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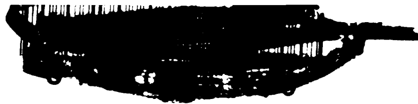

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AN EVALUATION OF A TREATMENT PROGRAM FOR

IMPRISONED CHILD SEX OFFENDERS

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Theresa Joan Anderson-Varney

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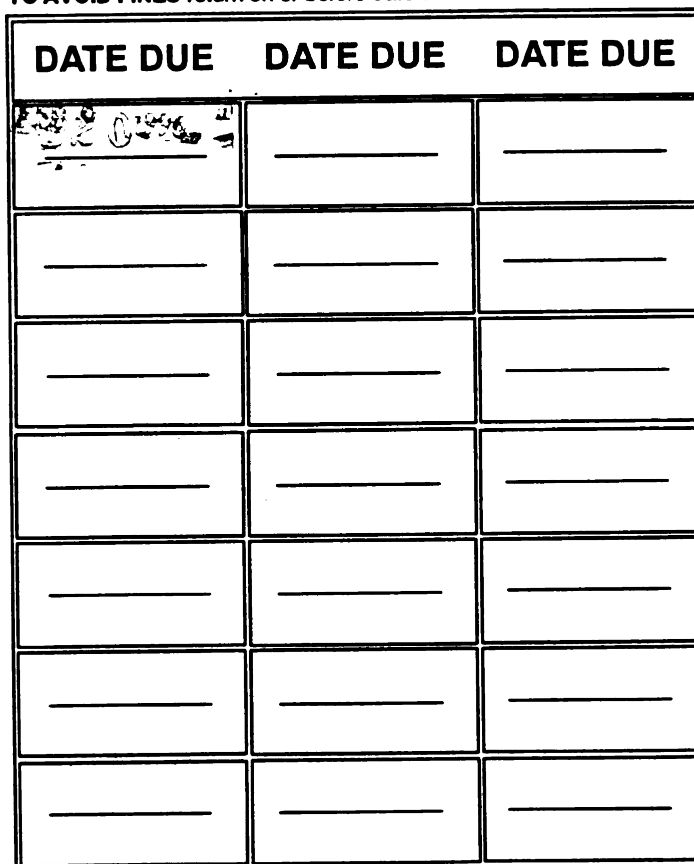

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AN EVALUATION OF A TREATMENT PROGRAM FOR IMPRISONED CHILD SEX OFFENDERS

by

Theresa Joan Anderson-Varney

A DISSERTATION

Submitted to

Michigan State University

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

Department of Clinical Psychology

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ABSTRACT

AN EVALUATION OF A TREATMENT PROGRAM
FOR IMPRISONED CHILD SEX OFFENDERS

by

Theresa J. Anderson-Varney

This study evaluated the effectiveness of three components (social skills training, sex education, and cognitive restructuring) of a behavioral treatment program for child sex offenders. The purpose was to determine its utility in a prison setting. In addition, observations were made about self-esteem, attitudes toward women, and history of sexual abuse. Sixty child sex offenders imprisoned in one prison in southern Michigan were randomly selected and assigned to either treatment or control conditions. All subjects were assessed on measures of heterosocial skills, cognitive distortions, sexual anxiety, sexual knowledge, self-esteem, arrested development/immaturity i.e., victim stance, history of sexual abuse, and patriarchal attitudes toward women. The 30 individuals selected for the treatment component experienced 5-1 1/2 hour sessions each of social skills training, sex education, and cognitive restructuring. At posttreatment all subjects were tested using the same measures. The treatment program was successful in improving social skills and sexual knowledge. It was

partially successful in cognitive restructuring. The program was not successful in reducing sexual anxiety. Ninety-five per cent of the sample reported experiencing sexual abuse as a child. They were also found to be immature and to hold patriarchal attitudes toward women.

DEDICATION

To my mother and father, Joan Lois and Joseph Wallace Varney, who kindled the initial spark in my quest for understanding..... and to Sharon Lee Bradt and Susan Joan Varney who never swayed in their support of and belief in me.

ACKNOWLEDGEMENTS

I would like to express my appreciation to many wonderful people for their support and assistance throughout my Doctoral program.

I am especially indebted to the members of my Doctoral Committee without whose continuing encouragement and guidance this study would not have been possible.

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I would also like to express my appreciation to Warden John Makowski who believed in and supported this project from beginning to end.

I am also indebted to the staff at the Ionia Temporary Facility who offered advice and support and always made me feel welcome and part of the team.

It is my sincere hope that the understanding gained

through the findings of this study will repay both Department Officials and inmate subjects for their time and effort. There is a need, expressed by both, for treatment programs for child molesters. Let us hope the process has begun.

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INTRODUCTION

There are many definitions for child molestation. Each investigator uses something different depending on his or her views of its causes and manifestations. Lanyon's (1986) definition seems broad enough to be accurate. He suggests that child molesters can be defined as "older persons whose conscious sexual desires and responses are directed, at least in part, toward dependent, developmentally immature children and adolescents who do not fully comprehend these actions and are unable to give informed consent" (p. 176). Child molestation is associated with a serious risk to the child's well-being and psychological, moral, and/or social development.

The Council on Scientific Affairs of the American Medical Association has recommended that child sexual abuse be defined as the sexual "exploitation of a child for gratification or profit of an adult" (p. 798), noting that child sexual abuse often does not involve sexual intercourse or physical force. The Council says that sexual abuse ranges from exhibitionism and fondling, to intercourse or use of a child in a production of pornography.

Adding to the confusion is the term pedophilia. Often, pedophilia, which literally means love of children, is used synonymously with child sexual abuse. The terms

pedophile and pedophiliac suggest that a mental disorder is present; child molester refers to the perpetrator of a more general sexual maltreatment of children and does not mean that a mental illness exists. The DSM-III-R offers the following definition:

A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).

B. The person has acted on these urges, or is markedly distressed by them.

C. The person is at least 16 years old and at least 5 years older than the child or children in A (p. 285).

The DSM-III-R states that a person meeting these three criteria may be considered a pedophile. That is, pedophilia is a mental disorder that can be subsumed under the term child molester - all pedophiles are child molesters, but not all child molesters are diagnostically viewed as pedophiles.

Estimates of the number of cases of child sexual abuse in the United States range from 100,000 to 500,000 cases per year (Council on Scientific Affairs of the American Medical Association, 1985; Moore, 1984). These figures, however may underreport the problem, and they do

not indicate whether the incidence of child sexual abuse is increasing or decreasing, although most investigators are convinced that acts of child molestation are steadily increasing (Finkelhor, 1987).

According to the American Humane Association, there were an estimated 123,000 reproted cases of child sexual abuse in the United States in 1985 (American Humane Association, 1987). Insight may be gained by considering the findings of several of the most recent and representative studies. The first, a study of more than 900 randomly selected women, age 18 and older, from the San Francisco area, found that 38% of the women reported that they had had at least one experience of sexual abuse prior to age 18, and 28% reported at least one such experience before age 14. Less than 6% of these cases were reported to the police (Russell, 1983, 1986).

One study examined the prevalence of child sexual abuse among Afro-American and White-American women in Los Angeles. Wyatt (1985) surveyed 248 women and found that 62% reported at least one incident of child molestation before the age of 18. Fifty-seven per cent of the Afro-American women reported some form of sexual abuse, while 67% of the White-American women claimed that they were sexually molested.

Studies have not been limited to the United States. Mrazek, Lynch, and Bentovim (1983) mailed questionnaires

to nearly 1,600 family doctors, police surgeons, pediatricians, and child psychiatrists to determine the frequency of child molestation in the United Kingdom. A range from 16% (among family doctors) to 56% (among police surgeons) responded that they had seen cases of child sexual abuse. These researchers estimated that about one child in 6,000 per year and three children in 1,000 over the entire span of childhood have been reported to be sexually abused in the United Kingdom.

A study conducted by Abel et al. (1987) has helped to illuminate the tremendous effect that sexual abusers have had on their victims. These researchers conducted structured clinical interviews with over 400 nonincarcerated child molesters to determine the onset and frequency of the subjects' sex offenses. Working under a federal contract, the resarchers were protected by a government certificate of confidentiality that exempted them from the requirements of reporting patients for sexual crimes. Because of this exemption, the research findings have been highly regarded. It is believed that these results were not biased by the child molester's frear of legal repercussions. However, these findings have not yet been replicated or independently confirmed. Abel and his colleagues (1987) concluded that child molesters come from every segment of society, appearing in representative numbers in every religious, ethnic,

educational, and socioeconomic group.

The most impressive finding, according to these researchers, is the high frequency of paraphilic acts committed by the sex offenders. To sum up the findings, both the number of victims and the total number of moilestations must be taken into account. The molesters who targeted boys outside the home had a surprisingly large number of citims (150.2) compared with those who molested girls outside the home (19.8), with those who molested boys inside the home (1.7), or with those who molested girls inside the home (1.8). The mean number of pedophilic acts per offender disclosed by these nonincarcerated sex offenders reflected the greater frequency of offenses committed by those child molesters who targeted boys outside the home; nonincest male targets --281.7; nonincest female targets --23.2; incest male targets -- 62.3; and incest female targets -- 81.3. Based on these figures, Abel et al. recommended that treatment efforts be directed at those child molesters who target boys outside the home when only limited evaluation and treatment resources are available. They felt that treatment of this group would result in the greatest reduction of child molestation.

In addition to suggesting that child molesters come from every socioeconomic category, this study also suggested that they are usually well educated. Their

deviant interests and fantasies have surfaced by 12 or 13 years of age. Lanyon (1986) suggested that, "the child molester is most commonly a respectable, otherwise law-abiding person, who may escape detection for exactly that reason" (p. 177).

Treating child molestation as purely a symptom to be cured by incarceration becomes unwise in light of the following study. Moore and Zusman (1984) in their report given on treatment programs for sex offenders in Florida noted that although 6,039 persons were arrested for sexual abuse, well over 10,000 sex offenses were actually reported in Florida in 1982. Only 10.1% (612) of the total number arrested for sexual abuse were sentenced to prison that year; 9% (545) were merely placed on probation. The criminal justice system is also increasingly mandating that all types of sex offenses, including child sexual abuse, be treated in clinical settings on an outpatient basis. The fact remains that most of these sex offenders are not in the prison system. They are living in the community, and are free to commit further sex offenses.

Clinicians in the public health community must recognize that victim treatment is essential to reduce psychological trauma, in addition to providing preventative interventio. Overwhelming evidence indicates that some child sexual abuse victims continue to act out

this victimization in adult life as abusers. As many as 50%-60% of incarcerated sex offenders have reported that they were victims of sexual abuse as children (Finkelhor, 1984).

Etiology

Research is currently making a concerted effort to determine what causes an individual to become sexually aroused by children. Most researchers agree that there is no single cause, but a complicated interplay of organic, psychological, cultural, environmental, and sociological factors.

Araji and Finkelhor (1985) developed a list of the various theories that have been proposed to explain sexual abuse behavior. Table 1 is a summary of empirical evidence for explanations of child molesting. They found that most of the theories could be categorized as trying to explain one of four factors: (a) why a person would find relating sexually to a child to be emotionally gratifying and congruent (in the sense of the child fitting the adult's needs), (b) why a person would be capable of being sexually aroused by a child, (c) why a person would befrustrated or blocked in efforts to obtain sexual and emotional gratification from more normal sources, and (d) why a person would not be deterred by the conventional social restraints and inhibitions against

having sexual relations with a child. These researchers suggest that these explanations are complimentary rather than competing explanations for child molesting behavior. Many or all may come into play in the creation of an individual's pedophilic behavior.

These researchers also suggest that explanations of sexual behavior focus on two levels: the individual psychological and the sociocultural. As it has become apparent that a great deal of sexual contact occurs between adults and children, most of it undetected, a point of view has developed that broader sociocultural factors contribute to the problem. However, as these researchers reviewed sociocultural explanations, they found that they too, could be subdivided into the same four factors as individual psychological theories.

Table 1

Empirical Findings for Explanations of Child Molesting Behavior

Theory	Evidence
Emotional Congruence	
Children attractive because of lack of dominance	one positive study (Howells, 1979)
Arrested development/immaturity	some support from psychological testing, but inferences aare weak (Calmas, 1969; Cavallin, 1966; Cohen, Seghorn, & Calmas, 1969; Ellis & Brancale, 1956; Fitch, 1962; Groth et al., 1982; Panton, 1978; Peters, 1976; Stricker, 1967; Toobert, Bartelme, & Jones, 1959)
Low self-esteem	some support from psychological testing, but inferences are weak (Hammer & Glueck, 1957; Panton, 1978; Toobert, Bartelme, & Jones, 1959)
Mastery of trauma through repetition	(Groth & Storr, 1965; Howells, 1981)
Identification with aggression	several studies show frequent histories of sexual abuse in offenders' backgrounds (Howells, 1981; Groth, 1984; Storr, 1965)
Narcissism	untested
Male socialization to dominance	untested

Table 1 (cont'd.)

Theory	Evidence
<u>Sexual Arousal</u>	
Heightened arousal to children	clear experimental evidence, except for incest offenders (Abel, Becker, Murphy, & Flanagin, 1981; Atwood & Howell, 1971; Freund, 1967a, 1967b; Freund & Langevin, 1976; Quinsey et al., 1975; Quinsey, Chaplin, & Carrigan, 1979)
Conditioning from early childhood experiences	several studies show frequent histories of sexual abuse in offenders' backgrounds (Abel et al., 1984; Gebhard et al., 1965; Groth & Burgess, 1979; Groth, 1984; Langevin et al., 1985; Seghorn et al., n.d.)
Modeling from earlier childhood experiences	several studies show frequent histories of sexual abuse in offenders' backgrounds (Abel et al., 1984; Gebhard et al., 1965; Groth & Burgess, 1979; Groth, 1984; Langevin et al., 1985; Seghorn et al., n.d.)
Hormonal abnormalities	mixed evidence (Berlin & Coyle, 1981; Berlin, 1982; McAuliffe, 1983; Rada et al., 1976)
Misattribution of arousal	untested

Table 1 (cont'd)

Theory	Evidence
Socialization through child pornography or advertising	untested
<u>Blockage</u>	
Difficulty relating to adult females	generally positive evidence (Anderson & Mayes, 1982; Bell & Howell, 1976; Cohen et al., 1969; Fisher & Howell, 1970; Goldstein et al., 1973; Groth et al., 1982; Hammer & Glueck, 1957; Howells, 1981; Langevin, 1983; Mohr et al., 1964; Pacht & Cowden, 1974; Panton, 1978; Virkkunen, 1976; West, 1977)
Inadequate social skills	suggested by several studies (Frisbie, 1969; Gebhard et al., 1965; Guttmacher, 1951; Hammer & Glueck, Langevin, 1983; Storr, 1965)
Sexual anxiety	some support from uncontrolled studies (Goldstein et al., 1973)
Unresolved Oedipal dynamics	family problems evident, but not necessarily the ones Oedipal theory would predict (Fenichel, 1945; Gillespie, 1964; Hammer & Glueck, 1957; Kinsey, 1948)

Table 9 (cont'd)

Theory	Evidence
Disturbances in adult sexual romantic relationships	suggestive evidence from uncontrolled studies (Cavellin, 1966; Cohen et al., 1969; Fitch, 1962; Gebhard et al., 1965; Groth, 1979; Peters, 1976)
Repressive norms about sexual behavior studies	suggested by two (Gebhard et al., 1967; Goldstein et al., 1973)
<u>Disinhibition</u>	
Impulse disorder	true for some small group of offenders but not all (Gebhard et al., 1965; Hammer & Glueck, 1957)
Senility	negative (Chaneles, 1967; Fitch, 1962; Freund, McKnight, Langevin & Cibiri, 1972; Gebhard et al., 1965; Groth et al., 1982b; Herman & Hirschmann, 1980; Marsh et al., 1955; McCaghy, 1968; Quinsey et al., 1975; Stricker, 1967; Virkkunen, 1976)
Mental Retardation	negative (Julian & Mohr, 1980; Langevin, 1983; Mohr et al., 1964; Peters, 1976; Stokes, 1964)

Table 1 (cont'd.)

Theory	Evidence
Alcohol	many instances, role unclear (Aarens et l., Gebhard et al., 1965; Morgan, 1982; Rada, 1976; Stokes, 1964; Wilschke, 1965)
Failure of incest avoidance mechanism	two studies show higher rates of abuse in step-father families (Finkelhor, 1980; Russell, 1980)
Situational stress	untested
Cultural toleration	untested
Patriarchal norms	untested

Factor I: Emotional Congruence

Some of the most widely cited theories about child molesters explain that these individuals choose children for sexual partners because children have some compelling emotional meaning for them. Araji and Finkelhor (1985) called this "emotional congruence". One such theory states that child molesters have "arrested psychosexual development" and are emotionally immature. They choose to relate to children because they are at a child's emotional level and they can respond to childlike preoccupations (Bell & Hall, 1976; Groth & Birnbaum, 1978; Hammer & Glueck, 1957).

A similar idea suggests that molesters are not just immature, but have a low sense of self-esteem and little efficacy in their social relationships. They are able to relate to children because it gives them a feeling of being powerful, omnipotent, respected, and in control (Hammer & Glueck, 1957; Loss & Glancy, 1983).

Others have suggested that relating to children allows sex abusers to try to overcome the effects of some childhood trauma. By victimizing a child, they master the trauma by reversing roles in the victimization they suffered, and through "identification with the aggressor," they combat their own powerlessness by becoming the powerful victimizer (Hobson & Gary, 1982; Howells, 1981; Storr, 1965).

Another theory classified under emotional congruence

utilizes the idea of "narcissism" to explain child molesting. In this case an offender remains emotionally involved with himself as a child or his likenesses as a result of emotional deprivation or possibly overprotection. He attempts to give the love he misses or wished he had to a child who resembles himself.

Lastly, recent feminist ideas about sexual abuse have a similar underlying idea. According to these theories, sexual abuse grows out of certain themes in normal male socialization that tend to make children "appropriate" objects of sexual interest. These themes include the value that male socialization puts on being dominant and the initiator in sexual relationships, as well as the value placed on partners who are youthful and subservient. Sexual abuse then occurs as a natural extension of some of these values (Howells, 1981; Storr, 1965).

Children are Attractive Due to Lack of Dominance

Howells (1979) has done the most to try to substantiate the idea that children have a special emotional meaning for pedophiles. Using a technique called the Repertory Grid he found some support for two propositions: (a) that issues of dominance and hierarchy were more important in the social relationships of molesters than in those of non-sex offenders, and (b) that one of the salient characteristic that molesters point to in their victims is lack of dominance. This research

supports the idea that molesters are drawn to children because children make them feel powerful. However, the methodology used is somewhat vaguely described and may allow some subjectivity on the part of the investigator. Further work in this area is needed.

Other studies using psychological tests do offer some support for Howells' results. Langevin (1983) cites studies by Fisher (1969) and Fisher and Howell (1970) in which female-object pedophiles scored higher than normals on deference, succorance, and abasement and lower on achievement, autonomy, change, heterosexuality, and aggression. These findings were based on the Edward`s Personal Preference Schedule. The high score on deference, especially, might be viewed as supporting Howell's idea that pedophiles have difficulty with dominance. However, this does not substantiate the notion that children are preferred because of this difficulty.

Immaturity and Self-Esteem

Emotional congruence theories also hypothesize that molesters are immature and have low self-esteem. It would seem that substantiation would be possible through traditional psychological tests, however little work in this area has been done. Hammer and Glueck (1957) gave the Rorschach, House-Tree-Person, TAT, and Blacky picture tests to 200 sex offenders and concluded that pedophiles feel psychosexually immature and lacking in self-esteem,

but they do not say which findings from the tests warranted these conclusions.

Stricker (1967) using the Blacky pictures, was more specific and reported that pedophiles tended, when compared to a college sample, to significantly "overuse descriptive positives (e.g., beautiful, kind, fair) on the evaluative dimension of the scale." (p. 37). Stricker concluded that "pedophiles share this immature, feminine approach" based on the fact that females also use more positive responses on this dimension. This inference, however, seems somewhat weak and reflects sex-role stereotyping so must be treated with caution.

Peters (1976) used similar comparisons and found sex abusers were more immature and regressed than normal men, and had strong dependency needs and feelings of phallic inadequacy. These conclusions were based on the results of the Bender Gestalt test with a sample of 224 male sex offenders who were on probation. He also found that child sex abusers scored higher than other sex offenders on the somatic scale of the Cornell Medical Index, meaning that they had a particularly large number of physical symptoms. He concluded that they have "a strong tendency to somatize affective problems and thus view themselves as inferior. They seem to feel unable to compete with other men in efforts to attract adult women because of this felt inferiority" (p. 417). However, conceptual conclusions of this nature must be considered with caution until

additional objective research information becomes available.

In addition to the above, researchers have given offenders MMPI tests. One of the earliest was by Toobert, Bartelme, and Jones (1959), who compared pedophiles with other prisoners in general and found they scored higher on the femininity and paranoia scales. They concluded that pedophiles were "weak and inadequate and had low self-esteem" (p. 277). They viewed this result as supporting the theoretically predicted personality of a pedophile. Again, it is possible that these conclusions are unwarranted as they seem also to be affected by sex-role stereotyping.

Panton (1978) compared MMPI test results of 30 rapists, 20 child rapists, and 28 nonviolent child molesters. They reported that the profiles of the child molesters, "implied self-alienation, low self-esteem, self-doubt, anxiety, inhibition of aggression, aversion to violence, need for reinforcement, feelings of inadequacy, insecurity, and fear of heterosexual failure" (p. 391). They concluded that "they motivation of the molester group appeared to be the satisfaction of sexual needs at an immature level of sexual development" (p. 393). Panton found the MMPI mean profile for child sex offenders to be a 4-8 MMPI code.

Armentrout and Hauer (1978) found the same mean profile of 4-8 MMPI code in their study of child

molesters. They also found higher elevations on Scale 8 for rapists of children. However, they did not report what statistical methods they used for the data analysis.

Langevin et al., (1978) examined the MMPI profiles of several types of sexually deviant men. Although their sample was large (N=425), it was a heterogeneous group consisting of multiple deviants involved in a wide range of activity from exhibitionism to rape of adult women. The number of child sex offenders was relatively small, consisting of 22 to 29 subjects per group. The hypothesis that because of gender identify confusion, child sex offenders would have higher MMPI Scale 5 (Masculinity-Femininity) scores than other types of offenders was not confirmed in a discriminant analysis of the data.

In a study of 406 hospitalized men who had sexually assaulted children, Hall et al., (1986) found significant elevations on both MMPI Scale 4 (Psychopathic Deviate) and Scale 8 (Schizophrenia). However, this code was found in only 7% of the sample and was not significantly more frequent than several other 2-point codes.

Cavellin (1966) also utilized the MMPI in his study of 12 incestuous offenders. He did not report the actual MMPI findings, but he did indicate that the sex offenders had "weak psychosexual identity" (p. 1135). Several clinical studies agree with the above findings (Cohen, Seghorn, & Calmas, 1969; Fitch, 1962; and Groth et al. 1982).

The above results indicate that a number of researchers agree that child molesters are immature and inadequate. Some have found support in psychological measures such as the MMPI. However, these researchers often make broad, possibly unwarranted conclusions from test data, so cannot be taken too seriously. Howells's (1979) study does offer some confirmation that pedophiles may interact with children because children have special meaning for them in terms of representing weak and nonthreatening objects. Obviously additional confirming studies are necessary.

Factor 2: Sexual Arousal

Another set of theories about sexual abuse refers to how a person comes to find children sexually arousing. One such theory is that some people have early sexual experiences with children that condition them when they become adults to find children to be arousing (Wennet, Clark, & Hunner, 1981).

Several suggestions have been made as to what special circumstances might work to give early childhood sexual experiences the special compelling quality they seem to have for many pedophiles. One possibility may be that critical experiences are those in which some special kind of fulfillment or frustration was involved. Another possibility is that critical experiences may be ones associated with traumatic victimization.

In their model of sexual deviation, McGuire, Carlisle, and Young (1965), suggest that what is important in the development of a fixation is that the early experience of arousal be incorporated into a fantasy that is repeated and becomes increasingly arousing in subsequent masturbatory repetitions. Wenet et al., (1981), also made this suggestion. Any feature of the experience that makes it prominent in the person`s mind, such as an association with great embarrassment or shame or with great pleasure, will make the possibility of it being thought of during masturbation more likely. Because masturbation is highly reinforcing, the components of memory come to be associated through a process like "operant conditioning" with sexual arousal, even in situations when the original experience might not have been pleasurable.

Howells (1981), in another theory of sexual arousal, postulated about how a process of "attributional error" may play a part in creating arousal in Children. children bring about strong emotional reactions in many people, reactions usually labeled "parental" or "affectionate," but some individuals may mistakenly label these reactions as sexual and then act accordingly toward children.

Others have suggested that the origin of sexual arousal to children is biological and refer to hormone levels or chromosomal makeup (Money, 1961; Goy & McEwen, 1977; Berlin, 1982).

A last theory about sexual arousal comes form suggestions that some individuals might learn to become aroused to children through exposure to child pornography or other media that place children in an erotic light.

Studies Demonstrating Heightened Arousal to Children

When considering the above theories, we must first consider whether or not child molesters are individuals who have unusual sexual arousal to children. There is a somewhat impressive body of literature that suggests that they are unusually sexually responsive to children. This particular research is the most methodologically and statistically sophisticated research on pedophilia to date.

Freund (1967a, 1967b) and Freund et al. (1973, 1976), in a series of studies, investigated penile responses to slides of female and male children and adults. They found significantly more arousal to children in a group of molesters than in either of two control groups (heterosexual and homosexual males).

Quinsey et al. (1975) conducted a number of similar studies and found similar results. Using penile and skin conductance responses to slides of children, they compared child molesters (N=20) with nonmolesters (N=20). Although the child molesters claimed adult females were their preferred sex partners, their tests exhibited the largest penile responses to slides of female children. The penile

tests also confirmed that child molesters who preferred females had peak arousal to female children, and child molesters who preferred males had peak arousal to male children. Interestingly, bisexual pedophiles, had peak arousal to female children, although the second highest peak arousal was for adult female.

Atwood and Howell (1971) also found that the pupils of child molesters dilated to slides of children and constricted to adult females, an opposite pattern from that found for the control group.

Taken together, the above studies seem to establish the fact that some pedophiles have an arousal preference for children, but whether or not all child molesters, including incest offenders, have such a preference remains to be seen. At least one study indicates that incest offenders do have such an arousal to children. Able, Becker, Murphy, and Flanagan (1981) played audiotapes of sexual encounters to 6 incest offenders who preferred females as well as to 10 pedophiles who preferred females. They found that the incest offenders "developed significant erections to pedophilic cues that were not descriptions of sexual acts with their daughters of stepdaughters" (p. 171). However, another study disagrees. Quinsey, Chaplin, and Carrigan (1979) examined the penile responses of a matched sample of 16 incestuous and 16 nonincestuous child sex offenders, they found "that incestuous child molesters have more appropriate sexual

age preference (adults) than those who are nonincestuous" (p. 563).

Early Sexual Experiences

Information about the source of the arousal indicated above is scarce. The best researched arousal hypothesis is one that suggests that it may stem from early childhood experiences. Many sex abusers appear to have been subjected to early sexual contact with adults themselves, as is demonstrated by a growing number of studies. One of the earliest, Gebhard, Gagnon, Pomeroy, and Christensen (1965) found that both their male and female preference prisoner pedophile groups had higher rates of childhood sexual contacts with adults than did a group of controls. For example, it was found that of the 199 child molesters who preferred females, 10% had childhood contact with an adult female, compared to only 1% of the control group. Also, 18% had had a childhood contact with an adult male, compared to 8% for controls. The child molesters who preferred males also had many child sexual contacts with adults, in fact, they had more childhood sexual approaches by adult males than any other sex-offender or control group -- 33% (N=123). When considering all of the sex abusers, only the incest offenders had less sexual contact with adults during prepuberty. These findings suggest that at least some pedophiles had sexual contact with adults in childhood.

Groth and Burgess (1979) support the research done by Gebhard et al. (1965). Groth found that 32% of a group of 106 child molesters reported some form of sexual trauma" in their early development, compared to only 3% of a comparison group of 64 police officers. Groth found that "fixated" offenders tend to duplicate in age of victim and type of sex act the form of victimization they had suffered. In more recent work, Groth (1984) surveyed imprisoned sex offenders and found "sexual trauma" in 80%. Groth's idea of "sexual trauma" includes witnessing sex acts, suffering from physical abnormalities, and being circumcised in addition to what is more commonly considered to be sexual abuse.

Langevin, Handy, Hood, Day, and Russon (1985) also found convicted child molesters to have had more childhood sexual contacts with older persons that controls, but some of their specific findings differ from those of Gebhard et al., (1965). For example, among specific groups of child molesters, 21% of incest offenders had had sexual contact before age 12 with an adult male, compared to 10% of child molesters who preferred females and 4% of controls. Gebhard et al. found less molestation in the backgrounds of incest offenders.

Seghorn, Binder, and Prentky (1984) looked into the backgrounds of both rapists and child molesters and found that significantly more child molesters (57%) than rapists (23%) had been sexual assault victims. Abel et al. (1984)

also found more sexual abuse in the backgrounds of child molesters (24% who preferred females and 40% who preferred males).

Taken together, a number of studies support the idea that an unusual number of convicted child molesters were subjected to molestation themselves. This is one of the most consistent findings in the research. It is not possible to determine the exact proportion, considering the variation in rates among reported studies. However, all studies using a conventional definition of sexual abuse, except Seghorn et al. (1984), report rates well below 50%. This makes the significance of childhood molestation difficult to determine. Most of the studies in this area suffer from problems, especially related to control groups. A well-done study with appropriate comparison groups is yet to be done.

Setting aside methodological problems, it seems important to note that if a history of sexual assault is connected to later child molesting, this evidence is in agreement with several theories. One possibility is that such experiences condition an arousal to children. To evolve this theory a bit further, because they have participated in, and in many cases been rewarded for, adult-child sexual contact, they may have fantasies about or arousal for such contact as part of their sexual repertoire. Another possibility is that the pedophiles learn the behavior through the early modeling of their own

victimization. Already having seen the process of someone else`s arousal to children, it is a model readily available to them when they develop their own sexual scripts. The emotional congruence theories that pedophiles reenact their own victimization in an effort to take control of the trauma and take on the power of the aggressor are also consistent with these findings.

Biological Factors

Considering other possible theories as to why molesters find children arousing, little research has been done. There are some reports of physiological abnormalities among some child molesters, such as elevated testosterone levels and chromosomal abnormalities (Berlin, 1982; McAuliffe, 1983). Berlin and Coyle (1981) reported elevated testosterone levels in a substantial number of pedophiles seen at Johns Hopkins Hospital, but this finding is in conflict with Rada, Laws, and Kellner, (1976), who reported that pedophiles' testosterone levels were within normal limits. However, even Berlin and Coyle admitted that hormonal findings do not offer an explanation of why children become arousing to pedophiles. hormone levels are viewed as having a generalized effect on sexual interest and sexual arousability. It does not explain why this interest would be focused on children.

Pornography

The postulation that child molesters may become aroused by children from exposure to pornography or advertising is also one that has not been researched a great deal. Goldstein, Kant, and Hartman (1973) found that pedophiles (20 who preferred males and 20 who preferred females) had had somewhat less exposure to pornography than controls. However, this study considered only pornography dealing with adult heterosexuality. Also, at the time of this study (late 60's) child pornography was much less available than it is today.

In conclusion, empirical studies have shown that children are sexually arousing to at least some sex abusers, and that sex object preference can be determined from laboratory exposure. It is not clear, however, whether or not this is true of all child molesters, especially incest offenders. Early childhood experiences with adults may play a role in this process, and the data are consistent with several theories, including the "emotional congruence" theory (that the pedophile is trying to gain mastery over the trauma by repeating it) or the "sexual arousal" theory (that the earlier experience conditioned the pedophile's erotic responses).

Factor 3: Blockage

The third group of theories about pedophilia are explanations of why some individuals are blocked in their

ability to meet their sexual and emotional needs in adult heterosexual relationships. These theories assume that normal development leads a person to fulfill his or her needs with adults. For some reason, in the child molesters these normal tendencies are blocked, and sexual interest orients toward children.

Psychological theories that rely on Oedipal dynamics fall into this category. These theories describe sex offenders as having intense conflicts about their mothers that make it difficult or impossible for them to relate to adult women (Hammer & Glueck, 1957; Gillespie, 1964). They are said to have "castration anxieties" as a result of early childhood experiences; their access to adult sexual experience is blocked (Fenichel, 1945). Freud (1905, 1906) suggested an abnormal persistence into adult life of some component of infantile sexuality. The result is the domination of the adults' sexual life by that particular component of infantile sexuality.

Others do not view the source of blockage in Oedipal terms. The man who finds himself to be impotent in his first sexual attempts, or abandoned by his first lover, may come to associate adult sexuality with pain and frustration. Due to this trauma, he chooses children for gratification instead. For example, Kinsey (1948) suggested, "the offenders (are) sexually thwarted, incapable of winning attention from older females and reduced to vain attempts with children who are unable to

defend themselves" (p. 179).

Other theorists do not turn to psychoanalytic explanations, but do perceive the same underlying dynamic. Child molesters are viewed as timid, unassertive, inadequate, awkward, even moralistic types with poor social skills who have an impossible time developing adult social and sexual relationships (Frisbie, 1969; Gebhard et al., 1965; Glueck, 1965; Guttmacher, 1951;; Hammer & Glueck, 1957; Langevin, 1983).

Theories that attempt to account for incest offenders depend heavily on this blockage model. For example, the family dynamics model of incest, suggests that the marital relationship has broken down; the wife is alienated for some reason; the father is too inhibited or moralistic to find sexual satisfaction outside the family; therefore blocked in other ways of obtaining sexual or emotional gratification and as a result turns to his daughter (deYoung, 1982; Gebhard et al., 1965; Meiselman, 1978).

The blockage theories are somewhat similar to the emotional congruence theories. However, there is an important difference. In the blockage theories, children do become emotionally congruent for the offender and that is why the sex abuse occurs. But the children become objects of interest because there is nothing better, not because they have some special attraction. In the emotional congruence theories, on the other hand, children have come to have an especially positive and compelling

emotional meaning for the abuser. An example of this would be when the adult attempts to gain a sense of mastery over his own childhood trauma.

There are studies that indicate that male sex offenders have difficulties dealing with adult females. In a study of 200 sex offenders, Hammer and Glueck (1957) reported "fear of heterosexual contact" as common. When responding to a TAT card showing a seminude mature woman, they reported that 85% of the pedophiles and 87% of the incest offenders did not come up with a sexual theme normally offered, but instead developed stories of the female being sick, dying, or dead. These same researchers utilized a panel of psychologists who compared the responses to House-Tree-Person, Blacky pictures, and TAT with those given by a group of normals. The clinicians rated 90% of the offenders as having "marked" or "moderate" castration fears compared to 55% of the control group.

Panton (1978) compared several groups of rapists with child molesters. Based on responses to the pedophile scale (derived from the MMPI), he found that child molesters tended to be anxious, inadequate individuals who felt insecure in their associations with others and who expected rejection and failure in adult heterosexual interactions. In a later study (1979), he compared incestuous and nonincestuous child molesters and found similar profiles. The only significant difference

occurred on the social introversion scale. He postulated that the incest sample had even greater inadequacies in social skills and difficulties in decision making.

In a study of nonincarcerated pedophiles, Wilson and Cox (1983) gave the Eysenck Personality Questionnaire and a Paedophile Questionnaire (developed for this study) to 77 members of an English Pedophile self-help group. The pedophiles scored higher than controls on introversion, psychoticism, and neuroticism scales, and war more likely to be sensitive, shy, lonely, depressed, and humorless. The researchers believed this to be indicative of an absence of social skills and confidence.

In 1965, Gebhard et al. also found problems in social relationships for child molesters interested in females, child molesters attracted to males, and incest offender groups. Howells (1981) reported additional confirmation in studies by Mohr et al. (1964), Fisher (1969), Fisher and Howell (1970), Pacht and Cowden (1974), and a review by West (1977). Similar conclusions have been reached in clinical studies (Anderson & Mayes, 1982; Bell & Hall, 1976; Cohen et al., 1969; Groth et al., 1982; Langevin, 1983; Marsh, Hilliard, & Liechti, 1955; Segal & Marshall, 1985; Virkkunen, 1976).

Researchers have also found that child molesters harbor unusual amounts of sexual anxiety, which may add to problems relating to adult females. Goldstein et al. (1973) found that 80% of his pedophile group reported

guilt or shame from looking at or reading erotica, compared to 47% of controls. These researchers also noted that pedophiles interested in males expressed more opposition to talking about sex than any of the other groups studied.

The evidence, then supports the idea that many sex abusers have problems relating to adult women and that possibly poor social skills and sexual anxiety contribute to this. However, many theories suggest that family background and interactions contribute to these problems. Gebhard et al. (1965) found evidence of poor parental relationships for his heterosexual aggressor, incest, and pedophiles attracted to male children; but not for pedophiles attracted to female children. But the types of poor relationships differed. Paitich and Langevin (1976), utilizing the Clarke Child Relations Questionnaire, found problems with mothers to be characteristic of incest offenders, but not of other pedophiles. The evidence in this area is inconclusive and does not support theories referring to castration anxiety or Oedipal conflict.

Disturbances in Adult Sexual Relationships

The other part of the blockage theory related to the adult family life of child molesters and suggests that they experience trauma or disappointment in adult heterosexual relationships that results in pedophilic activity.

Fitch (1962) called 56 of his sample of 139 child molesters "frustrated" in sexual relationships. Gebhard et al. (1965) found that offenses in the incestuous group always started during periods of marital stress. Cavallin (1966) found that in all of his 12 cases of incest offenders the wife was viewed as rejecting and threatening. In other sex offender groups, marital problems were mentioned, but no specific association was made between marital disturbances and pedophilia. Also, publications by Groth (1979), Cohen et al. (1969), and Peters (1976) all reported similar findings. The evidence from those studies stated that the disturbance in a marital or love relationship is a factor relating to pedophilic behavior more among offenders who prefer adult females.

Repressive Norms About Sex

The last blockage theory is the notion that repressive norms about masturbation and extramarital sex may be related to peodphilia. Goldstein et al. (1973) found that pedophiles reported more guilt or shame from looking at or reading erotic stories than either rapists or controls. They also listed "fear of sex" as the main barrier to seeking more mature sexual outlets, opposed premarital sex, and expressed more discomfort with respect to talking about sex than any other group. Gebhard et al. (1967) also found strong moral inhibitions to premarital

intercourse among the pedophiles attracted to female children, but not among any of the other pedophile groups. In Total, it seems that some sex abusers may hold repressive sexual attitudes that may predispose them to sexual activities with children.

In sum, the blockage theory that receive the most support is that sex offenders have trouble relating to adult females and possibly to adults in general. There is some evidence that they have unusual sexual anxiety and also that they may suffer from frustration in love relationships. Future research will need to address the issue of how blockage combines with other factors to create individuals who turn to children for sexual activity.

Factor 4: Disinhibition

The last set of theories refers to why conventional inhibitions against having sex with children are overcome or are not present in some adults. According to these theories, there is a higher level of acceptability for this behavior, or ordinary controls are circumvented.

Theories in the individual psychological arena, have referred to child molesters as individuals who have poor impulse control (Gebhard et al., 1965; Glueck, 1965; Groth et al., 1982; Hammer & Glueck, 1957; Knopp, 1982). In addition, several personality factors have been associated with molesting behaviors: alcoholism and alcohol abuse

(Frisbie, 1969; McCaghy, 1968; Rada, 1976), and psychosis (Gebhard et al., 1967; Hammer & Glueck, 1957; Marshall & Norgard, 1983; Mohr et al., 1964). Although most researchers do not believe that such conditions explain most molesting behavior, instead they are considered to be contributing factors. The mechanism at work in all of these conditions is the lowering or disappearance of inhibitions against acting on pedophilic urges.

Situational factors, as well as personality factors are sometimes utilized in disinhibition-type explanations to account for sexual abuse. An example of this would be when a person with no prior history of pedophilic behavior commits a pedophilic act under conditions of great personal stress. The stressors may be unemployment, loss of love, death of a relative, etc. These stressors would be viewed as factors that lowered inhibitions to deviant types of behavior (Gebhard, 1967; Mohr et al., 1964; Swanson, 1968).

Incest theories often depend on mechanisms of this sort to explain pedophilic behavior. Men are seen as engaging in sexual acts with girls in their families because these girls are stepdaughters or because the men were away from their families during the children's early life (Gebhard et al., 1967; Lustig et al., 1966). The suggestion here is that being a stepdaughter or being separated worked to reduce the ordinary inhibition that would exist against sex between a natural father and

daughter who had lived together continuously since the birth of the child. Some view these inhibitory mechanisms as quasi-biological in nature, that is, coming into play merely as the result of proximity during early stages of development (Shepher, 1971; Van den Berghe, 1983). Others consider them as developing from empathy and concern as a result of being in a caretaking role (Herman, 1981). When the inhibitory mechanisms are disrupted incest occurs.

Feminist theories of sexual abuse are also disinhibition-type in nature. These theories highlight certain social and cultural elements that encourage or condone sexual behavior directed toward children and, as a result, weaken inhibitions (Densen-Gerber, 1983).

Ruth (1980) has written extensively about the way in which adult sexual interaction with children has been sanctioned by relation and law throughout history. Armstrong (1983) argues that the reluctance of the contemporary legal system to prosecute and punish offenders confirms the acceptability of this behavior. These authors and other feminists (McIntyre, 1981; Nelson, 1982) also have criticized the tendency among both the public and professionals to blame victims rather than offenders. This then feeds justifications that offenders use to defend their behavior (Rush, 1980; Russell, 1982;). Anything that reinforces excuses for sexual abuse acts to reduce inhibitions.

A common feminist theme, in accounting for incest,

has been to show how inhibitions are lowered by social approval for the excesses of patriarchal and parental authority (Rush, 1980). According to feminists, many men see families as private institutions in which parents have socially sanctioned authority to treat women and children as they wish.

Nelson (1982) states that:

> The seduction of daughters is inherent in a father-dominated family system, where the man expects to have his will obeyed as head of household and expects his family to provide him with domestic and sexual services. When patriarchal beliefs about rights of fathers provide further excuses for initiating sexually gratifying relationships within the family, it is not hard to see how many "Mr. Averages" can manage to overcame all the social and emotional barriers to committing incest with their daughters (p. 186).

Lack of Impulse Control

Lack of impulse control is a disinhibition-type theory that is supported by some research. Hammer and Glueck 1957) evaluated responses to the Bender Gestalt and Blacky pictures of 200 sex offenders and identified inadequate control of impulses. Gebhard et al. (1965) found that 10% of their pedophiles who preferred females were "amoral delinquents" characterized by being "unable

to defer gratification and tolerate frustration until a socially suitable situation is available" (p. 102). However, they did not find that impulse control is a problem for all of their pedophiles. The other 70% did not have impulsivity as an outstanding characteristic. As a matter of fact, Gebhard et al. stated that 80% or more of the acts engaged in by all the pedophile groups were planned and, therefore, not impulsive.

These results suggest, then, that probably some small group of sex offenders have problems with impulse control. At this time there is not enough evidence to suggest that offenders in general have this characteristic.

Senility and Mental Retardation

The current literature suggests that senility is not a possible explanation for child molesting behavior. Studies show most offenders are between 35 and 40 years old (Chaneles, 1967; Fitch, 1962; Gebhard et al., 1965; Herman & Hirschmnan, 1980; Marsh et al., 1955; McCaghy, 1968; Stricker, 1967; Virkkunen, 1976). Other studies utilized offenders who were even younger -mid-to late twenties (Freund, McKnight, Langevin & Cibiri, 1972; Quinsey et al., 1975, 1979, 1980). in a two-state sample of sex offenders, Groth, Longo and McFadin (1982b) identified two modal groups 0 one age 16 and the other 31. Mohr et al. (1964) also found a youthful group between 15 and 24. Therefore, senile molesters do not seem to be

common.

The stereotype that the molester is mentally retarded also is not supported in the literature. For example, Peters (1976) utilized the Army Beta Intelligence examination and found molesters had the lowest IQ of four sex offender groups, but these findings seem to be the exception. Mohr et al. (1964) used the Wechsler Adult IQ test and found 57 molesters to have normal intelligence. These results agree with a number of other studies that found sex offenders have normal intelligence (Julian & Mohr, 1980: Langevin, 1983; Stokes, 1964).

Alcohol

On the other hand, many studies show that alcohol use accompanies sexual abuse. Aarens et al. (1978) reviewed 11 U>S> and 2 foreign empirical studies and found alcohol involvement in 30%-40% of cases in most studies, ranging from a low of 19% of the cases in a German study (Wilschke, 1965) to an overall high of 49% in a study (Rada, 1976). These researchers also found that studies showed 45%-50% of child mobster had histories of drinking problems low to 8% to a high of 70%.

Studies by Gebhard et al. (1965), Rada, (1976), and Stokes (1964) found sex offenders attracted to females to be more alcohol involved than sex offenders attracted to males. Gebhard et al. (1965), for example, found that 37% of their sex offenders attracted to females, compared

to 105 of those attracted to males, said alcohol was an important factor in their lives. Rada (1976) found 57% of the pedophiles who were attracted to females used alcohol, compared to 38% of pedophiles attracted to males. Stoke's (1964) figures were 25% and 8% respectively.

In a review of five relevant studies, Aarens et al. (1978) found that incest offenders appear to be the most alcohol involved of all sex offenders. A comparison across studies found incestuous child molesters were characterized by larger proportions of both alcoholism and drinking at the time of the offense than were nonincestuous child molesters. Morgan (1982) reviewed many of the same studies and came to similar conclusions.

The results suggest that alcohol plays a role in the commission of some sex offenses. Alcohol may act as a physiological disinhibitor or there may be some social meaning that allows a person to disregard the taboos against child molestation. This is an unresolved question in the alcohol abuse field (Morgan, 1982).

Incest Avoidance Mechanism

Only two studies were found that address the idea of an incest avoidance mechanism. Based on responses from a survey of a college population, Finkelhor (1980) reported that one of the strongest risk factors associated with a child's vulnerability to being sexually abused is having

lived with a stepfather.

Based on responses from a probability sample of 930 female residents in San Francisco, Russell (1986) reported that approximately 1 out of every 43 women who had a biological father as a principal figure in her childhood (birth to 14 years of age) was sexually abused by him, compared to about 1 out of every 6 women who lived with a stepfather during the same years. There are various possible explanations for the apparently high risk of abuse at the hands of stepfathers, but one of the most likely is found in the disinhibition theory framework: Because of different norms or different exposure to the child at an early age, stepfathers are less inhibited from having sexual feelings toward a child than are natural fathers (Finkelhor, 1980).

The rest of the disinhibition theories found in Table 1 have not been studied empirically. Research is needed to gain information in the areas of situational stress, cultural toleration, and patriarchal norms.

The literature, then, gives the most empirical support for alcohol involvement when considering the disinhibition theories. Some support is also found for the failure of the incest avoidance mechanism theory.

A close review of the scientific literature of child molesting behavior brings to light both methodological and conceptual problems with a single factor approach. To

date the research has shown that no single factor can begin to fully explain all sexual abuse.

One current example of the problem is the explanation that child molesters are simply persons who were molested as children. Although the percentage is likely high, and several studies do suggest that many incarcerated sexual abusers have histories of sexual abuse (Gebhard et al., 1965; Groth, 1979; Langevin et al., 1985; Seghorn et al., n.d.), these molesters make up a relatively small portion of all offenders. These are the abusers who were so compulsive, repetetive, and flagrant in their molesting that they were caught, convicted and imprisoned. This is obviously a pathological group and may be more likely to have experienced a history of sexual abuse. A more representative group of sex abusers might not be as likely to have that experience in their backgrounds.

An additional problem with the findings is although the amount of sexual abuse in the past of child molesters may seem high, it has not been shown conclusively that it is higher than among similar men who did not become molesters. The studies so far have not really used adequate comparison groups. There are even problems comparing incarcerated molesters to men selected randomly in the general population, because incarcerated offenders come disproportionately from certain disadvantaged parts of the population. It might be that incarcerated molesters

have been abused more than other men in general, but not abused more than their brothers or neighborhood friends who did not grow up to be molesters. The abuse may be related to their social backgrounds or their families or even that they got caught, not to the fact that they were molesters.

Even if we eventually learn that a large number of abusers were molested as children, that number will not include all abusers. Eplanations are needed for the nonmolested molesters and other explanations are also required for those abusers who were themselves abused. It is clear that being molested by itself is not enough to create a abuser. Otherwise all those who were molested would become abusers. What are the additional circumstances that influence a victim of abuse to become an abuser himself? These require other explanations. There are certainly other contingencies involved in the relationship between being victimized and victimizing others. It may be that victims of sexual abuse who develop the capacity for emotional and sexual intimacy of a more normative kind --through corrective experiences -- do not become molesters. It is also probable that victims of sexual abuse who have well-developed social consciences and an ability to identify with others do not become molesters.

Only when these capacities are lacking, possibly due to emotional deprivation or additional developmental

traumas, does the experience of being a victim form the basis for becoming an abuser.

These are just a few examples of the possibilities. The finding that many molesters were themselves molested is not the answer to the question, but simply the framework for many new questions. Research must consider a whole complex of factors that in conjunction with a history of molestation may go into the development of molesting behavior.

There are other problems with the single-factor approach. First, it has brought about a premature and unfounded confidence that we understand the source of the problem. This inevitably discourages the serious search for other factors that may play a role in the creation of the abuser. Second, because the explanation places responsibility on a deviant childhood event, it has reinforced a psychopathology-oriented view of offenders at the expense of views that take into account sociological aspects. The focus is on factors that make the abuser different because of his childhood problem, not factors that may be shared by broad segments of society. It will be important for research to consider these collective aspects, especially when considering prevention. Because the intergenerational transmission explanation relies exclusively on a childhood experience that cannot be returned or exchanged, it breeds cynicism that prevention can be effective.

The most serious effect of the intergenerational transmission theory is the effect it has on victims. The idea that victims grow up to become abusers has struck terror into the hearts of victims, in particular male victims, and their parents. These people, now even more than in the past, have the unrealistic and unnecessary fear that they or their children are inevitably destined to become abusers. Although there is some possibility of this occurring, their concerns are almost certainly exaggerated. Because we do not know what the true probability is or what other contingencies are involved, we cannot target those concerns to the group that needs to hear them or give families guidance about what to do. There is even the possibility that the fear itself has some self-fulfilling properties that may prompt some children to become molesters who would not otherwise have done so.

Because of these dangers, it is important for all professionals and researchers to educate people about the true scientific status of the idea of intergenerational transmission. This theory is still to be confirmed, and more importantly it is just one factor among many that contribute to the development of molesting behavior. Going beyond this, researchers must be cautioned against any single-factor theories and quick explanations in general.

The four-factor model, as previously presented, is an alternative to the single-factor approach. It encourages an appropriately complex view of the situation and at the same time gives some order to the possibly confusing array of theories that have been proposed. However, it is more than a classification system, it can also be used to generate a theory about pedophilia.

First, the model shows how many single-factor theories of pedophilia really imply other processes that have not been specified fully in the theory before. For example, some theories of emotional congruence seem to suggest that sexual arousal naturally follows without having to be explained: A man's molesting behavior can be explained by the immature emotional satisfaction he gets from relating to children. But many people get a great deal of their emotional gratification from relating to children without turning to the children for sexual activity. The four-factor model suggests that, in addition to emotional congruence, arousal needs to be explained, not just assumed.

Pedophilic behavior may not be explained adequately simply by the fact that an adult is sexually aroused by children. There may be adults who are aroused but who have alternative sources of sexual gratification or who are inhibited by ordinary social controls from acting on their arousal. A full explanation may have to show why an

adult was capable of being aroused, why he directed his impulse toward a child, and why no inhibitions halted the enacting of the impulse.

Similarly, there are many adults who are blocked in their ability to gain sexual and emotional gratification from adults. However, most of those adults may have little emotional congruence for children or little sexual arousal to children and may be inhibited from acting on such feelings even if they had them. An adequate theory needs to explain the presence of pedophilia using several, if not all, of these levels simultaneously.

It is expected that many of the aspects of the four-factor approach are present in many child molesters, in addition to a history of sexual abuse. The present research will allow observation of several of those factors and make an attempt to treat some of the identified problems. The basic principle, then, of the present research is that an individual becomes a molester due to a complex interplay of factors all of which we may not yet understand. The best current scientific knowledge offers is the four-factor approach suggested by Finkelhor and Araji (1984). The present study will not be sophisticated enough to deal with all aspects of the four-factor approach, but will make observations about some factors that may be present in a group of incarcerated child molesters. In addition, treatment will be

implemented in an effort to assist molesters in dealing with some of the problems observed.

Following are the components of the four-factor theory that will be considered in this study:

<u>Theory</u>

Emotional Congruence:	arrested development/immaturity low self-esteem identification with aggression
Sexual Arousal:	conditioning & modeling from childhood experiences
Blockage:	inadequate social skills sexual anxiety
Disinhibition:	patriarchal norms

Treatment will consist of three elements of a behavioral treatment program developed for child sex offenders. The program was developed by Abel et al. (1984) and consists of a 30-week format including 5 group sessions each of satiation, covert sensitization, social skills training, assertiveness training, cognitive restructuring, and sex education.

The program was developed during a study by Abel et al. (1984). His study utilized 87 voluntary sex

offenders in an attempt to evaluate the six elements of the program. The project had a Certificate of Confidentiality from the Secretary of H.E.W.. This certificate (an actual federal law) made it illegal for any city, county, state or federal agency or agent to obtain information pertaining to the participants. Of the six elements described in the manual, the first two, covert sensitization and satiation, are designed to assist the molester in decreasing his sexual arousal toward young children. According to the manual, satiation therapy attempts to reduce arousal by boring the client with his own deviant sexual fantasies, while covert sensitization teaches the individual to disrupt fantasies of young children by replacing them with aversive images. Sex education and cognitive restructuring make up the next two elements of the program. Cognitive restructuring is defined as an attempt to modify the faulty attitudes or beliefs regarding child molestation by gaining feedback from others regarding the molester's cognitive distortions. Sex education is used to increase a molester's basic sexual knowledge and to provide solutions to problems that can develop during sexual interactions with age-appropriate partners. The final two elements in this treatment program are social skills training and assertiveness skills training. Specific social skill techniques are created to help the child molester interact more effectively with adults in such situations as

carrying out an initial conversation, maintaining the flow of the conversation, and other social contact with adult partners. As part of the assertiveness skills training module, the manual encourages that child molesters be trained to express their feelings and thoughts.

Social Skills Training

Many sex offenders have poor sexual and social skills with adults and have sometimes chosen children because they seem less threatening. Abel et al. (1985) found that 40.8% of child molesters as well as 46.9% of rapists had poor social skills. Due to the social and sexual nature of human beings, an offender who is unable to meet his social and sexual needs with adults may relapse to meeting those needs with children. The finest treatment program to decrease deviant arousal may fail to prevent relapse unless the offender's ability to meet his needs in appropriate ways are at least somewhat successful. Social and communication skills are key to the offender's ability to initiate and maintain adult relationships.

The social skills module was developed specifically to teach offenders, through didactic and experiential sessions, to interact more effectively with adults in social settings. Sex offenders are taught to pay more attention to their appearance, to make appropriate eye contact during conversations, and to actively listen to others. These components have been found to be

determinants that cause women to choose continuing to interact with a man in social situations (Barnard et al., 1988).

Cognitive-Restructuring Module

The cognitive-restructuring module has been adapted from the work of Lange (1986). There are three primary goals that are accomplished during the sessions of this module:

1. Challenging the irrational beliefs and rationalizations that have been used to justify sex-offending as well as other disturbed behaviors.
2. Increasing the child molester's beliefs that he can control his deviant thoughts and behaviors.
3. Developing increased interpersonal effectiveness cognitive and behavioral skills training.

The cognitive-restructuring module uses rational-emotive therapy (RET) originally developed by Albert Ellis (1974, 1977). In RET, the offender considers process thinking. In other words, he is encouraged to observe and understand how thoughts, feelings, and actions are linked together and how one behavior may significantly influence other behaviors. He is taught that often what happens to us may not be as important as how we perceive and interpret what has happened. The ramification of this perspective is that the way we think about events

significantly influences whether we perceive them as pleasurable or painful. The strength of the model relies on the premise that individuals can learn to alter their experience of events by modifying their thoughts and beliefs about those events. The treatment begins by looking at the cognitive distortions that accompany other types of behavior. The shift is then made to the specific problem of child molestation, and what thoughts a person has that justify sexual contact with children. A series of exercises in this module help the offender to look at his cognitive distortions that facilitated and encouraged his child molesting behavior. At the same time he learns strategies to help eliminate cognitive distortions. He is encouraged to challenge his irrational beliefs and to replace them with more socially acceptable beliefs.

Changing deeply entrenched beliefs is difficult. However, this module attempts to help the sex offender to become a healthy person with a sense of control over his feelings and experiences.

Sex Education Module

The Abel et al. (1984) manual includes factual information about sexuality in addition to coverage of opinions and attitudes about sexuality. Some offenders have been found to be lacking in factual information, but more common deficits seem to occur in the area of opinions and attitudes relating to sexuality. This module begins

by asking offenders to take a sexual myth test anonymously. The tests are then given to other offenders, and group members then take turns reading the answers, and commenting on them. Other sessions focus on male and female anatomy, on what is "normal" and what is not, on questions group members have about sexual dysfunction, and on sexual communication. Materials include sex education slides (Crooks & Baur, 1987) as well as a text that is provided to each group member (Strong et al., 1981).

The covert sensitization and satiation module, and the assertiveness module will not be described in detail here because they will not be utilized for this study. Additional information can be found in Abel et al. (1984).

Abel and his colleagues determined that the most effective treatment sequence was covert sensitization and satiation, followed by social skills, assertiveness training, cognitive restructuring, and sex education. They stated that the optimal group size was 14 and noted that less than 7 hours per patient of therapist's time is necessary. The reported success rate after 6-12 months was 97.22%.

The Abel et al. (1984) program was chosen because of the high success rate and the 3 modules utility in a prison setting. The limited amount of therapist time necessary was also an important point.

DESIGN

The design selected was a pretest-posttest two group design. The individuals studied were randomly selected from all child sex offenders found at the facility. Those chosen were then tested by administering the Minnesota Multiphasic Personality Inventory (MMPI), the Abel and Becker Cognition Scale (ABCS),the Attitudes Toward Women Scale (ATWS), the Interpersonal Reactivity Index (IRI), the Multiphasic Sex Inventory (MSI), and the Social Avoidance and Distress Scale (SADS). Following the initial testing session, participants were randomly assigned to experimental (N=30) and control (N=30) conditions. Subjects assigned to the experimental condition were then randomly divided into two groups of 16 to experience the treatment program. Following treatment, all subjects were retested using the same measures. The treatment program utilized was developed by Abel et al. (1984). This program evolved from grant MH 36347 "The Treatment of Child Molesters," funded by the NIMH: Center for Studies of Antisocial and Violent Behavior. This clinical treatment-research project investigated the relative effectiveness of various treatment elements for child molesters. Because it was not feasible to implement the entire 30-session program at this time, a shortened 15-session program utilizing 3 of the 6 treatment components was conducted. The program consisted of 5

sessions of Social Skills Training, 5 sessions of Cognitive Restructuring, and 5 sessions of Sex Education. The covert sensitization and satiation modules were omitted due to the difficulty implementing these treatments in a prison setting. The Social Skills training module was chosen instead of the Assertiveness training module because Assertiveness training is essentially Advanced Social Skills. Therefore, Social Skills, Cognitive Restructuring, and Sex Education seemed the most appropriate modules to utilize for this study.

Participants attended 2 sessions per week with each session lasting 1.5 hours. The 2 group meeting times were counterbalanced to avoid confounding. Felons incarcerated for sex offenses against individuals age 13 or under were compared with felons convicted of the same offense. One group received treatment for this problem, the other did not.

METHOD

Subjects

The sample of subjects used in this study consisted of felons committed to the Ionia Temporary Correctional Facility located in Ionia, Michigan, a medium-security prison. All offenders met the following criteria for inclusion in the study: they were convicted of sexual offense against an individual 13 years of age of under, they had no sex offender treatment prior to the study,

their intellectual functioning was defined as a total IQ of 95 or above on the Shipley Institute of Living Scale (Shipley, 1940). This figure was well above the minimum published criteria (average IQ=80) that has been used to assure good comprehension of the MMPI (Maloney & Ward, 1976). Those with Shipley Score lower than 95 (5 cases) were eliminated from the sample. Valid protocols were those with MMPI profiles having an absolute value of the F < 17 (raw scores) or F from 17 to 22 and F-K < 12 (Dahlstrom, Welsh, & Dahlstrom, 1977). When these criteria were applied, an additional 2 cases were eliminated from the sample. Study participants were not eligible for parole or transfer during the study period. Each subject completed a consent form (see Appendix A for a copy of the form) and five dollars was deposited into their prison account in an attempt to enhance participation.

The 60 sex offenders who met the above criteria for inclusion in the study had a mean age of 38.7 years (SD=9.90). Of these offenders 49 were white and 11 were nonwhite. Forty-five members of the entire sample were married and 15 were unmarried. Ninety-five percent of the entire sample reported a sexual experience with an adult as children. (See Table 2 for complete demographic information).

Table 2

Demographic Characteristics of Treatment and Control Subjects

Frequency and Percentile Distribution

	Control Group (N=30)		Treatment Group (N=30)	
Race:	Pct.	Frequency	Pct.	Frequency
Black	20	6	16.7	5
White	80	24	83.3	25
Educational Level: Grade				
1-7	13	4	0	0
8-10	20	6	30	9
11-12	57	17	67	20
13+	0	3	3	1
Occupation:				
Professional	3	1	0	0
Skilled Trade	54	16	54	16
Unskilled Trade	26	8	23	7
None	17	5	23	7
Marital:				
Single	20	6	20	6
Married	77	23	73	22

Table 2 (cont'd)

Divorced	3	1	7	2
Military Service:				
Yes	30	10	27	8
No	70	20	73	21
Alcohol/Drug Use During Offense:				
Yes	70	20	57	17
No	30	10	43	13
Religion:				
Catholic	20	6	6	2
Protestant	13	4	17	5
None	50	15	40	12
Other	17	5	37	11
Victim:				
Male	0	0	3	1
Female	100	30	97	29
Incest/Including Stepchildren				
Yes	67	20	54	16
No	33	10	46	14

No attempt was made to match individuals on the basis of race, socio-economic status, religion, intelligence or other characteristics.

Setting

The study was conducted on the premises of the Ionia Temporary Correctional Facility at Ionia, Michigan, a medium-security prison. The facility has an inmate population of approximately 900 felons.

The prison has an educational system through high school and some college courses, therapeutic programs and leisure time activities. Basic diagnostic and test data are available on all felons entering the facility. These consist of IQ data, average academic grade records, and some personality test data.

All interviews and the treatment program itself were conducted by Theresa Anderson-Varney, M.A., L.L.P.. This researcher is a doctoral candidate at Michigan State University and has experience conducting both group and individual psychotherapy in addition to experience in the classroom. The psychotherapy experience includes both group and individual work with sex offenders and their families in addition to other populations.

Measures

Minnesota Multiphasic Personality Inventory (MMPI). The MMPI is the most widely known and best researched personality instrument used with sex offenders. It was developed by Hathaway and McKinley (1940) and

consists of 566 true/false items that produce 4 validity scales and 10 clinical scales. The 4 validity scales of the MMPI were extracted for use in this study in order to determine validity of protocols because other measures used are relatively new and most have not been extensively researched. In addition, it is well known in the sexual abuse research community that it is very difficult to obtain valid profiles from sex offenders (Margargee & Barbaree, 1990).

The Multiphasic Sex Inventory (MSI). The MSI consists of 300 true/false items. These produce 20 clinical scales and a sexual history. The clinical scales are as follows:

	Number
Validity	6
Sexual Deviance	3
Atypical Sexual Behavior	5
Sexual Dysfunction	4
Sexual Knowledge Scale	1
Treatment Attitudes	1

The Paraphilias (Sexual Deviation) Subtest, consisting of the Child Molest Scale, the Rape Scale, and the Exhibitionism Scale is considered the backbone of the MSI. These scales measure cognitions and behaviors

thought to be common to child sexual offenders, and therefore are considered to measure universal aspects of molestation.

The Paraphilias (Atypical Sexual Outlet) or P(ASO) consists of five scales: Fetish, Obscene Call, Voyeurism, Bondage and Discipline, and Sado-Masochism. These are considered along with the scales on sexual dysfunction, sex knowledge and belief, and sex history, to measure individual differences among sex offenders. The P(ASO) is designed to assess behaviors that, although often a cause for clinical concern, rarely result in legal action against the offender.

The validity scales included a Parallel Items Scale (identical items to a subset of the MMPI), Sex Obsessions Scale, Social Sexual Desirability Scale, four Lie Scales, of which only the relevant one is used (child molestation, rape, exhibitionism, and incest), a Cognitive Distortions and Immaturity Scale which is a characterological scale as well as an assessment of self-accountability. It is intended to assess early childhood cognitive distortions which stay with the offender and help him to set the stage for his personality disorder and potential to act out sexually deviant impulses. The final scale is a Justification Scale, which measures the degree to which the offender justifies his behavior. Nichols and Molinder (1984) reported concurrent validity of .61. In another study, they found test-retest reliability of .86 for all

subtests and scales of the MSI.

Abel and Becker Cognition Scale (ABCS). This scale consists of 29 statements that measure cognitive distortions relating to pedophilic behavior. Subjects' responses range from "Strongly Agree" to "Strongly Disagree" (Abel et al., 1984). A higher score suggests fewer cognitive distortions. Abel and Becker reported internal consistency coefficient (Kuder-Richardson 20) of .64 and test-retest coefficients of .80 for a sample of pedophiles.

Attitudes Toward Women Scale (ATWS). This is a 15-item scale that measures attitudes toward a number of aspects of the female role, including vocational, educational and intellectual aspects as well as interpersonal relationships. Subjects indicate their degree of agreement on a four-point scale from "Agrees Strongly" to "Disagrees Strongly" (Spence & Helmreich, 1978). Spence and Helmreich (1978) reported internal consistency coefficient of .70 and test-retest reliability of .73.

Interpersonal Reactivity Index (IRI). This 28-item index measures personal distress, self esteem, fantasy, and empathic concern (Davis, 1980). Responses are made on a five-point scale from A ("does not describe me well") to E ("describes me very well"). Davis reported internal and test-retest reliabilities of .71 to .77 and .62 to .71 respectively.

Social Avoidance and Distress Scale (SADS). This is a 28-

item true-false scale that was designed to assess an individual's social competence and the desire to avoid social interactions with others. In addition, it measures the extent of personal distress present in social interactions. Higher scores indicate greater discomfort (Watson & Friend, 1969). The authors reported internal consistency coefficient (Kuder-Richardson 20) of .94 and test-retest reliability of .79.

Assumptions

This study makes the assumption that an individual becomes a child molester due to a complex interplay of factors, all of which we may not yet understand. It is also assumed that some factors found in the four-factor approach are present in at least some child molesters.

The four-factor approach was delineated by Ariji and Finkelhor (1984) in an effort to bring together the empirical work done so far in this area. In addition, this approach encourages a more complex view of the situation while providing some order to a possibly confusing array of proposed theories. The measures used in the present study allowed observation and consideration of several aspects of the four-factor approach. This research focused on arrested development/immaturity, conditioning and modeling from childhood experiences with resulting cognitive distortions relating to sexual activity, low self esteem, identification with aggression, inadequate

social skills, sexual anxiety, and patriarchal norms. The treatment program utilized social skills training, cognitive restructuring, and sex education modules in an effort to reduce cognitive distortions and sexual anxiety and enhance social skills. As a result, the treated individuals would be more likely to develop adult relationships and less likely to turn to children for sexual gratification.

Hypotheses

The following hypotheses were tested with reference to social skills and sexual anxiety:

H1: From time 1 (pre) to time 2 (post), subjects in the experimental group will show improved social skills and reduced anxiety when compared to control subjects as evidenced by scores on the Social Avoidance and Distress Scale (SADS).

H2: From time 1 (pre) to time 2 (post), subjects in the experimental group will show less sexual anxiety when compared to control subjects as evidenced by scores on the Multiphasic Sex Inventory (MSI) Sexual Inadequacies Scale (SI).

The following hypothesis was tested with reference to self-esteem:

H3: At time 1 (pre), all subjects will exhibit low self-esteem as evidenced by reduced scores (<16) on the Interpersonal Reactivity Index (IRI) Perspective

Taking Scale.

The following hypotheses were tested with reference to cognitive distortions and arrested development/immaturity:

H4: From time 1 (pre) to time 2 (post), subjects in the experimental group will show less cognitive distortions than control subjects as evidenced by scores on the Abel and Becker Cognition Scale (ABCS) and the Multiphasic Sex Inventory (MSI) Justifications Scale.

H5: All subjects will exhibit arrested development/ immaturity at time 1 (pre) as evidenced by scores on the Multiphasic Sex Inventory (MSI) Cognitive Distortions and Immaturity Scale.

Following is the hypothesis that was tested regarding identification with aggression:

H6: All subjects will exhibit an identification with aggression at time 1 (pre) as evidenced by scores on the Sexual History Scale of the Multiphasic Sex Inventory (MSI).

Following is the hypothesis that was tested relating to patriarchal norms:

H7: At time 1 (pre) all subjects will exhibit patriarchal feelings toward women as evidenced by elevated scores on the Attitudes Toward Women Scale (ATWS) (overall mean > 25).

The following hypotheses was tested regarding sexual

knowledge:

H8: From time 1 (pre) to time 2 (post), subjects in the experimental group will exhibit enhanced sexual knowledge when compared to control subjects as evidenced by scores on the Multiphasic Sex Inventory (MSI) Sexual Knowledge Scale.

RESULTS

A multivariate analysis of variance (MANOVA) was used to assess overall treatment effects and to control for inflations in alpha level resulting from multiple tests (Barker & Barker, 1984). Univariate analyses of variance (ANOVAS) were then used to determine the detailed pattern for each dependent variable.

As predicted, the MANOVA showed significant differences between the groups at the second assessment. A significant multivariate effect was found for the main effect of time Wilks lambda = .058, $p < .01$. The interaction for group X time was statistically significant, (Wilks lambda = .619, $p < .01$). The results of the univariate analyses of variance are noted below. Summary tables are shown following each hypothesis.

Hypothesis 1. It was predicted that from time 1 (pre) to time 2 (post), subjects in the experimental group would exhibit improved social skills and less social anxiety than control subjects as evidenced by reduced scores on the Social Avoidance and Distress Scale (SADS). This

hypothesis was supported. The univariate analysis of variance reached significance [$F(1,58) = 11.65$, $p<.01$]. A significant main effect for time was also obtained [$F(1,58) = 11.21$, $p<.01$]. The group effect was not significant [$F(1,58) = .389$]. The scores on the Social Avoidance and Distress Scale indicated significant differences between subjects in the experimental group (Time 1, M = 14.13; Time 2, M = 10.63) and subjects in the control group (Time 1, M = 13.60; Time 2, M = 13.63). See Table 3 for means, standard deviations, and the summary table for main and interaction effects.

Table 3

Social Avoidance and Distress Scale (SADS) Means & Standard Deviations

	Time 1	Time 2
Treatment	14.13 (16.22)	10.63 (8.47)
Control	13.60 (15.39)	13.63 (14.98)

Summary Table for Main and Interaction Effects on the SADS

	Mean Square Effect	Mean Square Error	F(df1,2) 1,58	p-level
Main Effects				
Group	182.533	468.439	.389	.534
Time	360.53	32.154	11.212	.001
Interaction	374.533	32.154	11.648	.001

<u>Hypothesis</u> <u>2</u>. It was predicted that from time 1 (pre) to time 2 (post), subjects in the experimental group would exhibit less sexual anxiety than control subjects as evidenced by scores on the Multiphasic Sex Inventory (MSI) Sexual Inadequacies (SI) Scale. This hypothesis was not supported. The interaction between group and time was not significant [F(1,58) = .461]. A significant main effect was found for time [F(1,58) = 404.44, p<.01] but not for group [F(1,58) = 3.78]. At time 2 (post), scores on the Sexual Inadequacies (SI) Scale of the Multiphasic Sex Inventory (MSI) did not indicate significant differences in sexual anxiety between subjects in the experimental group (Time 1, <u>M</u> = 22.57, Time 2, <u>M</u> = 48.33) and subjects in the control group (Time 1, <u>M</u> = 26.97, Time 2, <u>M</u> = 54.53). Both groups scores changed in the expected direction. Table 4 for means, standard deviations, and the summary table of main and interaction effects.

Table 4

(MSI) Sexual Inadequacies Scale Means and Standard Deviations

	Time 1	Time 2
Treatment	22.57 (10.15)	48.33 (16.33)
Control	26.97 (6.07)	54.53 (12.02)

Summary Table for Main and Interaction Effects on the MSI SI

	Mean Square Effect	Mean Square Error	F(df1,2) 1,58	p-level
Main Effects				
Group	842.700	222.915	3.78	.056
Time	21333.32	52.747	404.44	.001
Interaction	24.299	52.747	.460	.500

Hypothesis 3. It was postulated that all subjects would exhibit low self-esteem at time 1 (pre) as evidenced by low scores (<16) on the Perspective Taking Scale of the Interpersonal Reactivity Index. This hypothesis was not supported. Mean score for all subjects at time 1 (pre) was *M* = 18.70. A post-hoc comparison of the 2 groups found no difference at time 2 (post) [F(1,58) = .067]. See table 5 for means and standard deviations.

Table 5

IRI Perspective Taking Scale Means and Standard Deviations

	Time 1	*Time 2*
Treatment	18.03 (4.47)	37.13 (9.99)
Control	19.36 (4.62)	37.93 (9.04)

Hypothesis 4. It was predicted that from time 1 (pre) to time 2 (post), subjects in the experimental group would exhibit less cognitive distortions than control subjects as evidenced by scores on the Abel & Becker Cognition Scale (ABCS) and the Multiphasic Sex Inventory (MSI) Justifications Scale. The results of the univariate analysis of variance with the Abel & Becker Cognition Scale (ABCS) reached significance [F(1,58) = 4.64, p<.035]. The main effects for group [F(1,58) = 4.73,

p<.034] and time [F(1,58) = 4.75, p<.033] were also significant. Subjects in the experimental group (Time 1, **M** = 123.77; Time 2, **M** = 134.53) exhibited fewer cognitive distortions at time 2 (post) than control subjects (Time 1, **M** = 121.03; Time 2, **M** = 121.10). The ANOVA interaction with scores from the Multiphasic Sex Inventory (MSI) Justifications Scale did not reach significance [F (1,58) = .637]. The main effect for group [F(1,58) = .006] was not significant. However, a significant main effect was found for time [F(1,58) = 63.70, p<.01. Subjects in the experimental group (Time 1, **M** = 7.03, Time 2, **M** = 12.73) did not exhibit fewer cognitive distortions than control subjects (Time 1, **M** = 6.57, Time 2, **M** = 13.53) as evidenced by scores on the MSI Justifications Scale. This hypothesis was only partially supported. See Table 6 for means, standard deviations and the summary table for main and interaction effects.

Table 6

ABCS Means and Standard Deviations

	Time 1	Time 2
Treatment	123.77 (20.19)	134.53 (12.05)
Control	121.03 (21.18)	121.10 (14.04)

Summary Table for Main and Interaction Effects on the ABCS

	Mean Square Effect	Mean Square Error	F(df1,2) 1,58	p-level
Main Effects				
Group	1960.208	414.342	4.730	.033
Time	880.20	184.976	4.758	.033
Interaction	858.675	184.976	4.642	.035

Table 7

MSI Justifications Scale Means and Standard Deviations

	Time 1	Time 2
Treatment	7.03 (6.01)	12.73 (10.25)
Control	6.57 (5.26)	13.53 (10.82)

Summary Table for Main and Interaction Effects on the MSI J Scale

	Mean Square Effect	Mean Square Error	F(df1,2) 1,58	p-level
Main Effects				
Group	.833	124.104	.006	.934
Time	1203.33	18.890	63.701	.001
Interaction	12.033	18.890	.637	.428

Hypothesis 5. It was predicted that all subjects would exhibit arrested development/immaturity at time 1 (pre) as evidenced by scores on the Multiphasic Sex Inventory (MSI) Cognitive Distortions & Immaturity Scale. This hypothesis was supported. The overall mean for all subjects at pre-test for the MSI Cognitive Distortions & Immaturity Scale was 7.83 (SD = 4.71). A score from 4-9 suggests cognitive distortions and immaturity.

Hypothesis 6. It was predicted that at time 1 (pre) a significant percentage (>50%) of all subjects would exhibit an identification with aggression as evidenced by a reported history of sexual abuse in their backgrounds found in the Multiphasic Sex Inventory Sexual History Scale (MSI). Ninety-five percent (95%) of the entire sample was found to have reported sexual abuse. X (4, *N* = 60) = 91.73. This hypothesis was supported.

Hypothesis 7. It was predicted that at time 1 (pre) the overall mean of the Attitudes Toward Women Scale (ATWS) would be greater than 25, suggesting patriarchal feelings toward women. The mean for the entire sample at time 1 (pre) was 28.53 (SD = 7.39). Therefore, this hypothesis was supported.

Hypothesis 8. It was predicted that from time 1 (pre) to time 2 (post), subjects in the experimental group would exhibit increased sexual knowledge when compared to control subjects as evidenced by scores on the Multiphasic Sex Inventory (MSI) Sexual Knowledge Scale. This

hypothesis was supported; [$F(1,58) = 11.65$, $p<.001$]. The group main effect was significant [$F(1,58) = 3.99$, $p<.05$], as well as the time main effect [$F(1,58) = 351.91$, $p<.001$]. At time 2 (post), subjects in the experimental group (Time 1, $M = 14.87$; Time 2, $M = 17.93$) had greater sexual knowledge than subjects in the control group (Time 1, $M = 14.80$; Time 2, $M = 14.67$). See Table 8 for means, standard deviations, and the summary table for main and interaction effects.

Table 8

MSI Sexual Knowledge Scale Means and Standard Deviations

	Time 1	Time 2
Treatment	14.87 (6.53)	17.93 (7.52)
Control	14.80 (3.39)	14.67 (3.40)

Summary Table for Main and Interaction Effects on the MSI SK

	Mean Square Effect	Mean Square Error	F(df1,2) 1,58	p-level
Main Effects				
Group	326.70	81.718	.997	.050
Time	9469.63	26.909	351.911	.001
Interaction	313.63	26.909	11.655	.001

DISCUSSION

The findings of the present study for hypothesis 1 suggest that members of the experimental group exhibited improved social skills and reduced anxiety when measured by the Social Avoidance and Distress Scale (Watson & Friend, 1969). The Social Avoidance and Distress Scale measures an individual`s thoughts and feelings about certain behaviors rather than the behaviors themselves. Additionally, the SADS is a manifest scale and may be influenced by demand characteristics and social desirability. Nevertheless, the result suggests that members of the experimental group were amenable to change as a result of the intervention while the control group remained unchanged.

There were no statistically significant results for hypothesis 2 or 3. Hypothesis 2 predicted that sexual anxiety would be reduced for experimental subjects at time 2 (post). This was not the case. Sexual anxiety was not reduced by the treatment program. It may be that individuals gained knowledge about social skills and sex education, but having little or no opportunity to practice these skills with peers of the opposite sex, allowed little change in anxiety relating to sexual issues. In addition, self-esteem scores were not low as expected, and there was no difference in scores between groups after the

brief exposure to intervention. One would expect incarcerated child molesters to have low self-esteem simply because they are in prison, aside from assuming low self-esteem is a result of (or cause for) abusing 72 others. However, when the literature is reviewed, it becomes obvious that inferences are weak due to methodological and conceptual problems. For example, Toobert, Bartelme and Jones (1959) found pedophiles to be "weak and inadequate and had low self-esteem" (p.67). Posible sex-role stereotyping is a problem with this study, as well as with Stricker's (1967) study. Stricker used the Blacky pictures with pedophiles and concluded that "pedophiles share this immature, feminine approach" (p. 38). Panton (1978) reported that the MMPI profiles of child molesters "implied self-alienation, low self-esteem, self-doubt, anxiety, inhibition of aggression, aversion to violence, need for reinforcement, feelings of inadequacy, insecurity, and fear of heterosexual failure" (p. 391). Again, possible sex-role stereotyping is a problem with this study.

In other studies, Hammer & Glueck (1957) used Rorschach, House-Tree-Person, and Blacky pictures to test 200 sex offenders and concluded that pedophiles feel psychosexually immature and lacking in self-esteem but do not say which findings warranted these conclusions. Peters (1976) found sex abusers to be more immature and regressed than normal men, and had strong dependency needs

and feelings of phallic inadequacy. These conclusions were based on Bender Gestalt test results with a sample of 224 male sex offenders on probation. There is no empirical evidence that the Bender Gestalt test measures phallic inadequacy. He also found that child sex abusers scored higher than other sex offenders on the somatic scale of the Cornell Medical Index, meaning that they had a particularly large number of physical symptoms. He concluded that they have a "strong tendency to somatize affective problems and thus view themselves as inferior. They seem to feel unable to compete with other men in efforts to attract adult women because of this felt inferiority" (p. 417). However, conceptual conclusions of this nature must be considered with caution until additional objective research information becomes available. In addition, a thorough investigation using only child molesters has not been done.

Hypothesis 4 stated that members of the experimental group would exhibit less cognitive distortions than controls at post-test. This hypothesis was supported when using the Abel and Becker Cognition Scale (ABCS). That was not the case when utilizing the Justifications Scale of the Multiphasic Sex Inventory (MSI).

It should be noted that the Abel and Becker Cognition Scale items are transparently obvious and may be affected significantly by social desirability and demand

characteristics. Much of the data reported by Abel et al. (1984) was based on a sample of voluntary offenders who were promised confidentiality. Whether this scale will reveal the same distortions among sex offender under legal pressure to appear normal needs to be further explored. In the present study changes have occurred. This intervention may be instrumental in activating changes in response to these items. If demand characteristics were operating they do not seem to change the responses in the control group.

The Justifications Scale includes a large number of items labeled "psychological justifications", such as "my sexual offense occurred as a result of my wife's lack of understanding of me" and "My sexual offense occurred because of stresses in my life." There are also a number of items related to attribution of blame to the victim, such as "My sex offense would not have occurred if the victim had not been sexually loose." This scale covers a narrower range of potential distortions than does the Abel and Becker Cognition Scale. Both groups changed in the expected direction. These findings are also consistent with the findings of the next hypothesis.

Hypothesis 5 predicted that all subjects would exhibit arrested development/immaturity at pre-test as evidenced by scores on the Multiphasic Sex Inventory Cognitive Distortions and Immaturity Scale. The CDI is a

characterological scale as well as an assessment of self-accountability. It is intended to assess early childhood sexual experiences and resulting cognitive distortions which stay with the offender and help him to set the stage for his personality disorder and potential to act out sexually deviant impulses. The results of the present study suggest that this group of child molesters do, indeed, suffer from arrested development/immaturity.

Hypothesis 6 predicted that all subjects would exhibit an identification with aggression (i.e., conditioning from early childhood experiences) as evidenced by a reported history of sexual abuse in their backgrounds. Ninety-five percent of the entire sample reported a sexual experience with an adult as children. It was expected that most would report such an experience. This also supports past research suggesting that a high percentage of child molesters have had sexual abuse in their past.

Hypothesis 7 predicted that the sample would evidence patriarchal feelings toward women at pretest as found in the Attitudes Toward Women Scale (ATWS). Patriarchal feelings can be defined as a world view that seeks to create and maintain male control over females. It is a system of male supremacy. In contemporary society men as a class dominate women as a class. This dominance is maintained by men's organization and control over the

structural systems that constitute the society we exist in, for example, the health, legal, welfare, educational, economic, judicial, religious, and family systems. In addition, the way these systems function is primarily determined by patriarchal beliefs and values.

Male leadership is based on the assumption that men's perception of reality is the only one. Women and children are viewed as adjunct, secondary, objects for male manipulation (Waldby et al., 1989).

Feminist analysis of child sexual abuse has been concerned with presenting the experience from the position of the woman and the child, to understand the family dynamics as the playing out of a power relationship and to look at the connection between this power relationship and the broader operation of patriarchy (Waldby et al., 1989). By linking the phenomenon of child sexual abuse with the nature of the family and male-female relationships in patriarchal society, intervention strategies can be suggested that are social as well as individual: for example, the very act of reconceptualizing the notion of power is part of the empowerment process; and the initial step towards recovery and survival.

How does the misuse of power relate to child sexual abuse? Child abuse represents a misuse of the power that society "legitimately" accords to males and to adults. As this power of males and adults exists, there also exists

the <u>potential</u> for every man to misuse his power over women (e.g., rape) and for every adult to misuse his/her power over children (e.g., sexual assault). As well as this potential, there exists the option for abuse, as society actually legitimizes the misuse of power. The legitimizing of the abuse of power is child sexual abuse. It occurs on several fronts. For example, the child who discloses to adults, who she hopes will protect her from abuse, is often not believed. Society reinforces this situation by perpetuating some of the myths about child sexual abuse.

Secondly, the legal system allows for relative ease of removal of the child from the family, yet makes it difficult to remove the offender. This, of course, reinforces the blame on the child and grants the male/adult the right to continue to offend.

Thirdly, society provides limited punishments for sex offenders: imprisonment for those very few offenders who are found guilty by the criminal justice system; and public shaming for those even fewer offenders who become news for a day. On the whole, most offenders are not punished by society (Driver & Droisen, 1989). When the misuse of power is also legitimized by society, there exists a very real option for individuals to act on that potential and thereby abuse the power granted to them. The "traditional" values that contemporary society holds support this view. This hypothesis was supported. As

expected, this sample evidenced patriarchal feelings toward women.

As predicted, subjects in the experimental group exhibited enhanced sexual knowledge at post-test when compared to controls. The sex education module made a difference for experimental subjects even though there was no direct attempt to "teach" the items on the scale. The subjects were clearly limited in their knowledge in this area at time 1 (pre) and were able to add to their knowledge base through the program. Control subjects did not improve.

Overall, the social skills training and the sex education modules of the behavioral treatment program developed by Abel and Becker et al. (1984) had impact on this group of incarcerated child 73 molesters.

Future research is needed to attempt implementation of a long-term treatment program utilizing all components of the program a presented by Abel et al. (1984). The entire program includes social skills and assertiveness training, in addition to covert sensitization and satiation, cognitive restructuring, and sex education. These modules are difficult to implement in a prison setting and will require a great deal of cooperation from the Department of Corrections especially since they require 30 weeks of intervention. It will be important to have the opportunity to assess recidivism as well as long-

term follow-up of subjects.

Several researchers have stated that a major problem with research on child sexual abusers has to do with the fact that almost all such research is based on subjects recruited from the criminal justice system, either incarcerated offenders or probationers in treatment. This fact then casts doubt on the generalizability of almost all known findings about sexual abusers. However, we can generalize to incarcerated child molesters.

The suggestion is made that incarcerated offenders or probationers in treatment constitute a small percentage of all sexual abusers. From the studies reviewed earlier, it is clear that millions of children are subject to sexual advances and actions by older persons. We know that only a relatively small proportion of these are ever reported to the authorities. For example, in Russell's (1984) San Francisco survey, only 2% of the intrafamily and 6% of the extrafamily sexual abuse incidents were reported to the police. Even when incidents are reported to authorities, many offenders are not apprehended, many do not go to trial, and only a few are convicted. Rogers (1982), tracking reported cases in Washington, D.C., criminal justice system, found that only half of all identified suspects would be arrested, and that less than a third subsequently would be convicted. Therefore, those sex abusers who are convicted or even seen within the criminal

justice system are a small fraction of all offenders, and probably the most flagrant and repetitive in their offending. They are likely the most socially disadvantaged, and least able to persuade the criminal justice authorities to let them off. Although such a group cannot be considered representative of all offenders, it should be noted that this group surely needs treatment. We strongly believe that incarcerated individuals should be offered some form of rehabilitation. Incarceration alone will not change their inability to interact with adult women. It will not change the lack of knowledge that they have about their own bodies let alone the bodies of the opposite sex. It will certainly not help them to change their abusive behavior. It is essential that changes be made in the way the prison system handles these individuals.

In those limited instances when treatment is available, programs are biased toward selecting clients for treatment thought most likely to succeed. Identifying features of those men who respond most effectively to any particular treatment program should not encourage the establishment of criteria that will exclude individuals. Instead, it will be important to encourage treatment researchers to develop additional or alternative programs for those men for whom available treatments presently fail. Substantively, there are essentially two issues

here. Some researchers (e.g., Laws, 1986; Marques, Day, Nelson, & Miner, in press; Pithers, 1990) argue that the use of entry (instead of exclusionary) criteria permits the isolation of various categories of offenders who are most likely to benefit from a particular constellation of treatment modalities. They argue that if this is effective, it permits wide execution of the treatment for those offender categories. Then, they argue, it is possible to move on to less amenable populations of offenders. Other researchers (Marshall & Barbaree, 1990) argue that this is a highly limiting approach, is probably scientifically and statistically unsound due to the lack of random selection of subjects, and limits generalizability of any treatment tested under such conditions. Marshall and Barbaree would offer treatment to all candidates, adapt treatment to individual needs, and sort out the groups versus modalities later. Obviously, either process is a lengthy endeavor, and there is at present no empirical support favoring one over the other.

Sometimes the basis for exclusion is simply practical. For instance, offering treatment to incarcerated offenders who have very lengthy sentences is seen by institutional programs as a waste of their resources, at least until there is some hope of imminent release for these inmates. Similarly, many community

settings, especially those offering service for a fee, often exclude individuals who also have nonsexual criminal histories or persons with lengthy deviant sexual histories (especially pedophilia or exhibitionism). Such programs also often have restrictions against particular types of offenders such as rapists, violent pedophiles, volatile and dangerous juveniles, or persons with bizarre sexual deviations. The usual reasons given for exclusion are either that these offenders pose too great a threat to the community to be treated on an outpatient basis or that the particular program is not equipped to deal with these problems. Unfortunately, the result is that those individuals most in need of self-management and relapse prevention skills do not receive treatment. These programs select for success, where possible choosing low-risk, first-time, nonviolent offenders who, to be sure, make up a large proportion of known sexual criminals (Marshall & Barbaree, 1990). Their treatment directors can point to low recidivism rates among treated offenders. However, the most needy are not being treated which can result in disastrous consequences for victims.

Another important issue is relapse prevention. Follow-up was not possible in the present study, but is important to consider for future research. Treatment with this population attempts to train these men to reduce exposure to risky situations, to alter their views in a

prosocial direction, to develop alternative, more acceptable responses to meet their needs, and to provide them with the skills necessary to enact these alternatives. Treatment, then is seen as training or education rather than therapy, and is not considered to be a cure which will eliminate all future probability of offending.

Laws and Marshall (1990) point out that chronic sexual deviation is a robust problem, highly resilient and resistant to alteration. It is not a "sickness" that one "gets over" (p.222). Therefore, the offender is seen as continuing to be at risk after treatment, the aim of treatment being to reduce that risk and make possible subsequent self-management. This approach also dictates that formal treatment should be followed by some form of continuing contact with the ex-clients, and there are several long-term options for follow-up, with each of these options requiring development and evaluation. One approach developed by Marshall and Barbaree (1988) is to equip the clients with strategies for dealing with risky situations and with ways of avoiding such situations. Such a strategy is derived from a relapse prevention protocol which is taught to the outpatient offenders as part of treatment. This approach does leave the responsibility entirely with the client, and many clinicians think that this is less than satisfactory.

A second approach to the follow-up problem has been to offer booster sessions spread over several years after formal treatment ha ended. Maletzky (1991) has employed this strategy , and has some positive effects. However, he does not evaluate the effects of the booster sessions independent of the effects of the prior, formal treatment program.

The final approach involves direct supervision of the ex-client over an extended postreatment period. Abel (1987) has described a surveillance procedure which identifies four to five persons who are in regular contact with the ex-client. These include family members, friends, and professionals working with the client. The members of each client's surveillance group report to the therapist the occurrence of risky situations (e.g., the offender becoming angry, stressed, or bored) or provocative behaviors on the part of the offender (e.g., being in the company of children, near parks or schoolyards, or unable to account for substantial periods of time). Whenever such problems are reported, the therapist takes whatever action is deemed appropriate, which may include booster treatment. A more elaborate version of this approach has been advocated by proponents of relapse prevention, and the outcome from these programs is very encouraging (Pithers, 1990). In this variation, probation and parole officers are trained in

elaborate relapse prevention strategies, and they in turn train the offenders and monitor their adherence to the program. However, it is important to note that it remains an empirical question as to whether or not this, or any alternative approach, is satisfactory.

Future research has the responsibility of evaluating posttreatment interventions as well as the treatment programs themselves. If posttreatment programs are found to be valuable additions, we will need to learn how long the contact should be continued. These issues are open to evaluation and hopefully will be the subject of future investigation.

The study of child molesters is not an easy task. Such individuals do not make enthusiastic or cooperative subjects, and the matters of most interest to the researcher are often the ones that subjects are least interested in divulging. Yet there is perhaps no more important need in the field of sexual abuse. Research on offenders is an area in which little is known and additional findings may provide large payoffs for prevention and treatment efforts. For example, when research on physical child abusers demonstrated that single adolescent parents were at high risk of becoming abusers, it led very rapidly to prevention programs aimed at providing services to adolescent parents, therefore reducing the likelihood of physical abuse before if

occurred. If we had similar information on persons at high risk for committing sexual abuse, we might be able to devise similar sex abuse prevention programs. In addition, studies of offenders and their likelihood to reoffend may cast light on many crucial questions concerning the handling and treatent of child sex abuse cases. For example, after disclosure is it crucial to remove children from access to the offender? Can pretrial diversion programs be as effective as postconviction treatment? Is it important to incarcerate offenders for extended periods of time? Is any form of offender treatment more effective than any other? Do posttreatment interventions decrease the likelihood of reoffense? Which method of postreatment intervention works best? All these questions require that we begin to have ways to measure the propensity of molesters to reoffend. It is of the utmost importance in the effort to deal with the problem of sexual abuse that research be turned in this direction.

Currently, there are available means for managing and treating child sex offenders, and if government and funding agencies can be persuaded to offer greater support for treatment and research efforts, the numbers of innocent women and children who suffer at the hands of these individuals will be reduced. In the long run, however, treatment of offenders is not the solution to the problem, although it is part of the solution.

The knowledge gleaned in work with offenders must be added to that derived from associated research to develop prevention strategies. Steps toward prevention include social change which empowers women and children. The sexual abuse of women and girls has emerged as a cultural, not an individual problem. Sexual violence against women presents a logical and inevitable extension of attitudes and practices surrounding relationships between men and women in a male-dominated culture (Brownmiller, 1975; Clark & Lewis, 1977; Gager & Schurr, 1976). When over 50% of a male college sample might rape if assured that they would not be caught (Malamuth, Haber, & Feshbach, 1980), and the majority of a male high school sample reports that date rape is acceptable under a variety of circumstances (Goodchilds & Zellman, 1984), it is difficult to view the sexual abuse of women and children as other than a culturally acceptable practice. Long-term prevention, therefore, necessitates changing the societal conditions which encourage and sanction a generalized hostility toward women and children and the consequent sexual abuse of them. Attitudes which trivialize or erase the damage done to women and girls protect aggressors and create a climate that is hostile to females and children. Cultural institutions are designed to maintain the status quo, including sexual violence against women and girls. To this end, we socialize males to be aggressive, to devalue

women, and to relate to others in minimally empathic ways.

It has been suggested that sexual violence is a powerful tool used to control women and children as a group (Brownmiller, 1975) and an outgrowth of structural inequalities (Clark & Lewis, 1977). Either way, sexual violence will end when men no longer have the "power to define what and who the problem is" (Russell, 1984, p. 289).

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APPENDIX A

Letter to Sample

LETTER TO SAMPLE

Your name has been generated from a Department of Corrections list to participate in a research project. This is a PhD dissertation research project. This research is a treatment evaluation of a program for men convicted of Criminal Sexual Conduct. This is a pilot project being conducted in order to develop a rehabilitative tool for this problem. This research is being conducted with the hope that such a program may be implemented in a prison setting in the future.

You will be asked first to take several tests. There will be no announcement as to why you are being called out and prison staff will not be aware of the ongoing project. There will be no need to inform anyone of your participation.

After the first testing session, half of the total group will be randomly selected to participate in the treatment component of the study. The individuals chosen to participate in the treatment will be offered the opportunity to take part in two classes per week for 8 weeks. Each class lasts for 1 1/2 hours and will involve social skills training, sex education, and cognitive restructuring (this means looking at the way we think and feel and how our behaviors are affected by our thoughts). After completion of the treatment phase all original participants will again be tested using the same paper and pencil tests that were used during the first testing session.

You will be given $5.00 for your participation in his project. This amount will be deposited in your account after completion of the last testing session. You will be given the $5.00 whether or not you are chosen to participate in the treatment phase of the project. You will be free to withdraw your participation at any time.

Please read and sign after the following paragraph if you give your consent to participate in this study.

> I understand that participation in this experiment is strictly voluntary; that this experiment is a project performed in partial fulfillment of requirements for the Ph.D. degree. I further understand that this experiment involves no danger or harm either physical or psychological, and that the privacy and rights of the participants will not be violated. Finally, I understand that I am entitled to a complete

explanation of the experimentation in which I am involved as a participant. I also understand that I am entitled to receive, upon request, a summary report of the results of this experiment upon its completion at no cost to me.

Participant's
Signature______________________________________
Date_________________________

_____Yes, I would like a copy of the results of this study.
Experimenter: Theresa Anderson-Varney, M.A., Michigan State University

Please return this consent form by: _______________________

Please return the form in the enclosed envelope and I will be in touch with you.

Thank you

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