scores could vary as defined by the scale means.

Table 9 shows that H_{05a} is accepted for level. This result shows that the scale means between the two samples are not significantly different. As the profiles of the offender samples are parallel, coincident and level then the samples can be said to come from the same population.

4.5.5 Weaknesses in H_{05a} .

The results from H_{05a} contradict those of H_{02} . As reported in section 3.1, the paired t-tests revealed many differences between the offender samples. The profile analysis of the two samples, conclude the profiles are the same.

There are differences in the statistical procedures for H_{05a} and H_{02} that may account for this anomalous result. The profile analysis was run on a multivariate ANOVA. SPSS v6.0 does not return a test for parallelism using the repeated measures ANOVA. This means for H_{05a} the samples were treated as independent, even though in reality they were matched. This may have altered the nature of the results. Secondly, in the profile analysis all the questionnaires have equal weighting. That means that the test for racism is given equal weighting as the test for sex with children. The clinical significance of the different questionnaires may not have equal weighting. Therefore, the univariate differences reported in Table eight, may represent a clinically very significant result. However, statistically the performance of the other questionnaires damps down the differences from the core questionnaires. Despite these weaknesses in H_{05a} , the result

was only just non-significant. The result shows a strong trend towards significance. Considering the strong trend towards significance and the weaknesses in the statistics for H_{05a} , the tests for coincidence and level could be seen as misleading. If parallelism is rejected, coincidence and level are not calculated.

4.6 Summary of the findings.

1. The rejection of H_{01} provides validation for the self-report methodology. The staff independently rated the risk of the offender's consistently with the questionnaires.
2. The balance of evidence from H_{02} provides evidence for the effectiveness of the treatment provided for offenders. The treatment is effective at changing key attitudes displayed on a number of questionnaires.
3. The balance of evidence from H_{03} and H_{04} provide evidence for viewing offenders as a deviant sub-group of men. The nonoffenders' scores are consistently different from the offender's scores.
4. The balance of evidence from H_{05} , H_{05b} and H_{05c} provide further evidence for viewing offenders as a deviant sub-group of men. The psychological profiles of the offender's is shown to be different from the nonoffenders.

5. The evidence from H_{05a} contradicts the findings of H_{02} . The offender's, after treatment have the same profile as they did before treatment. Statistical and methodological weaknesses probably account for the anomaly.

4.6.1 Summary of Methodological Weaknesses.

1. The questionnaires are all weighted the same. Clinically the significance of different questionnaires would not weight them all equally.
2. The validity of some of the questionnaires has been shown to be in doubt.
3. The sampling methodology and sample sizes were compromised from initially planned. The resultant power levels were not as high as planned. This may make any claims from the findings less powerful.
4. The statistical procedure for H_{05a} , has an inherent weakness that may cast doubt on the findings for this hypothesis.
5. The follow up period from the end of treatment and the post-treatment assessment may have been too short to demonstrate change on some of the variables.

Despite these weaknesses, the results are largely consistent with each other. The level of power described in section 3.6 report reasonably high confidence levels. The results of the investigation will now be considered considering the issues raised in the introduction.

4.7 Conclusions.

Section 1.13 introduced the difficulties faced when researching sexual offending. The design of assessment tools, ethical difficulties, finding participants are all major obstacles. Psychology has played an important role in shaping the theory and practice for sex offenders. What is needed now may be a re-appraisal of current lines of investigation in order to understand more about the nature of men.

4.7.1 Assessment tools

This investigation has shown the advantages that could be gained by using control samples to help understand the behaviour of the assessment tools. Any field of research is limited by the tools available to research it. The field of sexual offending has particular difficulties in this respect. The tools designed to date narrow the focus of possible investigation. Thereby, large amounts of potentially important information go untested. As Russell (1984) reported, incarcerated offenders are a very small percentage of all offenders. Designing tools that can only be used on known offenders narrows the limits of research and therefore what it is possible to discover.

Screening for the attributes of known offenders may be too narrow a focus. Present research tools were designed and validated on known offenders. Prison samples are easy samples to employ. However, the vast majority of offenders are likely not to go to prison. An alternative route for the development of assessment tools is to assess all men.

The reason this has not been done in the past is that questions relating to abuse are not applicable to nonoffenders. However, if the screening battery was testing for the presence of healthy attitudes, not the presence of unhealthy attitudes, then all men could be tested. The focus of study could then be broadened and as Oppenheimer said, ‘...what is possible to discover...’, would be broadened with it. The need to know more about nonoffenders to place in a cultural context the beliefs of offenders is a large gap in present knowledge.

4.7.2 Difficulties in Comparing Mean Scores.

Comparing the mean scores of variables can lead to misleading conclusions. The K&S has demonstrated that the use of control samples can illuminate the true nature of the cultural norm and how that relates to the assessment tool. This result may help understand some of the past contradictions in past research which conclude that there is no difference in offenders’ and nonoffenders attitudes.

4.7.3 Sample Sizes and Cultural Norms.

The sampling of nonoffenders is not easy. The initial plan was to use a random sample of men drawn from parents of local schools. However, the potential stigma of being associated with any research discussing sexual abuse was enough for the plans to be

vetoed. It is not surprising therefore that large scale investigations in the past have used prison officers or college students as the control samples. However, such samples do not return a genuine cultural norm from which to generalise. It is important to understand the cultural norm so that treatment can be put in context.

The sample size of the control sample was just 16. Even though the power levels were reasonably high, generalising culturally normative values from such a small sample will almost certainly weaken the results. However, this investigation has shown the potential advantages of using more generalisable control subjects. With a more representative sample size more confidence would be gained in the true nature of culturally normative views to sexual offending. A larger sample would need to be geographically diverse. The control sample employed here was very regionally specific and therefore not truly representative beyond the South West of England..

4.7.4 Theoretical Implications.

Finkelhor's multi-factor model predicted the preconditions necessary for abuse and provided a framework for the development of deviancy. The battery of questionnaires alludes to the validity of Finkelhor's model. See section 1.11.

The offender's were more socially isolated, lonely, less socially skilled, took less personal responsibility for their actions, had more dangerous attitudes towards rape and sex with children and lower self-esteem. These characteristics fit Finkelhor's model as shown in figure 1. The social skills deficits will act as situational blocks to adult

relationships and compound the sense of emotional loneliness. This may increase the motivation to abuse which is the first precondition. The lack of internal inhibitors, shown by the lack of victim empathy and blaming external factors, will result in the second factor boundary being crossed. The final two factors are not directly assessed using the battery.

In contrast, the control sample show characteristics that are likely to stop the boundaries in figure one being crossed. The controls have high self-esteem and high social skills. The controls are not emotionally isolated and do take personal responsibility for their actions. These characteristics would suggest that the control sample would be effective at employing internal inhibitors, therefore preventing starting along the developmental path that leads to abuse.

The treated offenders show more characteristics which would prevent them from crossing the boundaries in figure one. After treatment the controls do take more personal responsibility for their actions and blame external factors less. The controls show better victim empathy and less dangerous attitudes towards having sex with children. However, other potentially dangerous characteristics do not change after treatment, such as self-esteem and emotional loneliness.

4.7.5. Can Sex Offenders be seen as a Deviant Sub-group of Men?

Section 1.9.7 summarised the split that exists between two extremes within the literature on sexual assaults. Those who view sexual offenders as deviant search for developmental pathways that lead into sexual abuse and describe the taxonomic structure of the deviant population. The alternative position held by Feminists like Harmon (1990), view offenders as not significantly different from all men.

The findings discussed above favour the deviancy position over the feminist perspective. The controls perform differently than the offender's on the majority of questionnaires. The controls have a different psychological profile than the offender's.

These findings do not mean the feminist perspective is irrelevant. Researchers such as Barabee (1990), have incorporated much of the feminist perspective into a largely behavioural language. Finkelhor's integrated model was designed from a psychological and feminist perspective. This is seen in Finkelhor's external or societal inhibitors. Finkelhor and the feminists share many priorities such as overcoming negative socialisation experiences that lead to poor adult social skills. The need to target adolescents is seen as a proactive priority.

4.7.6 The Taxonomic Structure of Offenders - Assumptions of the Samples.

As reported in section 1.9.6, research has shown there to be a large number of sub-types of child offenders and rapists. For the present study the offender samples included a mix of child offenders and rapists, some individuals with multiple paraphilias. It is possible

that such a heterogeneous sample was less informative than a more homogeneous sample would have been. However, Abel (1987) needed 561 subjects to achieve large enough sample sizes in each sub set. The practicalities facing researchers make replication impractical.

The controls are also assumed to be homogeneous. It may be that attempting to represent the normative values of an entire nation or region is not sensible. There is such a diversity of ethnic groups and 'class' divides within the country. Each different group could be argued to hold its own identity. The need to understand more about the nature of control samples is a key finding of this investigation.

4.7.7 Psychological Screening.

Section 1.8 discussed what psychology could offer the field of sexual offending. Psychological screening is only one aspect of what psychology could offer. The present investigation has shown that current assessment tools can discriminate between offenders and nonoffenders. Self report tools however need careful analysis to make accurate assessments. These findings successfully demonstrate the first stage in developing a screening battery. A screening battery could be employed on any man to accurately assess whether he is, or could, be an offender. To develop the potential for such screening batteries control populations would need to be more thoroughly investigated. The lessons from the analysis of the K&S demonstrate the potential value of understanding control samples. A more systematic approach to control samples is needed. Employing larger samples, representing ethnic and regional diversities would

inform the researcher about the nature of culturally normative values. The past twenty years of research has focused on understanding offenders' attitudes towards children and women. The next phase of research would perhaps be most profitably targeted at understanding more about control samples. The definition of what constitutes a sex offender, would be better informed by an understanding of what constitutes a man.

Appendix One.

Briefing and consent form for controls.

Thank you for coming today. My name is Edwin Price, I am a Trainee Clinical Psychologist at the University of Plymouth. As part of my course I am undertaking a piece of research investigating the differences in attitudes between convicted sex offenders and ordinary members of the public.

The investigation is designed to help assess the treatment offered to sex offenders and is not used to assess you. Currently sex offenders are given psychological treatment before they are released from prison. However the success of this treatment is seldom compared to ordinary members of the general public. This investigation hopes to collect data from the general public in order to understand more about the success of the treatment offered to sex offenders and more about the quality of the questionnaires.

Before you give your consent to participate in this investigation, some points need to be explained to you. You will be asked to complete a small number of questionnaires, similar to those completed by sex offenders. The questionnaires relate to attitudes surrounding sexual behaviour with children and adults. If you think you may find completing the questionnaires discomforting then you need not give your consent. If

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while completing the questionnaires, for whatever reason you wish to stop, you may and all data collected from you will be destroyed.

All the data collected is put together in a group, so your scores are mixed up in a pool of others. Your name is not put on the forms so nobody can tell who has filled in which set of questionnaires, therefore your anonymity is assured. The questionnaires are not shown to anybody other than myself and are kept only for the duration of the investigation.

The questionnaires are estimated to take between 30-45 minutes to complete. After completing the questionnaires you will be given time to discuss anything you wish arising from the experience and to ask further questions you may have.

Do you have any questions?

Please tick the box if you understand the instructions and consent to participate

Appendix Two.

Debriefing instructions for controls.

Thank you for completing the questionnaires. As you know, the answers you gave are strictly anonymous and will only be used for the purpose of this study.

Do you have any thoughts or reflections now that you have completed the questionnaires?

The data is analysed in such a way as to gain psychological profiles of a typical offender and a typical non-offender. In that way it is hoped to discover the effectiveness of the treatment offered to sex offenders and to test the profiling procedure at differentiating between offenders and nonoffenders.

If you wish to contact me to discuss anything that may be concerning you regarding your participation in this study, then you can leave a message for me at the University of Plymouth on 01752 233161.



The David Hewlings Centre

An Inter-Agency Crime Prevention Initiative
for the Assessment and Treatment of
Perpetrators of Sexual Abuse

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As from 28.04.97

Compton House
11 & 14 Gibbon Lane
Sherwell
Plymouth PL4 8BR

Our ref: dhc/jt/pad

Mr E Price
20 Mutley Road
Mannamead
Plymouth
Devon

24 April 1997

Dear Edwin,

RE: YOUR DISSERTATION

This letter is to confirm permission for you to make use of the anonymised data from the work of the David Hewlings Centre on sexual offenders within your dissertation. The agreed conditions for the use of the data are that it remains wholly anonymised, and that the content of the dissertation will be made available to the Devon Probation Service, to assist in the further development of work with sexual offenders.

Yours sincerely,

Jon Taylor
Senior Probation Officer,
Centre Manager

Appendix Four: Letter sent to school Governors.

Dear Sir,

My name is Edwin Price and I am a Trainee Clinical Psychologist, undertaking a research project as part of my doctoral qualification at the University of Plymouth. I am also a parent of a child at the school.

As parents we may share some concerns towards the safety of our children in regard to the treatment in the community of sexual offenders. Currently sex offenders are released from Prison, into the community following some form of psychological treatment. I am interested in researching the effectiveness of this treatment and in helping make future assessments of sexual offenders more accurate.

I require a group of men, from the general public who are fathers. My research is investigating the similarities and differences in attitude, of the general public and convicted sex offenders. What I need is a group of non-offending men to compare with the offending men.

I am writing to you and all the other fathers at the school, to see if you would be interested in participating in my research.

I would like to make it clear that the research is totally anonymous and the data collected cannot be traced to individuals. This research is in no way an assessment of yourselves.

If you would like to know more please contact me on Plymouth 233161 (The University of Plymouth), where a message can be left for me. I plan to organise a time at the school where I will collect the data, which will take a maximum of one hour.

Many thanks,

Edwin Price.

Clinical Psychologist in Training.

Appendix Five.

Instructions for the use of the Questionnaires for the Sex Offender Sample.

Summary of important points from consultations:

1. It is vital that the subjects understand the fact that this information is not seen by the practitioners. This will help off-set any experimental bias in recording what they think they should say, rather than what they truly feel. Sex Offenders are often guarded against revealing their true thoughts and have vested interests in appearing reformed, therefore it must be clearly stated that this information is only for the eyes of the evaluators and not the Probation Service.
2. The Subjects names are not put on any forms, this helps with the subjects possible fears about completing the questionnaires. [note: after completion of all the questionnaires the questionnaires should be put in a numbered, so that they can be matched at post treatment, then placed in a sealed envelope and dated.]
3. Any help requested by the subject should be given in such a way as to ensure their answer has not been influenced by you. Give minimal answers and do not expand on information beyond that stated in the question. Allow the subjects own understanding to be expressed, often a good tactic is to reflect back to the subject what he believes to be most likely.
4. All the data is pooled into group scores, therefore the subjects individual answers are not examined, again this should help reduce possible bias effects.
5. Subjects should be told that after they complete the group work they will be expected to complete the questionnaires again. This is so that the GROUP scores before the group and after the group can be compared.

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The subjects will have some information as to why they are there. A standard letter is sent inviting them to attend. The letter follows an agreement they signed as part of their contract for treatment at the probation treatment centre, agreeing to participate in the investigation. The letter contains only the minimum information of a time, date and likely duration of the exercise.

Briefing Instructions For Offenders.

Thank you for coming today. As you know part of your contract with the *****, is to participate in the independent research, both before and after your treatment. My name is Edwin Price and I do not work at the University of Plymouth, I am an independent researcher.

The research is designed to help assess the treatment you receive and is not used to assess you. This session is not part of your treatment. All the data collected is put together in a group, so your scores are mixed up in a pool of others scores. Your name is not put on the forms so nobody can tell who has filled in which set of questionnaires. The questionnaires are not shown to the staff at the treatment centre and are kept out of the building.

If you have any questions while filling in the questionnaires please ask me and I will help you all I can. Please answer all the questions. Please answer the questions honestly, if

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you are stuck on a question it is often best to record your first thought on reading the question. Do you have any questions? Thank-you for your co-operation.

Debriefing Instructions for Offenders.

Thank-you for completing the questionnaires, as you know, the answers you gave are strictly anonymous and will only be used for the purpose of this study.

The questionnaires that you completed will be put together with the questionnaires from other known offenders, then compared with similar questionnaires completed by nonoffenders. The data is analysed in such a way as to gain psychological profiles of a typical offender and a typical non-offender. In that way it is hoped to discover the effectiveness of the treatment offered to sex offenders and to test the profiling procedure at differentiating between offenders and nonoffenders.

If you wish to contact me to discuss anything that may be concerning you regarding your participation in this study, then you can leave a message for me at the University of Plymouth on 01752 233161.

Appendix Six.

Measures Used.

SEQ: Self-esteem Questionnaire

The SEQ is an eight item measure of self-esteem, validated within prison populations by Thornton (1992). The validation procedure tested the SEQ against repertory grid measures and by correlating the SEQ scores with longer established measures. Sex offenders are often perceived by clinicians as having a low self-esteem. Self-esteem should be higher in the nonoffenders and the treated offenders.

Opinion Questionnaire - Attitudes to Women.

This was an adapted version of the scale developed by Spence, Helmreich and Stapp (1973). High scores on the scale indicate the holding of sexist attitudes towards women. Thornton removed some of the original items due to concerns over reading difficulty.

Opinions Questionnaire - Machiavellianism.

This scale is an adaptation of the Mach -IV inventory, Christie and Geis (1970). High scores show a cynical and manipulative attitudes towards others whereas low scores express more direct and potentially naive attitudes. This scale is well validated and shows the high Machiavellianism individual as acting in a self centred, narcissistic manner, Mc Hoskey (1995); Ramanaiah, Byravan, & Detwiler (1994).

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Opinions Questionnaire - Ethnocentrism.

This scale was adopted from work by the Eysenck's on social attitudes. The scale intends to cover issues regarding racism, militarism and chauvinistic nationalism. The expectation is that ethnocentric attitudes should relate to the thinking patterns of offenders against women, Thornton (1992).

Intimacy : UCLA - In, Emotional Loneliness Scale.

The University of California, Los Angeles Loneliness scale is a well-established measure of emotional loneliness; Russell, Peplau, & Curtina (1980). The importance of lack of intimacy and emotional loneliness is a theoretically important factor related to sexual offending, Marshall (1989; 1996). The UCLA eludes to the idea that sex offenders are socially inadequate, their offences stem from their inability to form appropriate relationships. Emotional loneliness was found to be a factor in British Prison samples, Garlick (1992). The original use of this questionnaire was to complete two versions of identical questions, the first relating to feelings at the time of the offence, the second relating to feelings now. As nonoffenders cannot complete the former, only the later was employed. The UCLA-In is a twenty item scale measuring loneliness. Loneliness is defined as low self-esteem, shyness, external locus of control and feelings of alienation.

Social Personality Inventory - Defensiveness

This scale aims to measure generalised defensiveness. This is expected to differentiate those sex offenders with high levels of denial regarding their offences. None of the items are explicitly sexual and they are embedded within the items for social confidence. The measure was used by the STEP evaluation of community based sex offender programmes, Beckett, Beech, Fisher, & Fordham (1994).

Social Personality Inventory - Social confidence.

This is a measure of social self-esteem developed by Marshall & Christie (1982). This scale intends to measure social confidence and relates to levels of social skills. High scores on this measure reveal high levels of social confidence.

Kids and Sex Questionnaire.

This questionnaire was devised by Beckett (1987; 1996). The version employed by the Prison service is the first version, Beckett (1987) and has 86 items. The later version has an additional item, Beckett (1996). For the purposes of this study the 86 item version was employed as the validation of the sub-scales was carried out on this version. The scale returns an overall score, but there are also sub-scales under development. There are two sub-scales that are under development, cognitive

distortions and emotional congruence. For the purposes of this study, the full scale score and the two sub-scales were all employed.

As reviewed in section 1.9.5, sex offenders often use cognitive distortions to justify to themselves that their behaviour is acceptable. In this way sex offenders develop beliefs about childrens sexuality which can be seen as distorted. An alternative typology for a child molester is a person who is seen as fixated at a particular age, where he was abused himself as a child. The identification with the aggressor leads to an emotional congruence with the child, Knight and Prensky (1990). Researchers such as Darke, have criticised the concept of identification with the aggressor, however Darke would find the broader concept of emotional congruence less controversial.

The items intend to identify those sex offenders specifically interested in offending against children. Children are defined as being 14 years and younger. High scorers perceive children as more powerful and sexually aware. High scores indicate an individual may be emotionally congruent with children and perceive children as able to decide if they wish to have sexual interactions with adults.

It would be expected that the untreated offenders would differ from the nonoffenders on the sub-scale scores and that the treated offenders would move towards the nonoffenders scores.

Sex with Children Questionnaire.

This questionnaire comes from Canada, developed by Hodkinson, (1990), as part of Marshall's group. The questionnaire is designed to pick up the kinds of cognitive distortions child molesters use to justify their offending. High scores indicate endorsement of permissive attitudes about sex with children.

Contrasting the Kids and Sex Questionnaire and the Sex with Children Questionnaire.

The 'Sex with Children' questionnaire, (SWCH) is different in style to the 'Kids and Sex questionnaire', (K&S), although the target attitudes are the same. The style of the SWCH questionnaire can be characterised as employing more direct questions. The scoring for the questions on the SWCH questionnaire is also different than the K&S questionnaire. The SWCH uses a 4 choice likert scale; Strongly agree, Mildly agree, Mildly disagree, Strongly disagree, scoring 3,2,1 and 0 points respectively. The K&S questionnaire uses a more complex answering and scoring scale; Very true, Somewhat true, Somewhat untrue, Very untrue and Don't Know, returning scores of 4,3,1,0,2, respectively. The more indirect questions and more complex scoring system makes the K&S questionnaire more difficult to falsify than the SWCH questionnaire, but makes the interpretation of the K&S questionnaire more problematic.

Beliefs About Sex and Rape.

This questionnaire is based on Burt (1980), rape myth questionnaire. This questionnaire is intended to assess endorsement of the kinds of beliefs sometimes used to justify rape. Thornton (1992), has taken items from Burt's original scale and added items focusing on the women's experience of rape.

Passivity - Anger : Social Response Inventory.

Rapists are often viewed as aggressive and child molesters as passive or under assertive. These stereotypes are somewhat crude but act as a rough heuristic. The SRI is an unpublished inventory from the Kingston Sexual Behaviour Clinic. Marshall et al (1981) showed the SRI to be a valid and reliable measure of submissiveness and aggressiveness within the context of social interaction.

Marshall et al (1995) demonstrated that the SRI can differentiate between different offender types. The untreated child offender would be expected to be more passive than the nonoffenders. The treated offender should improve their assertion skills and appear more like the nonoffenders.

The scales from the Prison Service battery omitted from this study.

The Sex Offender Information Questionnaire, Hogue (1992), was omitted from this study as the question items were only applicable to sex offenders and not to nonoffenders.

Eysenck Personality Questionnaire, (1975), was omitted from the study as the score should be static over time, regardless of treatment. Therefore it would not be possible to assess this questionnaire in all the conditions. This does not make the questionnaire irrelevant to comparing offenders with nonoffenders, only beyond the aims of this study.

The STORY Blame attribution, Garlick (1992), was omitted from the study as no clear validation and scoring protocol has been developed to date.

The UCLA - Out Emotional loneliness scale was omitted as the questionnaire relates to feelings at the time of the offence. As nonoffenders have not offended (at least not convicted), the UCLA is not relevant to this study.

The Multiphasic Sex Inventory, Nichols and Molinder (1984), is a 300 item questionnaires specifically designed to be used on a sex offender population. The MSI is very well validated and well respected in the field. The MSI returns twenty sub scales relating to a wide range of offending attitudes and behaviours. The MSI also contains Lie scales for detecting attempts to 'fake good' responses. However the MSI is not appropriate for a non-offender sample and therefore is not suitable for this study.

Appendix Seven

INDIVIDUAL CLINICAL RATING FORM

NAME: _____ NUMBER: _____ DATE: _____

PRE POST CORE PROGRAMME (check one)

Use the guideline below to rate the behaviour and attitudes of the offender during interview and/or therapy. Remember that a middle score of "0" represents the minimum acceptable behaviour/attitudes. Less than acceptable behaviour should be rated -2 or -1; better than acceptable performance should be rated +1 or +2.

	-2 'VERY RISKY' ATTITUDE OR BEHAVIOUR	-1 'RISKY' ATTITUDE OR BEHAVIOUR	0 MINIMUM 'ACCEPTABLE' ATTITUDE OR BEHAVIOUR	+1 APPROPRIATE' ATTITUDE OR BEHAVIOUR	+2 VERY 'APPROPRIATE' ATTITUDE OR BEHAVIOUR	Enter a rating for each of the clinical scales
ACCEPTANCE FOR OFFENCE	Insists his innocence, denies any participation in the offence	Minimises his role, attributes blame to victim, situation & others	Admits guilt and his role as charged	Fully admits guilt, exonerates, victim of any blame or responsibility	Admits guilt, recognises deviant motivation for the offence	
INSIGHT FOR VICTIM	No understanding of victim issues, sees little/no physical or mental stress/impact	Some understanding but does not fully understand extent of physical/mental harm	Shows good understanding of victim issues relating to sexual abuse	Understands full extent of mental and physical harm and related impact on life	Full understanding including long term effects on victims family, spouse etc	
EMPATHY FOR VICTIMS	No understanding of the harm to their victims, seen as unharmed or enjoying the abuse	Little understanding, rationalising their victims coped OK, and are no worse for experience	Shows genuine empathy for the victims of his offence.	Shows full empathy/ understanding of the mental / physical harm to their victims	Shows full empathy / understanding, wishes to undo the long term harm caused	
ACCEPTANCE OF RESPONSIBILITY	Accepts little or no responsibility, blames victim, situation and others; does not see actions as deviant	Accepts partial responsibility claiming victim/situation also to blame, or claims 'one off situation	Accepts full responsibility for the offence and their behaviour	Accepts complete responsibility, sees need to seek help and change behaviour	Full responsibility, places no blame on victim, fully sees need to change to avoid offences	
RECOGNISE COGNITIVE DISTORTIONS	Totally fails to understand the role cognitive distortions play in their offending	Partially recognises cognitive distortions but only sees them as partially applicable	Recognises role of cognitive distortions relating to sexual offending behaviour	Recognises personal use of cognitive distortions, avoids/ challenges CD's	Fully understands CD's, active change of current / past distortions re:offence	
UNDERSTAND CONSEQUENCE	Fully minimises his role and any negative consequences.	Recognises some effect but minimises his role or the effect of their offending	Does not minimise the effects of his offending	Does not minimise, thinks about the wide range of impact with-out minimisation	Does not minimise, actively accepts all the consequences of their offending	
UNDERSTAND LIFE-STYLE DYNAMICS	Sees no relationship between his life-style and his sexual offending	Has partial understanding life-style and offence, but little / no need to change	Understands how his life-style relates to his offending	Recognises life-style dynamics, realises need to change in future.	Recognises life-style dynamics, actively seeks realistic ways to change, as a must	
UNDERSTAND OFFENCE CYCLE	Denies the crime was anything more than a spontaneous act, no precursors/ cycle	Unable to identify cycle, may claim lack of memory or only partially applicable	Recognises offence / deviant cycle and the relationship to their offending	Identifies cycle as related to his offence, begins thinking how to change cycle	Identifies cycle, actively seeks ways of interrupting cycle to avoid future offences	
UNDERSTAND RELAPSE PREVENTION CONCEPTS	No understanding of relapse prevention concepts, unwilling to accept avoidance of HRT's or HRS's	Shows only partial or superficial understanding, can't easily identify HRT's and HRS's	Shows a clear understanding of relapse prevention concepts as applied to sexual offending	Shows good understanding, able to actively relate concepts to his offence / release	Fully understands, able to understand proactive avoidance of HRT's & HRS's in the future	
WILLINGNESS TO DISCLOSE PERSONAL INFORMATION	Refuses to disclose personal information even if trivial, even when pressured	Reluctantly discloses personal information, which is usually trivial or superficial	Willing to disclose personal information as necessary	Willing to share most personal information and details	Openly shares and discusses intimate information in an open and receptive manner	
WILLINGNESS TO PARTICIPATE IN THERAPY	Does not participate in the group even when encouraged or cajoled to do so	Participates in group only when encouraged or cajoled to do so	Participates in group as required	Fully participates in the group, encourages other to do like-wise	Actively participates, encourages others, seeks understanding beyond limit of group	
MOTIVATION TO CHANGE BEHAVIOUR	Not motivated to change, no perceived genuine interest changing behaviour	Motivation to change; inconsistent, transient or inappropriate reason to change	Motivated to change his behaviour	Well motivated to change in consistent and enduring manner for safety of others	Consistently well motivated to change, actively encourages others	

PLEASE NOTE: This form is used to assess the overall level of risk that a sexual offender presents in terms of attitudes and behaviours that he has expressed. It is important that this form is completed by a trained member of the therapy team who knows the assessed individual well. For pre-treatment, rating should be based on the basis of assessment interview(s) / personal officer knowledge. Post treatment ratings should be completed by a member of the therapy teams who facilitated the individual's treatment program.

20. If a female sales clerk is trying to get you to buy a more expensive item than you want, would you:
- a) Ask to see the cheaper item but do not insist when she continues to show you the expensive one
 - b) Tell her firmly that you are not interested in the item and have her show you something else
 - c) Tell her you don't want that and become annoyed if she persists
 - d) Tell her to shut up and threaten her if she doesn't stop bugging you
 - e) Buy the item even though you don't want it
21. If a man made fun of you to the point where it became annoying, would you:
- a) Show your anger and be abusive to him
 - b) Say nothing to avoid a possible scene
 - c) Ask him to stop but say nothing more if he persisted
 - d) Express your annoyance firmly and ask him to stop
 - e) Become angry and try to hit him
22. If a woman at a party speaks to you but you don't want to talk to her, would you:
- a) Tell her to get lost and become abusive if she does not leave
 - b) Pretend to be interested rather than create a scene
 - c) Tell her politely that you wish to be alone and insist if she doesn't leave
 - d) Tell her you do not wish to speak with her and turn your back on her
 - e) Look disinterested but don't tell her you would rather be left alone

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. If, after leaving a store, you realise you have been short-changed by the male clerk, would you:

- a) Return and ask for the correct change and if necessary complain to the manager
- b) Return and tell the salesman he short-changed you and become abusive if he does not give you the change owing
- c) Go back and request the correct change but drop the matter if the salesman says it's too late to do anything about it
- d) Forget the matter rather than face possible embarrassment or trouble
- e) Go back and demand that he give you the change owing immediately and become threatening or physically violent if he refuses

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

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

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

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

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

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

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

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

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

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

SRI

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

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

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

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

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

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

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

UCLA - REL - IN

Please think about how your life is at the moment. Indicate how often during that period you felt the way described in each of the following statements. Circle one number for each.

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

SEQ

Please circle your choice

- | | | |
|--|-----|----|
| 1. Do you often wish you were someone else? | YES | NO |
| 2. Do you like the sort of person you are? | YES | NO |
| 3. Do you often feel ashamed of yourself? | YES | NO |
| 4. Do you understand yourself? | YES | NO |
| 5. Do you think you can make a success of your life? | YES | NO |
| 6. Are things all mixed up in your life? | YES | NO |
| 7. Are you pretty happy with the way you are? | YES | NO |
| 8. Do you have a low opinion of yourself? | YES | NO |

30. I am more shy than most people.
 Definitely true Mainly true Mainly False Definitely False
31. I am a friendly person.
 Definitely true Mainly true Mainly False Definitely False
32. At times I have wished that something bad would happen to someone I disliked.
 Definitely true Mainly true Mainly False Definitely False
33. I can hold people's interest easily.
 Definitely true Mainly true Mainly False Definitely False
34. I don't have much personality.
 Definitely true Mainly true Mainly False Definitely False
35. I am always attentive to the person I am with.
 Definitely true Mainly true Mainly False Definitely False
36. I am a lot of fun to be with.
 Definitely true Mainly true Mainly False Definitely False
37. I am quite content with myself as a person.
 Definitely true Mainly true Mainly False Definitely False
38. I am quite awkward in social situations.
 Definitely true Mainly true Mainly False Definitely False
39. There have been times when I felt like rebelling against people in authority, even though I knew they were right.
 Definitely true Mainly true Mainly False Definitely False
40. I do not feel at ease with other people.
 Definitely true Mainly true Mainly False Definitely False

15. I am quick to admit making a mistake.
 Definitely true Mainly true Mainly False Definitely False
16. I am a reasonably good conversationalist.
 Definitely true Mainly true Mainly False Definitely False
17. I am popular with people my own age.
 Definitely true Mainly true Mainly False Definitely False
18. I have always faced up to the bad as well as the good consequences of things I have done.
 Definitely true Mainly true Mainly False Definitely False
19. I am afraid of large parties.
 Definitely true Mainly true Mainly False Definitely False
20. I truly enjoy myself at social functions.
 Definitely true Mainly true Mainly False Definitely False
21. I usually say the wrong thing when I talk with people.
 Definitely true Mainly true Mainly False Definitely False
22. I sometimes feel resentful when I don't get my own way.
 Definitely true Mainly true Mainly False Definitely False
23. I am confident at parties.
 Definitely true Mainly true Mainly False Definitely False
24. I am usually unable to think of anything interesting to say to people.
 Definitely true Mainly true Mainly False Definitely False
25. I would never think of letting anyone else be punished for my wrong doing.
 Definitely true Mainly true Mainly False Definitely False
26. I am a bore with most people.
 Definitely true Mainly true Mainly False Definitely False
27. People do not find me interesting.
 Definitely true Mainly true Mainly False Definitely False
28. I am nervous with people who are not close friends.
 Definitely true Mainly true Mainly False Definitely False
29. I am quite good at making people feel at ease with me.
 Definitely true Mainly true Mainly False Definitely False

SOCIAL PERSONALITY INVENTORY

Please indicate how **TRUE** each of the following statements are, by circling one of the provided answers.

- | | | | | |
|---|-----------------|-------------|--------------|------------------|
| 1. I find it hard to talk to strangers | Definitely true | Mainly true | Mainly False | Definitely False |
| 2. I lack confidence with people. | Definitely true | Mainly true | Mainly False | Definitely False |
| 3. No matter who I'm talking to I'm always a good listener. | Definitely true | Mainly true | Mainly False | Definitely False |
| 4. I am socially effective. | Definitely true | Mainly true | Mainly False | Definitely False |
| 5. I feel confident in social situations. | Definitely true | Mainly true | Mainly False | Definitely False |
| 6. I am easy to like. | Definitely true | Mainly true | Mainly False | Definitely False |
| 7. I get along well with other people. | Definitely true | Mainly true | Mainly False | Definitely False |
| 8. I am always courteous, even to people who are disagreeable. | Definitely true | Mainly true | Mainly False | Definitely False |
| 9. I make friends easily. | Definitely true | Mainly true | Mainly False | Definitely False |
| 10. I am lively and witty in social situations. | Definitely true | Mainly true | Mainly False | Definitely False |
| 11. I sometimes try to get even, rather than to forgive and forget. | Definitely true | Mainly true | Mainly False | Definitely False |
| 12. When I am with other people I lose self-confidence. | Definitely true | Mainly true | Mainly False | Definitely False |
| 13. I find it difficult to make friends. | Definitely true | Mainly true | Mainly False | Definitely False |
| 14. I am no good at all from a social standpoint. | Definitely true | Mainly true | Mainly False | Definitely False |

- | | | | | | | |
|-----|---|-----------|---------------|-----------------|-------------|------------|
| 80. | I find it easy to talk to children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 81. | Children seem to seek me out. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 82. | Some children make me feel 'funny' inside. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 83. | Newspapers and television stir up adults' interest in children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 84. | I can talk about my feelings to children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 85. | Some of my closest friends have been children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 86. | When I am feeling unwell I sometimes feel cross. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |

64. I am better than most people at understanding children.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
65. I am better than most people at getting along with children.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
66. I have loved a child.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
67. Children can lead adults astray.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
68. Now and then I put off until tomorrow what I can do today.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
69. There is no harm in sexual contact between children and adults.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
70. There are some people who I do not like.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
71. People under-estimate how much children know about sex.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
72. Some children could teach adults about sex.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
73. If children want, they should have sexual contact with adults.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
74. Children can make me do things against my will.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
75. When I'm feeling low, children cheer me up.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
76. I find my table manners aren't as good at home as they are when I'm with company.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
77. Some children prefer to be with me rather than their parents.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
78. Children are very attractive.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
79. Girls are like women.
 Very true Somewhat true Somewhat untrue Very untrue Don't know

48. I always read the editorial in the newspaper.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
49. Many adults have a sexual interest in children.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
50. There is too much talk about children and sex.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
51. Children flirt with adults.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
52. Children can lead adults on.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
53. Children can look after themselves.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
54. Sometimes I gossip.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
55. Some children find me attractive.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
56. When a child smiles at me it can make me feel odd inside of myself.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
57. I know what children like.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
58. Children remind me of myself.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
59. I feel more comfortable with children than with adults.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
60. Children speak with their eyes.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
61. Sometimes I meet a child who has special feelings about me.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
62. Children sometimes ask adults for sex.
 Very true Somewhat true Somewhat untrue Very untrue Don't know
63. I would rather win than lose a game.
 Very true Somewhat true Somewhat untrue Very untrue Don't know

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|-----|---|-----------|---------------|-----------------|-------------|------------|
| 32. | Children know what they want. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 33. | Children want sexual contact with adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 34. | There is nothing wrong with sexual contact between children and adults if the child agrees to it. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 35. | Sometimes I laugh at a 'dirty' joke. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 36. | Children can be trusted. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 37. | Children are special for me. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 38. | Children find me easy to make friends with. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 39. | I always tell the truth. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 40. | Children are not as innocent as most people think. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 41. | When adults and children have sexual relationships it is not always the adult's fault. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 42. | If children want, they should be allowed to have sexual relationships with adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 43. | Most sexual contact between adults and children does not cause any harm. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 44. | Children tell lies about adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 45. | Children can blackmail adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 46. | Society is hypocritical in its attitude to children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 47. | Adults cannot be trusted. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |

- | | | | | | | |
|-----|--|-----------|---------------|-----------------|-------------|------------|
| 16. | Thinking about children makes me feel good. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 17. | I know when children are interested in me. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 18. | Children are more honest than adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 19. | Children know a lot about sex. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 20. | Some children know more about sex than adults. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 21. | Society does not give children enough responsibility. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 22. | Children tease me. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 23. | Sometimes children look at me in a special way. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 24. | I know how to talk to children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 25. | People don't know what children are like. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 26. | I love children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 27. | I think about children when I am alone. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 28. | Children stop me feeling lonely. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 29. | I am good at making children laugh. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 30. | I know more about some children than their parents do. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 31. | I sometimes feel like swearing. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |

QUESTIONNAIRE

Please circle your answer

- | | | | | | | |
|-----|---|-----------|---------------|-----------------|-------------|------------|
| 1. | Children feel safe with me. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 2. | Children like my company. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 3. | I get angry sometimes. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 4. | Children like to play with me. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 5. | I envy children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 6. | Some children make me feel very good. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 7. | I sometimes get strange feelings when I'm with children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 8. | I find it hard to resist children's requests. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 9. | Children like to talk about sex. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 10. | I sometimes think of things that are too bad to talk about. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 11. | Children are powerful. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 12. | I prefer to spend time with children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 13. | I talk to children about my problems. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 14. | Most adults do not understand children. | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |
| 15. | I have loved children at first sight | Very true | Somewhat true | Somewhat untrue | Very untrue | Don't know |

continued...

24. People who refuse to fight for their country in time of war should be shot

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

25. Most people are basically good and kind

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

26. Women should be given equal opportunity with men for apprenticeship in various trades

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

27. There is no excuse for lying to someone else

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

28. Britain is the best country in Europe

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

29. In general, the father should have greater authority than the mother in bringing up the children

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

30. Other countries will only treat Britain with respect if we have a powerful army

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

31. It would be best to keep black people in their own districts and schools so as to prevent too much contact with whites

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

32. The modern girl is entitled to the same freedom from regulation and control that is given to the modern boy

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

12. A woman should be as free as a man to propose marriage

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

13. You should support your country even if you think it is wrong

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

14. Honesty is the best policy in all cases

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

15. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

16. It is safest to assume that all people have a vicious streak that will come out given a chance

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

17. Many other countries are probably as good as ours

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

18. Black people born in Britain are just as British as whites born here

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

19. Women earning as much as their boyfriends should pay equally when they go out together

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

20. You should only tell people the real reason that you did something if it is useful to do so

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

21. Children today need more discipline

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

22. Most people are easy to deceive

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

23. It is ridiculous for a woman to drive a train or a man to darn socks

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

OPINIONS QUESTIONNAIRE

Please indicate how much you agree or disagree with each of the following statements by drawing a circle around one of the provided answers.

1. Swearing and obscenity are more repulsive in the speech of a woman than of a man.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

2. Jews are as valuable citizens as any other group

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

3. When women work outside the home men should share in household tasks such as washing dishes and doing the laundry

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

4. Britain should get rid of all its nuclear weapons now

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

5. Anyone who completely trusts someone else is asking for trouble

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

6. Drunkenness amongst women is worse than drunkenness amongst men

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

7. War is always wrong

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

8. It is insulting to women to have the "obey" clause remain in the marriage ceremony

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

9. It would be a mistake to have black people as foremen over whites

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

10. Women should worry less about their rights and more about becoming good wives and mothers

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

11. Nearly all Jews are money-hungry

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

32. Even if the child suggests that s/he have a sexual relationship with a man, the man should be punished if he has sex with her/him.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

33. Children are harmed more by the people who react badly to them disclosing about a sexual relationship with a man, than the sexual activity itself.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

34. An adult having sex with a child will always hurt the child in some way.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

35. If a child is a prostitute and sells her/his body for profit then a man who has sex with her/him should not be punished.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

36. Children are not as innocent and naive about sexual matters as some people think they are.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

37. Nowadays it is not so bad to have a sexual relationship with someone who is underage because kids know so much more about sex than they used to.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

38. Children are pretty smart and if they act in a sexual manner they know very well that they are suggesting sex.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

21. Merely fondling a child or having oral sex is not as bad as having sexual intercourse with a child.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

22. You can't blame a man for having sex with his child if his wife doesn't satisfy him sexually.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

23. If an adult has sex with a child who enjoys it and seems to want it, it shouldn't be considered a crime.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

24. Children are old enough to decide whether or not they want to have sex with someone.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

25. Having sex with a child is a way of expressing your love and affection for that child.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

26. If you are taking care of a child by feeding them and clothing them you have a right to expect sexual favours in return.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

27. A father has a right to have sex with his own daughters.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

28. Having sex with a child is a good way to teach them about sexuality.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

29. Many children benefit from having sex with an adult.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

30. It is okay to have sex with a child as long as you don't force the child into it.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

31. Sexually molesting a child is the worst crime that a man could do.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

11. Sex between adults and children is quite natural and healthy and it is only because of the repressive rules of our society that men are punished for doing this.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

12. It is far better for young people to have their first sexual experience during childhood with an adult, than to risk what is sure to be an unpleasant sexual experience with someone their own age when they are a teenager.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

13. Having any sexual experience with a child is always wrong.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

14. When an adult is caught having sex with a child it is rarely the first time for that child; *she/he has usually had sex with others before.*

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

15. Although children are usually co-operative partners in sex with adults, they often report the man because *they are afraid they will get into trouble.*

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

16. A father should be allowed to have sex with his daughter if she consents to it.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

17. A man can't help having sex with a child if the child acts in a provocative manner.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

18. Having sex with a child is really not all that bad because it doesn't really harm the child.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

19. When you consider all the crimes a person could commit, having sex with a child is not all that bad.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

20. It is all right for a father to have sex with his daughter to prepare her for her husband.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

SwCh

Please indicate how much you **agree** or **disagree** with each of the following statements by circling one of the provided answers.

1. If a child willingly goes into the home of a man s/he does not know well, then the *man can hardly be blamed for thinking s/he wants to have sex.*

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

2. Children actually enjoy sex with a man if the man is nice to them.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

3. Most children actually enjoy sex with an adult so long as the man does not hurt them.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

4. Many children are sexually seductive towards adults.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

5. Children enjoy sexual attention from adults.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

6. Men who have sex with children are usually led into it by the child.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

7. Children could easily resist the advances of an adult if they really wanted to.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

8. If a child willingly sits on an adult man's knee then it is the child's fault if the man touches her/him sexually.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

9. Children who do not wear underwear and who sit in a way that is revealing are suggesting sex.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

10. Children who are unloved by their parent are actually helped by men who have sex with them.

Strongly Agree Mildly Agree Mildly Disagree Strongly Disagree

9 Most women only want to have sex with someone they love.

Strongly agree Agree Disagree Strongly Disagree

10 Nobody deserves to be raped, however provocatively they may have behaved.

Strongly agree Agree Disagree Strongly Disagree

11 Many women have an unconscious wish to be raped, and may unconsciously set up situations in which they are likely to be attacked.

Strongly agree Agree Disagree Strongly Disagree

12 If a woman gets drunk at a party and has sex with a man she's just met there, she should be considered "fair game" to the other males at the party who want to have sex with her too, whether she wants to or not.

Strongly agree Agree Disagree Strongly Disagree

13 In the majority of rapes the victim is promiscuous or has a bad reputation.

Strongly agree Agree Disagree Strongly Disagree

14 If a girl engages in "necking" or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.

Strongly agree Agree Disagree Strongly Disagree

15 Afterwards, women who have been raped often feel a powerful sexual attraction towards the man who raped them.

Strongly agree Agree Disagree Strongly Disagree

16 Any healthy woman can successfully resist a rapist if she really wants to.

Strongly agree Agree Disagree Strongly Disagree

17 Women who get raped when hitchhiking get what they deserve.

Strongly agree Agree Disagree Strongly Disagree

WMN

Please indicate how much you agree or disagree with each of the following statements by circling one of the provided answers.

1 A woman who agrees to go back to a man's flat "for coffee" at the end of their first date implies that she is willing to have sex.

Strongly agree Agree Disagree Strongly Disagree

2 Men generally enjoy sex much more than women.

Strongly agree Agree Disagree Strongly Disagree

3 Any female can get raped.

Strongly agree Agree Disagree Strongly Disagree

4 Many women secretly would like to be raped.

Strongly agree Agree Disagree Strongly Disagree

5 One reason that women report a rape is that they frequently have a need to draw attention to themselves.

Strongly agree Agree Disagree Strongly Disagree

6 A woman who has been raped will generally feel contempt for the man who has raped her.

Strongly agree Agree Disagree Strongly Disagree

7 Whatever they may feel to start with, many women can't help becoming sexually excited during a rape.

Strongly agree Agree Disagree Strongly Disagree

8 When women go around wearing short skirts or tight tops they are asking for trouble.

Strongly agree Agree Disagree Strongly Disagree

Background Information.

Age:.....

Are you a Parent ?.....

Are you in employment ?.....

Ethnic Origin ?.....

Have you ever been convicted of a sexual offence?

Thank-you.

References.

- Abel, G. G., & Rouleau, J. L. (1990). The Nature and Extent of Sexual Assault. In Marshall, W.L., Laws, D. and Barbaree,H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Abel, G.G., Becker, J.V., Mittelman, M.S., Cunningham-Rather, J., Rouleau,-L, & Murphy, W.D. (1987). Self-reported sex crimes of non-incarcerated paraphiliacs. Journal of interpersonal violence, 2(6), 3-25.
- B.P.S. (1993). Code of Conduct, Ethical Principles & Guidelines. The British Psychological Society.
- Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall
- Barbaree, H. L., Marshall, W. L. & Lanthier, R.D. (1979). Deviant Sexual Arousal in Rapists. Behavior Research and Therapy, 17, 215-222.
- Barbaree, H.E. (1990). 'Stimulus Control of Sexual Arousal: Its role in Sexual Assault', in Marshall, W.L., Laws, D. and Barbaree,H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Barbaree,H.E., & Marshall, W. L. (1989). Erectile responses amongst heterosexual child Molesters, father-daughter incest offenders and matched nonoffenders: Five distinct age preference profiles. Canadian Journal of Behavioural Science, 21, 70-82.
- Becker, J. V. and Stein, R.M. (1991). Is Sexual Erotica Associated with Sexual Deviance in Adolescent Males? International Journal of Law and Psychiatry 14: 85-95.
- Beckett, R. (1996) Kids and Sex Questionnaire 1996 version. unpublished.

- Beckett, R. C., Beech, A., Fisher, D., & Fordham, A.S. (1994). Community Based Treatment for Sex Offenders: An Evaluation of Seven Treatment Programmes, London: HMSO.
- Beckett, R.C. (1989). Kids and Sex Questionnaire. unpublished.
- Blashfield, R.K. (1980). Propositions regarding the use of cluster analysis in clinical research. Journal of Consulting and Clinical Psychology, 48, 456-459.
- Bremer, J. (1959). Asexualisation: a follow up of 244 cases. NY: MacMillan.
- Browne, A. and Finkelhor, D. (1986). Initial and long-term effects: A review of research. In Finkelhor, D. A Sourcebook of Child Sexual Abuse. Beverly Hills, CA: sage pp 143-79.
- Brownmillar, S. (1975). Against our will: Men, Women and Rape. New York: Simon and Schuster.
- Burt, M.R. (1980). Cultural myths and supports for rape. Journal of Personal and Social Psychology, 38,217-230.
- Cahill, C., Llewelyn, S.P. and Pearson, C. (1991). Treatment of Sexual Abuse which occurred in Childhood: A Review. British Journal of Clinical Psychology. 30: 1-12.
- Caparulo, F. (1991). Identifying the developmentally disabled sex offender. Sexuality and Disability. 9(4), 311-322.
- Christie, R. and Geis, F.L (1970). unquoted source.
- Cohen, J. (1969). Statistical Power Analysis for the Behavioural Sciences. New York: Academic Press.

- Darke, J. L. (1990). 'Sexual Aggression: Achieving Power Through Humiliation.', in Marshall, W.L., Laws, D. and Barbaree,H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Darke, J.L. (1990). Sexual Aggression: Achieving Power Through Humiliation. In Marshall, W.L., Laws, D. and Barbaree,H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Earls, C.M., & Marshall, W. L. (1983). The current state of technology in the laboratory assessment of sexual arousal patterns. In J. G. Greer & I. R. Sturt (eds.), The Sexual Aggressor: Current perspectives on treatment, pp 267-289. New York Van Nostrand Reinhold.
- Eysenck, H.J. and Eysenck, S.B.G. (1975). Eysenck Personality Questionnaire. Seven Oaks: Hodder and Stoughton.
- Eysenk, H. J. (1987). Personality theory and the problems of criminality, In B.J. McGurk, D.M. Thornton and M. Williams (eds.) Applying Psychology to Imprisonment: Theory and Practice, pp 29-58. London HMSO.
- Finkelhor, D. (1979). Psychological, cultural and family factors in incest and family sexual abuse. Journal of Marriage and Family Counselling, 4, 41-49.
- Finkelhor, D. (1979). Sexually Victimized Children. New York: Free Press.
- Finkelhor, D. (1984). Child sexual abuse. NY:The Free Press.
- Finkelhor, D. (1986). A Sourcebook on Child Sexual Abuse. Sage.
- Fisher, D. (1994). Adult Sex Offenders. Who are they? Why and how do they do it? in Morrison, T., Erooga, M. and Beckett, R.C. (eds) Sexual Offending Against Children. Routledge.

- Freud, S. (1948). Three Contributions to the Theory of Sex. 4th edn, NY: Mental Disease Monographs.
- Freund, K. (1990). Courtship Disorder. In Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY: Plenum.
- Garlick, Y. (1992). Intimacy failure loneliness and the attribution of blame in sexual offending. In S. Boddis (ed.) Prison Service Psychology Conference: Conference Proceedings. Scarborough, Yorkshire, England: HMSO, pp 53-56.
- Goodman, R.E. (1987). 'Genetic and Hormonal factors in human sexuality: Evolutionary and Developmental Perspectives', in Wilson, G.D. (ed.) Variant Sexuality: Research and Theory. Baltimore, MD: John Hopkins University Press.
- Hall, E.R., Howard, J.A., & Boezio, S.R. (1986). Tolerance of rape: A sexist or antisocial attitude? Psychology of Women Quarterly, 10, 101-108.
- Harmon, G.A., Owens, R.G., Dewey, M.E. (1995) Rapists versus non-rapists attitudes towards women: A British Study. International Journal of Offender Therapy and Comparative Criminology 39(3), 269-275.
- Heim, H. (1981). Sexual behaviour of castrated sex offenders. Archives of sexual behaviour, 10, 10-11.
- Heimberg, R.G. & Becker, R.E. (1981). Cognitive and behavioural models of assertive behaviour: Review analysis and integration. Clinical Psychology review, 1, 353-373.
- Herman, J.L. (1981). Father-daughter incest. Cambridge, MA: Harvard University Press.

- Herman, J.L. (1990). 'Sex Offenders: A Feminist Perspective.', in Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Hodkinson, S.M. (1990). The perception of consent to sexual contact in children: Child Molesters vs. nonoffenders. Unpublished masters thesis, York University, Toronto.
- Hogue, T. E. (1993). Goal Attainment Scaling: A measure of clinical impact and risk assessment with sexual offenders. Paper presented at the 3rd Annual Conference of the British Psychological Society, Division of Criminal and Legal Psychology, Harrowgate, North Yorks, England.
- Hogue, T.L. (1992). Sex Offense Information Questionnaire: Scoring and sub-scale development. unpublished.
- Home Office (1995). Criminal Statistics. London HMSO
- Howell, D. C. (1982). Statistical Methods for Psychology. Duxbury Press: Boston Massachusetts.
- Hucker, S.J. & Bain, J. (1990). 'Androgenic Hormones and Sexual Assault.', in Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Jehu, D. (1988). Beyond Sexual Abuse: Therapy with Women who were Childhood Victims. Chichester: Wiley.
- Jehu, D. (1991). Clinical Work with Adults who were Sexually Abused in Childhood. in Hollin, C.R. and Howells, K. (eds) Clinical Approaches to Sex Offenders and Their Victims. John Wiley & Sons Ltd.

Jones, C., & Aronson, E. (1973). Attribution of fault to a rape victims a function of respectability of the victim, Journal of Personality and Social Psychology, 26, 415-419.

Kaplan, M.S. (1985). The impact of parolees perceptions of confidentiality on the reporting of their urges to interact sexually with children. Unpublished doctoral dissertation, New York University.

Kelly, G.A. (1955). A Theory of Personality-the Psychology of Personal Constructs. New York: Norton

Kelly, H.H. (1973). The process of causal attributions. American lists, 28, 107-128.

Kindsey, A., Pomperoy, W.B., & Martin, C.E. (1948). Sexual Behavior in the Human Male. Philadelphia: Saunders.

Knight, R.A. & Prentky, R.A. (1990). 'Classifying Sexual Offenders: The development and Corroboration of Taxonomic Models.', in Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY: Plenum.

Knight, R.A., Roff, J.D. & Schneider, B. (1985). 'Classification of sexual offenders: Perspectives, methods and validation.', in Burgess (ed.), Rape and Sexual Assault: A research Handbook. pp. 222-293. NY: Garland Publishing.

Koss, M., Gidycz, C., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression in a national sample of higher education students. Journal of Consulting and Clinical Psychology, 55, 162-170.

Kraemer, H.C., & Thiemann, S. (1987). How many subjects? Statistical Power Analysis in Research. Newbury Park, CA: Sage.

- Langevin, R. (1990). 'Sexual Anomalies and the Brain.', in Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Langevin, R., & Martin, M. (1975). Can erotic responses be classically conditioned? Behavior Therapy 6, 350-355.
- Laws, D.R. & Marshall, W.L. (1990). 'A Conditioning Theory of the Etiology and Maintenance of Deviant Sexual preference and Behaviour.', in Marshall, W.L., Laws, D. and Barbaree, H. (eds.) Handbook of Sexual Assault NY:Plenum.
- Lerner, M.J. (1970). The desire for justice and reactions to victims, In J. Macaulay & L. Berkowitz (eds.) Altruism and Helping Environment, New York Academic Press.
- Lerner, M.J. and Simmons, C.H., (1966). The observer reaction to the 'innocent victim', compassion or rejection? Journal of Personality and Social Psychology. 4, 203-210.
- Levine, R.A. (1959). Gussii sex offenses: a study in social control. American Anthropologist, 61, 965-90.
- Lipton, D.N., McDonel, E.C. & McFall, R.M. (1987). Heterosocial perception in rapists. Journal of Consulting and Clinical Psychology, 55, 17-21.
- Malamuth, N.M. (1981). Rape Proclivity among males. Journal of Social Issues, 37, 138-157.
- Marshall, P.G., Keltner, A.A., & Marshall, W.L. (1981). Anxiety reduction, assertiveness training and enactment of consequences. Behaviour Modification, 5, 85-102.

- Marshall, W.L. (1988). The use of explicit sexual stimuli by rapists, child molesters and nonoffenders males. Journal of Sex Research, 25, 267-288.
- Marshall, W.L. (1996). Assessment, treatment and theorising about sex offenders: Developments during the last twenty years and future directions. Criminal Justice and Behaviour, 22, 162-199.
- Marshall, W.L., Christie, M.M. (1982). The enhancement of social self-esteem. Canadian Counsellor, 16, 90-96.
- Marshall, W.L., Barbaree, H.E., & Fernandez, Y.M. (1995). Some aspects of social competence in sex offenders. Sex Abuse: A Journal of Research and Treatment, 7, 113-127.
- McHoskey, J. (1995). Narcissism and Machiavellianism. Psychological Reports, 77, 755-759.
- McKay, M.M., Chapman, J.W. & Long, N.R. (1996). Causal attributions for criminal offending and sexual arousal: Comparison of child sex offenders with other offenders. British Journal of Clinical Psychology 35, 63-75.
- Millham, S. (1986). in Patterns and Outcomes in Child Placement. HMSO
- Murphy, W.D. & Barbaree, H.E. (1988). Assessments of sexual Offenders by measures of erectile response: An examination of their psychometric properties. Washington, DC: National Institute of Mental Health, Antisocial and Violent Behaviour Program Branch.
- Nabokov, V. (1966). Lolita. NY: Berkley Medallion.
- National Centre on Child Abuse and Neglect (NCCAN) (1981). Study of National Incidence and Prevalence of Child Abuse and Neglect. Washington, DC: US Department of Health and Human Services.

- Nichols, H.R. and Molinder, I. (1884), The Multiphasic Sex Inventory (Available from Nichols and Molinder, 437 Bowes Drive, Tacoma, Wa 98466).
- Northern Ireland Research Team (1991). Child Sexual Abuse in Northern Ireland. Belfast: Greystone.
- O'Callaghan, D., & Print, B. (1994). Adolescent sexual abusers: research, assessment and treatment. In Morrison, T., Erooga, M. and Beckett, R.C. (eds) Sexual Offending Against Children. Routledge.
- Oppenheimer, R., Palmer, L., & Brandon, S. (1984). A clinical evaluation of early abusive experiences in adult anorexic and bulimic females: Implications for preventative work in childhood. Paper presented to the fifth Congress on Child Abuse and Neglect, Montreal.
- Overholster, J.C. & Beck, S. (1986). Multimethod assessment of rapists, child molesters and three control groups on behavioural and psychological measures. Journal of Consulting and Clinical Psychology, 54, 682-687.
- Plummer, K. (1984). Sexual Diversity: A sociological perspective. In K. Howells (eds.) The psychology of sexual diversity pp 219-253. Oxford, UK: Blackwell.
- Quinn, J.L., Harbison, J., & McAllister, H. (1970). An attempt to shape human penile responses. Behaviour Research and Therapy, 8, 27-28.
- Quinsey, V.L. (1986). 'Men who have sex with children', in Weisstub, D.N. (ed.), Law and mental health: International perspectives (vol. 1., pp. 84-121). NY: Pergamon Press
- Quinsey, V.L., & Marshall, W.L. (1983). Procedures for reducing inappropriate sexual arousal: An evaluation review. In J. G. Greer & I. R. Sturt (eds.), The

Sexual Aggressor: Current perspectives on treatment, pp 267-289. New York Van Nostrand Reinhold.

Ramanaiah, N.V., Byravan, A., & Detwiler, F.R.J. (1994). Revised NEO Personality Inventory: profiles of machiavellian and non-machiavellian people. Psychological Reports, 75, 937-938.

Russel, D. E. H. (1986). The Secret Trauma: Incest in the Lives of Gilrls and Women. New York: Basic Books.

Russell, D., Peplau, L.A., & Cutrona, C.A. (1980). The revised UCLA loneliness scale: concurrent and discriminant validity evidence. Journal of Personality, 39, 472-480.

Russell, D.E.H. (1984). Sexual exploitation. Beverly Hills, CA:Sage.

Russell, D.E.H. (1988). Pornography and Rape: A causal model. Political Psychology, 9, 41-73.

Sanday, P.R. (1981). The socio-cultural context of rape: A cross-cultural study. Journal of Social Issues, 37, 5-27.

Schaefer, H.H. & Colgan, A.H. (1977).The effects of pornography on penile tumescence as a function of reinforcement and novelty. Behaviour Therapy, 8, 938-946.

Segal, Z.V. & Stermac, L.E. (1984). A measure of rapists attitude towards women. International Journal of Law and Psychiatry

Seligman, M.E.P. (1971). Phobias and Preparedness. Behaviour Therapy, 2, 307-320.

Silbert, M.H. and Pines, A.M. (1981). Sexual Abuse as an antecedent to prostitution. Child Abuse and Neglect 5, 407-411.

Smith, G. (1994). 'Parent, Partner, Protector: conflicting role demands for mothers of sexually abused children.', in Morrison, T., Erooga, M. & Beckett, R.C. (eds.) Sexual offending against Children: Assessment and Treatment of male Abusers. Routledge.

Smith, G. (1995). Womens Press. London.

Spence, J.T, Helmreich, R., & Stapp, J. (1973). A short version of the attitudes towards women scale. Bulletin of the Psychometric Society, 2, 219-220.

Stevens, J (1986). Applied Multivariate Statistics for the Social Sciences. Hillsdale, NJ: Lawrence Erlbaum pp436-440.

Stille, R.G., Malamuth, N. & Schallow, J.R. (1987). Prediction of rape proclivity by rape myth attitudes and hostility towards women. Paper presented at the annual meeting of the American Psychological Association, New York.

The Children Act (1989). London: HMSO

Thornton, D. (1997). Comments on Counterblast BBC 2 documentary.

Thornton, D. (1992). Core Programme Assessment Package. London: Programme Development Section, HM Prison Service.

Virkkunen, M. (1981). 'The child as participating victim.', in Cook, M. & Howells, K. (eds.), Adult sexual interest in children (pp 121-138). Toronto : Academic Press.

Wolf, S.C. (1984). A Multifactor Model of Deviant Sexuality , a paper presented at Third International Conference on Victimology, Lisbon.

Wyatt, G. E. (1985). The Sexual Abuse of Afro-American and White American Women in Childhood. Child Abuse and Neglect. 9: 507-19.

Wyatt, G. E. and Peters, S.D. (1986). Issues in the definition of child sexual abuse in prevalence research. Child Sexual Abuse and Neglect, 10, 231-240.

Wydra, A., Marshall, W. L., Earls, C. M., & Barbaree, H. E. (1983). Identification of cues and control of sexual arousal by rapists. Behaviour Research and Therapy, 21, 469-476.

Wyre, R. (1987). Working with Sex Abuse. Oxford, Perry.

Zuckerman, M., (1975). Belief in a just world and altruistic behaviour, Journal of Personality and Social Psychology, 31, 972-976.