PREDICTORS OF LEVELS OF MORAL JUDGEMENT, EMPATHY, AND MORAL MOTIVATION IN A GROUP OF CHILD MOLESTERS IN TREATMENT

A Dissertation
Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

by
Constance Louise Nesbitt Brody, B.Sc., M.A.

* * * * *
The Ohio State University
1992

Dissertation Committee:
Barbara Newman
Shirley O'Bryant
Bruce Walsh

Approved by
Barbara M. Newman
Co-Adviser
Shirley L. O'Bryant
Co-Adviser

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Department of Family Relations and Development
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CONSTANCE LOUISE NESBITT BRODY
1992
To My Husband-
Stanley L. Brody, M.D.
ACKNOWLEDGEMENTS

I express my sincere appreciation to the members of my advisory committee: To Dr. Shirley O'Bryant for her continued guidance and support, to Dr. Barbara Newman for her inspirational encouragement, and to Dr. Bruce Walsh for his consideration and assistance. I also acknowledge the faculty of the Department of Family Relations and Human Development of the College of Human Ecology who provided me with the opportunity to reach this goal. I express my appreciation to my children and to my close friends who supported me and kept me on task.
VITA

December 24, 1934. . . . . . . Born -- Columbus, Ohio

1956 . . . . . . . . . . . . . B.Sc. The Ohio State University, Columbus, Ohio

1970-1972 . . . . . . . . . . . Caseworker, Richland County Children's Services, Mansfield, Ohio

1978. . . . . . . . . . . . . M.A. Department of Special Services, College of Education, The Ohio State University, Columbus, Ohio

1978-Present. . . . . . . . . . . Counselor, Private Practice, Mansfield, Ohio

1986-1988 . . . . . . . . . . . Counselor, CompDrug, Columbus, Ohio

FIELDS OF STUDY

Major Field: Human Ecology

Department of Family Relations and Human Development

Dr. Barbara M. Newman, Dr. Shirley O'Bryant

Minor Field: Psychology Dr. R. Bruce Walsh
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CHAPTER I

Introduction

The problems associated with the child molestation have emerged with more clarity as the study research begins to produce informative data to replace the mythology with which it was previously surrounded. Much confusion remains due to constraints to research such as (a) widely differing definitions of what constitutes abusive behavior, (b) difficulties in planning studies where treatment cannot be withheld, (c) limited access to subjects, both child molesters and the child victims, and (d) the child victims’ inability to discern and describe their experiences. For example, control groups and comparison groups of children are difficult to recruit because one cannot be completely assured that the children in these groups have not had similar sexually-oriented experiences and simply never have told anyone. Furthermore, the subject matter is extremely sensitive and the cooperation of the sexually abused children, their parents, and of adult "survivors" of sexual abuse is difficult to obtain.

In an attempt to minimize the difficulties related to ambiguity of the terms and concepts related to child sexual
abuse (CSA), the terms used in the present study will be operationally defined before a discussion of the problem is undertaken.

**Operational Definitions For the Present Study of Child Sexual Abuse**

The operational definition of *child sexual abuse* (CSA) is that described in the Ohio Revised Code (Mason, 1982). The respondents for the present study have been found guilty of a sexual offense under this law. *Sexually abusing behaviors* range from non-touching activities, such as indecent exposure and sexually suggestive talk and gestures, to fondling, intercourse, and violent rape of the child. A *child molester* is defined as the perpetrator of CSA who is 5 or more years older than the victim. A *child victim* is defined as the victim of a sexual offense who is under 18 years of age.

*Incest* refers to CSA perpetrated by person with a familial relationship to the victim. This includes parents, step-parents, and certain quasi-parental relationships such as foster parents, who have authority over the child in loco parentis. The term "incest" has been included in the DSM III-R (1987) as a specification under the description of "pedophilia". "The person may limit his activities to his own children, step-children, or relatives, or may victimize children outside his family" (DSM III-R, 1987, p. 285).
The operational definition of a non-related offender refers to any CSA offenders who are not in a familial relationship with the victim (e.g., persons who are friends of the family, acquaintances of the family or the child, teachers, group leaders, and total strangers).

The term moral development is operationalized as an overall concept of a process toward the development of a mature moral state. Contributing to this process of moral development are cognitive and affective components which can also be conceptualized as processes. Three of these components of moral development derived from theory (Gibbs, in preparation; Hoffman, 1987; Kohlberg, 1984; Walker cited in Sapp, 1986) will be examined in this study:

(1) Moral judgement is operationalized as the cognitive component of moral development which uses all related information to determine the moral imperatives of a given situation for the purpose of identifying appropriate moral action (Colby & Kohlberg, 1987).

(2) Empathy is described by Hoffman as "an affective response more appropriate to someone else's situation than one's own" (1987, p. 48). Gibbs and Schnell (1985) also define empathy as an affective response to others, and Kohlberg (1987) defines empathy as those feelings which develop through role-taking opportunities. Empathy, for the purpose of the present study is operationalized as the
ability to recognize and affectively respond to the situation of others and to comprehend their feelings.

(3) **Moral motivation** is operationalized as a code, based on beliefs in certain sexual moral norms, which guides sexual behavior. When an individual bases decisions for sexual behavior on that code and takes personal responsibility for those behaviors this moral code is said to be internalized and sexual behaviors are said to be determined by internalized moral motivation.

Some phrases have a particular meaning for the present study that require clarification. These include:

(1) "**Previous convictions**" refers to prior convictions for child molestation.

(2) "**History of abuse**" which refers to the self-report of physical abuse and/or sexual abuse experienced by a respondent during childhood. Abusive experiences will be defined for the respondents as either childhood experiences of physical beating, or any inappropriate and for unwanted sexual activities with an adult at least 5 years older than the respondent when the respondent was under 18 years of age.

(3) "**Indiscriminate choice of victim**" refers to the sexual offending behaviors of CSA offenders who victimize children of any age, children of both sexes, and/or both incestuous and unrelated child victims; as opposed to CSA offenders who have sexually molested children within a
limited age range, children of only one sex, and only related or non-related victims.

(4) "Use of violence" in the present study is operationalized as the use, or the threat, of physical force by the respondent which may or may not lead to physical injury during CSA.

(5) "Traditional family attitudes" is a phrase intended to summarize a group of attitudes which previous research indicates are expressed by persons who admit feeling inclined to, or in fact did, sexually abuse children (Briere & Runtz, 1989; Fredrickson, 1981; Koss & Dinero, 1988; Malamuth 1988). In the present study, "traditional family attitudes" incorporates the concepts of authoritarian parenting, stereotypic sex-role expectations, and acceptance of interpersonal violence.

Finally, several phrases used in the present study have a specific meaning to the authors who utilize them. They include the following:

(1) "Parent-assertive discipline" which refers to a parenting approach described by Hoffman (Gibbs & Schnell, 1985). This is an authoritarian approach to discipline, which is often arbitrary and may include physical force, deprivation of possessions or privileges, and/or direct commands or threats.

(2) "Role-taking" is a term defined by Kohlberg (cited in Laufer & Day, 1983) as social experiences that involve
taking the attitude of others, becoming aware of their
thoughts and feelings, and putting oneself in their
situations.

(3) "Inductive parenting" is operationalized as Hoffman
(1987) defines it, i.e., the parent encourages the child to
think how a victim must feel when experiencing distress.
Kohlberg (cited in Gibbs & Schnell, 1985) considers
"inductive parenting", as Hoffman defines it, to be one of
many "role-taking" opportunities which are presented in
life.

Description of the Problem for the Present Study

Data from studies using a broad definition of CSA have
indicated that incidence rates range from an estimate of
more than one in four female children in the United States
who are molested sexually in some way by an adult before the
age of 18 (Kepler, 1984) to a recent Canadian review
(Badgley, cited in Schlesinger 1985) which suggests that one
in every two children has unwanted sexual experiences with
adults before reaching the age of 18. Feinaur (1988)
estimated that over 5 million female children are victims of
sexual abuse each year in the United States, with at least
as many additional incidents going unreported. Rush (1980)
estimated that 28 million women have been sexually abused
before reaching the age of 13. Although these estimates
vary, they indicate that the incidence of CSA is significant
for females. The incidence rate specifically for males remains unestimated at the present time.

**Early History of CSA**

Sexual activity between adults and children is as old as recorded history; at times it has received religious and/or secular support (Rush, 1980). Freud was among the earliest psychological theorists to suggest that sexual behavior between adults and children might be harmful (Masson, 1985). He presented this notion to his colleagues in his paper on *The Aetiology of Hysteria* in 1896 (Masson, 1985). "I therefore put forth the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experiences, occurrences which belong to the earliest years of childhood but which can be reproduced through the work of psychoanalysis in spite of the intervening decades" (Freud cited in Masson, 1985, p. 257).

This notion, which implies long-term negative effects, was more specifically intended to describe incestuous behavior between fathers and daughters. The suggestion that incest occurred so frequently apparently proved to be unpopular with Freud's colleagues and, indeed, created great discomfort for Freud himself. Masson (1985) has suggested that Freud's discomfort, and that of his colleagues, was influential in his decision to specify, in his major work on psychosexual development, that inherent sexual drives motivate the behavior of young children. This later
proposition tended to place the responsibility on the children rather than the adults, and, thus, tended to mislead the researchers who followed. Consequently, these researchers failed to detect relationships between the manifest clinical problems of the young children who were their subjects and these subjects' recorded histories of sexual abuse (Bender & Grugett, 1952; Gagnon, 1965; Yorukoglu & Kempf, 1966).

Present Status of CSA

Although during the last 15 years, CSA has come to be recognized as a serious national problem affecting literally millions of children and their families and has generated considerable new research (Abel, Mittelman, Becker, Rathner, & Rouleau, 1988; Becker, 1986; Finkelhor, 1986; Rush, 1980), treatment planning and development of theory are still in early stages.

Studies of incidence of CSA from victim populations. Surveys of the incidence rates for female CSA victims are difficult to analyze and compare due to such factors as variable operational definitions of CSA, variable and non-comparable subject samples, and the lack of control and/or comparison groups. Two studies used random samples from large cities: Bagley and Ramsey (1985) found that 22% of the 377 women respondents interviewed in Toronto, Canada, were CSA victims before they were 16 years old. Russell (1983) reported that 38% of her random sample of 930 adult
women in the San Francisco area were CSA victims before reaching the age of 18. Browne and Finkelhor (1986) reviewed a number of studies that they considered to be of good quality and found an incidence range of 22% to 45% CSA victims among adult females.

On the other hand, because it had been thought that 90% of the victims were female, few studies of male victims have been undertaken and incidence estimates remain poor (Nasjleti, 1980; Nielsen, 1981; Pelto, 1987). In one anonymous response survey of Ivy League college students, Finkelhor (1979) found that 16% of the male respondents had been CSA victims.

Generally, boys are not likely to report CSA victimization after about age 6 (Markson, 1986; Nasjleti, 1980). "A conspiracy of silence surrounds the boy who is sexually victimized. His victimization is proof that he has failed to defend in one of the primary mandates of the masculine role, to defend himself. To share his trauma is to advertise his defeat and invite not only immediate humiliation, but continued stigmatization" (Swift, cited in MacFarlane & Waterman, 1986, p. 134). The victimizations are most often revealed in the history of male child molesters who have been remanded for treatment after conviction of a sexual crime. Presently, insufficient data exist from which to make estimates of the incidence and
prevalence of CSA among male children in the general population.

To summarize, the estimates of the extent of sexual abuse of children are unacceptably high. Unfortunately, because of the sensitivity of the issue, accurate assessments of incidence will probably never be available. **Studies of Incidence From Offender Populations**

Seldom is the first conviction the result of the first sex crime (Abel, 1986; Groth, 1979; Groth, Longo & McFadin, 1982; Groth & Birnbaum, 1985). Admissions by convicted offenders in treatment have indicated that CSA offenders commit two to five times more offenses than those for which they have ever been prosecuted. Studies reporting the number of victims that offenders have acknowledged, and the number of offenders who have been CSA victims themselves, have indicated a higher incidence of CSA among both males and females than previously suspected. Finkelhor (1986) has estimated that each offender molests an average of four to five children, and that CSA offenders constitute 5 to 10% of the male population.

Becker (1986) reported data on 539 CSA offenders treated at one clinic over a 10-year period. These clients acknowledged the commission of 243,380 sexual crimes. Of the 539 clients, 146 were pedophiles specifically attracted to young boys, and admitted the commission of 40,690 sexual crimes; 208 were pedophiles specifically attracted to
female children, and admitted 5,179 sexual crimes. In other words, for every 10 pedophiles who were attracted to female children, there were only seven pedophiles who were attracted to males. Yet, these seven male-oriented pedophiles were responsible for eight times more offenses against male children than the ten female-oriented pedophiles were against female children. Fifty-eight percent of these offenders began committing sexual crimes before age 19. Forty-nine percent of the incestuous offenders in the group also molested children who were unrelated to them, 40% had been sexually abused themselves, and 80% also reported a history of physical abuse in childhood.

A report by Abel et al. (cited in Prentky & Quinsey, 1988) presented similar data. In this report, there were 411 offenders who admitted 218,900 sexual crimes—an average of 533 crimes per offender and 336 victims per offender. Each offender averaged 44 crimes per year. This report stated that child molesters were responsible for 10 times more victims than were rapists of adults. About 50% of these offenders had a clear deviant arousal by age 15. The number of crimes per offender increased 70 times by the time these offenders reached age 30, and the number of their victims increased 55%. Their most frequent first victims were non-related males, and they averaged 278.7 male victims per
offender, more than ten times the average of 24.9 female victims per offender.

Taken together, these studies clearly indicate that a large but undetected number of victims exists in the general population about whom very little is known, in part because they may have no clinical pathology, and also because most of the research has been done with female victims drawn from clinical populations.

Studies of Effects of CSA on Victims

CSA is a serious form of child maltreatment; its victims develop many behaviors in childhood to cope with it and its aftermath. It is now known from the research that these behaviors of childhood then become habitual, long-term negative sequelae of clinical significance in about 79% of adult CSA survivors (Conte cited in Walker, 1988; Courtois, 1979; Gelinas, 1983; MacFarlane & Waterman, 1986).

These adult survivors, both male and female, have been described clinically as either passive or aggressive, having low self-esteem, unable to trust, unable to empathize, and uncomfortable in peer-level social situations. They are further described as sexually dysfunctional, often depressed and/or anxious, and unable to develop close, lasting relationships (Bagley & Ramsay, 1985; Becker, Skinner, Abel, Axlerod, & Treacy, 1984; Briere & Runtz, 1989; Browne & Finkelhor, 1986; Courtois, 1979; Finkelhor, 1986; Livingston, 1987; Markson, 1980; Nielsen, 1983; Pelto,
1981). Some studies have described both male and female victims as self-damaging and suicidal, although females more frequently reported these behaviors (Courtois, 1979; Finkelhor, 1986; Gelinas, 1983; Kinard, 1980; Monfries & Kafer, 1987; Rofsky, 1979; Russell, 1983; Sarbo, 1984).

Purpose of the Present Study

Studies of the levels of moral development expressed by CSA offenders seem pertinent, in that acts of CSA involve a disregard for law and social restraints. The theorists who have developed the literature on moral issues suggest that this disregard is often the product of authoritarian and/or abusive parenting practices which result in a delay or deficit in moral development (Gibbs, 1987; Hoffman, 1987; Kohlberg, 1984; Colby & Kohlberg, 1987). Other characteristics of CSA offenders also may be predictive of levels of moral development, such as traditional family attitudes, which are significant in the background of sex offenders (Briere & Runtz, 1989; Check & Malamuth, 1983; Koss & Dinero, 1988; Malamuth, 1988) and offending behaviors of sex offenders that include violence, indiscriminate choice of victims, and multiple convictions for CSA offenses (Abel et al., 1988; Hall, Maiuro, Vitaliano, & Proctor, 1986). The present study will ascertain whether the above mentioned background experiences, attitudes, and offending behaviors are related to the moral development of CSA.
offenders. The results are expected to provide objective
data useful in planning effective treatment for these
offenders, and to provide further data for the development
of theoretical constructs about child molestation.
CHAPTER II

Review of the Literature

Studies of Incidence of CSA, Victim and Offender Characteristics

Early estimates of the incidence of CSA were fewer than one incident per million population in the United States (Weinberg, 1955) and the phenomenon drew little attention. However, during the 1970’s, clinicians began to encounter large numbers of CSA victims and CSA offenders in clinical populations and signaled the need for reliable data about the incidence of CSA and guidelines for treatment of the victims and the offenders.

Characteristics of CSA Offenders

A large segment of the research on CSA has been directed toward the identification of the characteristics of child molesters that differentiate them from persons who do not sexually offend children. Background characteristics, personality characteristics, characteristics of the children who have been abused, and the offending behaviors of the child molesters have been examined. Salient factors have
been identified in each of these areas as influential in the inclination to sexually offend children, and to reoffend after treatment or after serving a prison sentence for a similar offense. Across all studies the number of predictive factors is quite large; however, in a significant majority of recent studies only a limited number of factors have been identified. Further studies of these particular characteristics, common to significant numbers of sex offenders, could help in planning more effective treatment and in developing comprehensive theoretical frameworks to explain the phenomenon. Both are needed if the behaviors and the resulting negative sequelae are to be prevented.

The most frequently occurring background factor in the history of CSA offenders is the personal experience of physical and/or sexual abuse. A number of theories suggest that abuse in childhood will be instrumental in the occurrence of social and cognitive delays or deficits which are evident even in adulthood (Bandura, cited in Smith, 1984; Brophy & Willis, 1980; Maccoby, 1980). It would be expected that these delays or deficits would be detectable in the personality characteristics of adults who have experienced abuse, and also that the behaviors of such abused adults would be affected in some detectable way by these delays or deficits.

The research on moral development has indicated that certain parenting approaches and family experiences are
determinants of the levels of moral development an individual will attain (Brophy & Willis, 1980; Gibbs & Schnell, 1985; Hoffman, 1987; Kohlberg, 1987; Maccoby, 1980). Parent-assertive discipline, which is an authoritarian approach, has been connected with delays or deficits in cognitive and affective levels of moral development. Two studies have made comparisons of the attained levels of moral development with physically abusing parents (Smith, 1984) and CSA offenders (McCaffery, 1987). The results of both studies were equivocal, thus, further study of the correlations of these as predictive factors of levels of moral development is warranted.

In other studies these social and cognitive delays, or "deficits", have been observed in both the personality and behavioral characteristics of adult CSA offenders and have been correlated with the inclination to sexually molest children (Conte, cited in Walker, 1988; Courtois, 1979; Finkelhor, 1986; Gelinas, 1983).

The incidence of a reported history of physical and/or sexual abuse in the childhood of CSA offenders varies across studies from approximately 40% (Abel et al., 1988) to 80% (Groth & Birnbaum, 1985), suggesting that other factors must also be present in order for a person to become a child molester. Feminist theorists (Finkelhor, 1986; Herman, 1981; Rush, 1980; Russell, 1983) have proposed that there is cultural support for the use of aggression against women and
children which results in a disinhibition, or lack of
restraint, which permits these behaviors to occur (Abel et
al., 1988; Finkelhor, 1986; Russell, 1983). Numerous
studies lend support to the notion of cultural
permissiveness of aggression against women and children in
the "battered child" and "battered wife" research and in the
research on rape and CSA. These studies strongly suggest
that "traditional family attitudes," including an acceptance
of interpersonal violence, stereotypic sex-role
expectations, and an authoritarian approach, to parenting
are highly correlated with the inclination to physically and
sexually abuse women and children (Alexander & Lupfer, 1987;
Blake-White & Kline, 1985; Dwyer & Amberson, 1989;

Baron, Straus, and Jaffee (1988) compared rates of rape
in geographical regions of the United States with the
endorsement of these specific traditional family attitudes.
The authors found higher rates of rape in regions where the
endorsement of these attitudes was also high. Briere and
Runtz (1989), studying a group of male college students,
attempted to identify predictive characteristics in those
students who admitted they would commit CSA if they were
assured that they would not be discovered. Within the 21%
of this group who admitted that they had some sexual
attraction to children, were 9% who admitted they would
commit such acts, and 7% who admitted that they had already
done so. The most highly correlated characteristics were the experience of unwanted childhood sexual experiences and the attitudes of stereotypic sex-role expectations and acceptance of interpersonal violence. In a similar study of male college students, Check and Malamuth (1983) found the same traditional family attitudes and a background history of sexual abuse significant in the 14% of the sample who admitted they would commit adult rape if they were sure they would not be discovered. And, finally, Koss and Dinero (cited in Prentky & Quinsey, 1988) reported that, within their sample of 2,972 male college students, 600 acknowledged having committed acts of sexual aggression after the age of 14. This proportion of their sample could be successfully discriminated by greater hostility toward women and acceptance of interpersonal violence.

In regard to the third area of research—the characteristics of the victims of CSA that might attract molesters—research results have been inconsistent. Most researchers have taken the position that it is inappropriate to blame the victim for behaviors or characteristics which are said to promote their victimization. However, some studies suggest that there are certain victim characteristics which attract specific child molesters and, therefore, are related to the likelihood of that person to remolest (Abel et al., 1988; Hall et al., 1986). For example, pedophilic molesters often restrict their choice of
victims (a) to children within a certain age range (e.g., infant to two years, preschool, school age, teens), (b) to either males or females, and (c) to only related or only unrelated children. They are more likely to be tempted to molest again when in the presence of, or when having access to, children with those characteristics which attract them.

Those child molesters who are indiscriminate in their choice of victims (i.e., any age, either sex and/or related or unrelated) have been reported to be more likely to reoffend after treatment and/or serving a prison term (Abel et al., 1988; Hall et al., 1986). This may be partly due to the fact that they are attracted to more types of children and are therefore likely to encounter more opportunities for temptation. It also may be due to other factors that make them less responsive to attempts to change their behavior through treatment or prison.

**Studies of CSA Offender Characteristics**

There are several studies which deal with the offending behavior characteristics of child molesters in an attempt to predict those offenders who would not benefit from treatment. Dwyer and Amberson (1989) identified 14 prevalent behavior patterns and personality characteristics in the histories of sex offenders which appear to occur in clusters. In their sample of 56 sex offenders, 83% of the subjects possessed 8 of these patterns and characteristics,
and 70% possessed 11 of them. For example: 80% had experienced some sexual abuse during childhood; 40% experienced sexual trauma before 4 years of age; 83% had a poor or non-existent relationship with their fathers; 59% were immature in social and/or sexual skills; 93% believed that their sexual behavior was not within their own control; 74% were sexually repressed; 94% reported poor sexual functioning; and 26% invoked obsessive religious codes.

Pithers, Kashima, Cunning, Beal, and Buell (1988) studied 134 pedophiles and 64 rapists with the intention of identifying factors predisposing these child molesters to reoffend after conviction for a sexual offense. In order of importance, the authors identified the following: (1) having an I.Q. below 80; (2) being divorced more than 5 years; (3) having a chaotic family of origin, and (4) suffering traumatic abuse in childhood.

Most offender studies have used male populations because it was thought that 95% of the CSA offenders were male (Fredrickson, 1981; Herman, 1981). More recent studies of limited sample size have reported, however, that 50% of their samples were molested by female offenders (McCaffery, 1987; Pelto, 1981). Markson (1981) and Pelto (1981) found that male victims experience more serious negative sequelae when molested by female offenders, particularly if the abuser is the mother of the male child, and, furthermore, the use of violence has been found more frequently among
those male CSA offenders who were incestuous victims of female offenders (Groth & Burgess, 1977; Nasjleti, 1980). These data suggest the need for further research on male victims in the general population and in clinical samples.

Relatively few female offenders are identified because of the difficulties in detection. Incest is easily disguised, or explained away, by the care-giving roles to which females are assigned within the family. Extra-familial CSA by females can remain covert because of the types of career roles that females have, such as nursing, baby-sitting, day-care, and teaching (Fehrenbach & Monarcky, 1988; Quinn, 1984; Smith, 1984; Straus, 1981).

**Effects of CSA Victimization**

In general, CSA survivors are found to differ from survivors of other types of childhood abuse with respect to the greater degree, or extent, of manifest pathology they exhibit (Markson, 1980; Nasjleti, 1980; Pelto, 1981). Recent studies of CSA victims have found that the degree of negative impact of CSA on the survivors is associated with the nature of the offense, the amount of force used by their offenders, the nature of the relationship of the victim to the offender, and the age of the victim at the time of victimization (Finkelhor, 1986; Hartman, Finn, & Leon, 1987; MacFarlane & Waterman, 1986; Pecuonis, 1987; Sansonnet-Hayden et al., 1987; Smith, 1984). Many of these negative sequelae do not emerge until adolescence or until mature
sexual activities trigger flashbacks of early traumatic experiences. Additionally, a high percentage of those clients with more severe psychological and psychiatric problems, such as schizophrenia and multiple personality, are CSA survivors (Blake-White & Kline, 1985; Friedman & Harrison, 1984; Gelinas, 1983; Nasjleti, 1980; Sansonnett-Hayden et al., 1987).

Briere, Evans, Runtz, and Wall (1988) compared 40 male and 40 female adult survivors of CSA. They found no significant differences in the types of long-term negative sequelae based on sex of the victim. However, they felt their results reflected a more severe negative response among the male subjects when the abuse experiences were the same as that of females, although the males tended to seek help less often. Markson (1986) and Pecukonis (1986), both of whom studied male victims, also found more extreme personality and behavioral difficulties for males than those described for females, although the symptomatic behaviors were the same.

**Family Influences on CSA and on Moral Development**

Whereas individual issues relating to CSA have been studied extensively in recent years, the family, culturally assigned to nurture, protect, and socialize children, has received comparatively little attention. Yet, the importance of family influences on the intergenerational transmission of CSA cannot be ignored. Incest accounts for
80% or more of the reported cases of CSA (Finkelhor 1986; Russell, 1983). Conte (cited in Walker, 1988), Olson (1982), and Quinn (1984) looked at the family structure of incest offenders. Olson reported that, in her sample of incest families (N = 30), the families were engaged in a pattern of self-absorption, having vague boundaries with a closeness bordering on enmeshment. Quinn’s sample (N = 33) of incest families engaged in conflict avoidance using passive-aggressive ways to handle conflicts. They were more rigid in their ability to adapt to change, and were "disengaged" (i.e., with little emotional attachment or bonding between members while remaining isolated from social support and separated from the community). Winterstein (1982) compared abuse histories of incest survivors and non-related CSA survivors (N = 78) in a clinical setting. Results imply that family instability was significantly correlated with the incestuous activities. Quinn’s (1984) study also looked at the cultural influences which contribute to the intergenerational transmission of incest, and concluded that incestuous families were more authoritarian, patriarchal structures, and also concluding that a more egalitarian family structure reduced the likelihood that incest would be passed on further. Alexander and Lupfer (1987) also identified the patriarchal family structure as significant in their study of incestuous families (N = 586).
The studies of the severity of the long-term negative impact of CSA on the victim suggest that the impact is mediated by familial response to, and management of, the problem (Giarretto, 1980; MacFarlane & Waterman, 1986; Straus, 1981). Denial, refusal to believe the child, blaming the child, and refusal to make family changes that would protect the child from further abuse constitute the factors having the most negative impact on victim recovery (Fromuth, 1986; Giarretto, 1980; Straus, 1981).

An informative study by Straus (1981) compared two groups of CSA survivor mothers (N = 30). One group had daughters who were CSA victims, and the other group had daughters who were not CSA victims. The CSA mothers whose daughters were not CSA victims were significantly different in the way that the mothers' families and friends had dealt with their own CSA experiences when they were children. Both familial understanding and support, and therapeutic intervention were significant in the histories of this group of mothers. Also, these mothers were in less abusive marital relationships, with fewer of their spouses being from molesting and abusing families. Similarly, Fromuth (1986) found, in her sample of 383 female college students, that low parental support for CSA victims increased the risk of poor psychological adjustment in adulthood. Farmer (1987), Maccoby (1980), and Nordlicht (cited in Smith, 1984) noted that disturbed family dynamics were significant in
addition to impaired intellectual ability, poor ego development, and delayed moral development in abused children.

Kulager and Kulager (1984) discuss family influences on moral development. The family is seen as the "workshop" in which children develop an internal pattern of attitudes and beliefs which shape character and influence behavior. The results of two other studies that considered the possible relationships between physically abusing parents \( (N = 23) \) (Smith, 1984) and "regressed child molesters" \( (N = 28) \) (McCaffery, 1987), and levels of moral development found data to suggest that these groups had lower levels of moral development than norm comparison groups. Both of these studies used a single offender type (i.e., physically abusive parents and "regressed" child molesters) and had small sample sizes. Due to the trends in these studies, further research is warranted.

**Summary.** Family dysfunction and child maltreatment are prominent in the social histories of child molesters (Finkelhor, 1986; Groth & Birnbaum, 1985) suggesting that relationships exist between these dysfunctional families and (a) the attitudes of the children from these families who later become child molesters (MacFarlane & Waterman, 1986; Russell, 1984; Smith, 1984; Walker, 1988), and (b) the stages of moral development of these sex offenders (Farmer, 1987; Gibbs, 1987; Kohlberg, 1984; Maccoby, 1980; McCaffery,
1987; Smith, 1984) which may relate to the molesters' responses to treatment and the likelihood to remolest after treatment (Abel et al., 1988; Pithers et al., 1988).

**Theoretical Perspectives**

**Theories of CSA**

The data produced in CSA research have been so diverse that the use of a single theory to examine etiology and treatment has proven inadequate and, presently, the lack of comprehensive theoretical frameworks remains a problem (Finkelhor, 1986; Hodson & Skeen, 1987). Finkelhor (1986) has combined several theories in an attempt to create a more comprehensive approach to understanding CSA. He proposes that four etiological factors explain the short- and long-term effects of CSA on the victims. He hypothesizes that the "traumatogenic impact" of CSA on victims is produced by (1) early traumatogenic sexualization through CSA; (2) a feeling of powerlessness associated with early childhood trauma; (3) betrayal of trust by adults who should be the protectors of the child; and (4) stigmatization related to the shame of having experienced CSA and having it revealed.

Finkelhor (1986) also suggests four factors that he believes explain the child molester's inclination to commit sex offenses with children. A person will be more likely to commit such acts if he/she has: (1) an emotional congruence
with the child (i.e., the offender sees the child as older than his/her age, having mature characteristics and that he, the offender feels more comfortable in the company of children, understanding the feelings and wants of their child victims); (2) a sexual arousal to children, arising from early childhood sexualization; (3) blockage of peer-level sexual outlets, and (4) disinhibition of social restraints. The first three of these factors can be described as manifestations of developmental deficits. The fourth, disinhibition, has been described as a result of the societal support for stereotypic sex-role attitudes, paternalistic and authoritarian family structure, and the acceptance of interpersonal violence (Baron et al., 1988; Briere & Runtz, 1989; Check & Malamuth, 1983; Malamuth, 1988) along with other disinhibitors such as alcohol and drug use, and angry feelings.

Finkelhor's (1986) theoretical frameworks have provided some organization for incorporating new research material; however, the prerequisite conditions the author has proposed are neither universally present nor invariant either for the sexual assault to have a negative impact on a victim, or for an individual to become a child molester. For example, (1) Some, but not necessarily all, of the "traumatagenic" factors may have been part of the experiences of the victims who exhibit short- and/or long-term negative effects; (2) the child molester may or may not be emotionally congruent
with child victims; and (3) many child molesters maintain peer-level sexual and social relationships at the same time they are molesting children. The effects, where they exist, may become overt or remain covert. Often they are expressed in adult survivors as sexual and peer relationship difficulties that appear to bear no relationship to the earlier sexual traumatization.

Theories of Moral Development

The term moral development is used to refer to a total concept of the developmental processes involved in the incorporation of a set of moral norms, and having several component parts which contribute wholistically to the achievement of a mature moral state. Maccoby (1980) suggests that moral values are social values and deal with individual behaviors in relationship to other human beings. The fully moral person behaves in accordance with a system of values that are self-accepted and self-enforced. The development of this system of values involves processes in the cognitive, emotional, and behavioral components which are interdependent and too complex to be explained by any of the individual components alone (Walker, cited in Sapp, 1986).

For example, the studies of McCaffery (1987) and Smith (1984), which measured levels of moral development in groups of abusing adults, found that a significant percentage of child abusers do not fall into the preconventional level of
moral judgement as might be expected, but that they express higher level, conventional stages and post conventional stages as well. These authors found a range of responses that included the conventional and post-conventional levels of moral development, as well as the preconventional level. Although McCaffery found trends toward lower mean levels of moral development, this finding was not highly correlated with the propensity to reoffend in a group of CSA offenders.

The study by Smith (1984) found a variety of stage responses (Stages 2-5) in the abusing parents in her sample ($N = 23$). The largest percentage were at Stage 4, and the overall mean for the sample was $4(3)$, a transitional position between moral Stages 3 and 4. The mean for the abusing group overall was lower than the norm group for the standardization of the measure of moral development used by Smith (i.e., the DIT measure designed by Rest, 1974), although the difference was not significant.

A very recent study by Koestner, Franz and Weinberger (1990) examined the correlations of parental behaviors with their young children on the development and expression of empathy by these children when they became adults. This was a longitudinal study using a sample of 5-year-old children studied in the 1950's. The authors found that, at age 31, adult levels of prosocial behavior and empathic concern were most highly correlated with the involvement of the father in the child-rearing, the mother's tolerance for dependent
behavior in her children at age 5, and the mother's satisfaction with her role as parent.

As another example, Curry (1981), in a study of self-esteem in incestuous offenders, noted that, after about three months in a treatment program, incestuous fathers reported poorer self-esteem on objective tests than they had prior to treatment. Curry speculated that this drop in self-esteem was due to developing empathy, which led to feelings of guilt over their victimization of their own children. This conclusion seems consistent with Hoffman's view of the development of "empathy-based guilt" (1987).

These studies, taken together, suggest either that deficits or developmental delays in the moral development of child molesters may not be detected by the measures used, or perhaps that moral issues are not salient in the decision to exploit a child sexually. Based on the findings of these studies it would appear to be important to examine separately those components of moral development that might be delayed by factors known to be characteristic of child molesters, but that might not be detected in looking at just moral judgement alone.

For the present study three components of moral development representing cognitive, affective, and motivational aspects were chosen (Sapp, 1986). Moral judgement, empathy, and moral motivation each have been suggested as being delayed or deficient in sex offenders
(Curry, 1981; Finkelhor, 1986; Groth & Birnbaum, 1985; McCaffery, 1987). The present study is designed to explore the possibility of differing levels of these components of moral development in CSA offenders.

Three theorists have included these components as relevant to describe and explain moral development within their theoretical frameworks. A discussion of their views will provide a basis for the theoretical framework for the present study.

Kohlberg's theory. Kohlberg's (1984) stage concept posits that three criteria--structure, sequence, and hierarchy--are involved in the process of attaining mature moral development. This is a cognitive developmental model consisting of six stages, two each within three levels: Preconventional Level--Stages 1 and 2, Conventional Level--Stage 3 and 4, and Postconventional Level--Stages 5 and 6. Kohlberg (1984) eventually combined Stage 6 with Stage 5 to accommodate for the small number of individuals whom he was able to score at Stage 6 during the testing of his theory. (For a more complete description of each of the stages of this model, see Appendix A).

Each stage represents a wholistic structure of reasoning that is interconnected and interdependent. These stages are cognitive structural transformations. The transformations are invariantly sequential; the sequence is irreversibly progressive (one stage at a time); and the
stages are arranged hierarchically from concrete to increasingly more complex and abstract reasoning (Kohlberg, 1984). Kohlberg (1984) believed the sequence to be universal and independent of experience, although the rate and eventual end-point of development is understood to vary with exposure to appropriate experiences.

Perspective-taking (Kohlberg, 1984) is the ability to make inferences about the covert, psychological experiences of others, especially to know what others are thinking and to understand their thinking from their perspective. According to Kohlberg (Walker, cited in Sapp, 1986) empathy develops as a result of these perspective-taking experiences that arise at home, school, and in the work place. Kohlberg proposed that cognitive stages are basic to perspective-taking stages which are, in turn, basic to moral judgement stages (Sapp, 1986). Kohlberg's (Gibbs & Schnell, 1985) position on the concept of empathy is that role-taking is first of all a cognitive act "that cannot be derived" from sentiments of empathy or sympathy. Rather, empathy is the product of the experiences of role-taking.

Kohlberg's view of moral judgement, empathy, and moral motivation. Moral judgement is the application of all relevant cognitive and situational inputs toward making a moral decision. Empathy and moral motivation are inputs for the decision-making process. Whereas empathy has an impact on moral judgement, it is the motivational sources which
determine the morality of the decision (Colby & Kohlberg, 1987). Empathy is the affective product of perspective-taking experiences. Moral motivation varies developmentally from external to internal sources and is instrumental in determining the level of moral judgment being applied in the decision-making process. The internalized moral motivation is self-attributed decisions for actions. The externalized moral motivation is dependent on the decisions of others who in turn impose rewards and punishments. Internalized moral motivation is described as representative of a more mature level of moral development (Walker, cited in Sapp, 1986).

Hoffman's theory. Hoffman (1980) describes moral development as an end result of internalization of a social norm cognitively and affectively processed and self-attributed. Hoffman's Moral Socialization Theory hypothesizes that the internally-oriented individual is the product of "inductive discipline." Inductive parenting encourages the child to think of the feelings of others who have been hurt (Gibbs, in press). This inductive parenting style eventually leads to self-attribution of moral norms and motivation of moral behavior, even in the absence of external rewards or punishments. Inductive discipline provides the role-taking opportunities from which empathy develops; the internalization of moral motivation occurs when the child forgets where the feelings began and accepts them as engendering in his/her own thinking (Gibbs, 1987).
Empathy is the main thrust of Hoffman’s Moral Socialization Theory and is often neglected in studies of moral development. Empathy involves a concern more for the other than for the self. For Hoffman (1987), the mechanism for moral development is the affective experiences, primarily empathy and empathy-based guilt. Empathy-based guilt is the feeling associated with being the perceived cause of another’s distress. Empathy is seen as having both cognitive and affective developmental components with mild, though not incapacitating, distress seen as vital for its development (Sapp, 1986).

Hoffman’s (1987) theory suggests five empathy-based moral affects: (1) empathic distress, (2) sympathetic distress, (3) guilt, (4) empathic anger, and (5) empathic injustice. Empathic distress is the affective response to another person’s distress. Empathy transforms to sympathetic distress, a qualitative shift in feeling as children progress developmentally during the self-other differentiation process.

For Hoffman they do not form a strict sequence of stages in the sense of subsequent modes encompassing and replacing preceding modes. The first mode typically drops out after infancy. The fifth mode is more deliberate and may be relatively infrequent. The intermediate three modes enter at various points in development and apparently continue to operate throughout life.
Hoffman defines moral motivation simply as the motive to consider others. Stated most generally, the mix of parental power, love, and information processing determine the extent to which a child acquires an internal motive to consider others. A person who is morally motivated and actively involved in constructing an ideology may be expected to feel personally bound by it and to act in accord with it, and, finally, internalizes it. These individually constructed ideologies, thus, become part of a person’s moral motive system.

Hoffman (1987) suggests that socialization of behavior takes place when internalized morality, along with affects of empathy and anticipatory guilt, enable the induction-guided behavior to have sufficient motive power to overcome egoistic desires.

From Hoffman’s (1984) perspective, the adult who expresses moral judgement at preconventional levels, dependent upon external rewards and punishments, is expressing a relatively stable end-state of his/her moral development. Hoffman (1984) sees external morality mainly as the product of "parent-assertive" child-rearing, where the motivation for moral behavior is determined by external influences (i.e., parents or other authority symbols) rather than the self, and is, therefore, when expressed by an adult, immature, or delayed although stable (Hoffman, 1987).
Hoffman's view of moral judgement, empathy, and moral motivation. "In addition to the affective and motivational components, moral norms also have a cognitive component that becomes increasingly complex with age" (Hoffman, 1983). When the individual contemplates acting in a way that may harm another and experiences a compelling obligation that is not based on fear of punishment to decide in favor of the other, then it may be considered a morally motivated decision. Hoffman (1983) suggests that an optimal level of arousal and parent inductions bring about internalized moral motivation. Power-assertive and love-withdrawal parenting techniques provide the source of the affective arousal. The cognitive developmental level influences the sophistication of the inductions that parents are likely to use. If and when the individual accepts the affective source as coming from within himself or herself it has become an internalized moral norm.

Gibbs' composite theory. "Moral development and socialization theories differ, respectively, in whether the individual and cognition or society and affect are emphasized in the account of morality" (Gibbs & Schnell, 1985, p. 1071). In the socialization theory of affective-primacy, morality emanates from society to the individual and external sanctions motivating moral conduct are partially replaced by compelling internal feelings of right and wrong (Gibbs & Schnell, 1985). Morality is a matter of
accommodation of the individual to the values and requirements of society, through conformity and internalization processes.

**Gibbs' view of moral judgement, empathy, and moral motivation.** Gibbs and Schnell (1985) suggest that "there is an inextricable interdependence between moral development and socialization approaches. Neither approach by itself provides a sufficient account of sociomoral development and behavior, but together they provide complementary emphases within a relatively comprehensive representation of morality" (p. 1079). Also, Gibbs (in preparation) tends to see mature judgement as evident at conventional level Stages 3 and 4, and representative of an internal orientation of morality with an increased presence of empathy and consideration for the Golden Rule. The change which occurs between Stages 3 and 4 is a cognitive transformation of reciprocity as a useful tool to reciprocity as an ideal. Thus, moral motivation is increasingly internalized as higher stages are attained. Both Hoffman's and Kohlberg's theories are in agreement with Gibbs' proposal on this issue. For Gibbs (1987), the individual with an internal orientation has achieved, and tends to act upon, a relatively mature understanding of the intrinsic or underlying meaning of moral norms and values, such as telling the truth, refraining from stealing, helping others, and saving a life.
Gibbs (1987) states that because inductions direct the child's attention to the victims' pain or distress, they tend to enlist the child's capacity for empathy, which he defines as a vicarious affective response to others. This prosocial cognition embodied in inductive teaching joins motivational properties, through classical conditioning, with empathic affect and empathy-based guilt. In the subsequent internalized morality, empathy and anticipatory guilt are activated in moral conflict or tempting situations. In contrast, parent assertive approaches are arbitrary and the child's empathy remains uncultivated and ineffective against egoistic drives and angry impulses. For Gibbs (1987), when an individual accepts a code of behavior based on beliefs in certain moral norms and bases moral decisions for action on that code, then he/she takes personal responsibility for his/her actions. This taking of responsibility for one's own actions is a reflection of internal moral motivation.

**Summary**

Moral judgement is the cognitive evaluation of all internal and external environmental factors that contribute to a decision to act morally. Based on these theoretical perspectives, it would seem that moral motivation is influenced by the presence of empathy, and that both empathy and moral motivation are factors that contribute to judgements about moral behavior. The determinants of age
and education act as limiters of the range of moral judgement decisions an individual can make. Early childhood experiences (e.g., perspective-taking, inductive-parenting), which affect individuals developmentally, may be related to attained levels of moral development. CSA offenders' decisions to sexually molest children may be related to the levels of moral development they attain.

Theoretical Framework

The theoretical framework for the present study proposes that moral development components (i.e., moral judgement, empathy, and moral motivation) may have differential relationships to the predictor variables and that examining each component separately with the predictor variables will reveal these differences. For example, a child molester may express low levels of empathy whereas moral judgement may be expressed at conventional and/or post-conventional levels, and moral motivation, as demonstrated by the acceptance of personal responsibility for offending behaviors, may not yet be internalized. Moreover, moral judgement may not, in and of itself, reveal the specific delays or deficits in moral development which have been shown to be significant in predicting the likelihood that individuals will sexually molest children or remolest after treatment.
Hypotheses

Moral judgement, empathy, and moral motivation will be assessed to ascertain whether relationships exist between these three components, or criterion variables, and a set of predictor variables composed of background events in the history of child molesters, attitudes held by child molesters, and offending behaviors characteristic of child molesters.

Sociodemographic variables, including age, sex, race, income, education, and marital status, will be used to describe the composition of the sample population. Some of these variables are also hypothesized to predict higher levels of the three criterion variables to be examined. Furthermore, it is expected that time in treatment may be related to certain "improved" attitudes of the offender; however, since the purpose of this study is not to evaluate the treatment program, time in treatment will be statistically controlled in the analyses indicated below.

It is hypothesized that:

I. Specific childhood events, specific attitudes, particular offending behaviors, and levels of education will be predictive of various levels of moral judgement in CSA offenders.

A. The amount of education attained will have a positive correlation, or covary, with levels of moral
judgement in offenders. This variable will be controlled (entered first) in the regression analysis.

B. A history of abuse in the offender’s childhood (i.e., physical abuse, sexual abuse, and/or both) will predict preconventional levels, Stages 1 and 2, of moral judgement.

1. A history of incestuous abuse of the offender will predict lower levels of moral judgement.

2. Having had a non-related female abuser in childhood will predict lower levels of moral judgement.

3. Having had a female relative as an abuser in childhood will predict the lowest levels of moral judgement.

C. Traditional family attitudes will be predictive of preconventional levels, Stages 1 and 2, of moral judgement.

D. Indiscriminate choice of victims will be predictive of preconventional levels, Stages 1 and 2, of moral judgement.

E. The use of violence when abusing will be predictive of lower levels of moral judgement.

F. Having multiple convictions for child molestation will be predictive of lower levels of moral judgement.

II. Specific childhood events, specific attitudes, particular offending behaviors, and marital status will be predictive of various degrees of empathy in CSA offenders.
A. A history of childhood physical and/or sexual abuse will be predictive of less empathy.
   1. A history of incestuous abuse of child molesters will be predictive of less empathy.
   2. Being abused in childhood by a non-related female will be predictive of less empathy.
   3. Experiencing incestuous abuse by a female (particularly a mother) will be predictive of less empathy.
   
B. Traditional family attitudes will be predictive of lower levels of empathy.
   
C. The use of violence when abusing will be predictive of less empathy.
   
D. The indiscriminate choice of victims will be predictive of less empathy.
   
E. Having multiple convictions for child molestation will be predictive of less empathy.
   
F. Being married will be predictive of higher levels of empathy among child molesters.

III. Specific background events, specific attitudes, and specific offending behaviors will be predictive of less internalized moral motivation in CSA offenders.

   A. A history of childhood abuse will be predictive of less internalized moral motivation.
   
   B. Traditional family attitudes will be predictive of less internalized moral motivation.
C. The use of violence will be predictive of less internalized moral motivation.

D. Multiple convictions for child molestation will be predictive of less internalized moral motivation.

E. Indiscriminate choice of victims will be predictive of less internalized moral motivation.

IV. The three criterion variables—moral judgement, empathy, and moral motivation—will not be highly correlated; and, the aforementioned predictors are expected to differentially relate to each of these components.
CHAPTER III

Methods

Gibbs (1987) has proposed that combining the theories of Kohlberg (1987) and Hoffman (1987) creates a more comprehensive explanation of moral development. The present study compared three components of moral development (i.e., moral judgement, empathy, and moral motivation), which have been discussed by these theorists as pertinent to the process of moral development. Variables which the literature suggests are predictive of CSA offending behavior were examined in order to discover possible significant relationships among these predictor variables and the three components of moral development.

The subjects for the study were voluntary clients in an out-patient treatment program for sex offenders located in a medium-sized midwestern city of approximately 55,000 population. The program serves a forensic district which includes several rural Ohio counties. About 79% of the subjects were incest offenders (i.e., fathers, step-fathers, and other relatives), and 21% were non-related child molesters. Among this group, 10% of the offenders also have been convicted of variety of other sexual offenses as
by the Ohio Revised Code (Mason, 1982). These include rape and exhibitionism. The subjects ranged in age from 20 to 71. They were assigned by courts and/or probation and parole authorities to participate in the treatment program.

Some investigators group sex offenders by the type of offense they have committed; however, rather than looking at categories of offenses (e.g., rape, exhibitionism, fondling, intercourse), it was decided to take a position similar to that of Dwyer & Amberson (1989). To wit, that despite the differences in types of sexual behavior involved in their offending activities, sex offenders generally are more similar than different, thus sex offenders can be viewed as a homogeneous group whose offenses are sexual in nature. The present study makes distinctions found to be salient in choices made on victim characteristics predicting the likelihood to sexually molest children (e.g., the relationship of the child to the molester, ages of the victims, sexes of the victims, the use of violence and multiple convictions for child molestation) (Abel et al., 1988; Dwyer & Amberson, 1989; Pithers et al., 1988).

Child molesters in treatment usually have low levels of education, few skills for avoiding detection, and poor skills in seducing a child and securing the child's willingness to keep the activities secret (Groth & Birnbaum, 1985). Studies of the moral development of child molesters have found the variable of education to be confounding in the interpretation
of results when only measures of moral judgement have been used (McCaffery, 1987; Smith, 1984). These two variables were found to be highly correlated and significant findings were minimized when education was covaried (Gahaghan, Arnold, & Gibbs, 1983; Rest, cited in Smith, 1984). In the present study, in order to control for the effects, the variable of education was entered first in the multiple regression analyses related to the component of moral judgement.

Description of the Treatment Program

The out-patient treatment program was designed to provide a group experience using a variety of cognitive, developmental, existential, and behavioral techniques. Goals of treatment include the development of empathy, provision for role-taking experiences, remediation of social and sexual skills deficiencies, and establishment of responsible family and work behaviors. Treatment provides experiential opportunities in a supportive, but structured and confrontive atmosphere. Further information is provided in Appendix B.

Procedures

All procedures and data collection for this study were conducted by the staff of the District V Forensic Center Sex Offender Treatment Program. Previous to this study, each participant in the treatment program was given the
opportunity to volunteer for a survey of sex offender characteristics. Those who volunteered were provided an explanation of the purpose of the survey, asked to sign a form agreeing to respond to a number of questionnaires, and asked to permit the use of the data for research studies. The present investigator was excluded from any on-site involvement and confidentiality of the response data was assured. The separation of the response data from respondent identification was maintained at all times.

Data were collected by the treatment program staff who requested that the volunteers take the questionnaires home, complete them, and return them at the next regularly scheduled treatment session. Participants were given an envelope containing the questionnaires. The envelope and all questionnaires were identified only by number. The questionnaires were arranged in a specific order which the volunteers were asked to maintain when answering them. (The order of presentation was (1) Self-Report, (2) SROM, (3) TFI, (4) Pd4, and (5) MSI.)

The present investigator was permitted to access those portions of the treatment program survey which were pertinent to the study described herein, but had no knowledge of the respondents' names. Data were kept anonymous and reported only in terms of descriptive statistics and group averages.
The study is limited in scope due to the small number of respondents \( (N = 42) \), and the fact that they were volunteers rather than drawn randomly from the population of interest \( (N = 89) \). The instructions were standardized, but were presented by several different treatment staff members. Also, the subjects were allowed to take the questionnaire packets home to complete them. Although the order of presentation of the questionnaires in the packet was the same for all subjects there is no assurance that this order was later maintained by the subjects. Each subject received compensation \( ($15) \) for volunteering; however, this probably would not be an influential factor as 7 of the 42 respondents had incomes over \$25,000 per year.

**Instruments**

From the lists of individual and situational predisposing factors or background characteristics suggested by a number of previous research studies (e.g., Abel et al., 1988; Dwyer & Amberson, 1989; Finkelhor, 1986; Pithers et al., 1988), instruments were chosen which appeared to be the best measures of three criterion variables: moral judgement, empathy, and moral motivation.

The Sociomoral Reflection Objective Measure (SROM) was utilized to obtain levels of moral judgement, the Pd4 subscale of the MMPI was utilized to measure empathy, and the Multiphasic Sex Inventory (MSI) was utilized to measure moral motivation. A self-report of early history of abuse
was also obtained from the MSI. Some predictor variables (i.e., use of violence, number of previous convictions for sexual offenses, experience of physical abuse in childhood, relationship to victims, and characteristics of the child victims) were derived from a Self-Report Questionnaire (SRQ) that all respondents completed. The Traditional Family Ideology (TFI) questionnaire was used to assess respondent's attitudes. Copies of all measures are included in Appendix C.

Sociomoral Reflection Objective Questionnaire Measure (SROM). The SROM, developed by Gibbs, Arnold, Morgan, Schwartz, Gavaghan, and Tappan (1984), was used to assess each child molester's developmental stage of moral judgement. The SROM was developed from the Sociomoral Reflection Measure (Gibbs, Widaman, & Colby, 1984), a "production response" type of measure of sociomoral judgement. The SROM is intended to provide an "at least moderate-validity estimate" of an individual's Kohlberg-type level of moral judgement (Gibbs, et al., 1984). The instrument is a useful measure in cases where accomplishment of a high-validity assessment through use of a production measure is not feasible due to time and resource limitations.

The SROM is an objective, group administered, paper-and-pencil questionnaire. The instrument yields two primary types of overall protocol ratings: a modal stage and a
Sociomoral Reflection Maturity Score (SROMS). It is a non-production task measure of reflective moral thought. There are 16 questions concerning two moral dilemmas which probe the respondent's reasoning regarding the normative values and decisions pertaining to two dilemmas. These decisions entail eight normative values. Ratings of the highest level of the respondent's justifications are made for each of the eight norms. The developers of the SROM indicate that it can be administered with valid results to subjects as young as 14, or ninth grade, and probably as young as 12 years, unless they are deficient in reading skills. A 50-minute period is usually sufficient to complete the questionnaire. The developers state that the reliability and validity of the SROM are acceptable for most adolescent and adult populations (Gibbs, et al., 1984). Because the SROM elicits recognitory rather than production self-report responses, moral judgement stage assessment requires only arithmetic computation rather than trained inference work. The bias problem of such recognitory self-report data is reduced through use of certain rules for excluding data which is suspect from the analyses.

Scoring. In the present study, the SROM presented some scoring difficulties. First, as mentioned above, the scores on the measure were not normally distributed with equal variances; consequently, the log of the scores was used to solve this problem. Second, the Socio-moral Reflection
Objective Maturity Score (SRMGS) has a range of 100 to 500; these scores, with the larger numerical range, were used in the statistical analyses. Then, global scores (SRMGS), which assign stage levels to the SRMGS scores, were computed as recommended by the authors (Gibbs, et al., 1984) in order to determine the number of subjects in each stage.

Although the SRM was designed for a relatively younger population (Gibbs, et al., 1984), an adult norm group (N = 31) with a mean SRMGS score of 392.29 (global stage score 4) is available for comparison purposes. In addition, a testing of the measure was done on a normal population (N = 19). In this normal population it was discovered that older persons could create meaningful concepts from the "nonsense" statements, which are intended as a validity check for each array of response choices. For example, in response to the question about why it is important to keep a promise, if you can, to a stranger, the nonsense response choice is "because there is no interaction without affiliation". An inquiry was undertaken to discover why older, well-educated subjects chose these "nonsense" responses along with appropriate responses on the same questions. It was clear that these normal subjects were seriously engaged in the process of answering the questions accurately when they chose the nonsense response options. These subjects gave well-thought-out reasons for their "nonsense" choices. Although the creators of the measure (Gibbs, et al., 1984) recommend
that a minimum of five fully-valid arrays (i.e., having no "nonsense" responses chosen in an array) be completed for the test to be considered valid, because of our experience with the pre-survey group of normal subjects, this investigator elected to assume that a test was valid, counting all questions with fully-valid arrays even if there were fewer than five. However, those questions with "nonsense" response choices were not scored. Again, it was clear, when scoring the responses from the study subjects, that random responses patterns were not present where the nonsense response choices occurred. It was, therefore, assumed that this study's subjects, like the pre-survey group, had made their own "sense" of such statements.

There also was the problem of some subjects not following the directions when they did not agree with the basic premise of the statement that accompanied an array of questions. For example, if the subject stated that Heinz should not steal the drug, and the question was accompanied by an array of statements justifying stealing the drug, no statement would be chosen as appropriate (See Problem 1, SROM measure in Appendix C). They might, however, choose a "closest" statement for the second part of the question: "Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:". The way this question is stated, the choice of a "closest" response would be
reasonable. This investigator chose to include these responses in scoring also.

Lastly, in the printing of the test some of the choices for question #8 were omitted. This error was not discovered until the scoring process. This investigator elected to remove this question from the scoring altogether. Thus, the scores were calculated using 15 instead of 16 possible questions. Despite these difficulties the Cronbach alpha correlation coefficient for this measure is .92.

Harris-Lingoes Pd4 Subscale of the MMPI (Pd4).

Empathy, the ability to understand the feelings of another, was measured using the Harris-Lingoes subscale (Pd4) of the Minnesota Multiphasic Personality Inventory (MMPI) (Graham, 1977). The MMPI is an objective multidimensional inventory used to assist the identification of psychopathology. There are 550 items requiring a true/false response. The scores are used to create a clinical profile (Fredman & Sherman, 1987). There are three validity scales (L, F, K) incorporated in the questionnaire to insure the validity of each profile. Norms were established from a clinical inpatient population, a comparison normal group of visitors to the hospital, and a group of 250 college and pre-college students. A high score on a clinical scale has been shown to predict the final diagnosis of over 60% of psychiatric admissions (Lachar,

Harris and Lingoes (Graham, 1977; Lingoes, 1975) constructed sub-scales for the standard clinical scales of the MMPI. Each sub-scale was constructed logically by examining the content of items within a standard clinical scale, and grouping together items that seemed similar in content or appeared to reflect a single attitude or trait. The Pd4 sub-scale measures, more specifically, "social alienation," or the lack of the ability to understand the feelings of others. Empathy is expected to be lower in persons with high Pd4 subscale scores. Such persons are insensitive to the needs and feelings of others (Graham, 1977; Lingoes, 1975). Kuder-Richardson 21 for internal consistency is reported to be .71 for this subscale (Graham, 1977).

Only the 18 items on the Pd4 subscale, rather than the whole MMPI, were presented as a questionnaire to all respondents. This was necessary for purposes of economy of time and cost. The reliability for this administration of the subscale was assessed using Cronbach’s alpha (.61, p = .05). Although this is not as high as would be preferred, the authors themselves present an alpha of .48 for males in their norm sample and a test-retest reliability of .81 for the male norm population. The test-retest correlation coefficient for the scale when correlated with that of the
earlier presentation is .48 (p = .04), even though there
were time intervals between the two presentations of one
month to more than three years. Some of the variance in the
test-retest scores can also be explained as a result of
treatment effects.

The Harris-Lingoes Pd4 subscale of the MMPI (Graham,
1990) was compared with the same subscale in the MMPI test
which had been administered to each subject as part of the
pre-admission assessment. The standardized T-scores
provided by Harris and Lingoes (Graham, 1979; Graham, 1990)
were used to make the comparisons. Lower scores on these
measures were indicative of greater empathy.

**Multiphasic Sex Inventory (MSI).** Moral motivation was
operationally defined for the present study as the extent to
which an offender takes responsibility for his/her offending
behavior. "There is a tendency for offenders to deny,
minimize, and avoid their offenses... It is important to
remember that denial, minimization, and relinquishment of
responsibility are part of a defense system which is holding
the offender together" (Steen & Monnette, 1989, p. 43). The
MSI was used to assess the extent of internalization of
moral motivation of the respondents as represented by their
responses to questions about their sexual deviance.
The measure was created by Nichols and Molinder (1984) to
measure the sexual characteristics of male sexual offenders,
evaluate sexual deviance, assess progress in treatment, and
assess the readiness of institutionalized sex offenders for release or for further treatment. The full inventory is a 300-item, paper-pencil, true-false test of psychosexual characteristics. It may be used for individuals with an eighth grade education and is suitable for group administration.

Twenty scales and a 50-item sexual history can be derived from the instrument. The development of honest acceptance of responsibility for offending behavior is one characteristic assessed as predictive of the likelihood to reoffend, and also, of the likelihood that moral motivation has been internalized. Several of the 20 scales included in the instrument address this issue: (1) the Child Molester Scale, (2) the Lie Scales, (3) the Cognitive Distortion and Immaturity Scale, and (4) the Justification Scale.

For the statistical analyses, a composite scale was created using three of these scales: Child Molest, Rape, and Exhibitionist. These clinical scales were combined to make a single variable which includes the offending behaviors of all of the sex offenders in this sample. The sample includes 41 child molesters, 4 of whom were convicted for rape but had also molested children, and 1 who was convicted as an exhibitionist and acknowledged no other deviant behaviors. Separately, the three scales are mutually exclusive as the questions which make up each scale are about the specific molesting behaviors of each type of
offender. The composite of these scores allowed a better assessment of the willingness of the child molesters to admit to all of their deviant behaviors and, by inference, to take responsibility for them.

The authors (Nichols & Molinder, 1984) report that internal validity was determined by a consensus of judges. Criterion validity and construct validity are satisfactory. Convergent validity was found when comparing items on the MMPI that were similar to, or the same as, those on the MSI. Discriminant validity was found with no correlations exceeding .20 when compared with age, sex, I.Q., education, or the three MMPI validity Scales, L, F, and K.

Kuder-Richardson correlation is moderate to high depending upon the scale ($r = .71$ to $r = .40$). Product-moment correlation of stability over time and over all items was .86 (Nichols & Molinder, 1984).

Higher scores on the composite scale represent the willingness of the subjects to acknowledge their behaviors, suggesting that they are taking responsibility for these behaviors. In the present study, this scale will be referred to as the "Admissions" scale. The Cronbach's alpha for these three clinical scales is .27. The pretest-posttest correlation for the admissions scale is .76 ($p = .0000$). As mentioned previously, violations of normality and equality of variance were remedied by using the log of the scores.
**Self-report questionnaire.** A form was filled out by each respondent pertaining to a number of background variables not recorded elsewhere in the other instruments. These included some categorical information such as race and income. Also information about the use of violence in offending, some descriptors of victims, and childhood experiences of physical abuse were collected. The data were examined and utilized to describe the sex offenders, and were included as predictors or controlled variables in some analyses.

**Traditional Family Ideology Questionnaire (TFI).** The TFI was used to assess the attitudes of respondents concerning acceptance of interpersonal violence, stereotypic sex-role expectations, and authoritarian parenting. This measure was created by Levinson and Buffman (1955) to address ways of thinking or ideological orientations regarding family structure and functioning.

The authors describe an autocratic-democratic continuum. The autocratic extreme is represented by various forms of "traditional family ideology" involving an hierarchical conception of familial relationships, emphasis on discipline in child-rearing, and sharp dichotomization of sex-roles. The democratic orientation tends to decentralize authority within the family, to seek greater equality in husband/wife, parent/child relationships, and to maximize individual self-determination. The measure is intended to
focus on certain gross differences between the two extreme positions. The TFI was developed to test the assumption that individuals are relatively consistent in their tendency toward either autocratic or democratic positions across attitudes about family life, ideology, and personality traits.

Five aspects of the authoritarian personality syndrome were selected as the basis for the questions. They are (a) conventionalism, (b) authoritarian submission, (c) exaggerated masculinity and femininity, (d) extreme emphasis on discipline, and (e) moralistic rejection of impulse life. These five characteristics are not regarded as being either conceptually or statistically independent and, therefore, not translated into five mutually exclusive subscales. Instead, item formulation was intended to incorporate as many of the characteristics as possible (Levinson & Huffman, 1955). Subjects are asked to indicate their agreement with each item on a scale ranging from +3 (strongly agree) to -3 (strongly disagree). A high score represents strong adherence to autocratic family ideology, and a low score represents opposition to this viewpoint. A score of 40 was assigned as a neutral point between the two ideological orientations. The mean score for the norm sample, several groups of college students, was 33.3.

Split-half reliability (odd/even) yielded a Spearman-Brown formula result of .84. Internal consistency was
determined by an evaluation of the individual items, and the scale was improved after an item analysis was carried out by means of the Discriminatory Power (DP) technique. The DP range was 0.04 to 3.5, and a mean of 2.0. The initial results support the general theory, in that the categories which differentiate the high and low scorers reflect the genotypic variables on which the TFI was originally constructed.

There are studies to support the presence of each of the five traditional family ideals in CSA offenders (Dwyer & Amberson, 1989; Fredrickson, 1981; Gebhard, 1965; Herman, 1981; Hodson & Skeen, 1987; Malamuth, 1988; McCaffery, 1987; Toobert, Barthelme, & Jones, 1959; Walker, 1988).

The original form contained 40 items. A short 12 item form was selected from the initial form with concern for DP, simplicity of each item, and to broadness of overall item content. The short form was used for the present study. Average correlations for the TFI short form was .75 with the F scale (the original scale developed for the study of the authoritarian personality). Developers report that test-retest reliability after 6 weeks interval was .93. Split-half reliability was .92. Item analysis average DP was 2.9. Thus, internal consistency and reliability are sufficient for most measurement purposes (Levinson & Huffman, 1955).

The Traditional Family Ideals questionnaire has a Cronbach alpha of .85 for this study. This is quite
satisfactory. It should be noted that this sample's mean (31.0) is different from that of the norm group (33.3); however, it must be also recognized that this test was normed during the 1950's when the attitudes addressed in this measure were different and, thus, a different mean does not necessarily represent a more democratic sample.

The variable measuring "indiscriminate choice of victims" is a calculated score based on more than one "yes" response on several items (i.e., ages of victims, sexes of the victims, relationship to the victims). The absence or use of violence was determined by the self-report questionnaire and/or by affirmative responses to questions about the use of violence on the MSI. With respect to the latter, it was deemed sufficient to have information that the subjects were willing to use violence in a variety of contexts, and to admit it, on either measure. The important factor was their acceptance of violence, although they may not have used it in molesting children, or were perhaps unwilling to admit that they had used it.

**Statistical Procedures**

The multiple regression analyses were performed on the three criterion variables after each was examined for violations of normal distribution and equality of variance. Two measures, the Sociomoral Reflection Objective Measure (SROM) and the Multiphasic Sexual Inventory (MSI) were not normally distributed; therefore, the logs of the
scores for each measure were used to remedy the problems. Two-sample \( t \)-tests were used to compare the means of categorical and dichotomous variables. The number of independent variables for each criterion variable was reduced through the use of correlation analyses to discover the significantly related variables, followed by preliminary regression analyses to remove nonsignificant predictor variables. A final regression analysis, which included the remaining significant predictors, was performed on each of the criterion variables in order to develop models that would best explain the variance in each criterion variable.

Three sets of multiple regression analyses were performed to discover which factors are significantly related to, or predict, each of the components of moral development under study: (a) levels of moral judgement, (b) extent of empathy, and (c) extent of moral motivation as expressed by the sample group of child molesters. Time in treatment was controlled in all multiple regression analyses. Due to lack of sufficient data, the incest victimization of the subjects had to be excluded from the analyses. There were two black subjects and three who admitted to previous convictions. These variables were not submitted to statistical analyses because there were so few subjects in these categories.

Regression analyses were performed on the criterion variable of moral judgement with predictor variables that
have been suggested in the literature to be most likely to predict moral judgement in CSA offenders. These predictors include: (1) a history of abuse in childhood, suggested by several authors as resulting in developmental deficits in social skills, cognitive skills, and moral judgement; (2) Traditional family attitudes, associated in the literature with values that relate to lower levels, rather than higher levels, of moral judgement; and (3) some offending behaviors (e.g., indiscriminate choice of victims, use of violence, an incestuous relationship with the victims). The level of education was expected to be highly correlated with levels of moral judgement and was entered first as a control variable in these regressions.

A set of multiple regression analyses were performed on the criterion variable of empathy utilizing the hypothesized predictor variables. A history of abuse in the offender’s childhood and the sex of abuser were expected to predict differing degrees of empathy. When the abuser was female the CSA offender was expected to express less empathy. Traditional family attitudes was regressed on empathy as the research suggests that these attitudes are held by persons who would demonstrate less empathy. The offending behaviors, which were inclusive of indiscriminate choice of victims and use of violence, were expected to predict less empathy. Incest offenders were expected to express a greater amount of empathy. Being married, versus being
single, also was hypothesized to predict significantly higher levels of empathy.

A third set of multiple regression analyses was performed on the moral motivation variable and the predictor variables of history of abuse, family attitudes, and offending behaviors (i.e., use of violence, indiscriminate choice of victims, non-related victims); all were expected to predict less internalized moral motivation. A correlational analysis of the three criterion variables was also performed.
CHAPTER IV

Description of the Subjects

The sample (N = 42) of volunteer subjects from the treatment program included 33 incest offenders, 9 non-related child molesters some of whom also engaged in rape of adults and exhibitionism. Since participation in this study was on a voluntary basis, characteristics of the study’s subjects were compared to a random sample (20%, n = 18) of all individuals currently enrolled in the treatment program (N = 89). The voluntary subjects did not differ significantly from the total group in treatment with respect to race, age, income, and educational level.

Descriptive statistics of the subjects in the sample are presented on Table 1. A background of physical and sexual abuse proved to be prevalent within this sample of sex offenders. Sexual abuse in childhood was significantly correlated with the criterion variables, whereas physical abuse in childhood did not correlate with any of them. Even so, physical abuse was reported by a over half of the subjects (52.4%, n = 22). Twenty-seven (64.3%) had been sexually abused, 83.3% of the subjects had been either physically or sexually abused in childhood, and 14 (33.3%
had been both physically and sexually abused, whereas there were 7 individuals (16.7%) who reported no childhood abuse experiences.

Half of the subjects had been sexually abused by male adults, 14 had been sexually abused by female adults, and 8 were sexually abused by both males and females. In addition, 9 were identified as victims of incest abuse, whereas, 18 were sexually abused by unrelated offenders. However, it should be noted that for 15 subjects information regarding their relationship to their abusers was missing.

The age range for the children molested was 2 to 18 years of age. Thirty-five molested female children, 9 molested male children. Nine molested unrelated children, whereas 33 others were in various familial relationships with their victims. Fourteen were step fathers, six were natural fathers, and the other 13 were uncles, cousins, grandfathers and brothers.

The literature suggests (Finkelhor, 1984; Groth & Birnbaum, 1985) that those child molesters who are indiscriminate in their choice of victims are particularly resistant to change, even with treatment, and are more likely to remolest after release from prison or from treatment. There were 15 (35.7%) such offenders identified in this group of subjects. Among these 15, 8 (53%) had been
TABLE 1
Sociodemographic Characteristics of the Sample
N=42

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>n</th>
<th>Mean</th>
<th>St.dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 20-30</td>
<td>21.4</td>
<td>(9)</td>
<td>39.4</td>
<td>12.15</td>
<td>20-71</td>
</tr>
<tr>
<td>31-40</td>
<td>40.5</td>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>over 40</td>
<td>38.1</td>
<td>(16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race Black</td>
<td>4.8</td>
<td>(2)</td>
<td></td>
<td></td>
<td>1-2</td>
</tr>
<tr>
<td>White</td>
<td>95.2</td>
<td>(40)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income $0-$15,000</td>
<td>59.5</td>
<td>(25)</td>
<td>1.6</td>
<td>.77</td>
<td>1-3</td>
</tr>
<tr>
<td>$15,001-$25,000</td>
<td>23.8</td>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,001+</td>
<td>16.7</td>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>11.5</td>
<td>1.89</td>
<td>7-14</td>
</tr>
<tr>
<td>Grade 7-11</td>
<td>38.6</td>
<td>(12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.S. grad</td>
<td>42.9</td>
<td>(18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post grad</td>
<td>28.6</td>
<td>(12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>57.1</td>
<td>(24)</td>
<td>1.4</td>
<td>.50</td>
<td>1-2</td>
</tr>
<tr>
<td>Single</td>
<td>42.8</td>
<td>(18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time in trtmt.</td>
<td></td>
<td></td>
<td>16.1</td>
<td>10.61</td>
<td>1-48</td>
</tr>
<tr>
<td>First year</td>
<td>40.5</td>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second year</td>
<td>35.7</td>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third year</td>
<td>19.0</td>
<td>(8 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth year</td>
<td>4.8</td>
<td>(2 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offending behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incest</td>
<td>78.6</td>
<td>(33)</td>
<td>1.2</td>
<td>.73</td>
<td>1-2</td>
</tr>
<tr>
<td>Violence</td>
<td>35.7</td>
<td>(15)</td>
<td>1.7</td>
<td>.53</td>
<td>1-2</td>
</tr>
<tr>
<td>Indiscrim.</td>
<td>35.7</td>
<td>(15)</td>
<td>1.6</td>
<td>.54</td>
<td>0-3</td>
</tr>
<tr>
<td>choice of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>victims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>16.7</td>
<td>(7 )</td>
<td>0.0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Physical</td>
<td>52.4</td>
<td>(22)</td>
<td>1.48</td>
<td>.51</td>
<td>1-2</td>
</tr>
<tr>
<td>Sexual</td>
<td>64.3</td>
<td>(27)</td>
<td>1.33</td>
<td>.47</td>
<td>1-2</td>
</tr>
<tr>
<td>Total abused</td>
<td>81</td>
<td>(34)</td>
<td>2.74</td>
<td>.77</td>
<td>0-3</td>
</tr>
</tbody>
</table>
physically abused, whereas 13 (87%) had been sexually abused. Fourteen percent had been sexually abused by both sexes, 73% had been abused by males, and 53% had been abused by females. Of those who had been both physically and sexually abused as children, all had used violence themselves when offending.

Examination of the subgroup who used violence (n = 15), indicated that they had the following experiences: 33.3% (n = 5) had been incest victims, 60% (n = 9) had been sex abuse victims, 66.7% (n = 10) had been physically abused, and 40% (n = 6) had been both physically and sexually abused.

Results for Tests of Hypotheses

Hypothesis I. Hypothesis I states that specific childhood events, specific attitudes, particular offending behaviors, and levels of education will be predictive of various levels of moral judgement in this group of child molesters in treatment.

I.A. This sub-hypothesis states that the amount of education will have a positive correlation, or covary, with the criterion variable of moral judgement. The sub-hypothesis was tested by correlational analysis and by entering the variable for education first in the preliminary regression analyses. The range for education was from 7 to 14 years. The variable was not significantly correlated with the measure for moral judgement (SRQM) and, therefore, the sub-hypothesis is not supported.
I.B. A history of abuse (i.e., physical and/or sexual abuse in the childhood of the subject) was hypothesized to predict preconventional levels, Stages 1 and 2, of moral judgement. There were 10 subjects who were at the preconventional level, stages 1 and 2. Of these ten, 70% had been abused in some way (i.e., physically ($n = 6$), sexually ($n = 4$), and both ($n = 3$). As predicted, a history of sexual abuse is significantly correlated with lower moral judgement, as measured by the SROMS ($r = .43, p < .01$). However, a history of physical abuse was not significantly correlated with lower moral judgement. Thus, Sub-hypothesis I.B. is only partially supported.

I.B.1. A history of incest abuse in childhood was hypothesized to predict lower, preconventional levels of moral judgement. This question could not be tested because the data were insufficient. Data regarding incest abuse were missing for 15 of the 42 subjects.

I.B.2. Sexual abuse by a female was hypothesized to predict preconventional levels, Stages 1 and 2, of moral judgement. Only one subject who had a preconventional level of moral judgement was molested by a female. Based on this limited data, this sub-hypothesis is not supported.

I.B.3. Sexual abuse by a female relative was hypothesized to predict preconventional levels, Stages 1 and 2, of moral judgment. Because of missing data, this sub-sub-hypothesis could not be tested. A case-by-case
examination of the data revealed that, in 14 cases where subjects had been offended by females, 5 were incest abuse cases. Conversely, females had been the abusers in 55% of the cases (n = 9) where incest in childhood was acknowledged.

I.C. This sub-hypothesis states that traditional family attitudes will predict preconventional levels, Stages 1 and 2, of moral judgement. The correlation coefficient between traditional family attitudes and lower moral judgement is significant (r = .38, p = .05), and the regression analysis is significant (beta = -.44, p = .002). This sub-hypothesis is supported.

I.D. This sub-hypothesis states that those who are indiscriminate in choice of victims will have preconventional levels of moral judgement, Stages 1 and 2. The relationship between indiscriminate choice of victims and low moral judgement was not supported.

I.E. This sub-hypothesis states that the use of violence by subjects will predict preconventional levels of moral judgement, Stages 1 and 2. There were no significant correlations between these two variables. Thus, the sub-sub-hypothesis was not supported.

I.F. This sub-hypothesis states that having multiple convictions will predict preconventional levels of moral judgement. However, only three subjects admitted having
more than one conviction. Consequently, the sub-hypothesis could not be tested.

With regard to Hypothesis I as a whole, three regression analyses were performed on the criterion variable for moral judgement. In the two preliminary analyses treatment and education were controlled by entering these variables first. After nonsignificant variables were removed, the third regression was conducted to determine the best model for explaining the variance in moral judgement. One background variable was found to be a significant predictor. Sexual abuse in the background of a sex offender (beta = -.442, p = .002) was significant in each regression. The attitudes variable was also significant in that those who were more inclined to hold authoritarian attitudes had lower levels of moral judgement (beta = -.394, p = .0056). Although not specifically hypothesized, a subject's incestuous relationship with child victims approached significance and deserves mention (beta = -.218, p = .11). This final regression analysis explains 33% of the variance in moral judgement (adj. R square = .33, F = 9.46, p <.0005). These results are presented on Table 2.

In general, the hypothesis is partially supported by the data in that background experiences and specific attitudes were significantly related to levels of moral judgement. The only molesting behavior, incest, that
Table 2

Multiple Regression Analysis on Moral Judgement (SROMS)

<table>
<thead>
<tr>
<th>Variables:</th>
<th>beta</th>
<th>SE</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional family attitudes</td>
<td>-.394</td>
<td>.0056</td>
<td>-2.94**</td>
</tr>
<tr>
<td>Bckgd. of sex abuse</td>
<td>-.442</td>
<td>.024</td>
<td>-3.30**</td>
</tr>
<tr>
<td>Incest</td>
<td>-.218</td>
<td>.017</td>
<td>-1.66</td>
</tr>
</tbody>
</table>

\( F (3, 36) = 9.46 \quad p = .0005 \quad \text{adj. } R \text{ square } = .30 \)

* \( p < .05 \)  **\( p < .01 \)
approached significance in relationship to this criterion variable was not specifically hypothesized.

**Hypothesis II.** The major hypothesis specifies that certain childhood events, attitudes, particular offending behaviors, and marital status will be predictive of various degrees of empathy.

II.A.1. The sub-hypothesis states that a history of physical and/or sexual abuse will be predictive of less empathy. Sexual abuse by a male was significantly correlated with empathy. The Pearson $r$ for a male abuser is .38 ($p = .05$), and also the variable for both sexes of abuser approached significance ($r = -.29$), whereas physical abuse was not significantly related to empathy. Thus, this sub-hypothesis was only partially supported.

II.A.2. The sub-hypothesis states that the experience of being abused by a non-related female in childhood will be predictive of lower empathy. Examination of the correlation matrix indicated that the Pearson $r$ was not significant. However, since data were missing for many of the respondents, no conclusions can be safely drawn.

II.A.3. The sub-hypothesis states that the experience of incestuous abuse by a female, particularly a mother, will be predictive of lower empathy. Because of missing data, this sub-hypothesis could not be tested.

II.B. The sub-hypothesis states that traditional family ideals (attitudes variable) will predict less empathy. The
Pearson $r$ for this variable with empathy is $0.36$ ($p = 0.05$). Also identified was a significant interaction between traditional family ideals and indiscriminate choice of victims ($r = 0.38$, $p = 0.05$). Consequently, an interactive variable for these two predictors was entered in the regression for this major hypothesis. The sub-hypothesis is supported.

II.C. The sub-hypothesis states that the use of violence will predict lower empathy. This variable was not significantly related to the empathy variable and the sub-sub-hypothesis is not supported.

II.D. The sub-hypothesis states that multiple convictions will predict lower empathy. As stated above, this sub-hypothesis could not be tested because of the small number of subjects in this category.

II.E. The sub-hypothesis states that the indiscriminate choice of victims will predict lower empathy. The relationship was not significant and the sub-hypothesis is not supported.

II.F. The sub-hypothesis states that being married will predict greater empathy. This correlation coefficient was significant ($r = 0.40$, $p = 0.01$), and this sub-hypothesis is supported.

With respect to Hypothesis II as a whole, three regressions were performed using empathy as the criterion variable. The first two were performed to remove the
nonsignificant variables. The two control variables, treatment and education, were entered first in these preliminary regressions. Neither predictor was significantly related to the criterion variable, and, therefore, was not included in the final regression analysis.

The final regression, to find the model which explained the most variance, included sexual abuse by an adult male (beta = .283, p = .0561) which only approached significance but explains 10% of the variance in empathy. Married status (beta = .264, p= .04), and the interaction of traditional family ideals and indiscriminate choice of victims (beta = .436, p .0022), were also significant. When included in the preliminary stepwise regressions, the variable for sexual abuse by both sexes (beta = .238, p = .13) also approached significance, explaining 12% the variance in empathy, and, thus, it was included in the final model. The results of the regression analysis for this model are on Table 3.
Table 3

Multiple Regression Analysis on Empathy

<table>
<thead>
<tr>
<th>Variables</th>
<th>beta</th>
<th>SE</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male abuser</td>
<td>.238</td>
<td>2.88</td>
<td>1.97</td>
</tr>
<tr>
<td>Married status</td>
<td>.264</td>
<td>2.58</td>
<td>2.08*</td>
</tr>
<tr>
<td>Interaction</td>
<td>.436</td>
<td>.05</td>
<td>3.29**</td>
</tr>
<tr>
<td>Both sexes abusers</td>
<td>.238</td>
<td>3.71</td>
<td>1.57</td>
</tr>
</tbody>
</table>

\( F(4,37) = 7.43** \) \( \text{Adj. R square} = .39 \)

Note. Time in treatment and education were entered as controlled variables.

\( *p < .05 \quad **p < .01 \)
Hypothesis III. The major hypothesis states that specific background variables, attitudes, and offending behaviors will predict less internalized moral motivation. The measure used to assess moral motivation is the scale of the MSI related to willingness to admit to offending behaviors. The log of the scores on this variable was used to compensate for abnormal distribution and inequality of variance.

Treatment was entered first as a control variable with each of the criterion variables. The moral motivation variable has a significant correlation with treatment ($r = .39, p = .05$). In the final regression (adj. R Square = .31, $F = 5.60, p = .001$), treatment is the first predictor (beta = .432, $p = .003$) explaining 12% of the variance.

III.A. The sub-hypothesis states that a history of physical and/or sexual abuse in childhood is predictive of lower moral motivation. A history of sexual abuse was significantly correlated with the moral motivation measure ($r = .37, p = .05$) when treatment was entered into the stepwise regression equations first as a control variable, and explains 9% of the variance in moral motivation (beta = -.321, $p = .03$), but in the final model (adj. R square = .31, $p = .001$), the beta for the sex abuse variable was -.254 ($p = .07$). Consequently, although the sub-hypothesis is supported, the major hypothesis is not.
III.B. The sub-hypothesis states that traditional family attitudes will predict less internalized moral motivation. This variable was not significantly correlated with the criterion variable and, therefore, the sub-hypothesis is not supported.

III.C. The sub-hypothesis states that the use of violence will be predictive of lower moral motivation. When treatment was entered first as a control variable, the use of violence was significantly correlated with moral motivation ($r = -.33, p = .03$) accounting for 6% of the variance ($\beta = -.286, p = .04$). Thus, the sub-hypothesis is supported.

III.D. The sub-hypothesis states that multiple convictions will predict lower moral motivation. As stated earlier this sub-hypothesis could not be tested because subjects generally did not admit to previous convictions.

III.E. The sub-hypothesis states that indiscriminate choice of victims will predict lower moral motivation. This variable was not significantly related to the variable for moral motivation, thus the sub-hypothesis is not supported.

Three series of regressions were performed on the criterion variable for moral motivation (i.e., the combined admissions scale for child molesters, rapists, and exhibitionists). The first two regressions were performed to eliminate non-significant regressors. The final regression for the model which explained most of the
variance on moral motivation included time incarcerated (a variable not hypothesized to be influential, but substituted for the number of previous convictions) approached significance with the criterion variable ($\beta = .223, \rho = .1029$), and is, therefore, worth noting. The regression analysis for moral motivation is found in Table 4.

**Hypothesis IV.** The hypothesis states that the three criterion variables, moral judgement, empathy, and internalized moral motivation, will not be highly correlated. In addition, various predictors are expected to differentially relate to each of the criterion variables. The first part of this hypothesis remains tenable, based on the results of correlation analysis and by a regression analysis. This investigator recognizes that a hypothesis stated in the null form can only be rejected or left tenable; such a hypothesis was not included to establish "proof."

Pearson $r$ coefficients for moral judgement and empathy ($r = .03$), for moral judgement and moral motivation ($r = .16$), and for empathy and moral motivation ($r = .06$) indicate low correlations among these components of moral development. For the regression analysis the adjusted $R$ square was .02 ($\rho = .57$). With respect to the second part of the hypothesis, each criterion variable was
Table 4

Multiple Regression Analysis on Moral Motivation

<table>
<thead>
<tr>
<th>Variables</th>
<th>beta</th>
<th>SE</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time incarcerated</td>
<td>.224</td>
<td>.002</td>
<td>1.67</td>
</tr>
<tr>
<td>Use of violence</td>
<td>-.268</td>
<td>.063</td>
<td>-2.01</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>-.254</td>
<td>.061</td>
<td>-1.90</td>
</tr>
<tr>
<td>Treatment time</td>
<td>.432</td>
<td>.003</td>
<td>3.21**</td>
</tr>
</tbody>
</table>

F (4, 37) = 5.60**  Adj. R square = .31

**p < .01
hypothesized to have different predictors. This was supported in the following way: Moral judgement is related to the background variable of sexual abuse in childhood, authoritarian attitudes, and being an incest offender. Empathy is significantly related to having had a male abuser in childhood, married status, and the interaction of authoritarian attitudes with indiscriminate choice of victims. In addition, being the victim of both male and female abusers approached significance. Moral motivation is significantly related to time in treatment, and approaches significance on two other predictors—the use of violence and time spent incarcerated. Descriptive statistics of the criterion variables are listed on Table 5. The subjects' scores represented the full range of levels of moral judgement (i.e., 0 - 443). The mean stage (i.e., SROMGS score) for the sample was 3-4, which is one-half stage below that of the adult norm population of 4 ($N = 31$) (Gibbs et al., 1984; McCaffery, 1987). More of the sample were at the conventional ($n = 28$) and post-conventional levels ($n = 4$) than at the pre-conventional level ($n = 8$). Two subjects had scores of zero and could not be placed in a stage or level. The number of subjects at each level of moral judgement is listed in Table 6.

On the average, SROMS scores in normal populations exceed production measure scores by approximately one-half stage (one-third stage for college or adult subjects, two-
thirds for high school subjects). For example, an 18 year old is likely to score 55 points lower on the production form of the measure (i.e., the Sociomoral Reflection Questionnaire, the "SRMS"), than on the SROM (Gibbs et al., 1984). The mean SROMS for these groups, which included ninth (n = 24) and eleventh grade (n = 18) students, and college students (n = 17) with a mean age of 16.1 years, was 350.02 (SROMGS = 4–3, a transitional stage between stage 3 and stage 4). The mean for the same group on the SRMS was 293.85 (SROMGS = 3).

Smith (1984) and McCaffery (1987) studied moral judgement levels in samples of abusing adults and regressed child molesters respectively. McCaffery's sample had a mean stage of 4–3, a quarter of a stage higher than the sample in the present study, 3–4. The majority of the subjects in the present study were incest offenders (78.6%, n = 33). Also included were 9 subjects who had molested non-related children. Some of these child molesters also had committed rape (n = 4) and exhibitionism (n = 3).

Since the scoring procedure in this sample group was slightly different than that recommended, it is not certain if the difference between the sample mean (341.67, standard deviation 100.0; stage 3–4) and the mean of the norm group of Gibbs et al.(1984), which had a mean SROMS of 392.29 (N = 31) is significant. Since the authors have concluded that
Table 5

**Descriptive Statistics of the Criterion Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measure</th>
<th>Mean</th>
<th>St.dev.</th>
<th>Range</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral Judgement</td>
<td>SROMS</td>
<td>341.67</td>
<td>100.0</td>
<td>0-443</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>SROMGS</td>
<td>3.41</td>
<td>1.0</td>
<td>0-4.5</td>
<td>42</td>
</tr>
<tr>
<td>Empathy</td>
<td>Pd4 (1st)</td>
<td>58.0</td>
<td>14.8</td>
<td>31-95</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Pd4 (2nd)</td>
<td>56.6</td>
<td>10.1</td>
<td>38-81</td>
<td>42</td>
</tr>
<tr>
<td>Moral</td>
<td>MSI (1st)</td>
<td>16.7</td>
<td>10.4</td>
<td>4-44</td>
<td>31</td>
</tr>
<tr>
<td>Motivation</td>
<td>MSI (2nd)</td>
<td>20.9</td>
<td>9.8</td>
<td>2-53</td>
<td>42</td>
</tr>
</tbody>
</table>
Table 6

Number of Subjects at Each Level of Moral Judgement (SROMGS)

N=40

Preconventional level

<table>
<thead>
<tr>
<th>Stage</th>
<th>No. of subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1-2</td>
<td>0</td>
</tr>
<tr>
<td>2-1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2-3</td>
<td>1</td>
</tr>
<tr>
<td>3-2</td>
<td>5</td>
</tr>
</tbody>
</table>

Conventional level

<table>
<thead>
<tr>
<th>Stage</th>
<th>No. of subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3-4</td>
<td>7</td>
</tr>
<tr>
<td>4-3</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>14</td>
</tr>
</tbody>
</table>

Postconventional level

<table>
<thead>
<tr>
<th>Stage</th>
<th>No. of subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-5</td>
<td>4</td>
</tr>
</tbody>
</table>

Note. Two subjects had scores of 0 on the SROMS and could not be placed in any level or stage.
the SROM mean is usually one-third to one-half stage higher (McCaffery, 1987), than the "production" form of the measure (SRMS), and the mean of the present sample (SROMGS = 3-4), is 1/2 stage below the norm mean (SROMGS = 4), it would appear that a delay or deficit in the development of moral judgement exists within the child molester group of the present study.

The three criterion variables, moral judgement, empathy, and moral motivation, were not expected to be highly correlated. The literature linking empathy with moral development suggests that there is a complimentarity between these two concepts, with empathy theorized to be an integral part of moral judgement in the process of moral development (Gibbs, Clark, Joseph, Green, Goodrich, & Makowski, 1986; Hoffman, 1984). To internalize moral motivation, considered in this study to be a third component of moral development, is to achieve a mature level of moral reasoning that motivates moral behavior (Sapp, 1986).

Clearly, all levels of moral judgement were attained by the subjects in this study (range 0 - 443). All subjects were convicted sex offenders. They have been in treatment from one month to more than four years. Yet, for two of the three criterion variables, moral judgement and empathy, time in treatment did not correlate with a subject's response patterns. The third variable, moral motivation was quite sensitive to treatment, and also to time spent incarcerated.
Whereas the literature suggests that child molesters do not have the capacity for empathy, that they deny an awareness of the feelings of their victims (Finkelhor, 1984; Groth & Birnbaum, 1985), this study demonstrates that there is a wide range of empathy expressed--(38 - 81) out of a possible range of 30 to 99--just as there is a complete range of moral judgement. Also, although empathy seems stable, and is not significantly related to treatment (r = -.09), there is a significant difference in the mean values for the two administrations of the empathy measure in the appropriate direction (i.e., changes toward lower scores indicate increased empathy). The Wilcoxon matched pairs signed-ranks test showed that there were 24 subjects who had greater scores on the first test time than the second (survey) test time, 13 who had greater scores on the second test time, and 5 ties. The mean rank for the first test being less than the second is 16.42, and the mean rank for the second test being less than the first is 20.40 (Z = -2.08, 2-tailed p = .03). These results suggest that more of the subjects change toward more empathic responses than changed toward less empathic changes and 5 did not change at all. One possible explanation for this is that treatment has been effective in this area.

The measure for moral motivation is specific to sex offenders and not relevant for other populations. It was designed to be used in repeated administrations to measure
change due to treatment (Nichols & Molinder, 1984). The changes from the first to the second administrations of this measure also register changes which are in the appropriate direction if treatment is effective. The means of the two sets of scores were found to be significantly different on a 2-sample t-test with a mean difference of .1906, a standard deviation of .039 (t = 4.84, 2-tail p = .000). The authors of the test (Nichols & Molinder, 1984) suggest that sex offenders who have a higher score on the second test than on the first, have become less defensive about their deviant behaviors.

Discussion

Because the sample consists of a limited number of subjects who are self-selected, it is difficult to generalize these results. These subjects may be unique in ways which prevent them from being representative of the population of child molesters. Primarily, they are in therapy, whereas most child molesters are not. The limitations, discussed earlier in the study, may be responsible for the limited number of significant variables. However, within the limitations of the present sample, there was support for theoretical perspectives pertaining to background factors, attitudes, and specific molesting behaviors being significant in the prediction of child molestation, as well as support for this study's hypotheses.

In addition, the present study has succeeded in linking
background variables, attitudes, and molesting behaviors with attained levels of moral judgement, empathy, and internalized moral motivation suggesting support for the theoretical perspective that developmental deficits in the attained levels of moral judgement, empathy, and internalized moral motivation are related to the decision to molest children.

More specifically, this sample of child molesters has lower levels of attained moral judgement and less empathy than the norm groups which were used for comparison purposes. Moreover, the sample means were significantly different between the first and second administrations of the Pd4 and the MSI. The changes in the scores on both measures were in the expected direction suggesting that there are treatment effects, but even with the treatment effects, the sample means for the second administration of the Pd4 and the MSI and the one administration of the SROM were lower than the norm comparison groups. The MSI, while significantly related to time in treatment, was for the most part low when compared with norms for treated sex offenders (Nichols & Molinder, 1984). When treatment was controlled by entering it first in regression analyses, the attitude variable remained significant for moral judgement and empathy, but not for moral motivation. Thus, as hypothesized, these variables relate differently to each criterion variable. This finding lends further support to
the proposition that the different components of moral
development considered in this study are separate and
independent components of the construct of moral
development. If this is the case, several avenues of
treatment will be needed in order to encourage moral
decision-making and moral behavior in child molesters. For
example, if only moral judgement is addressed, there is no
assurance that the behavior will change. Empathy, addressed
alone in treatment, may not be sufficient to produce
behavior change. Moral motivation may well be an important
factor in determining behavior; however, this analysis
suggests that it may be highly sensitive to the in-treatment
status of the child molester. There is no assurance that
internalization of moral motivation will influence actual
behavior after release from treatment.

The sub-hypotheses presented some surprising results
and trends which need to be further examined and clarified
with larger, more representative samples. For example,
those individuals who were indiscriminate in their choice of
victims were expected to be less empathic, lacking in moral
motivation, and have lower levels of moral judgement. The
child molesters in this subgroup did not relate
significantly to the criterion variables as expected.
Rather, they expressed a broad range of moral judgement,
empathy, and internalized moral motivation.
Also, the subgroup of sex offenders who used violence were expected to endorse more authoritarian attitudes (i.e., acceptance of interpersonal violence, stereotypic sex-role expectations, and authoritarian parenting approach); however, these variables were not significantly related. The acceptance of violence did not predict the use of violence. In the present sample, the subjects who held more authoritarian attitudes had lower attained levels of moral judgement, and, within the subgroup of those who were indiscriminate in choice of victims, expressed less empathy. On the other hand, the subgroup who used violence appear to have less internalized moral motivation.

The sub-hypotheses related to the different types of background abuse did not accurately predict the results obtained. Physical abuse, though reported by more than 50% of the respondents, was not a significant factor in levels of moral judgement, empathy, or internalized moral motivation. However, sexual abuse generally, and some of the different types of sexual abuse specifically, were significantly related to lower levels for moral judgement and empathy, and approached significance for moral motivation.

For example, sexual abuse by a male adult in the subject’s childhood was significantly related to less empathy. The literature suggests that the trauma associated with being a male sexually abused by a male adult is related
to: (1) the homosexual implications that the child must address in explaining the experience to himself, (2) the confusion of the male victim about his own sexual identity as he matures, (3) the amount of violence and injury likely to be involved, (4) the fact that the male child has no acceptable way to reveal such abuse, and (5) the isolation that is experienced because the child does not tell anyone and, therefore, has no opportunity to resolve the relevant issues (Markson, 1986; Nielsen, 1981; Pecukonis, 1987).

In contrast, there were trends on each of the criterion variables, when the sexual abuse was by a female, for the mean levels of moral judgement, empathy, and internalized moral motivation to be slightly higher than the mean levels of the sample as a whole. Furthermore, this subgroup who experienced abuse by a female adult expressed more democratic attitudes than the total sample as well. While these differences were not significant, they are noted here because they were counter to expected outcomes.

Perhaps the most obvious explanation for these trends is that the above-mentioned traumatic experiences, related to abuse by a male adult, are absent when the abuser is female. Specifically, there is less likelihood for violence and injury, the relationship is culturally more acceptable, and, therefore, no implications about sexual orientation or identity are inherent in abuse by a female. Still, the possibility of perceived helplessness in the female-abuser
situation could have significant impact on the self-image of a male child (Finkelhor, 1984; Markson, 1986).

Another counterintuitive, nonsignificant trend was that the subgroup ($n = 7$) who reported no physical or sexual abuse in childhood were the subjects who expressed the lowest mean levels of moral judgement, lowest mean empathy scores, and the highest mean authoritarian attitude scores of all the abused subgroups examined. They were least likely to acknowledge their own deviant behaviors also. Perhaps, with only 7 subjects, these results may be due to chance. However, a case-by-case examination of these subjects revealed that 5 of these subjects had changes on the Pd4 scale in the direction toward lower, rather than increased empathy on the second test administration. One subject stayed the same on the Pd4 scale and only one had a change toward increased empathy. All of the second Pd4 scores for this subgroup were above the mean suggesting that they remained low in empathy even when they had changes which were toward increased empathy.

Other characteristics of this subgroup were examined and some commonalities were found. Six were high school graduates or above. One had completed the tenth grade. They were close to the sample mean on the authoritarian attitudes variable, and had the same mean SRMGS (3-4) on the moral judgement variable although the SRMGS score was lower (330.14) than the sample mean of 341.67. Six engaged in the
three types of sex offenses explored (i.e., child molestation, rape, and exhibitionism). The seventh subject is the exhibitionist who did not admit to other types of offenses on the MSI. This subject was new to the treatment program (2 months) and had not completed the MSI prior to admission to the program. One can speculate that this subject is still quite defensive and is maintaining his denial of responsibility for his deviant behaviors. It is also possible that all of the subjects in this sub-group remain in denial despite the length of time they have been in treatment. Six have been in treatment between one and three years. Whereas, it may be that not having abuse in their background has limited their ability to understand the feelings and the experience of being a victim of CSA, the measure for empathy does not specifically measure empathy for their victims so it must be assumed that they lack empathy in a general sense rather than just for their victims.

The incest subgroup (n = 33), when defined by the subject’s relationship to his victims, was composed of natural fathers (n = 6), step-fathers (n = 14), and uncles, grandfathers, and brothers (n = 13). Nine of these subjects were known to have been childhood incest victims themselves. Due to limited data on this variable, results provide only a partial indication of the likelihood that these behaviors are intergenerationally transmitted through families.
However, other authors have suggested that this is the case (Finkelhor, 1984; Groth & Birnbaum, 1985).

The number of step-fathers ($n = 14$) compared to natural fathers ($n = 6$) suggests the possibility that the cultural taboo against incest may not act as a restraint to step-fathers as strongly as it does to natural families. With the increase in the number of step-families in the last 20 years, the number of children being abused within the family may also be increasing, and will, then, in many cases recapitulate the abuse within their own families in the next generation. The child may not necessarily make a distinction about blood relationship and, indeed, is encouraged to see a step parent as similar to a natural parent. This inability to distinguish a difference in the abuse experience will lead to a greater likelihood that the recapitulation will be incestuous. In addition, it is well-known that pedophiles marry the mothers of children in whom they have a sexual interest (Groth & Birnbaum, 1985).

Strong support was found for the differences among the three criterion variables within the individual subjects. In order to examine this hypothesis, scores on the criterion variables were recoded to low, moderate, and high levels for comparison purposes. Based on the authors (Nichols & Molinder, 1984) divisions of the "admissions" scale of the MSI, raw scores of 0 to 19 were coded as low, raw scores of 20 to 35 were coded as moderate, and raw scores above 35
were coded as high moral motivation. On the Pd4 scale T scores below 50 were coded as high empathy scores, T scores between 50 and 59 were coded as moderate empathy scores, and T scores of 60 or above were coded as low empathy scores. The SROMGS scores were used to identify the levels of moral judgement. Stages 1 to 3-2 were coded as low, stages 3 to 4 were coded as conventional or moderate, and 4-5 was coded high in moral judgement. An examination of individual cases revealed that nine of the subjects had the same level on the three criterion variables. The other 33 subjects had differences on at least 2 of the criterion variables.

Also noted was that the MSI scores were lower among those who had not had the MSI as part of their preadmission assessment as well as were those who had been in the treatment program a shorter length of time. For example, among the 11 subjects who were taking the MSI for the first time, 8 had low scores and 3 had moderate scores. Of those subjects who had been in treatment less than one year (n = 17), 11 had low MSI scores, 4 had moderate scores, and 2 had high scores. Of those who had been in the treatment program between one and two years (n = 15), 6 had low scores, 6 had moderate scores, and 3 had high scores. Among those in the program between two and three years (n = 8), 2 had low scores, 3 had moderate scores, and 3 had high scores. The 2 subjects who had been in the program more than three years had a moderate score and a high score.
Conclusions

In the present study, attempts were made to minimize the biases associated with studies using voluntary samples by controlling as many other sources of error as was possible. Literature concerning the validity of response data of sex offenders (Marshall, Laws & Barbaree, 1990) suggests that self-reports are more reliable and valid when confidentiality and anonymity are assured. We were able to provide these protections and the results indicate that many of the subjects were willing to acknowledge a number of deviant behaviors. The order of the presentation of the questionnaires was controlled as much as possible under the conditions of the study. Although the subjects were allowed to take the questionnaires home to complete them, it would appear that in most cases the instructions about the order of completion was followed. There was a concern that the MSI, if taken first, would result in more defensiveness in responding to the rest of the questionnaires. There was a clear defensive set on the MSI responses when the subject had not previously taken this questionnaire. This defensive set was not noted on the other questionnaires.

The validity scales of the earlier administration of the MMPI were used to determine the validity of the Harris-Lingoes subscale. Seven of the subjects had questionable validity on the F scale. However, the L and K scales were not affected for these subjects. Although the subjects
appeared to be faking bad on the first MMPI, the responses on the separated Harris-Lingoes Pd4 indicated that they were continuing to have scores similar to the first set of responses (i.e., high scores were still high even when they were lower on the second test administration than on the first).

Whereas it is assumed that those who volunteer for research projects have less to hide and are closer to normal populations on the characteristics in question, this group of child molesters, if closer to the norm, are still significantly different from the norm to indicate that other child molesters, if assessed, would be found to be more different than the present sample. The demographic data for the voluntary sample were compared with the demographic data of a 20% sample drawn from the whole treatment program. No significant differences were found.

There are biases inherent in treatment programs themselves. There are few blacks in the treatment program and this is likely to the fact that blacks are sent to prison for most crimes more often than whites. There is no reason to think that the crime of child molestation would be different in this respect. Also there are few women in the treatment program and none of them volunteered for this survey. Women are not generally charged nor convicted for child molestation although, as pointed out in the present study there is a significant number of female abusers in the
background of the subjects in this sample. Nonetheless, for child molestors who are in treatment programs, the sample for the present study appears to be representative.

The notion that components of moral development are independent in nature and are influenced by different factors is supported by the results of the present study. Moral judgement, empathy, and moral motivation may exist at different levels of development within the same individual and exert differing influences on behavior. The data also suggest that the development of each of these components in CSA offenders is associated with different factors (i.e., different background factors, different attitudes, and different molesting behaviors). The results also suggest that, for CSA offenders, the decision to sexually molest is a complex process which may involve interactions of several types of factors. The question still remains as to how moral decision-making takes place, and to what degree moral judgement, empathy, and internalized moral motivation may influence the future behavior of CSA offenders.

The differences among the components of moral development may be due, in part, to the widely accepted belief that moral judgement and empathy are developmental characteristics, based on childhood experiences, and on prevailing attitudes, and consequently are resistant to change through treatment. The internalization of moral motivation may occur later in life, as a result of
experience in adolescence. This may the significant correlation with time in treatment and time spent incarcerated.

The effects of different types of sexual abuse on the child molester should be pursued further. First, because the number of female abusers appears to be greater than previously estimated, very little information exists on the specific effects of such early experiences on either male or female victims. Second, the specific effects of sexual abuse on male victims, also once thought to be relatively few in number, is clearly an important area for further research. Third, the most recent research (Marshall, Laws & Barbaree, 1990) reports greater numbers of child molesters who were physically abused in their childhood than who were sexually abused. This is counter to the results of the present study.

The sex of the abuser was more often male when the empathy was lower, and more often female when the empathy was higher. Having been abused by a female is also associated with more democratic attitudes on the part of the sex offender. As mentioned earlier, this may be attributed to the notion that sex with a female is socially within the norm and does not arouse questions about sexual identity for a male child. Also, intuitively, one would expect that female abusers are more likely to be less violent than male
abusers, especially with a child of their own (Markson, 1986; Pecukonis, 1986).

Physical abuse in the background of a subject had no significant relationship with any criterion variable. One possible explanation for this lack of correlation involves the idea that, when someone is physically abused, the parents generally give a reason, plausible to the child, for the "punishment". No such plausible explanation for sexual abuse can be provided.

The societal effects of these early experiences are serious. Abuse in the background of all types of criminals and domestic batterers, as well as within groups of sex offenders, has been confirmed by a number of research reports (Baron, Straus, & Jaffee, 1988; Briere, Evans, Runtz & Wall, 1988; Farmer, 1989; Fromuth, 1986; Markson, 1986; Nasjleti, 1980; Pelto, 1981). Most of this abuse, both physical and sexual, occurs within the family, and should be a significant issue for family research. Furthermore, once the major predictors of abuse are more clearly identified, effective work in stopping the intergenerational transmission of abusive treatment will have to be done by marriage and family therapists.

To summarize, the results of the present study suggest that moral judgement alone does not provide a complete picture of the character of moral development in an individual. Other factors, such as empathy and
internalization of moral motivation, as well as moral judgement need to be concerns of those who develop treatment approaches for child molesters. The theoretical perspectives suggesting that authoritarian attitudes which are culturally supported received support in the results of the present study. Also supported was the theoretical suggestion that early childhood experiences of sexual abuse are treated to later becoming an adult child molester. Support was found for the position that these child molesters have lower moral motivation, lower moral judgement, and lower empathy. Not supported was the motion that female abusers are infrequent but more negatively impactful on their victims. Incest offenders are more often step parents in the present sample of child molesters, whereas in many studies they occur with about the same frequency as natural parents. Perhaps there is a bias about how natural parents are treated by the judicial system. The natural parents may just as frequently commit child molestation but, for some reason, are not sent to treatment programs when they are detected. More information is needed in this area.

**Implications for Future Research**

It is important to understand how moral development is transmitted to children within the family, and how to overcome the negative influences that dysfunctional families may have on moral development. It has been shown that
school-engendered moral teaching does not overcome family influences, but when children are removed from dysfunctional families and placed in functional homes advances in moral development are noted (Smith, 1987).

The empathy assessment used in the present study was designed to provide at least a partial answer to the above question. The results of the present study suggest that empathy, when lacking in those with conventional moral judgement, must somehow be developed so that child molesting does not occur in succeeding generations. The findings of the present study that a capacity for empathy in the child molester, is associated with more democratic attitudes and with being married, and that an impaired capacity for empathy is associated with authoritarian attitudes in those subjects who are indiscriminate in their choices of victims, in and those subjects who were sexually abused in childhood by male abusers and also by abusers of both sexes suggest that the development of empathy is the result of a different combination of factors than those which were associated with moral judgement and requires different treatment approaches for child molesters.

The importance of understanding and effectively treating child molesters is no longer questioned due to the number of serious negative effects and the number of CSA offenders now recognized clinically. Effective treatment, still in the stages of development, and the evaluation of
existing treatment programs depends on the information which future research must provide.

The present study has supported the proposition that child molestation is intergenerationally transmitted, most often within families. However, the results suggest that this intergenerational transmission occurs with more frequency in step-families. Is this, in fact, the case? Do step parents feel less restraint concerning sexual interactions with their step children, who are not blood-relatives, even among those who express higher levels of moral development, and if so, why? Studies of incest families are of research importance for every area of child molestation.

It has become clear from research (Groth & Birnbaum, 1985) that significant numbers of child molesters have been actively involved sexually with children since adolescence, and not, as once thought, after reaching adulthood, and that the perpetrator’s decision to molest children sexually is made during their immature years, and that once they have become habituated to sex with children, who are compliant and easily controlled, the sexual activity continues into adulthood. Rather than making decisions as adults, the decision was made by children whose moral development has been delayed by their own early childhood experiences of sexual abuse and/or other factors yet to be explored. Certainly, there is a suggestion, in the results of the
present study, that those who did not admit an abusive childhood may be the most delayed of all the subgroups examined. This no-abuse subgroup also expressed more conservative attitudes, suggesting that attitudes and values, which receive considerable societal support, may be a strong contributor to the decision to engage in the sexual abuse of children. This notion has considerable support in past research (Baron, Straus, & Chaffee, 1988; Check & Malamuth, 1983; Koss & Dinero, 1988). The impact of cultural attitudes about exploitive behaviors should continue as a subject for research because of the impact these attitudes have on families.

Now that the molestation of children in "out of the closet," it is possible to address the issues surrounding its causes, effects, and management. Research has shown that this behavior is not forgotten and its effects upon the victims do not fade away. One area of interest for further research is that of the incidence of sexual abuse and incest in the background of CSA offenders. The results of this study are counter to a number of other studies which have found physical abuse to be a more significant factor in the history of CSA offenders than sexual abuse (Groth & Birnbaum, 1985; Marshall, Laws & Barbaree, 1990). Sexual abuse was significantly more frequently reported in the present sample. One explanation for this is that these CSA offenders have been in treatment long enough to have become
aware of the sexual abuse in their own childhoods while most CSA offenders do not recognize that their childhood sexual experiences were abusive until treatment heightens their awareness about the characteristics of abuse. Also they may be repressing these memories which remain unconscious.

Consideration for this background cannot inhibit the hard line which treatment must take in order to protect future generations. Nevertheless, as victims, effective treatment should also include a way to heal the wounds of these child molesters as well. Little research on the inclusion of this approach to treatment has been published. This is an important direction for research.

Another question which arises from the findings of the present study relates to the approach of this treatment program which differs from most of the other treatment programs. Most of the treatment programs focus strongly on the deviant sexual arousal of the child molesters. The treatment program in the present study has not directly addressed this issue, but rather has addressed the cognitive issues involved and the deficiencies of the child molesters. There appear to be positive treatment effects in the areas examined in the present study which suggest that comparative outcome research is warranted between the treatment programs which are more cognitively and those more behaviorally oriented.
It is still not clear exactly how developmental delays in moral reasoning will affect decisions about moral behavior. Nor is clear whether the decision to sexually molest children is seen as a moral decision by those who engage in this behavior. There are those who have suggested that children are sexual beings who wish to engage in, and who enjoy, sexual activity with adults (Bender & Grugutt, 1952; Masson, 1985), and, therefore, that society should not interfere. However, past and present research into the effects of early sexual activity with adults report serious negative short- and long-term emotional, behavioral, and developmental differences among the subjects studied. Most of these studies have involved women. The present study, as well as other recent studies, suggests that boys are as frequently, if not more frequently, molested than girls, and with equally, if not more seriously negative effects (Markson, 1986; Nielsen, 1981). Men and boys who have been abused as children should be essential targets for future research if our society is to stop the intergenerational transmission of the behavior.

Also, the recognition that women are much more frequently abusers than once thought, suggests that future research is needed to explore the causes of the behavior in women, and the differential effects of this type of abuse. The present study suggests that the effects of a female abuser on a male child victim are far different than those
suggested by other authors (Finkelhor, 1984). It was expected that developmental levels of moral judgement and empathy would be significantly lower when subjects experienced sexual abuse by women than when the abuse was committed by men. The present study shows a trend toward higher levels rather than lower levels of these criterion variables when the abuser was a woman rather than a man. These results require more research with larger samples. These larger samples could be made available for study if the courts were to require that participation in research projects be a condition of treatment in lieu of incarceration.

The present situation is that proportionally few CSA offenders are remanded for treatment or incarceration and almost none of these are women. This provides few women for study and the present treatment for women is the same as that for men. These approaches to treatment may prove to be less effective for women. Thus, female samples are important targets for research. When the subjects are volunteers there are inherent biases which will not provide as satisfactory information for generalization about the characteristics of child molesters and effective treatment as subject samples which include all members of a treatment program.

In terms of moral development, there are several questions. As stated above, the correlations among the
moral judgement, empathy, and moral motivation are low, and it is not clear how these relate to decisions about moral behavior. The present study does not clarify these issues, but rather raises questions about how child molesters, in particular, express high levels of moral judgement, empathy, and moral motivation and also sexually molest children despite strong societal taboos. Increased moral motivation, which was related to treatment effects in the present study, has not yet been tested with respect to behavior after treatment. What other components might there be which also contribute to decisions to act morally, and how is it decided what moral action really is? In terms of child molesters, instruments, used to assess these components of moral development and moral decision-making, might be developed which would be more specific to the population under study.

Limitations of the Study

1. The number of subjects was limited and they were paid volunteers.

2. The instruments chosen to assess moral motivation and empathy had not been developed for the specific purposes used in this study. Consequently, it is possible that these instruments were not measuring the variables of interest well or very accurately.

3. Procedures for completing the questionnaires and tests were given by more than one administrator.
Furthermore, subjects were allowed to complete the instruments at home, rather than in a common setting.

4. Because of the small number of subjects, less acceptable data analytical methods were required.

5. All subjects were enrolled in one specific treatment program, and therefore, are not representative of all sex offenders.

Summary
This study has contributed to the body of research by presenting evidence of the presence of sexual abuse in the background of child molesters, and by demonstrating that sexual abuse is associated with lower levels of moral judgement and empathy. It is possible that both moral judgement and empathy are stable personality traits, resistant to the influences of treatment and/or time spent incarcerated. The present study also encourages further examination of the hypothesis that moral judgement and empathy, when developmentally incomplete, may be a link between the experience of sexual abuse in childhood and molesting behavior in adulthood. On the other hand, the moral motivation of the child molesters in this group appears to be sensitive to both treatment and incarceration experiences. The independence of the three criterion variables may very well suggest that moral development has several components which are independently influenced by a variety of factors.
The present study provides insight into some of the components of moral development, but poses other questions about the prediction of moral behavior. Predicting moral behavior from a large group of potential factors is a very complicated undertaking. Encouraging self-control over such sexually exploitive behaviors through treatment will continue to be a challenge. For these reasons it is increasingly important to better understand how moral development and its components such as moral judgement, empathy, and moral motivation influence moral behavior. From the results of the present study, it does not appear that the expression of high levels of moral judgement and empathy alone ensure moral behavior. Moreover, there is a strong suggestion that lower moral judgement levels, less empathy, and less internalized moral motivation are related to abusive background experiences and family authoritarian attitudes. Future research to clarify these relationships between childhood experiences and child molestation in adults can provide better understanding of the child molester and the course that their treatment should take.
APPENDIX A

KOHLBERG'S STAGES OF MORAL DEVELOPMENT

PRECONVENTIONAL LEVEL

Behavior: abides by cultural rules because of punishment/reward consequences.
Stage 1. Punishment/reward for obedience orientation; consequences of action/avoidance of punishment.
Stage 2. Instrumental and hedonistic orientation; whatever satisfies one's own need/needs of others, exchange of favors.

CONVENTIONAL LEVEL

Behavior: self-control due to expectations of others and desire to conform to social expectations.
Stage 3. Interpersonal acceptance of good boy/nice girl social concept; pleasing others and gaining approval. Social units are loose and flexible.
Stage 4. Law and order orientation; accepts and shows respect for authority, doing for the good of the social order, laws are permanent.

POSTCONVENTIONAL LEVEL

Behavior: defines moral values and principles that are valid beyond the authority of the group and/or self.
Stage 5. Social contract, utilitarian orientation; laws are subject to interpretation and change in terms of rational consideration for the rights of the individual and maintaining respect for self and others.

Stage 6. Ethical principles based on comprehensiveness, universality, and consistency; respects inherent equity of human individuals.

**NOTE:** Stage 6 has been incorporated into Stage 5 due to the small number of individuals who were determined to express Stage 6 thinking.
APPENDIX B

DESCRIPTION OF TREATMENT PROGRAM

The District V Forensic Center Sex Offender’s Treatment Program has been developed over a period of years utilizing the input of sex offenders, staff experience, and the experience of experts in the field. The program has four separate components—Phase I, Phase II, and Phase III—and an evaluation component. The treatment involves through group experiential opportunities which address the issues of their abusive behaviors in the presence of other offenders. The participants involved in each phase are at various stages of their treatment. They are free to confront each other in the group sessions. Referrals to other resources for individual, family, and/or marital counseling are made when appropriate.

Referral Process

The referral process must begin with the court of sentencing or the parole/probation department. No clients are accepted unless they have undergone prosecution for the offense, have admitted their guilt, and are currently under the jurisdiction of the referring court. Initially, the
offender (client) signs a statement waiving confidentiality between the forensic agency and the referring courts or adult parole authority. The client also is required to sign a release form for medical and hospitalization information, particularly mental health data, drug and alcohol treatment, and criminal records. The reports are sent only to the referring authority.

The client is interviewed by a social worker and a psychologist who have been trained in the assessment of sex offenders. The client is given the MMPI as part of the assessment. Also collateral information is collected from sources such as place of employment, school records, family members, and all police reports and interviews recorded at the time of the incident. The staff submits a report of the assessment and recommendations specifically regarding amenability to treatment and conditions for probation and parole.

Final acceptance to the program is based on these recommendations and a court decision to make treatment a condition of sentencing. If they are accepted they are placed on a waiting list and again interviewed for amenability to treatment. This level of assessment includes the administration of the Multiphasic Sex Inventory (MSI). Notification of final acceptance is sent to the referring court informing probation and parole when they will begin
treatment. The program, after evaluation, is about three years duration.

The sessions last 1.5 hours two days a week, and then later in Phase II one day a week, and finally in Phase III one night every other week. Phase I of the treatment program is open-ended and the offenders can enter into the treatment process at any point in time except during the sex education class. Phase II is a group experience lasting a minimum of one year. This group is led by male and female counselors. The basic modality of treatment is confrontational, intent upon breaking down defenses which the offender uses to deny responsibility for the offense and its consequences.

Transition to Phase III requires another evaluation by staff who will make recommendations about transition. Phase III is the relapse prevention component. The members of this group are asked to speak to groups in earlier stages of treatment. Phase III is at least nine months duration.

The intent of the treatment staff is to influence and reduce the inclination of sex offenders to indulge in new sexually abusive acts against children.
APPENDIX C

Self-Report Questionnaire

The following are questions about your past that you can answer better than anyone else. Please fill in the blanks where you find them, and/or circle all appropriate answers. If you have any questions please ask.

I. ABOUT YOU

A. Your race:  (1) Black   (2) White   (3) Other
B. Sex:  (1) Male   (2) Female
C. Income:  (1) $0-15,000 (2) $15,001-25,000
            (3) Over $25,001
D. How many times have you been convicted of a sexual offense with a child victim?__________ Have you served any prison time for any of these offenses?
   (1) Yes (2) No If yes, how much time?____________
E. Did you ever injure, or threaten to hurt, any of the children who were victims of your molesting activities?
   (1) Yes (2) No

II. ABOUT THE CHILDREN YOU MOLESTED

A. Circle the ages of the children you molested:
   (1) 0-1 year   (2) 2-4 years   (3) 5-6 years
   (4) 7-9 years   (5) 10-12 years   (6) 13-15 years
   (7) 16-18 years
B. Circle the sexes of those children:
   (1) Male   (2) Female
C. What was your family relationship to these children.
   (1) None   (2) Parent   (3) Step-parent   (4) Blood relative such as uncle, aunt, cousin, brother, sister   (5) Other_________________________

III. ABOUT YOUR CHILDHOOD

A. When you were under age 18 were you or any other children in your family physically beaten as a form of discipline?   (1) Yes   (2) No
If yes, please circle the frequency which best describes your situation.
One or two times: (1) a day (2) a week (3) a month (4) a year
If no, what forms of discipline was most often used in your family with you? (1) withdrawal of privileges
(2) confine you to your room (3) verbally abusive reprimands (4) withholding of love and affection

B. Would you describe you childhood years as happy, carefree, and fairly normal compared to other people you know? (1) yes (2) no
SOCIAL REFLECTION QUESTIONNAIRE

Instructions

In this booklet are two social problems with questions for you to answer. We are asking the questions not just to find out your opinions about what should be done in the problems, but also to understand why you have those opinions. Please answer all the questions.

Date:________________________________________

Note. From the Sociomoral Reflection Objective Questionnaire by J.C. Gibbs, 1984. Columbus, Ohio: The Ohio State University. Reprinted by permission of the author.
Problem One

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist wanted people to pay ten times what the drug cost him to make.

The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what the druggist wanted. Heinz told the druggist that his wife was dying, and asked him to sell it cheaper or to let him pay later. But the druggist said, "No, I discovered the drug and I'm going to make money from it." So the only way Heinz could get the drug would be to break into the druggist's store and steal the drug.

Heinz has a problem. He should help his wife and save her life. But, on the other hand, the only way he could get the drug she needs would be to break the law by stealing the drug.

What should Heinz do?

Should steal / should not steal / not sure (circle one)

Why?

Let's change thing about the problem and see if you still have the opinion you circled above (should steal, should not steal, or not sure). Also, we want to find out about the things you think are important in this and other problems, especially why you think those things are important. Please answer all the questions.

1. What if Heinz's wife asks him to steal the drug for her? Should Heinz: Steal / not steal / not sure (circle one)?

1a. How important is it for a husband to do what his wife asks, to save her by stealing, even when he isn't sure whether that's the best thing to do? Very important / Important / Not important (circle one)
1b. Let's say you had to give a reason WHY it is IMPORTANT for a husband to do that. What reason would you give? Is any of the following reasons close to the one you would give? (If a reason is too hard to understand, seems silly, or makes no sense, just circle "not close", or "not sure").

a. because it's his wife, and she told him to do it, so he should do what she says.
   close / not close / not sure (circle one)

b. because he married her and if he didn't want to help her, why did he marry her in the first place?
   close / not close / not sure (circle one)

c. because they may have formed together a deep mutual commitment.
   close / not close / not sure (circle one)

d. because the husband is expected to help his wife through sickness and health.
   close / not close / not sure (circle one)

e. because he cannot recognize her without acceptance.
   close / not close / not sure (circle one)

f. because he has accepted a responsibility as her husband.
   close / not close / not sure (circle one)

1c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

2. What if the person dying isn't Heinz's wife, but instead is a friend (and the friend can get no one else to help)? Should Heinz:
   steal / not steal / not sure (circle one)

2a. How important is it to do everything you can, even break the law, to save the life of a friend?
   very important / important / not important (circle one)
2b. Let's say you had to give a reason WHY it is **IMPORTANT** for you to do that. What reason would you give? (Treat these questions just as you did the last one. If a reason is too hard to understand, seems silly, or makes no sense, just circle "not close" or "not sure".)

a. because your friend may have done things for you, so you should do a favor for the friend if you want your friend to help you in the future.
   close / not close / not sure (circle one)

b. because a friendship must be based on mutual respect and cooperation.
   close / not close / not sure (circle one)

c. because it's your friend, who might be an important person.
   close / not close / not sure (circle one)

d. because you would feel close to your friend, and would expect that your friend would help you.
   close / not close / not sure (circle one)

e. because you and your friend may have developed a total commitment to one another.
   close / not close / not sure (circle one)

f. because the first requirement of affiliation is a relationship.
   close / not close / not sure (circle one)

2c. Of all the above reasons, the reason which is the **closest** to the reason that you would give (or the least far off from the reason that you would give is:

a b c d e f (circle one)

3a. What about for a stranger? How important is it to do everything you can, even break the law, to save the life of a stranger?
   very important / important / not important (circle one)

3b. Let's say you had to give a reason WHY it is **IMPORTANT** for you t do that. what reason would you give?

a. because you should always be nice.
   close / not close / not sure (circle one)
b. because life is the precondition to existence.
   close / not close / not sure (circle one)

c. because the stranger needs the drug, and anyone
   wants to live.
   close / not close / not sure (circle one)

d. because other rights or values should not take
   priority over the right to life.
   close / not close / not sure (circle one)

e. because life is sacred, and should be the basis
   for laws anyway.
   close / not close / not sure (circle one)

f. because life is precious, and it’s inhuman to
   let anyone suffer when their life can be saved.
   close / not close / not sure (circle one)

3c. Of all the above reasons, the reason which is the
    closest to the reason that you would give (or the
    least far off from the reason that you would
    give) is:
   a b c d e f (circle one)

4b. Let’s say you had to give a second reason why it
    is important to do everything you can, even break
    the law, to save the life of a stranger. What
    reason would you give?

a. because the stranger should have a chance to
   live, too, and might save your life someday.
   close / not close / not sure (circle one)

b. because the stranger could be an important
   person, who owns a lot of property.
   close / not close / not sure (circle one)

c. because a stranger’s life should not be
   judged to be "worth" less than anyone else’s
   life.
   close / not close / not sure (circle one)

d. because the contract of life surpasses that of
   death.
   close / not close / not sure (circle one)

e. because the right to life transcends the right
   to property.
   close / not close / not sure (circle one)
f. because how would you feel if you were dying, and a stranger didn’t help you? 
close / not close / not sure (circle one)

4c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

a b c d e f (circle one)

5. What if the druggist just wants Heinz to pay what the drug cost to make, and Heinz can’t even pay that? Should Heinz:
steal / not steal / not sure (circle one)

5a. How important is it for people not to take things that belong to other people?
very important / important / not important (circle one)

5b. Let’s say you had to give a reason WHY it is IMPORTANT for people not to do that. What reason would you give?

a. because stealing is bad, and you will go to jail if you steal.
close / not close / not sure (circle one)

b. because it is selfish and heartless to steal from others.
close / not close / not sure (circle one)

c. because stealing gets you nowhere, and you are taking too much of a risk.
close / not close / not sure (circle one)

d. because character must constitute legal procedure.
close / not close / not sure (circle one)

e. because living in society means accepting obligations and not only benefits.
close / not close / not sure (circle one)

f. because acceptance of the property right is not fundamental for any society.
close / not close / not sure (circle one)

5c. Of all the above reasons, the reason which is the closest to the reason you would give (or the least far off from the reason that you would give) is:
6a. How important is it for people to obey the law?
   very important / important / not important
   (circle one)

6b. Let's say you had to give a reason WHY it is
   IMPORTANT to obey the law. What reason would
   you give?
   a. because otherwise everyone will be stealing
      from everyone else, and nothing will be left.
      close / not close / not sure (circle one)
   b. because breaking the law would create a
      hierarchy.
      close / not close / not sure (circle one)
   c. because the law is ideally founded upon
      universal human rights.
      close / not close / not sure (circle one)
   d. because the law is for you to follow and you
      should always obey it.
      close / not close / not sure (circle one)
   e. because laws make society possible, and
      otherwise the system would break down.
      close / not close / not sure (circle one)
   f. because otherwise the world would go crazy, and
      there would be chaos.
      close / not close / not sure (circle one)

6c. Of all the above reasons, the reason which is the
   closest to the reason that you would give (or the
   least far off from the reason that you would give)
   is:
   a b c d e f (circle one)

7. What if Heinz does steal the drug? His wife does
   get better, but in the meantime, the police take
   Heinz and bring him to court. Should the judge:
   jail Heinz / let Heinz go free / not sure
   (circle one)

7a. How important is it for judges to go easy on
     people like Heinz:
     very important / important / not important
     (circle one)

7b. Let's say you had to give a reason WHY it is
   IMPORTANT for judges to go easy on people like
Heinz. What reason would you give?

a. because she's his wife, and she told him to do it, so he did what she said.
   close / not close / not sure (circle one)

b. because the judge should understand that the husband acted out of love, and not out of selfishness, to save his life.
   close / not close / not sure (circle one)

c. because in any society, the primary function of law should be to preserve human life.
   close / not close / not sure (circle one)

d. because the judge would have done it, too, if he needed to get the drug to keep his wife from dying.
   close / not close / not sure (circle one)

e. because justice should be tempered with mercy, especially where a life is involved.
   close / not close / no sure (circle one)

f. because the foundation for personal conviction transcends life.
   close / not close / not sure (circle one)

7c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:

   a  b  c  d  e  f  (circle one)

8. What if Heinz tells the judge that he only did what his conscience told him to do? Should the judge:
   jail Heinz / let go free / not sure (circle one)

8a. How important is it for judges to go easy on people who have acted out of conscience?
   very important / important / not important (circle one)

8b. Let's say you had to give a reason WHY it is IMPORTANT for judges to go easy on people who have acted out of conscience what reason would you give?

   a. because he couldn't help it, his conscience was too strong for him.
      close / not close / not sure (circle one)
b. because conscience is predicated on leniency.
   close / not close / not sure (circle one)

c. because his conscience told him to do it, so he
   had to do it.
   close / not close / not sure (circle one)

d. because, in this case, the husband's conscience
   may be consistent with the common morality.
   close / not close / not sure (circle one)

e. because the act of conscience affirmed a
   fundamental right.
   close / not close / not sure (circle one)

f. because otherwise he wouldn't have been able to
   live with himself, knowing that he could have
   saved her and didn't.
   close / not close / not sure (circle one)

8c. Of all the above reasons, the reason which is the
   closest to the reason that you would give (or the
   least far off from the reason that you would give)
   is:
   a b c d e f (circle one)

9b. Let's say, instead, that you had to give a reason
   why it is NOT important for judges to go easy on
   lawbreakers who have acted out of conscience. What
   reason would you give for sending lawbreakers who
   have acted out of conscience to jail?

a. because your conscience is only your mind, so
   you don't have to do what it says.
   close / not close / not sure (circle one)

b. because the subjective nature of conscience is
   one reason why there must be standard laws.
   close / not close / not sure (circle one)

c. because you should be able to handle your
   conscience.
   close / not close / not sure (circle one)

d. because conscience isn't always right, you could
   have a warped mind.
   close / not close / not sure (circle one)

e. because although Heinz was right to affirm life
   as a prior right, he must still see the viewpoint
   of the courts.
close / not close / not sure (circle one)

f. because conscience cannot be equated with belief.
   close / not close / not sure (circle one)

9c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

10. What if Heinz’s wife never had cancer? What if she was only a little sick, and Heinz stole the drug to help her get well a little sooner? Should the judge:
   jail Heinz / let Heinz go free / not sure (circle one)

10a. How important is it for judges to send people who break the law to jail?
   very important / important / not sure (circle one)

10b. Let’s say you had to give a reason WHY it is IMPORTANT for judges to send people who break the law to jail. What reason would you give?

   a. because if you take a risk and get caught, then you go to jail.
      close / not close / not sure (circle one)

   b. because Heinz must have known that what he did was wrong.
      close / not close / not sure (circle one)

   c. because Heinz must be prepared to be held accountable for his actions.
      close / not close / not sure (circle one)

   d. because Heinz’s case is a liability.
      close / not close / not sure (circle one)

   e. because if one agrees to have law, one must also agree to have law enforcement.
      close / not close / not sure (circle one)

   f. because Heinz stole something, and stealing is bad.
      close / not close / not sure (circle one)
10c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

Problem Two

Joe is a fourteen-year-old boy who wanted to go to camp very much. His father promised him he could go if he saved up the money for it himself. So Joe worked hard on his paper route and saved up the 40 dollars it cost to go to camp and a little more besides. But just before camp was going to start, his father changed his mind. Some of the father's friends decided to go on a special fishing trip, and Joe's father was short of the money it would cost. So he told Joe to give him the money Joe had saved from the paper route. Joe didn't want to give up going to camp, so he thinks of refusing to give his father the money.

Joe has a problem. Joe's father promised Joe he could go to camp if he earned and saved up the money. But, on the other hand, the only way Joe could go would be by disobeying and not helping his father.

What should Joe do?
   should refuse / should not refuse / not sure
   (circle one)

Why?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Let's change things about the problem and see if you still have the opinion you circled above (should refuse, should not refuse, not sure). Also, we want to find out about the things you think are important in this and other problems, and especially why you think those things are important. Please answer all the questions.

1a. How important is it for parents to keep their promises about letting their children keep money?
   very important / important / not important
   (circle one)

1b. Let's say you had to give a reason WHY it is
**IMPORTANT** for parents do that. What reason would you give?

a. because parents should never break promises.
   close / not close / not sure (circle one)

b. because the parents want the children to keep promises, so parents should keep promises too.
   close / not close / not sure (circle one)

c. because children, no less than parents, are individuals with the fundamental human rights.
   close / not close / not sure

d. because if the parents act selfishly, the children would lose faith in them.
   close / not close / not sure (circle one)

e. because parents who abuse their authority are not worthy of their children’s respect.
   close / not close / not sure (circle one)

f. because contracts necessitate promises between parents and children.
   close / not close / not sure (circle one)

1c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

2b. What about keeping a promise to a friend? Let’s say you had to give a reason why it is important to keep a promise, if you can, to a friend. What reason would you give?

a. because your friend may have done things for you, and you need friends.
   close / not close / not sure (circle one)

b. because society must be based on trust.
   close / not close / not sure (circle one)

c. because otherwise that person won’t be your friend again.
   close / not close / not sure (circle one)

d. because affiliation is the essence of friendship.
   close / not close / not sure (circle one)
e. because otherwise you would lose trust in each other.
   close / not close / not sure (circle one)

f. because keeping a promise upholds the other person's fundamental value.
   close / not close / not sure (circle one)

2c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

3b. What about keeping a promise to a stranger? Let's say you had to give a reason why it is important to keep a promise, if you can, to a stranger. What reason would you give?

   a. because otherwise the stranger will find out you were a man and beat you up.
      close / not close / not sure (circle one)

   b. because then you can be proud of yourself, and keep from giving the impression that you are a selfish person.
      close / not close / not sure (circle one)

   c. because you just might run into that person again some time.
      close / not close / not sure (circle one)

   d. because it is important for the sake of your own integrity as well as the respect of others.
      close / not close / not sure (circle one)

   e. because the stranger's claims are just as important as those of any other individual.
      close / not close / not sure (circle one)

   f. because there is no interaction without affiliation.
      close / not close / not sure (circle one)

3c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)
4. What if Joe’s father did not promise that Joe could keep the money? Should Joe:
   refuse / not refuse / not sure (circle one)

4a. How important is it for parents to let their children keep earned money, even when the children weren’t promised that they could keep the money?
   very important / important / not sure (circle one)

4b. Let’s say you had to give a reason WHY it is IMPORTANT for parents to do that. What reason would you give?
   
   a. because the child worked for the money, so it’s his and he can do whatever he wants with it.
      close / not close / not sure (circle one)

   b. because without the individual there can be no commitment to parents or to children.
      close / not close / not sure (circle one)

   c. because the child deserves it after so much sacrifice, and taking the money would be cruel.
      close / not close / not sure (circle one)

   d. because the child’s moral rights are of equal value to his parents’.
      close / not close / not sure (circle one)

   e. because if his money is taken, the child may cry.
      close / not close / not sure (circle one)

   f. because the child accepted a responsibility, and has a right to a fair return for his effort.
      close / not close / not sure (circle one)

4c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the one that you would give) is:
   a b c d e f (circle one)

5b. Let’s say you had to give a SECOND reason why it is important to for parents to let their children keep earned money, even when the children weren’t promised that they could keep the money. What SECOND would you give?
a. because the child will be sad if they take the money.
   close / not close / not sure (circle one)

b. because without money the child can't have any fun.
   close / not close / not sure (circle one)

c. because the child's rights are tantamount (greater or higher) to promises.
   close / not close / not sure (circle one)

d. because that way the child can achieve personal development as an individual.
   close / not close / not sure (circle one)

e. because that way the child can develop a sense of self sufficiency and responsibility.
   close / not close / not sure (circle one)

f. because otherwise the child may just become lazy and selfishly take from others.
   close / not close / not sure (circle one)

5c. Of all the above reasons, the reason which is the closest to the reason that you would give (or the least far off from the reason that you would give) is:
   a b c d e f (circle one)

6. What if the father needs the money, not to go on a fishing trip, but instead to pay for food for the family? Should Joe:
   refuse / not refuse / not sure (circle one)

6a. How important is it for children to help their parents—even when it means that the children won't get to do something they want to do?
   very important / important / not important (circle one)

6b. Let's say you had to give a reason WHY it is IMPORTANT for children to do that. What reason would you give?

   a. because the parents may have done lots of favors for their children, and not they need to children to return a favor.
   close / not close / not sure (circle one)
b. because sometimes a contract between
   individuals must be broken for the sake of the
   common good.
   close / not close / not sure (circle one)

c. because parent-child relationships transcend
   the family.
   close / not close / not sure (circle one)

d. because children should always obey and help
   their parents.
   close / not close / not sure (circle one)

e. because the children should realize how much
   their parents have sacrificed for them.
   close / not close / not sure (circle one)

f. because the family must come before individual
   wishes where the family unit is at stake.
   close / not close / not sure (circle one)

6c. Of all the above reason, the reason which is the
   closest to the reason that you would give (or the
   least far off from the reason that you would give)
   is:
   a b c d e f (circle one)

Note: Choices e and f of Question 8 were unintentionally
omitted from the questionnaire as presented to the subjects.
TFI

Following are a series of statements. Please read each statement carefully and circle the appropriate response. Each statement may be one with which you strongly agree (SA), moderately agree (MA), agree (A), disagree (D), moderately disagree (MD), or strongly disagree (SD).

1. Some equality in marriage is a good thing, SA MA A D MD SD but by and large the husband ought to have the main say-so in family matters.

2. If children are told much about sex, they are likely to go too far in experimenting with it.

3. Women who want to remove the word obey from the marriage service don’t understand what it means to be a wife.

4. The most important qualities of a real man are determination and driving ambition.

5. A child should never be allowed to talk back to his parents, or else he will lose respect for them.

6. A man should not be expected to have respect for a woman if they have sexual relations before they are married.

7. It is somehow unnatural to place women in positions of authority over men.

8. The family is a sacred institution, divinely ordained.

9. A woman whose children are at all messy or rowdy has failed in her duties as a mother.

10. If a child is unusual in any way, his parents should get him to be more like other children.
11. There is hardly anything lower than a person who does not feel a great love, gratitude, and respect for his parents.

12. The facts on crime and sexual immorality show that we will have to crack down hard on young people if we are going to save our moral standards.
This inventory consists of a number of statements. Read each statement and decide whether it true applied to you or false as applied to you. If a statement is true or mostly true as applied to you mark it true, and it a statement is false or not usually true as applied to you, mark it false.

T  F  1. I am sure I get a raw deal from life.
T  F  2. No one seems to understand me.
T  F  3. If people had not had it in for me I would have been much more successful.
T  F  4. My sex life is satisfactory.
T  F  5. I sometimes keep on at a thing until others lose their patience with me.
T  F  6. I wish I could be as happy as others seem to be.
T  F  7. I do many things which I regret afterwards (I regret things more or more often than others seem to.
T  F  8. Someone has it in for me.
T  F  9. I know who is responsible for most of my troubles.
T  F  10. My conduct is largely controlled by the customs of those about me.
T  F  11. I have the wanderlust and an never happy unless I am roaming or traveling about.
T  F  12. What others think of me does not bother me.
T  F  13. I have been disappointed in love.
T  F  14. My way of doing things is apt to be misunderstood by others.
T  F  15. I am sure I am being talked about.
T  F  16. Even when I am with people I feel lonely much of the time.
T  F  17. At periods my mind seems to work more slowly than usual.
T  F  18. I strongly defend my opinions as a rule.
Multiphasic Sex Inventory

58. It is very sensitive deep inside the vagina and that part must be stimulated for a woman to have an orgasm.
59. My sexual offense occurred as a result of my wife’s and my inability to communicate.
60. I was excited by having incest with my child (children) (answer only if you have had sexual contact with your children).
61. As a child, most adults did not understand me.
62. I have become sexually excited over the thought of having sexual activity with a child.
63. I have been married more than twice.
64. It would interest me to learn that a female has felt pleasure from masturbatia.
65. I have become sexually stimulated while feeling or smelling a woman’s underwear.
66. I have been sexually attracted to little girls.
67. The clitoris is usually the most sensitive female sex organ.
68. I have never been married.
69. I get so sexually excited that I either climax just before I enter my sex partner or very soon after I get my penis in.
70. I have not been able to stop myself from looking at others in a sexual way.
71. I have never gone into a movie or apartment to rape someone.
72. At times when I have mugged and held a child I have become sexually stimulated.
73. I feel like I am a victim as a result of the accusations that have been made against me.
74. Many people could interest me sexually.
75. I have masturbated while exposing (answer only if you have exposed yourself).
76. I have never rape or attempted to rape a male.
77. Occasionally I go to a prostitute, peep show or massage parlor.
78. I have never molested a girl.
79. Sometimes my erection is so painful I cannot perform sexually.
80. I am not interested in sex matters like most men seem to be.
81. It is normal for males to have erections during sleep.
82. I have to fight the impulse to masturbate.
83. I have molested 5 or more children.
84. I have or had a venereal disease.
85. I often worry about not being able to reach orgasm during the sex act.
86. I like to look at sex pictures.
87. During sex I have enjoyed postponing my sex partner so they see me to stop.
88. My sexual offense occurred because I were in my life.
89. I have never been married but I have lived with someone with whom I had a sexual relationship.
90. I have never molested any of my own children.
91. I have fantasized about having sex play with a child.
92. I am so afraid of sex partner will think I did of me will laugh at me that I avoid sexual contacts.
93. There have been times while exposing that I have had thoughts of what it would be life to rape someone (answer only if you have exposed yourself).
94. I think that everyone, I do and everywhere I see I am constantly thinking about sex.
95. My sexual offense occurred because the person asked for it.
96. It would please my interest to learn that a child is curious about sex.
97. Women’s central are less sensitive to physical stimulation than those of males.
98. Sometimes I have driven down the road with my pants out of my pants.
99. I am strictly heterosexual (only interested in female sex partners).
100. I have never picked a person for the purpose of forcing them to have sex with me.
101. I am too easily sexually excited.
102. I know I have gotten a raw deal out of life.
103. I am satisfied with my sex life.
104. I have not gotten into trouble over my sexual behavior.
105. I am privately attracted to members of my own sex.
106. I have not indulged in sex activities which are unusual.
107. I am worried about sexual things.
108. I enjoy fulfilling.
109. There are times that I laugh at a dirty joke.
110. I wish thoughts about sex did not bother me.
111. I have not ever been in love.
112. When a man is with an attractive woman, he has thoughts about sex.
113. I have private daydreams when I do not share with others.
114. I believe there is something wrong with my sex organs.
115. If I were artistic I would like to draw children.
116. I get turned off when I see a female wearing her clothes so tight you can see everything.
117. Younger women have tighter vaginas than older women.
118. The more frightened a person has become, the more sexually excited I have become.
119. My sex offense would not have occurred if I had not had to take care of the child’s personal needs (answer only if you had sexual contact with a child).
120. Sometimes I have not been able to stop myself from punishing one or more of the children in my family.
121. The thought of overpowering someone sexually has been stimulating to me.
122. My penis is so small that I believe that I cannot satisfy a woman sexually.
123. I have become sexually stimulated over non-sexual body parts or items (feet, hair, shoes, etc.).
124. Since the age of 16 I have had sexual contact with both sexes.
125. My sex offense occurred because I was masturbated by a female(s).
126. I have never looked at pictures of children to stimulate myself sexually.
127. I know I am different than other people because sex is so on my mind so much.
128. I can remember being and growing on females as a boy.
129. The thought of a woman performing on men does not interest me.
130. As an adult, I have tickled and wrestled with little girls.
131. The "tugging" of the testicles for sterilization is dangerous because it reduces sex interest and drive.
132. My sex offense would not have occurred if the child had not been curious and interested in sex (answer only if you have had sexual contact with a child).
133. I have attempted rape or raped at least one time.
134. I have suffered more hurt in my life than most people.
135. I have never been charged with indecent exposure.
136. The victim knew or was acquainted with me before the offense.
137. I like to look at sexually attractive women.
138. I have molested more than one child.
139. I have an illness (diabetes, arthritis, multiple sclerosis, liver or blood disease, kidney disease, etc.) which effects my sexual functioning.
140. SEXUAL THINGS INTEREST ME.
141. UNLIKE MOST MEN, WOMEN ARE CAPABLE OF HAVING MULTIPLE ORGASMS.
142. THE THOUGHT OF BEING SPARKED IS SEXUALLY EXCITING TO ME.
143. X-RATED MOVIES WOULD INTEREST ME, ESPECIALLY IF I COULD VIE IN THE PRIVACY OF MY HOME.
144. I HAVE NEVER REACHED ORGASM WHILE EXPOSING MYSELF (ANSWER ONLY IF YOU HAD EXPOSED YOURSELF).
145. IT INTERESTS ME WHEN A MAN'S ORGASM SHOWS THROUGH HIS CLOTHES.
146. IF I DID NOT FANTASIZE ABOUT SEX I COULD NOT MAINTAIN MY ERECTION.
147. I WOULD NOT GO TO A NUDIST BAR OR SHOW FOR ANY REASON.
148. MY SEX OFFENSE WOULD NOT HAVE OCCURRED IF THE VICTIM HAD NOT BEEN SEXUALLY "LOOSE" (PROPHUSED).
149. SOMETIMES I GET SEXUAL PLEASURE OUT OF HURTING A PERSON.
150. MY JEALOUSY FOR MY PARTNER IS SO GREAT THAT IT STOPS ME FROM HAVING AN ORGASM.
151. IN MY GROWING UP, MY PARENTS DID NOT SHOW ME LOVE AND AFFECTION.
152. THERE HAVE BEEN TIMES WHEN I HAVE PRESSED MY PENIS AGAINST STRANGERS.
153. I DO NOT LET MY SEX PARTNER SEE ME IN THE NUDE.
154. I OFTEN DROVE INTO DAYDREAMS ABOUT SEX.
155. THERE HAVE BEEN TIMES WHEN I WAS AFRAID OF WHAT I MIGHT DO SEXUALLY.
156. I HAVE NEVER USED CHILD PORNOGRAPHY TO STIMULATE MYSELF SEXUALLY.
157. I HAVE SPENT A LOT OF TIME IN PARKS AND PLACES LIKE THAT JUST LOOKING AT GIRLS.
158. I AM STRICTLY HOMOSEXUAL (ONLY INTERESTED IN HOMOSEXUAL PARTNERS).
159. ONE OF THE FIRST SIGNS OF SEXUAL EXCITMENT IN THE FEMALE IS RESPONSE OF THE VAGINA.
160. MY SEX OFFENSE OCCURRED AS A RESULT OF NOT GETTING SEX STIMULATION AS A YOUNG PERSON.
161. I HAVE FOUND IT HIGHLY EXCITING TO GO CRUISING FOR SOMEONE TO RAPE.
162. AS AN ADULT, I HAVE "HORSEPLAYED" AROUND AND PLAYED "GRAB ASS" WITH A BOY OR BOYS.
163. I HAVE CALLED UP PERSONS I DID NOT KNOW JUST TO FRIGHTEN THEM WITH DIRTY WORDS AND THOUGHTS.
164. WHEN I EXPOSE, SOMETIMES I GET AN ERECTION (ANSWER ONLY IF YOU HAVE EXPOSED YOURSELF).
165. CHILDREN TODAY ENGAGE IN MORE SEXUAL BEHAVIOR THAN WHEN I WAS GROWING UP.
166. MY SEX OFFENSE OCCURRED BECAUSE THE PERSON I WAS ACCUSED OF ASSASSINATING LED ME ON ALL THE WAY.
167. I HAVE TOUCHED A CHILD'S GENITALS IN A SEXUAL WAY.
168. I HAVE FOUND IT PLEASURABLE TO FORCE A PERSON TO HAVE SEX.
169. IT FEELS GOOD WHEN I TOUCH MY SEXUAL PARTS.
170. IN STIMULATING THE CLITORIS, MANY WOMEN ARE LIKELY TO HAVE AN ORGASM.
171. I HAVE GOTTEN EXCITATION OVER THE THOUGHT OF FINDING SOMEONE UP AND HAVING SEX WITH THEM.
172. I HAVE HEART DISEASE, HIGH BLOOD PRESSURE OR CIRCULATION PROBLEMS WHICH EFFECT MY SEXUALITY.
173. I HAVE EXPOSED MYSELF MORE THAN 100 TIMES.
174. TO HAVE A SEXUAL ORGASM MEANS THE SAME AS TO HAVE A CLIMAX.
175. MY SEX PARTNER HURT MY FEELINGS SO OFTEN THAT I HAVE HAD DIFFICULTY KEEPING MY ERECTION.
176. AS AN ADULT I HAVE MASTURBATED.
177. I THINK I AM HOMOSEXUAL BUT I AM AFRAID TO ADMIT IT.
178. DURING MY EARLIER YEARS I DID NOT SATISFY MY CRavings ABOUT SEX AND I BELIEVE THAT IS WHY I COMMITTED MY FIRST OFFENSE.
179. MOST OF THE TIME I CANNOT GET AN ERECTION WHEN I WOULD LIKE TO HAVE SEX.
180. I HAVE PURPOSEFULLY HURT SOMEONE DURING A SEXUAL ENCOUNTER.
181. IT WOULD INTEREST ME TO LEARN THAT A WOMAN WOULD WANT TO BE RAPEd.
182. MY SEXUAL INVOLUTION WITH A CHILD MIGHT NOT HAVE OCCURRED IF THE CHILD HAD NOT BEEN PHYSICALLY ATTRACTION (ANSWER ONLY IF YOU HAD HAD SEXUAL CONTACT WITH A CHILD).
183. I HAVE SECREtLY DRESSED IN WOMEN'S CLOTHES.
184. I AM SEXUALLY ATTRACTION.
185. I DON'T LIKE TO THINK ABOUT SEX AS MUCH AS I DO.
186. THE THOUGHT ABOUT RAPEING SOMEONE HAS MADE ME FEEL.
187. IF THE PERIS IS LARGE ENOUGH, A WOMAN WILL GENERALLY EXPERIENCE AN ORGASM.
188. CHILDREN HAVE FREEED ME AND HAVE WANTED TO BE WITH ME.
189. MY SEXUAL OFFENSE OCCURRED AS A RESULT OF PHYSICAL PROBLEMS WHICH HAVE EFFECTED MY SEXUALITY.
190. I HAVE NEVER BEEN ACCUSED OF PEDOPHILIA.
191. I SUSPECT MY FATHER FORCED HIMSELF SEXUALLY ON MY MOTHER.
192. I HAVE CRUshed FOR PEOPLE TO RAPE.
193. I AM OBSESSED WITH SEX.
194. I HAVE NEVER MADE OBSCENE PHONE CALLS.
195. IT DOES NOT INTEREST ME TO LEARN THAT A WOMAN MIGHT NOT BE WEARING A BRA.
196. I HAVE NEVER EXPOSED MYSELF TO A CHILD.
197. I FEEL YOUNGER WHEN I AM WITH YOUNGSTERS.
198. THE VICTIM IN MY CASE DID NOT TELL THE TRUTH ABOUT WHAT REALLY HAPPENED.
199. I HAVE NEVER THREATENED A PERSON TO MAKE THEM HAVE SEX WITH ME.
200. A MEMBER OF MY FAMILY HAS BEEN IN TROUBLE BECAUSE OF HIS OR HER SEXUAL ADULT.
201. I HAVE TIED SOMEONE UP DURING A SEXUAL ENCOUNTER.
202. I WOULD NOT BE INTERESTED IN SEEING A FILM ABOUT PEOPLE ENGAGING IN INTERCOURSE.
203. I HAVE BEEN ENGAGED WITH A SEXUAL OFFENSE MORE THAN ONCE.
204. A MALE IS CAPABLE OF HAVING AN ORGASM BEFORE HE REACHES SEXUAL MASTURBATION OR ADULT.
205. THE DRUGS OR MEDICINES I TAKE MAKE IT DIFFICULT TO EITHER KEEP AN ERECTION OR TO HAVE AN ORGASM.
206. I AM OFTEN RESIGNED TO OTHERS.
207. I WOULD NOT HAVE HAD SEX PLAY WITH A CHILD IF SHE/HE HAD NOT EXHIBITED IT ANYWHERE ONLY IF YOU HAD HAD SEXUAL CONTACT WITH A CHILD.
208. I AM TURNED OFF WHEN A WOMAN TRIES TO FARTY WITH ME.
209. THERE HAVE BEEN QUITE A FEW TIMES THAT I HAVE DISAGREED ABOUT HOW PLEASEABLE IT WOULD BE TO HURT SOMEONE DURING A SEXUAL ENCOUNTER.
210. THE PENS BECAME HARD BECAUSE THE INNER CORE STIFFENED.
211. I HAVE SOMETIMES ENGAGED ABOUT WHAT IT WOULD BE LIKE TO SEXUALLY ATTACK SOMEONE.
212. I AM NOT SHY OR ASHAMED WHEN IT COMES TO SEX.
213. MANY TIMES I WANTED I WERE FEMALE.
214. I REGULARLY HAVE SEVERAL ORGASMS IN ONE DAY.
215. I HAVE GOTTEN SEXUALLY EXCITED WHEN I HAVE HAD THOUGHTS ABOUT SOMEONE HAVING A NERVOUS MOVEMENT.
216. I HAVE OFTEN FANTASIZED ABOUT RAPEING SOMEONE.
217. PEOPLE HAVE COMPLAINED ABOUT MY LOVE FOR CHILDREN.
218. I HAVE ENTERED A FEMALE'S BEDROOM JUST TO LOOK AT HER BODY OF CLING.
219. I BECOME INTERESTED IN SEX AFTER HIGH SCHOOL AGE.
220. MY SEXUAL OFFENSE OCCURRED AS A RESULT OF MY NOT HAVING A SATISFYING SEXUAL RELATIONSHIP.
221. I HAVE TO FIGHT THE IMPULSE TO RAPE.
221. I HAVE NEVER SHOWN A CHILD SEXY MAGAZINES OR PICTURES OF NUD LE PEOPLE.
222. I HAVE ADORED ABOUT SEX SO MUCH THAT I HAVE MASTURBATED OR BEEN ONCE AT A TIME OR MORE.
223. I LIKE SEX PLAY.
224. I HAVE MASTURBATED MYSELF WHILE MAKING AN OBSCENE PHONE CALL (ANSWER ONLY IF YOU HAVE MADE AN OBSCENE CALL).
225. I HAVE PUBLICLY EXPOSED MYSELF TO AN ADULT PERSONAL.
226. JUST BEFORE I Raped, I BELIEVE SO AND THAT SOMETHING ELSE HAD PROBABLY HAP PenED (ANSWER ONLY IF YOU HAVE Raped OR ATTEMPTED RAPE).
227. I LIKE TO SEE LOTS OF NAKED BE.
228. I SEEM TO PREFER THE COMPANY OF CHILDREN.
229. MY SEXUAL OFFENDS RESULT FROM PROBLEMS IN MY FAMILY.
230. AS A CHILD I WAS PISIUS WHEN I WERE RAISED IN AN ORGANIC ACTIVITY.
231. I HAVE BEEN SO EXCITED WHILE EXPOSING THAT I HAVE BEEN CAUGHT BY A POLICE OFFICER (ANSWER ONLY IF YOU HAVE BEEN EXPOSED YOURSELF).
232. I HAVE HAD AN INJURY TO MY HEAD OR BACK THAT HAP PenED ME FROM HAVING A FULL ERECTION.
233. I HAVE HAD SEXUAL PLEASURES OF A CHILD USING AN OBJECT, AS A PENCIL, MY FINGER OR MY PENIS.
234. I FEEL SO GUILTY AND ASHAMED ABOUT ME SEX PARFARS THAT I OFTEN LOSE MY ERECTION.
235. THE CHILDREN'S OR ORGANISATION IF I HAVE BEEN RAISED IN AN ORGANIC ACTIVITY.
236. I WOULD BE INTERESTED IN SEEING A PERSON NAK.
237. I HAVE FUND IT SEXUALLY EXCITING TO PLAY WITH DEATH IN A SEXUAL ENCOUNTER.
238. MY SEX OFFENSE WOULD NOT HAVE OCCURRED IF I HAD NOT HAD SEXUAL CONTACT WITH A CHILD.
239. MOST OF THE TIME I AM DEPRESSED AND I DO NOT CARE IF I CAN END GET AN ERECTION.
240. AFTER I Raped A PERSON, THEY OFTEN DO NOT SEEM TO WANT TO GO ON WITH ME AGAIN.
241. I FEEL LIKE A FAILURE TRAPPED IN A MALE BODY.
242. I HAVE MASTURBATED TO THE THOUGHT OF PARRING SOMEONE.
243. IT WOULD INTEREST ME TO LEARN THAT A PERSON WOULD WANT ME TO EXPOSE HER.
244. I HAVE STOLEN WOMEN'S UNDERCLOTHES.
245. MOST MEN I HAVE BEEN AROUND ARE DIRTY MIND.
246. DURING MY ADOLESCENCE I WAS SEVERELY EXCITED ABOUT SEXUAL MATTER'S BUT I WAS EMBARRASSED TO TALK ABOUT IT TO MY FRIEND.
247. I HAVE HAD TO FIGHT THE IMPULSE TO PARR.
248. I HAVE BEEN TOLD THAT I AM IMPREGNATED WITH SEX.
249. SOMETIMES I HAVE CROSSED PARKS, PARKING LOTS OR LOVELY STREETS LOOKING FOR SOMEONE TO HAVE SEX WITH.
250. I HAVE HAD TO FIGHT THE IMPULSE TO EXPOSE MYSELF.
251. I HAVE HAD TO FIGHT THE IMPULSE TO EXPOSE MYSELF.
252. SOMETIMES I HAVE TALKED ABOUT SEXUALS AND FRACERGUES AS TO WHAT SOME OF THE CHILDREN AT PLAY.
253. A WOMAN OPERATES THROUGH THE SMALL OPENING BETWEEN THE PUBIS AND HER VAGINAL OPENING.
254. THE PERSON WHO REPORTED ME WAS WILLING AND INTERESTED IN SEXUAL CONTACT WITH ME AND WAS NOT MARRIAGE.
255. THERE HAS BEEN TIMES WHEN THOUGHTS ABOUT SEX HAVE ALREADY BEEEN CRAZY.
256. MY SEXUAL PROBLEM IS NOT AS SERIOUS AS THAT OF OTHERS.
257. I HAVE NEVER BEEN ACCUSED OF EXPOSING MYSELF.
258. I HAVE NOT FORCED SOMEONE TO HAVE SEX WITH ME AT A TIME OR MORE.
259. I THINK I HAVE NEVER GROWN UP EMOTIONALLY.
260. MY SEXUAL OFFENSES WOULD HAVE BEEN AS A RESULT OF MY BEING SEXUALLY ABUSED AS A CHILD.
261. THE THOUGHT OF HAVING SEX WITH MORE THAN ONE PARTNER AT A TIME DOES NOT INTEREST ME IN THE SLIGHTEST.
262. I WOULD LIKE TO BE TIED UP AND MADE TO HAVE SEX.
263. A CHILD HAS PERFORMED ORAL SEX ON ME.
264. I HAVE BEEN ACCUSED OF PURPOSELY MURDERS SOMEONE IN A SEXUAL ENCOUNTER.
265. I HAVE NEVER BELIEVED MY SEXUAL CONTACT WITH A CHILD WAS A PROPER SEXUAL CONTACT WITH AN ADULT (ANSWER ONLY IF YOU HAVE RAPE OR ATTEMPTED RAPE).
266. MY SEX OFFENSES OCCURRED BECAUSE THE CHILD I RAPE SEXUAL CONTACT WITH AGREED AND ACTED MUCH OLDER THAN THEIRS ACTUAL AGE (ANSWER ONLY IF YOU HAVE RAPE OR ATTEMPTED RAPE).
267. I HAVE BEATEN A PERSON DURING A SEXUAL ENCOUNTER.
268. I AM VERY BAD AND I AM NOT INTERESTED IN SEX.
269. SEX STORIES ARE INTERESTING TO ME.
270. THE CHILDREN'S ORGANISATION IS LOCATED AT THE TOP PART OF THE ORGANIC ACTIVITY.
271. IT IS POSSIBLE FOR A MALE TO HAVE A SEXUAL ORGANISATION WITHOUT AN ORGANISATION OF A MALE OR ORGAN.
272. MY SEXUAL OFFENSES RESULTED FROM MY HAVING TOO MUCH ALCOHOL OR DRUGS.
273. BECAUSE I AM AFRAID I MIGHT FAIL SEXUALLY WITH AN ADULT, I AVOID RELATIONSHIPS WITH THEM.
274. I HAVE ATTEMPTED TO HAVE SEX WITH A DEAD BOY.
275. I HAVE FANTASIZED ABOUT EXPOSING MYSELF.
276. AN OLDER MALE (RELATIVE, FRIEND, AGUAANCE OR STRANGER) TOUCHED ME SEXUALLY WHEN I WAS A CHILD.
277. I HAVE NEVER BEEN HARSED OR SHAKED OR THE CHILD'S VISIONS IN THE ORGANISATION.
278. I CAME TO KICKING OR SLEEPING APARTMENTS OR HOUSES (ANSWER ONLY IF YOU HAVE RAPE OR ATTEMPTED RAPE).
279. I HAVE 0D FIGHT SEXUAL IMPELMENTS CONTINUAL.
280. QUITE OFTEN I FEEL LIKE A CHILD LIVING IN A GROWN-UP BODY.
281. I HAVE LIVED TO NABE NAKED AND THEN DRY THEN OFF AND HELP THEN GET DRESSED.
282. I HAVE OFTEN LOOKED FOR SOMEONE TO EXPOSE TO.
283. MY SEX OFFENSES OCCURRED BECAUSE I THOUGHT THE VICTIM IN MY CASE NAKED SEX.
284. I WAS CURIOUS ABOUT SEX AS A CHILD.
285. A CHILD HAS TOUCHED MY PENIS IN A SEXUAL WAY.
286. I CANNOT SEE IN KEEP MY HEAT AWAY FROM THOUGHTS ABOUT SEX.
287. I LIKE TO SEE THE LOOK ON THEIR FACES WHEN I EXPOSE MYSELF (ANSWER ONLY IF YOU HAVE EXPOSED YOURSELF).
288. I HAVE PERFORMED ORAL SEX ON A CHILD.
289. I COULD GET SEXUALLY EXCITED BY BEING TIED UP.
290. I HAVE BECOME SO MAD THAT I CANNOT PHYSICALLY MURDER A PERSON FOR NOT LETTING ME HAVE SEX.
291. I LOSE INTEREST IN A WOMAN IF HER DRESS IS TOO SHORT.
292. MY SEX OFFENSES WOULD NOT HAVE OCCURRED IF I HAD NOT BECOME INTERESTED IN THE CHILD'S SEXUAL ACTIVITIES AND DEVELOPMENT (ANSWER ONLY IF YOU HAVE RAPE OR ATTEMPTED RAPE).
APPENDIX D

Letters of Permission
12/3/91

Connie Brody has my permission to include the
SFM in its entirety in her dissertation.

John C. Gill, Ph.D.
Assoc. Prof.
1st Author/SM
December 11, 1991

Constance N. Brody, M.A.
327 Park Avenue West
Mansfield, OH 44906-3189

Dear Ms. Brody:

As we discussed on the telephone, we grant permission to you to reprint the Multiphasic Sex Inventory test booklet in your dissertation.

Sincerely,

[Signature]

H. R. Nichols, Ph.D. and Ilene Molinder, M.A.
BIBLIOGRAPHY


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