

INITIAL VALIDATION OF AN INVENTORY TO
ASSESS SEXUAL CHILD ABUSE POTENTIAL

By

KEVIN ROWELL ROBERTSON

Bachelor of Science
Western Carolina University
Cullowhee, North Carolina
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Master of Arts
Western Carolina University
Cullowhee, North Carolina
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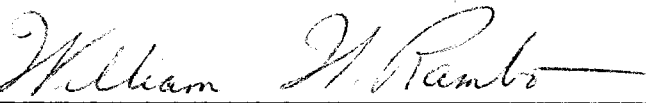
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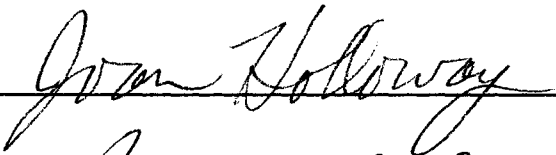
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C O P Y R I G H T

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Kevin Rowell Robertson

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CHAPTER I

INTRODUCTION

Reports of high sexual child abuse incidence rates and disturbing sequelae have led to media attention and scientific research. However, relatively little is known about sexual child abuse. The literature on sexual child abuse is mostly descriptive, consisting mainly of theoretical views or post hoc analysis of case studies. Of the existing empirical studies, very few utilize adequate comparison groups.

Although a psychometrically sound instrument for assessing physical child abuse potential has been developed (Milner, 1986), no such instrument is available to screen for sexual child abuse potential. Such an instrument could be useful in primary prevention of sexual child abuse. Through early identification of individuals who have potential to sexually abuse children, intervention and treatment may prevent subsequent abuse. The present paper will attempt to provide initial validity data for an instrument to screen for sexual child abuse potential. The first step in the validation process was to provide an overview of sexual child abuse, and in particular the abuser, through a review of the literature.

CHAPTER II

LITERATURE REVIEW

Overview

The review will begin with a brief summary of historical perspectives, definitions, and incidence rates. The main focus of the review will be on characteristics of the sexual child abuser. Comparisons of sexual child abuse with other forms of child abuse and sexual abuse of adults, with an integration of the findings will be presented. A final section of the review will discuss research problems and propose future directions for sexual child abuse research.

Historical Perspectives

Evidence of adult sexual involvement with children inside and outside the family can be found in various cultures throughout history. As early as the Sumerian and Babylonian civilizations, female children in temples were dedicated to "sacred" prostitution. Egyptian families condoned incestuous marriages primarily sibling to sibling, which also occurred in Greece, Peru, Japan, and medieval Europe (Henderson, 1980; Justice & Justice, 1979). Slave children in classical Greece and Rome, especially young

males, were regarded as sexual objects by adults. The Roman emperor Tiberius was known to have sexual interest in children (Justice & Justice, 1979). Incest is a frequent theme in the Roman myths and legends such as the stories of Oedipus Rex, Phaedra and Zeus, who murdered his father and married his mother (Henderson, 1980).

In biblical literature, incest appears in the stories of Cain and Abel, Moses, Abraham, Lot, and Salome. The biblical stories present incest as unacceptable behavior and relate dire consequences for incest participants. With rising influence of Christianity in Medieval and Renaissance periods of Europe, stronger prohibitions against incestuous relations are found. However, incestuous relations still existed. Maisch (1972) reports that several religious figures (Pope John XII, Pope Balthasar Cossa, Pope Alexander VI, and Pope John XIII) were accused of or confessed to incest. In France, as a child, Louis XIII was included in sexual acts with his parents and others (Justice & Justice, 1979). Sexual child abuse is also found in the 1800's, as evidenced by child prostitution in the brothels. Incestuous marriages are also found in this period, as practiced by the Mormons in order to marry within the religion (Justice & Justice, 1979).

Scientific interest in sexual child abuse began in the late 1800's and early 1900's with biological, sociological, anthropological, and psychological theories of incest (for a review of the theories see Meiselman, 1979). Some of the

first incest case histories were reported by von Krafft-Ebing (Meiselman, 1979). Freud, in the beginnings of his work proposed childhood sexual trauma at the root of hysteria (Herman, 1981; Peters, 1976). However, his colleagues and Freud himself had difficulty accepting the reality of sexual child abuse, especially in cases of incest. The incest cases were attributed to oedipal fantasies which were more socially acceptable and relieved guilt feelings of adults (Peters, 1976).

Few studies of sexual child abuse were reported in the 1930's and 1940's in the United States (exceptions are Bender and Blau, 1937; Sloane and Karpinski, 1942). In the 1950's descriptive articles began appearing with some regularity in the literature (Meiselman, 1979). Since the 1950's there has been an explosion in society's awareness of children, due in part to the children's protection movement and the feminist movement (Finkelhor, 1979). The current zeitgeist also includes greater societal acceptance of all aspects of sexual behavior. These factors have led to a greater awareness of sexual child abuse.

Definitions of Sexual Child Abuse

Although awareness has increased, knowledge of sexual child abuse is at a descriptive level with empirical research only in the beginning stages. For instance, all states have laws concerning sexual child abuse, though definitions are inconsistent (Vander May & Neff, 1982) (for

a complete listing of state laws see Bienen, cited in Herman, 1981 and National Center on Child Abuse and Neglect, 1984). Sexual child abuse definitions and laws vary on dimensions such as: age of perpetrator, age of victim, gender of perpetrator, gender of victim, relationship of perpetrator to victim, and type of sexual acts committed. Age of perpetrator may vary from younger than the victim (as in sibling incest) to much older (great-grandfather). Age of victim ranges from newborn to late adolescence and adulthood. Some have proposed a 10 year age difference between victim and perpetrator as part of the definition. Type of acts involved may include exploitation (child pornography or prostitution), exhibition, fondling, vaginal or anal digital penetration, intercourse, fellatio, and cunnilingus. The present review will focus upon adult perpetrators (21 years and older), pre-adult victims (18 years and younger), of any relationship or gender. The review will generally exclude exploitative behaviors (pornography) and sibling sexual interaction.

Terms used to describe sexual child abuse vary (e.g., sexual child abuse, child sexual abuse, child molestation; incest, intrafamilial sexual child abuse; pedophilia, and extrafamilial sexual child abuse). Within these broader categories are subtypes for both incest (e.g., father-daughter, stepfather-daughter, father-son, mother-son, mother-daughter, and other adult relatives-child) and pedophilia (heterosexual, homosexual, bisexual, and

hebephiles {pubescent or post-pubescent victims}). The present review will use sexual child abuse to refer to sexual acts between adults and children. Within sexual child abuse, the divisions of intrafamilial sexual child abuse (incestuous acts) and extrafamilial sexual child abuse (non-incestuous acts, pedophilia) will be used.

Several typologies and classification systems are presented in the literature. Researchers have used a fixated (long standing sexual preference usually developed at an early age) or regressed (sexual behavior not representative of the individual's general sexual preference) dichotomy based on the offender's usual sexual preference (Cohen, Seghorn, & Calmas, 1969; Groth, 1978; Howells, 1981). Researchers have used the classifications of aggressive and non-aggressive acts (Avery-Clark, O'Neil, & Laws, 1981; Howells, 1981; Quinsey, 1977); age of perpetrator (Mohr, Turner, & Jerry, 1964); and sex of victim (Howells, 1981) in defining sexual child abuse. Researchers have grouped intrafamilial and extrafamilial sexual child abuse together (Finkelhor, 1984) and separately (Gebhard, Gagnon, Pomeroy, & Christenson, 1965; Panton, 1979; Russell, 1983). Still other researchers have proposed biological or non-biological relationship of perpetrator to victim to classify sexual child abuse (Sagarin, 1977).

Sexual child abusers are usually convicted under the same statutes regardless of whether the act was incestuous or not. Hence, researchers working in correctional

settings, where subjects are readily available, may not distinguish between the subgroups. The present review will present separate sections with regard to the intra/extrafamilial dimension. However, conclusive data indicating support of any one classification system over another is lacking.

Incidence of Sexual Child Abuse

Reported incidence rates of sexual child abuse are rising. American Humane Association (American Humane Association, 1985) found approximately 6,000 substantiated cases reported in 1976; 11,000 in 1977; and 57,000 in 1982. Many assume and I agree that actual incidence has probably remained approximately the same, while reporting of cases has increased due to public awareness. The National Incidence Study (National Center on Child Abuse and Neglect, 1982) found 44,700 substantiated cases of sexual child abuse. The most recent figures available from the American Humane Association cite 100,000 substantiated cases of sexual child abuse for 1984 (American Humane Association, 1985).

Estimates of actual incidence of sexual child abuse in the United States are generally much higher. One estimate using a 75% unreported incidence rate arrived at 336,000 new cases per year (United States Department Of Health & Human Services, 1981). Based on a conservative 12% incidence rate (of 60 million children under 18 in the U.S.), Finkelhor

(1984) estimated 210,000 new cases of sexual child abuse occurring each year. Surveys done with samples of college students have found sexual child abuse incidence rates of 18% (N = 796; Finkelhor, 1979), 13% (N = 952; Fritz, Stoll, & Wagner, 1981), 9% (N = 184; Robertson, Milner, & Rogers, 1986), and 22% (N = 482; Fromuth, 1983). Another sexual child abuse survey of the general population in Boston found a 21% (N = 521) incidence rate (cited in Finkelhor, 1984), while a survey done in Texas (Kercher & McShane, 1984) found a 15% (N = 1024) incidence. In a well designed study by Russell (1983), 930 women in San Francisco were individually interviewed and found a sexual child abuse incidence rate of 38%. Father-daughter incest is the most often reported sexual child abuse and is thought to be more pervasive in the population than other types (excluding child-child incest) (Finkelhor, 1979; Kempe, 1978), although recent survey findings report a higher percentage of extrafamilial sexual child abuse (Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, & Murphy, 1987; Finkelhor, 1984; Russell, 1983). Reports of female perpetrators of sexual child abuse have risen as well, from previous estimates of less than 10% to around 20% of cases (American Humane Association, 1985). To conclude, estimates of actual incidence rates vary greatly due to problems in definition, detection and reporting.

Detection of sexual child abuse is often difficult since victims involved are coerced into secrecy or may feel

responsible for the abuse. Once detected, sexual child abuse may not be reported due to the stigma associated with the abuse, fear of reprisals from the perpetrator, loss of the perpetrator's income in familial incidents, loss of parental custody of the child, or concern for producing more trauma for the child if the case comes before the courts. With further research on sexual child abusers, prevention through early identification or screening may become possible.

Characteristics of Sexual Child Abuse

The primary focus of the current review was to delineate personality characteristics of the abuser. A secondary goal was to provide other characteristics of the abuser (e.g., historical variables) and the abusive situation (e.g., spouse and familial variables). The review excluded victim characteristics and treatment of sexual child abuse (for a review of the treatment literature see Lanyon, 1986). Both descriptive and empirical studies were included in the review. The descriptive review included the following: theoretical papers, reviews, case studies, and papers based on clinical experience. Empirical studies were selected for review which utilized self-report instruments, physiological instruments, or assessment procedures with reported psychometric properties. In addition, empirical studies were required to have at least one comparison group. The review begins with characteristics of intrafamilial

sexual child abuse, then proceeds to extrafamilial sexual child abuse.

Intrafamilial Sexual Child Abuse

Personality Characteristics. Personality characteristics of the intrafamilial sexual child abuser reported in descriptive studies range from dominant, authoritarian, and controlling of others (Maisch, 1972; Mrazek & Kempe, 1981; Renshaw, 1982; Tormes, 1968; Weinberg, 1955) to ineffectual, inadequate, passive and introverted in interpersonal relationships (Renshaw, 1982; United States Department Of Health & Human Services, 1981). Herman and Hirschman (1981) attempt to explain the variation in personality characteristics by suggesting that the perpetrator is dominant and controlling within the family but ineffective and inadequate outside the family structure.

Other personality variables associated with intrafamilial sexual child abusers are impulsiveness (Gentry, 1978; Kempe, 1978; Lukianowicz, 1972; Summit & Kryso, 1977), immaturity (Geiser, 1979; Mrazek & Kempe, 1981), loneliness, need for closeness (Burgess, Groth, Holmstrom & Sgroi, 1978; Justice & Justice, 1979), social withdrawal, hostility (Latimore, 1981), rigidity (Nakashima & Zakus, 1977), alcoholism (Kaufman, Peck & Tagiuri, 1954; Spencer, 1978; Virkunnen, 1974), personality disturbance or psychopathology (Browning & Boatman, 1977; Cavillan, 1966; Lukianowicz, 1972; Julian & Mohr, 1979; McCreary, 1975;

Mrazek & Kempe, 1981), and low self esteem (Geiser, 1979; Gentry, 1978; Renvozie, 1982). Another characteristic of intrafamilial sexual child abusers is the use of denial as a defense mechanism and cognitive distortion of the abusive incidents.

Empirical studies have found differences between intrafamilial sexual child abusers and comparison subjects. As part of a study by Langevin, Paitich, Freeman, Mann, and Handy (1978), male intrafamilial sexual child abusers (n = 27) were compared to an unmatched comparison group (n = 54). The abuse group obtained higher scores for the MMPI scales of F, D (Depression), Pd (Psychopathic deviate), Pa (Paranoia), Sc (Schizophrenia), and Si (Social introversion). Higher scores were also obtained by the abuse group on the 16PF factors of A (reserved), E (assertiveness), and H (introversion).

Kirkland and Bauer (1982) compared a group of male intrafamilial sexual child abusers (n = 10) to a control group (n = 12) matched on the variables of age, race, step/natural parent, and age of daughter. The abuse group scored significantly higher on the MMPI scales of F, D (Depression), Pd (Psychopathic deviate), Pt (Psychasthenia), Sc (Schizophrenia), and Si (Social introversion). Similarly, another study (Fredrickson, 1981) using the MMPI found higher scores on the scales of Pd (Psychopathic deviate), Pa (Paranoia), and Sc (Schizophrenia) for the intrafamilial sexual child abuse group (n = 33) relative to

controls (n = 32). Abusers were also significantly less masculine (Bem Sex Role Inventory) and more authoritarian (F scale) than controls.

Scott and Stone (1986) utilized the MMPI in a study of intrafamilial sexual child abuse, which included natural fathers (n = 33), stepfathers (n = 29), nonparticipating mothers (n = 44), and daughter victims (n = 22) who were in treatment. The four control groups (n = 128) were matched on location of residence, sex, age, education, and socioeconomic status. No significant differences were found between the natural father and stepfather abuse groups. Both father groups scored significantly higher than controls on the F and Pd (Psychopathic deviate) scales. Natural fathers scored higher than controls on the Pa (Paranoia) and Si (Social introversion) scales, while stepfathers scored higher than controls on the D (Depression), Pt (Psychasthenia), and Sc (Schizophrenia) scales.

To summarize the MMPI findings, intrafamilial sexual child abusers scored significantly higher on the Pd (Psychopathic deviate) and Sc (Schizophrenia) scales than comparison groups across all the studies. The intrafamilial sexual child abusers were significantly higher than comparison groups on F, Si (Social introversion), Pa (Paranoia), and D (Depression) scales in 75% of the studies, and the Pt (Psychasthenia) scale in 50% of the studies. The MMPI scales of Hs (Hypochondriasis), Hy (Hysteria), and Ma

(Mania) were not significantly different across abuser and comparison groups.

Robertson (1984) compared a group of intrafamilial sexual child abusers (n = 15) to a control group (n = 15) matched on the variables of geographic location, gender, ethnic background, marital status, age, education, and number of children. Significant differences were found on the Child Abuse Potential (CAP) Inventory, an instrument designed to assess potential for physical child abuse (Milner, 1986). Mean Abuse scale scores were higher for the intrafamilial sexual child abuse group. In addition, significantly higher scores for the Abuse scale factors of distress, unhappiness, and loneliness were found for the intrafamilial sexual child abuse group. The abuse and control groups were not significantly different on the Abuse scale factors of negative concept of child and self, child with problems, problems from family and others, and rigidity.

Other Characteristics of Intrafamilial Sexual Child Abuse. Additional factors descriptive of the intrafamilial abuser are stress (Gentry, 1978; Mrazek, 1980; Renvoizie, 1982), abuser abused as a child or lack of nurturing background (Brant & Tisza, 1977; Geiser, 1979; Gentry, 1978; Henderson, 1980; Oliviera, 1982), and the abuser having more childhood sexual experiences (Pelto, 1981). Incidents of intrafamilial sexual child abuse are likely to be heterosexual in nature (Finkelhor, 1979).

Characteristics associated with the spouse of the intrafamilial sexual child abuser are found in the literature. Characteristics of the spouse are dependency (Burgess, Groth, Holmstrom & Sgroi, 1978), dominance (Mrazek & Kempe, 1981), spouse with low self esteem, poor family background (Bennett, 1980), depression (Harrer, 1980/1981), and spouse with incestuous family history (Goodwin, McCarthy & DiVasto, 1981; Strauss, 1981/1982). Scott and Stone (1986) found that the nonparticipating mothers evidenced significantly higher scores than matched controls on the MMPI scales of F, Hs (Hypochondriasis), D (Depression), Hy (Hysteria), Pd (Psychopathic deviate), Pa (Paranoia), Pt (Psychasthenia), Sc (Schizophrenia), and Si (Social introversion). Fredrickson (1981) found intrafamilial sexual child abuse spouses to score higher on the MMPI scales of Pd (Psychopathic deviate), Pa (Paranoia), and Sc (Schizophrenia) when compared to controls. Spouses also scored significantly higher on authoritarianism and evidenced significantly less feminine sex role orientation than controls. To conclude, findings across studies suggest that spouses of intrafamilial sexual child abusers evidenced more psychopathology than comparison groups.

Family characteristics reported are marital problems with sexual estrangement (Mrazek & Kempe, 1981; Renvoizie, 1982; Vander May & Neff, 1982), marital violence (Brooks, 1981/1982; Knudson, 1981/1982), role confusion or role reversal (Justice & Justice, 1979; Spencer, 1978), family

dysfunction (Brooks, 1982), isolation (Herman, 1981; Justice & Justice, 1979; Renvoie, 1982), fear of family separation (Gutheil & Avery, 1977; Lustig, Dresser, Spellman & Murray, 1966), overcrowding, and poor housing (Maisch, 1972; Mrazek, 1980), and the parent (that the same sex of the child) being frequently absent from the household (Maisch, 1972; United States Department Of Health & Human Services, 1981; Vander May & Neff, 1982).

A synthesis of the findings indicate that an intrafamilial sexual child abuser tends to be a male who is socially withdrawn, lonely, impulsive, unhappy, suspicious, low in self esteem, stressed, antisocial, alcoholic, and psychopathological. He tends to come from a family with poor relationships, and was possibly physically abused, sexually abused, or neglected as a child. Especially in father-daughter sexual child abuse, the father may be controlling within his family but ineffectual and passive in other relationships. Family dysfunction is probably evident, with the spouse having psychological impairment. Role reversals between child and spouse of the abuser or sexual confusion within the family may be present.

Extrafamilial Sexual Child Abuse

Personality Characteristics. Personality characteristics of the extrafamilial sexual child abuser include poor self esteem (Rosen, 1979), feelings of inferiority and need for dominance (Storr, 1964),

inadequacy, infantilism, maternal dependency (Bell & Hall, 1976), narcissism (Fraser, 1976; Kraemer, 1976), hostility (Lambert, 1976; Stoller, 1975), poor social skills (Mohr, Turner, & Jerry, 1964; Pacht & Cowden, 1974), loneliness (West, 1977), passiveness (Howells, 1981) and personality disturbance (Swanson, 1968).

Other personality variables associated with extrafamilial sexual child abusers are antisocial tendencies (Howells, 1981), castration fears (Fenichel, 1945), inability to deal with and anxiety concerning adult sexual relationships (Howells, 1981), and gender identity confusion (Bell & Hall, 1976). As with intrafamilial sexual child abuse, use of denial as a defense mechanism and cognitive distortions relating to abusive incidents are characteristic.

Empirical studies report differences between extrafamilial sexual child abusers and controls. As part of a larger study, Langevin et al. (1978), compared a group of non-incestuous pedophiles (homosexual, n = 22; heterosexual, n = 29) to unmatched controls (n = 54). Higher scores on the MMPI scales of F, D (Depression), Pd (Psychopathic deviate), Pa (Paranoia), Sc (Schizophrenia), and Si (Social introversion) were found. Pt (Psychasthenia) was also found to be higher for the heterosexual group in comparison with controls.

A study by Freund, Scher, Chan and Ben Aron (1982) with a non-incestuous pedophile group (homosexual, n = 25;

heterosexual, $n = 20$) and unmatched control group ($n = 54$) investigated gender identity. In contrast to expectations, no significant differences between the pedophile and control groups were found for two measures of gender identity. To summarize the empirical findings, extrafamilial sexual child abusers evidenced significantly more overall psychopathology as measured by the MMPI, and did not differ from comparison groups with respect to gender identity.

Other Characteristics of Extrafamilial Sexual Child

Abuse. Other characteristics of the extrafamilial sexual child abuser reported in the descriptive literature are loss of sex partner, marital difficulties, or unmarried (Peters, 1976; Groth, & Birnbaum, 1978; Swanson, 1968). The abuser may be under stress (Rosen, 1979; Swanson, 1968).

Childhood experiences of the extrafamilial sexual child abuser may include sexual abuse, modeling of sexual child abuse by parents or others, father absent or hated by the abuser (Fraser, 1976) and early sexual experiences with peers (Frisbie, 1969; Gillespie, 1964; Howells, 1981). The extrafamilial sexual child abuser may be exposed to less pornography, sexually repressed and inhibited (Goldstein, 1977) and alcoholic (Peters, 1976; Swanson, 1968).

An integration of the findings suggests that an extrafamilial sexual child abuser tends to be a male who is passive, inadequate, narcissistic, unhappy, sexually repressed or inhibited, lonely, low in self esteem and lacking in social skills. The extrafamilial sexual child

abuser may have antisocial tendencies, alcohol problems, psychopathology. He may come from a family with poor relationships and may have been abused as a child.

Intrafamilial and Extrafamilial

Sexual Child Abuse

Several studies have compared intrafamilial and extrafamilial sexual child abuse. A psychophysiological comparison of intrafamilial sexual child abusers, extrafamilial sexual child abusers, and control groups (N = 36) utilized penile circumference responses to slides of adults, pubescents, and children (Quinsey, Chaplin & Carrigan, 1979). Intrafamilial sexual child abusers were found to have more appropriate age preferences than extrafamilial offenders.

Panton (1979) found intrafamilial (n = 35) and extrafamilial (n = 28) incarcerated sexual child abusers to be similar with respect to years of education and intelligence. Intrafamilial perpetrators (M = 40.6 yrs.) were older than the extrafamilial group (M = 30.8 yrs.). Similar MMPI scale elevations of Pd (Psychopathic deviate), D (Depression), Hy (Hysteria), and Pt (Psychasthenia) were found for both groups. Additionally, the experimental MMPI pedophilia (Pe) scale (Toobert, Bartelme & Jones, 1959) scores were similar for both groups and generally higher than other incarcerated adult males (Panton, 1979). A significant difference between groups was found for Si

(Social introversion) scale. The intrafamilial group was found to have a higher Si mean than the extrafamilial group. In contrast, Pittman (1982) compared a group of intrafamilial and extrafamilial sexual child abusers and found that extrafamilial abusers scored significantly higher on the MMPI scales of Si (Social introversion) as well as F and D (Depression).

A comparison of intrafamilial (n = 27), homosexual extrafamilial (n = 22), heterosexual extrafamilial (n = 29) sexual child abusers, and unmatched controls (n = 54) was made in a previously cited study (Langevin, Paitich, Freeman, Mann & Handy, 1978). Homosexual extrafamilial abusers obtained significantly higher scores on the MMPI Mf (Masculinity Femininity) scale and 16PF nurturance factor. Heterosexual extrafamilial were higher on the MMPI scales of Pd (Psychopathic deviate), Pa (Paranoia), Pt (Psychasthenia) and Ma (Mania) than the intrafamilial group. Homosexual extrafamilial abusers had higher mean Ma scores than the intrafamilial abuse group, and higher Si scores than the heterosexual extrafamilial group. In another study (Fisher & Howell, 1970) with incarcerated homosexual (n = 50) and heterosexual (n = 100) sexual child abusers, homosexual sexual child abusers scored higher on heterosexuality and endurance order as measured by the Edwards Personal Preference Schedule (EPPS). When compared with the EPPS normative (N = 4031), homosexual sexual child abusers were also found to be higher on the scales of intraception,

abasement, nurturance, heterosexuality; and lower on the scales of achievement, order, autonomy, and aggression.

Several studies which did not distinguish between extrafamilial and intrafamilial sexual child abusers have found differences between sexual child abusers and comparison groups. In a study of non-incarcerated sexual child abusers (N = 70; Wilson & Cox, 1983), the abuse group was compared to the normative sample on the Eysenck Personality Questionnaire (EPQ). Significantly different (higher) means were found for the abuse group on the EPQ scales of Psychoticism, Neuroticism, and Introversion, with the Introversion scale showing the largest elevation. In another study of sexual child abusers (N = 203), 52% of an incarcerated sexual child abuse group scored above the alcoholic cutoff on the Michigan Alcoholism Screening Test (Rada, 1976).

Peters (1976) in a study utilizing psychometric instruments, found sexual child abusers to be passive as measured by Rorschach responses. Peters (1976) also noted that the abusers scored higher than comparison groups on the 16PF factors relating to submissiveness and suspiciousness.

To summarize, sexual child abusers (intrafamilial and extrafamilial) are more submissive, passive, suspicious, socially introverted, experience more psychopathology and alcohol problems than comparison groups. Intrafamilial sexual child abusers appear to have more age appropriate sexual preferences than extrafamilial sexual child abusers.

There is some indication that intrafamilial sexual child abusers experience less hypomania than extrafamilial sexual child abusers.

Comparisons of Sexual Child Abuse with Other Phenomena

Comparisons of sexual child abuse with other phenomena may provide important similar and differential characteristics. Comparisons of sexual child abusers with rapists of adults, physical child abusers, and child neglectors are presented in the following sections.

Comparison of Sexual Child Abuse and Rape of Adults

Several studies have compared sexual child abuse and rape of adults. In a non-incarcerated sample (N = 411), adult rapists and sexual child abusers were both found to use cognitive distortions, lack social and assertiveness skills, and exhibit a lack of sexual knowledge (Able, Rouleau & Cunningham-Rathner, 1984). Adult rapists (46%) and sexual child abusers (25%) reported other initial paraphilias before the current deviation, with 26% of the adult rapists having engaged in sexual child abusive behavior first. Able et al. (1984) report deviant sexual arousal at an early age (before 19) in adult rapists (51%), heterosexual (42%), and homosexual (70%) sexual child abusers.

Cohen, Seghorn, and Calmas (1969) compared incarcerated sexual child abusers (n = 38) and adult rapists (n = 27) responses on a sociometric questionnaire. Adult rapists and sexual child abusers were placed in subgroups (Rape: displaced, compensatory, impulse and sex aggression defusion; Sexual child abuse: fixated, regressed, aggressive). Each subject indicated which of the other subjects they would like or not like to be in activities with. Findings included no differences between sexual child abusers and adult rapists on several measures of social status. However, differences were found between subgroups. Overall results indicated the rape displaced aggressive subgroup to be the highest in social effectiveness, and the sexual child abuse regressive subgroup second with respect to social effectiveness. The lowest overall in social effectiveness were the subgroups of sexual child abuse aggressive and rape sex aggression defusion.

Peters (1976) utilized a battery of tests in the assessment of four groups of sexual offenders which included rapists (rape and statutory rape) and sexual child abusers (for all groups N = 224, individual group sizes not reported). The sexual child abusers were found to have higher levels of ego integration, less impairment of judgment and fewer latent homosexual impulses (Bender Gestalt) than adult rapists. Sexual child abusers also exhibited less confusion about sex role identification (House Tree Person) than adult rapists. In contrast, sexual

child abusers were more suspicious and submissive (Cattell Personality Inventory) and more passive (Rorschach) than adult rapists. Sexual child abusers and adult rapists were similar with respect to self esteem (Self Rating scale) as both groups scored above average, which Peters (1976) attributed to the use of denial.

Armentrout and Hauer (1978) utilized the MMPI to compare rapists of adults (n = 13), rapists of children (n = 21), and non-rapist child sex offenders (n = 17). Rape was defined as a sexual act carried out against the wishes of the victim. Rapists of adults were found to have a 8-4 (Schizophrenia-Psychopathic deviant) mean profile, rapists of children a 4-8 (Psychopathic deviant-Schizophrenic) mean profile, and non-rapist child sex offenders a 4 (Psychopathic deviant) mean profile. Statistical analyses indicated that scale 8 (Schizophrenia) was significantly higher for the rapists of adults than for non-rapists. An elevated 4-8 (Psychopathic deviant) profile suggests individuals who are hostile, irritable, impulsive, avoid close emotional involvement, show poor judgment and social intelligence. An elevated 4 (Psychopathic deviant) profile suggests individuals who are impulsive, pleasure oriented, non-conforming, low frustration tolerance and not able to delay gratification.

In a related study by Avery-Clark and Laws (1984), more dangerous (more aggressive, forceful, and assaultive behavior) sexual child abusers (n = 15) were compared to

less dangerous sexual child abusers (n = 16). A penile plethysmograph was used to measure erection responses to differing audiotape descriptions of sexual acts with children. The less dangerous abuse group was found to have significantly less erection responses to the descriptions of aggressive intercourse and aggressive assault than the more dangerous abuse group. The less dangerous and more dangerous abuse groups were similar in erection responses to the consenting fondling, consenting intercourse, and nonconsenting intercourse descriptions. These findings support the results of an earlier study (Able, Becker, Murphy & Flanagan, 1981), which found a higher mean erection responses by a sadistic sexual child abuser group (n = 4) than a group of nonaggressive sexual child abusers (n = 6) when exposed to descriptions of aggressive acts.

In conclusion, sexual child abusers and adult rapists appear to be somewhat similar in denial, cognitive distortions, poor social and assertiveness skills, lack of sexual knowledge, deviant sexual arousal at an early age, and impulsivity. Aggressive and nonaggressive sexual child abusers have similar arousal to nonaggressive sexual acts with a child. Differences between sexual child abuse and rape perpetrators were that sexual child abusers had less hostility, less impaired judgment and less confusion about sex role identification. Sexual child abusers had higher levels of ego integration, and were more suspicious, submissive, and passive than rapists. Aggressive sexual

child abusers were aroused more by aggressive acts with children than nonaggressive sexual child abusers.

Comparison of Sexual and Physical

Child Abuse

Avery-Clark, O'Neil, and Laws (1981) compared individual descriptive studies of physical and intrafamilial sexual child abuse. Avery-Clark et al. (1981) found that physically abusive and sexually abusive families tend to be characterized by lower socioeconomic status, poorer housing, poorer employment histories, social isolation, and crisis proneness. Physical and sexual child abusers tend to have marital difficulties and interpersonal problems with their spouses and turn to their children for fulfillment of their unmet needs. Physical and sexual child abusers were found to experience role reversals and confusion, parent-child interactions are undifferentiated from parent-parent interactions and the non-abusive parent passively condones the abuse (Avery-Clark, O'Neil, & Laws, 1981).

Both sexual and physical child abusers are characterized by lack of impulse control (Summit & Kryso, 1977), negative self concept (Schlesinger, 1982; Milner, 1980; Milner, 1986) immaturity, dependency, passive with aggressive outbursts (Avery-Clark, O'Neil, & Laws, 1981). Only a small percentage of physical and sexual child abusers suffer from severe personality or intellectual deficiencies

but both experience higher rates of alcoholism (Avery-Clark, O'Neil, & Laws, 1981).

While sexual and physical child abuse appear similar in many respects, there are reported differences. Sexually abusive families tend to struggle more with sexual issues, while physically abusive families struggle more with discipline and control issues (Avery-Clark, O'Neil, & Laws, 1981). Intrafamilial sexual child abusers experience more sexual estrangement from spouses than physically abusive parents. Finkelhor (1979) found that sequelae of sexual abuse are more psychological in nature, whereas the sequelae of physical abuse are more life threatening. Sexual child abuse tends to be aggressive less often and an act of need fulfillment (Shelton, 1975) more often than physical child abuse. The perpetrators of reported intrafamilial and extrafamilial sexual child abuse are overwhelmingly (90+%) male (Finkelhor, 1979; Schlesinger, 1982), whereas relatively more females are perpetrators in physical child abuse. The underlying dynamics of intrafamilial sexual child abuse, where the father seeks gratification from the female child who has reversed roles with the mother (Schlesinger, 1982), appear different from the frustrated physical child abuser who strikes out during periods of interpersonal conflict and stress. Physical child abusers view their child negatively and as having problems (Green, 1976; Milner, 1980; Twentyman & Plotkin, 1982), while intrafamilial sexual child abusers report feeling close to

their child and view the child in a positive light (Milner & Robertson, 1985; Schlesinger, 1982).

In conclusion, sexual and physical child abuse appear to be somewhat similar in areas of socioeconomic status, marital difficulties, role reversals, impulsivity, immaturity, dependency, negative self concept, and alcoholism. Physical and sexual child abusers differ in sex of perpetrator, underlying dynamics, issues of family struggle, sequelae of the abusive incident, and perceptions of the child.

Comparison of Sexual Child Abuse, Physical Child Abuse, and Child Neglect

In a retrospective study of social service records, Martin and Walters (1982) compared families of physical child abuse (n = 139), child neglect (n = 207), and intrafamilial sexual child abuse (n = 25); as well as abandonment and emotional child abuse cases which will be excluded here. Sexually abusive fathers were more likely and the non-abusive mothers were less likely to be promiscuous and alcoholic than either physical abusers or neglectors. Mothers in physically and sexually abusive families were more likely to be living with a man and the families were more likely to have parent-child conflicts, than neglectors. Neglectful and sexually abusive parents were more likely to evidence intellectual inadequacies than physical abusers. Sexual abusive families were less likely

and neglectful families more likely to be experiencing financial difficulties than physical abusive families. Sexually abused children were more often abused by the father and exhibited more psychological or emotional problems than either physically abused or neglected children. Children who were sexually or physically abused were more likely to be living in a home with a perpetrator who was not biologically related than neglected children (Martin & Walters, 1982).

In a study utilizing an objective instrument designed to assess physical child abuse potential, the Child Abuse Potential (CAP) Inventory, 15 intrafamilial sexual child abusers, 30 physical abusers, 30 child neglectors with three matched control groups were compared (Robertson, 1984; Milner & Robertson, 1985). All 15 of the sexual child abusers were males. Significantly higher physical abuse scores were found for the three maltreatment groups than for the matched control groups. The Abuse scale factors of distress, loneliness, and unhappiness were significantly higher for each of the maltreatment groups. Unlike the physical child abuse and child neglect parents, sexual child abusers were similar to the control groups on the factor of negative concept of child and self indicating fewer negative perceptions of the child than the other maltreatment groups. Sexual child abusers were also similar to controls on the factor of child with problems, also indicating fewer perceived child problems than physical abusers and child

neglectors. In addition, sexual child abusers also reported less problems within the family and from others outside the family than physical child abusers (Robertson, 1984; Milner & Robertson, 1985).

In summary, similarities between sexual child abusers, physical child abusers, and child neglectors were found to experience somewhat similar levels of distress, loneliness, and unhappiness. Sexual child abuse differed from child neglect and physical child abuse in having less negative perceptions of the child, more reported promiscuity, alcoholism, financial difficulties, and the father was perpetrator more often.

Summary

To summarize, sexual child abusers tend to be male, withdrawn, lonely, impulsive, passive, low in self esteem, stressed, antisocial, alcoholic, and tend to exhibit more psychopathology than controls. They tend to come from a family with poor relationships, and possibly were sexually and/or physically abused as children.

Sexual arousal tends to be more age appropriate for intrafamilial sexual child abusers, compared to extrafamilial abusers, and thus supports a situational model more often. Intrafamilial sexual child abusers tend to be more socially isolated and withdrawn, so that the abuser is less likely to go outside the family environment, but would focus on those relations already established and less

psychologically threatening to fulfill emotional needs. Especially in father-daughter sexual child abuse, family dysfunction is often evident, with severe power imbalances between spouses, such as a very controlling or very passive father. The spouse may have psychological or physical impairment and/or be frequently physically absent, giving the abuser access to children while others are not present. As part of the family dysfunction, sex role confusion and role reversals between the child and spouse may be present.

An extrafamilial sexual child abuser tends to be a narcissistic individual who is sexually repressed or inhibited. Extrafamilial sexual child abusers tend to be unmarried, lack social skills, and feel inadequate in adult relationships. Therefore, extrafamilial sexual child abusers focus on less threatening relationships with children. Extrafamilial sexual child abusers tend not to have age appropriate sexual arousal and thus may fit a fixated model more frequently.

Sexual child abuse and related pathological groups have been compared, and similarities and differences found. Sexual child abusers and adult rapists appear to be similar in denial, cognitive distortions, poor social and assertiveness skills, lack of sexual knowledge, deviant sexual arousal at an early age, and impulsivity. Sexual child abusers and adult rapists differ in hostility, submissiveness, and passivity. Aggressive sexual child abusers, like rapists, are more aroused by aggressive acts

with children than nonaggressive sexual child abusers. Sexual child abusers and other child maltreatment groups were found to experience somewhat similar levels of distress, loneliness, unhappiness, marital difficulties, role reversals, impulsivity, immaturity, and negative self concept. Sexual child abusers and other maltreatment groups differed in perceptions of the child, promiscuity, alcoholism, financial difficulties, and sex of perpetrator.

Problems in the Research

Several problems are present in the research of sexual child abuse, as with other applied research. Foremost is the problem of gaining access to sexually child abusive subjects. Frequently, sexual child abuse incidents remain unreported and undetected. Of those incidents that are known, protection of confidentiality and client rights become an issue. When access is obtained, consent for participation may be difficult to obtain since legal ramifications are possible or underway, and subjects feel the research would be used in prosecution. Those already tried in court or adjudicated may feel that the research would condemn them further. Therefore, in almost all studies of sexual child abuse, sample sizes have been limited to small numbers.

The majority of sexual child abuse literature is descriptive, presenting case studies which are subjective in nature. Few empirical studies can be found. Of the

empirical studies found few have included comparison groups, fewer have matched comparison groups, and even fewer have matched individual subjects between groups. Lack of matching individual subjects on demographic variables (such as age, sex and education) may confound salient variables. In addition to lack of adequate matched comparison subjects, most empirical studies have investigated perpetrators after adjudication, incarceration, treatment intervention, or even years after the incident. Although such subjects may be easier to gain access to and study, contamination due to temporally mediated variables (such as changes in personality characteristics, stressors, and environment) may confound the findings of these studies.

Further investigations into classifications and types of sexual child abusers (e.g., intrafamilial and extrafamilial) are warranted, and may yield useful information for treatment strategies. Utilization of uniform operational definitions, objective assessment instruments, recent and untreated cases, larger sample sizes, and individually matched control subjects should be included and are necessary to ensure useful findings. Future research in the sexual child abuse area may focus on characteristics which differentiate sexual child abusers from those which do not. As additional characteristics are gathered concerning sexual child abusers, prevention through early identification or screening, may become possible.

Direct measurement of penile erection responses to deviant sexual stimuli is one potential instrument for screening. Researchers have demonstrated the usefulness of penile plethysmographic measures in discriminating between categories of sexual offenders including aggressive and nonaggressive sexual child abusers (Able, Becker, Murphy & Flanagan, 1981; Avery-Clark & Laws, 1984). However, there are problems with the penile plethysmograph assessment procedure. Several studies have shown that subjects have the ability to suppress undesired deviant arousal (Avery-Clark & Laws, 1984; Henson & Rubin, 1971; Laws & Holmen, 1978; Laws & Rubin, 1969). For example, Avery-Clark and Laws (1984) reported that 15 out of 31 sexual child abusers were able to significantly suppress erection responses. Other subjects may not generate arousal to the deviant stimuli. Avery-Clark and Laws (1984) found that 11 of 42 subjects (26%) failed to generate a minimum erectile response for inclusion in the study. Those sexual child abusers who have regressed from a previous adult sexual preference may not show arousal to the deviant stimuli. However, one would expect that fixated offenders would respond to the deviant stimuli. Although there are problems with psychophysiological assessment, further research may prove this procedure useful for selected types of screening. A more practical method of screening might consist of self report psychometric instruments. Even though no instruments specifically for sexual child abuse presently exist,

researchers have attempted to differentiate sexual child abusers from comparison subjects with self-report inventories.

As previously found, sexual child abusers exhibit significant denial and response distortion which effect self-report instruments (Lanyon & Lutz, 1984). Inclusion of validity scales in self-report instruments when investigating sexual child abuse appears to be important. However, denial and cognitive distortion may limit the usefulness of self-report instruments in screening for sexual child abuse potential. In addition, instruments measuring general psychological functioning, (e.g., the MMPI), may be of limited practical utility in screening for sexual child abuse (Scott & Stone, 1986) and differentiating subtypes of sexual child abuse (Hall, Maiuro, Vitaliano & Proctor, 1986). Statistically significant group differences were found in a number of studies, though correct classification rates for individuals are not reported. It is possible to produce significant group differences and correctly classify less than half of the abuse group (Milner, 1986), which severely limits the usefulness of such instruments for screening purposes.

Statement of the Problem

Although a psychometrically sound instrument is available for screening physical child abuse potential (Milner, 1986), no screening instruments are presently

available for the specific evaluation of sexual child abusers. The purpose of the present research will be to provide initial validity data for an objective self-report measure for differentiating characteristics of sexual child abusers from comparison subjects. In order to circumvent problems characteristic of the available studies, the present study will include an objective assessment instrument with validity scales and items specific to sexual child abuse. In addition, nonincarcerated sexual child abusers, with control subjects which are individually matched on salient demographic variables will be employed.

CHAPTER III

METHOD

Definitions

Sexual child abuse was defined as any sex act committed upon a child. A sex act was defined as any contact with another to induce sexual arousal. For the purposes of the current study, a child was defined as a person under 16 years of age. Additionally, only adult sexual child abusers, those 21 years of age and older, were included. The present study excluded sibling-sibling sexual interaction from the sexual child abuse definition.

Intrafamilial sexual child abuse was defined as sexual child abuse committed by any relative of the child (including step-relations) or family member (such as live in friend or primary caretaker).

Extrafamilial sexual child abuse was defined as sexual child abuse committed by any non-relative or non-family member (such as baby-sitter).

Subjects

Subjects were obtained from an ongoing statewide study, the Male Development Project, conducted by the Massachusetts Society for the Prevention of Cruelty to Children to

evaluate services available to sexual child abusers. Sixty eight sexual child abusers and 67 comparison subjects participated in the study, for a total of 135 subjects. Individual comparison subjects were matched as closely as possible to sexual child abusers on the variables of gender, age, residence, ethnic origin, marital status, education, family income and number of children.

Test Instrument

An item pool was constructed by combining the 160 items from the Child Abuse Potential (CAP) Inventory (Milner, 1986), and 85 new items developed from a review of the sexual child abuse literature (Robertson, 1984). Specifically, a frequency count of characteristics cited in a review of the literature was done. Similar characteristics were then grouped under domains (sexual/marital problems, poor self concept, social isolation/introversion, alcoholism, poor impulse control, family stress, cognitive rigidity, dependency, and parent/child relations). Multiple items were generated for each domain. After several revisions which included addition or deletion of items, rewording and syntactical changes, items were reviewed by direct service personnel in the field. An additional revision was done and yielded 85 items. A previous study demonstrated that the CAP Inventory factors (distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from

others) have some ability to discriminate sexual child abusers from comparison subjects (Robertson, 1984). In addition, some items from the CAP Inventory overlapped with characteristics of sexual child abusers found in the literature. Thus, the CAP items were included in the initial item pool in addition to the 85 new items. Final item order in the inventory was accomplished by random assignment of an item number to each item using a random numbers table. The item pool was then professionally printed and labeled as the Sexual Child Abuse Potential (SCAP) Inventory.

The SCAP Inventory consists of 245 items answered in an agree-disagree forced choice format. Included in the SCAP Inventory are a lie scale [18 items] (Milner, 1982), a random response scale [18 items] (Milner & Robertson, 1985), and an inconsistency scale [20 item pairs] (Robertson & Milner, 1987). The validity scales are combined to form the validity indexes of Faking good (an elevated lie scale and random response scale below elevation), Faking bad (elevated random response scale and inconsistency scale below elevation), and Random response (both random response and inconsistency elevated). An informed consent (Appendix A) and demographic information sheet (Appendix B) was included in the test package.

Procedure

Test packages were distributed to research associates at the Massachusetts research sites. Subjects are referred for group treatment when identified by outside agencies (e.g. social services, courts), after confirmation of sexually child abusive behaviors. Treatment team leaders were then asked by research associates if the treatment group may be approached regarding participation. The treatment group members were then given a presentation and asked to voluntarily and anonymously participate in the study. Potential subjects were told that participation included answering questionnaires regarding their life experiences, attitudes and ideas. Subjects were then presented the informed consent in both oral and written form, and filled out the demographics sheet and SCAP Inventory as part of the treatment evaluation project. No names or identifying information were included in the test protocol.

CHAPTER IV

RESULTS

Six subjects were excluded from the analyses: five subjects were excluded due to elevated random response ($n = 2$) and faking bad ($n = 3$) profiles; one comparison subject was excluded due to the discovery of a sexual child abuse history during the screening process. Five subjects were excluded due to extrafamilial sexual child abuse. Sexual child abuse subjects ($N = 60$) and comparison subjects ($N = 60$) were all male and resided in Massachusetts. All analyses were completed using SAS/STAT 6.03 (SAS, 1988).

Demographic Analyses

Sexual child abuse subjects ranged in age from 23 to 66 with a mean of 39.98 years ($SD = 10.01$). Comparison subjects ranged in age from 23 to 69 with a mean of 41.25 ($SD = 11.59$). Fifty two (87%) of the sexual child abuse subjects were white, and eight (13%) were of nonwhite ethnic origin. Forty nine (82%) of the of the comparison subjects were white, and eleven (18%) were of nonwhite ethnic origin.

Thirty six (60%) sexual child abuse subjects were married/cohabitating, 24 (40%) subjects were not (either separated, widowed, divorced or never married). Thirty six

(60%) of the comparison subjects were married/cohabitating and 24 (40%) were not. Sexual child abuse subjects ranged in number of children from 0 to 10 with a mean of 3.75 children (SD = 2.06). Comparison subjects ranged in number of children from 1 to 7 with a mean of 3.08 children (SD = 1.80).

Sexual child abuse subjects ranged in years of education from 3 to 17 with a mean of 11.75 years (SD = 2.29). Comparison subjects ranged in years of education from 7 to 17 with a mean of 12.55 years (SD = 2.21). Sexual child abuse subjects ranged in family income level from 1 (< 5,000) to 12 (> 90,000) dollars, with a mean income level of 4.72 (20,000-30,000). Comparison subjects ranged in family income level from 1 (< 5,000) to 12 (> 90,000) with a mean of 5.37 (20,000-30,000).

Individual matching of comparison subjects to sexual child abusers was attempted with some success, although exact matching on all variables was not achieved. Since exact one to one matching was not possible, analyses were undertaken to determine whether sexual child abusers differed from comparison subjects on demographic variables. No significant differences were found between the groups on the variables of age ($F(1,117) = .41, p > .05$), ethnicity (χ^2 (df=1, N=120), = .56, $p > .05$), marital status (χ^2 (df=1, N=120), = .0, $p > .05$), number of children ($F(1,118) = 3.58, p > .05$), education ($F(1,118) = 3.79, p > .05$), and income ($F(1,118) = 2.74, p > .05$).

Validity Analysis

Faking good behavior was expected to differ between the groups. A higher number of sexual child abusers subjects were expected to have a socially desirable response pattern as measured by the CAP faking good index. Seventeen of the 60 sexual child abusers had an elevated faking good index, while 11 of the 60 comparison subjects had a elevated faking good index. A chi square analysis (Faking good by type of subject) was computed, and found to be nonsignificant (χ^2 (df=1, N=120) = 1.68, p =.19). Since no significant differences were found between the subject types on the measure of faking good behavior, subjects were included in the analyses regardless of faking good index scores.

Initial Validation

In order to provide an initial validation sample, a subset of subjects were selected (n = 74). Fairly stringent criteria were required to provide a relatively 'clean' initial sample for item selection and scale development. The criteria for inclusion were scores below the cutoffs on the faking bad and random response validity indexes. Only intrafamilial sexual child abusers were included. Intrafamilial sexual child abusers were included if the onset of group treatment was less than one year, regardless of the number of sessions attended (n = 37). Those comparison subjects individually matched to sexual child

abusers were included in the initial validation sample (n = 37).

Item Analyses and Scale Development

Items were selected for inclusion based on two general criteria, clinical/theoretical significance (rational approach) and statistical significance (empirical approach). The first criterion required that the items selected for inclusion were theoretically consistent and responded to in the hypothesized direction. The second criterion required that items with higher statistical significance were included over less significant items. Item analyses consisting of type (abuser/control) by item response (agree/disagree) chi squares were employed. A less strict one tailed probability value of .15 was chosen. This level was selected in order to include items which may have significant predictive power when variance due to other items is partialled out in the regression analysis. The number of items found to be significant at this level was 108, which exceeded the sample size of 74. Thus, the total number of items included was limited to less than the sample size to meet statistical criteria. Items meeting both criteria (N = 72) were selected for further analyses and are presented in Table I. These items were given a score of 0 for responses in the normal direction and a score of 1 for responses in the deviant direction. As a measure of internal consistency and to determine the reliability for

the sexual child abuse scale, Cronbach's coefficient alpha with Kuder-Richardson modification for dichotomous items (KR-20) was computed and found to be .95 for the initial sample. The corrected split-half reliability coefficient was .93 for the initial sample. The mean item-total correlation was computed and found to be .46 (SD = .18, $p < .001$).

TABLE I
SIGNIFICANT SEXUAL CHILD ABUSE ITEMS BY DOMAIN

Domain/Items	Direction	p
Sexual/Marital Problems		
1. My mate cares about me.	D	.029
90. I am sometimes confused about sex.	A	.029
104. Sex shouldn't be talked about.	A	.055
141. Something is wrong with my sex life.	A	.026
204. I often fear the opposite sex.	A	.129
237. I always understand sexual feelings.	D	.024
44. I have mixed up feelings about sex.	A	.115
86. I often feel I can't talk to others about sex.	A	.109
20. My mate loves me alot.	D	.030
Poor Self Concept		
56. I like who I am.	D	.074
170. Sometimes I feel useless.	A	.119
181. I often don't feel good about myself.	A	.115
234. Sometimes I feel people don't like me.	A	.080
188. I feel good about myself.	D	.038
179. I am just as good as other people.	D	.130
146. I can't do as much as others.	A	.010
40. I often feel useless.	A	.020

TABLE I (Continued)

Domain/Items	Direction	p
Social Isolation/Introversion		
11. I am shy.	A	.120
183. I make friends easy.	D	.139
228. I often go out with friends.	D	.048
158. I don't feel easy in groups.	A	.120
117. I often have friends over.	D	.023
61. I have many friends.	D	.018
27. I have several close friends.	D	.068
Poor Impulse Control		
153. I often rush into things.	A	.051
134. I often don't think before I do things.	A	.078
Family Stress		
37. My family is breaking up.	A	.075
229. I feel like my family is breaking up.	A	.010
103. My family has changed lately.	A	.040
Cognitive Rigidity		
35. My children don't often need to be punished.	D	.012
Dependency		
52. Often I am home without my spouse.	A	.120
67. I sometimes wish that my mother would have loved me more.	A	.028
110. My parents did not really care about me.	A	.082
172. As a child I was knocked around by my parents.	A	.110
Parent/Child Relations		
46. I have a child who flirts and teases.	A	.020
82. I sometimes fear that my children will not love me.	A	.050

TABLE I (Continued)

Domain/Items	Direction	p
Distress		
13. I am often upset.	A	.030
32. Sometimes I do not know why I act as I do.	A	.070
53. Other people do not understand how I feel.	A	.018
68. I sometimes wish that my father would have loved me more.	A	.080
78. I am easily upset by my problems.	A	.018
85. I often feel very alone.	A	.004
94. Things have usually gone against me in life.	A	.018
95. I am a confused person.	A	.055
113. I have many personal problems.	A	.029
114. I often feel rejected.	A	.028
128. As a child I was abused.	A	.001
151. My parents did not understand me.	A	.075
156. I am often lonely inside.	A	.010
159. I often feel very upset.	A	.148
184. I often feel worried.	A	.030
195. I have fears no one knows about.	A	.070
201. I often feel alone.	A	.030
213. I am often worried inside.	A	.075
226. I am sometimes very sad.	A	.018
241. I am often depressed.	A	.007
Unhappiness		
48. My life is good.	D	.130
155. I have a good sex life.	D	.044
210. I am a happy person.	A	.118
223. My life is happy.	D	.008
Problems from Others		
9. You cannot depend on others.	A	.040
74. These days a person doesn't really know on whom one can count.	A	.075
120. Other people have made my life unhappy.	A	.050
97. People do not understand me.	A	.012
Problems with Family		
5. My family has many problems.	A	.050
65. My family has problems getting along.	A	.040
Problems with Self/Child		
138. I have always been strong and healthy.	D	.014
142. I have a child who is slow.	A	.115
143. My child has special problems.	A	.135
208. I have a physical handicap.	A	.118
236. I have a child who gets into trouble alot.	A	.105
233. I have a child who is sick alot.	A	.034

Denial Scale

Upon inspection, an unexpected number of items were responded to in the opposite direction from hypotheses generated from current theory or suggested from the literature review. In addition, many of these unexpected items were highly significant in the non-theoretical direction. Upon further inspection, these items appeared to represent a response style of denial frequently found in sexual child abusers. Those items significant ($p \leq .30$, two tail) were selected for inclusion in a denial scale. Items comprising the denial scale are presented in Table II. As the scale was experimental and based on a limited sample, the significance level was set high in order to be inclusive rather than exclusive. These items were given a 0 (for responses in normal direction) or 1 (for responses in the deviant direction) scoring and summed into a total denial scale score. As a measure of internal consistency and to determine the reliability for the Denial scale, coefficient alpha (KR-20) was computed and found to be .82 for the initial sample. The corrected split-half reliability coefficient was .79 for the initial sample. The mean item-total correlation was computed and found to be .37 (SD = .17, $p < .05$).

TABLE II
SIGNIFICANCE OF DENIAL SCALE ITEMS

Denial Scale Item	Direction	p
225. I have a child who feels like me.	D	.005
106. I have a child who thinks like me.	D	.047
49. Sometimes I drink too much.	D	.042
17. Secrets must always be kept.	D	.006
100. At times I drink more than I should.	D	.030
42. I can solve my problems without any help from others.	D	.300
24. Other people think I drink too much.	D	.127
21. I get along well with others.	D	.123
87. I often cannot remember what I've done when drinking.	D	.197
187. Sometimes I do things I later regret.	D	.278
92. I almost never drink more than I should.	A	.099
132. I don't like to drink.	A	.240
125. I often drink to forget my troubles.	D	.167
3. Children should never go against their parents' orders.	A	.244
15. I never raise my voice in anger.	A	.168
18. Children are really little adults.	D	.079
23. People don't get along with me.	D	.123
45. Children should stay clean.	A	.197
70. I never get mad at others.	A	.112
93. I sometimes act without thinking.	D	.295
116. I sometimes worry that I cannot meet the needs of a child.	D	.234
121. I sometimes worry that I will not have enough to eat.	D	.027
136. I have never hated another person.	A	.138
140. I have never wanted to hurt someone else.	A	.079
144. People should take care of their own needs.	D	.129
152. Occasionally, I enjoy not having to take care of my child.	D	.124
166. Sometimes my behavior is childish.	D	.259
167. Children should be washed before bed.	A	.174
174. The birth of a child will usually cause problems in a marriage.	D	.110
182. I have a child who breaks things.	D	.067
196. I am always a kind person.	A	.245
203. Spanking is the best punishment.	D	.165
211. I never do anything that is bad for my health.	A	.220
214. People should not show anger.	A	.110
215. Children sometimes get on my nerves.	D	.090
221. I am never unfair to others.	A	.024

Multivariate Analysis of Variance

In order to test overall significance, a MANOVA was computed using the independent variable of group and the dependent variables of the Denial scale and domain totals (Sexual/Marital Problems, Poor Self Concept, Unhappiness, Problems with Child/Self, Problems with Family, Problems from Others, Social Isolation/Introversion, Poor Impulse Control, Family Stress, Cognitive Rigidity, Dependency, Parent/Child Relations). The overall MANOVA was significant (Wilk's Lambda ($S=1, M=6, N=28.5$) = .377, $F(14, 59) = 6.94$, $p = .0001$) and the results are presented in Table III with the univariate analyses of variance.

TABLE III
MANOVA AND UNIVARIATE ANALYSES FOR DOMAINS

Variable	F(1,72)	p
Denial Scale	25.42	.0001
Sexual/Marital Problems	10.35	.002
Poor Self Concept	8.26	.005
Social Isolation/Introversion	6.45	.01
Poor Impulse Control	3.31	.07
Family Stress	5.19	.03
Cognitive Rigidity	6.57	.01
Dependency	4.32	.04
Parent/Child Relationships	6.77	.01
Distress	9.47	.0003
Unhappiness	5.36	.02
Problems from Others	5.75	.02
Problems with Family	4.93	.03
Problems with Self/Child	8.07	.006

Regression Analyses

The amount of variance accounted for by the sexual child abuse items and denial scale in predicting sexual child abuse was then determined. The independent variables of sexual child abuse items and denial scale, and the dependent variable of sexual child abuse/comparison group membership were entered in a multiple regression analysis. A stepwise procedure was chosen in order to avoid problems associated with multicollinearity. Multicollinearity was expected due to the overlapping nature of the item pool and correlations between items from the same domain. The sexual child abuse items and denial scale were significant in predicting sexual child abuse group membership ($F(16,57) = 13.98, p = .0001$). The Denial scale and fifteen sexual abuse scale items found to be significant in the stepwise regression are shown in Table IV. About 80% of the variance associated with type of subject (sexual abuse/comparison group membership) was accounted for by the items ($R^2 = .80$). When domains were used to predict group, 59% of the variance was explained ($F(5,68) = 19.36, p = .0001$) by Denial, Distress, Poor Impulse Control, Family Stress and Parent/Child Relations. With the Denial scale removed, 25% of the variance was accounted for ($F(4,69) = 5.69, p = .0005$) by Sexual/Marital Problems, Social Isolation/Introversion, Cognitive Rigidity and Parent/Child Relations. The sexual abuse scale unweighted total and the

Denial scale were then used to predict group and 51% of the variance was accounted for ($F(2,71) = 37.36, p = .0001$)

TABLE IV
VARIABLES PREDICTING SEXUAL CHILD ABUSE

Variable	R ²	F	p
Denial scale	.26	25.42	.0001
85	.47	28.30	.0001
153	.54	10.07	.002
128	.61	13.01	.0006
46	.64	4.74	.03
117	.66	3.84	.05
44	.68	4.43	.04
86	.69	3.32	.07
179	.71	2.90	.09
120	.72	2.98	.09
208	.73	3.22	.08
213	.75	4.57	.04
74	.76	3.04	.09
90	.78	3.79	.06
40	.79	3.18	.08
67	.80	1.88	.17

Discriminant Analyses

The fifteen sexual abuse items and the denial scale were then entered in a discriminant analysis to predict type of subject, sexual abuse or comparison. For this analysis, the items were not given a differential weighting based on beta weights derived from the stepwise multiple regression. The aforementioned 0 or 1 nonweighted scoring was retained. The 16 variables predicted type of subject in all of the 74 cases, yielding a 100% correct classification rate. A second discriminant analysis was computed using the domains (with the 72 sexual abuse items summed into domain scores)

and the denial scale. This analysis predicted type of subject in 63 of the 74 cases, yielding a 85% overall correct classification rate. For the comparison subjects, 82% (n = 30) were correctly classified. For the sexual abuse subjects, 89% (n = 33) were correctly classified. A discriminant analysis of sexual abuse scale unweighted total and the denial scale was computed and found an overall correct classification rate of 84% (n = 62) with an equal number of sexual abusers (n = 6) and comparison subjects (n = 6) misclassified. The discriminant function derived from the abuse scale total and the denial scale was utilized in crossvalidation.

Crossvalidation

In order to provide a crossvalidation sample, the remaining subjects were selected (n = 46). While stringent criteria were required to provide a relatively 'clean' initial sample for item selection and scale development, few selection criteria were required for the crossvalidation sample. The criteria for inclusion were scores below the cutoffs on the faking bad and random response validity indexes. Intrafamilial sexual child abusers were included if the onset of group treatment was more than one year prior to testing, regardless of the number of sessions attended (n = 23). The remaining comparison subjects were included in this sample (n = 23).

Reliability

Analyses were undertaken to determine reliability (internal consistency) for the sexual child abuse and denial scales in the crossvalidation sample. Coefficient alpha (KR-20) for the Sexual child abuse scale was .96. The corrected split-half reliability coefficient was .95 for the crossvalidation sample. The mean item-total correlation was computed and found to be .51 (SD = .17, $p < .001$). Coefficient alpha (KR-20) for the Denial scale was .77 for the crossvalidation sample. The corrected split-half reliability coefficient was .73, and the mean item-total correlation for the Denial scale was .33 (SD = .17, $p < .05$).

Comparisons to the Initial Sample

To provide a rigorous statistical test of crossvalidation, the sexual abuse scale total and the denial scale were entered into a stepwise multiple regression analysis. The sexual abuse scale unweighted total and denial scale were significant in predicting group ($F(2,43) = 4.48$, $p = .02$), and accounted for 17% of the variance. The identical discriminant function derived from the initial sample was then applied to the crossvalidation group. The discriminant analysis found an overall correct classification rate of 74%, with 78% of the comparison group ($n = 18$) and 70% of the sexual abuse group ($n = 16$) correctly classified.

Multivariate Analysis of Variance

In order to test overall significance in the second sample, a MANOVA was computed using the independent variable of group and the dependent variables of the Denial scale and domain totals. The overall MANOVA was significant (Wilk's Lambda ($S=1, M=6, N=14.5$) = .50, $F(14,31) = 2.19$, $p = .03$) and the results are presented in Table V with the univariate analyses of variance.

TABLE V
MANOVA AND UNIVARIATE ANALYSES FOR DOMAINS IN
CROSSVALIDATION

Variable	F(1,44)	p
Denial Scale	.97	.33
Sexual/Marital Problems	1.40	.24
Poor Self Concept	8.37	.006
Social Isolation/Introversion	1.18	.28
Poor Impulse Control	.43	.51
Family Stress	5.21	.03
Cognitive Rigidity	1.50	.23
Dependency	.04	.84
Parent/Child Relationships	3.12	.08
Distress	2.80	.10
Unhappiness	1.59	.21
Problems from Others	.22	.65
Problems with Family	.03	.87
Problems with Self/Child	11.58	.001

Regression Analyses

In order to provide further crossvalidation data of the item pool, the amount of variance accounted for by the sexual child abuse items and denial scale in predicting sexual child abuse was then determined for the sample. The

independent variables of same sexual child abuse items and denial scale utilized in the initial sample, and the dependent variable of sexual child abuse/comparison group membership were entered in a stepwise multiple regression analysis. The sexual child abuse items and denial scale were significant in predicting sexual child abuse group membership in the crossvalidation sample ($F(25,20) = 151.59$, $p = .0001$). The denial scale and sexual abuse scale items found to be significant in the stepwise regression are shown in Table VI. A significant amount (99%) of the variance associated with type of subject (sexual abuse/comparison group membership) was accounted for by the items ($R^2 = .995$). When domains were used to predict group, 41% of the variance was explained ($F(4,41) = 7.13$, $p = .0002$) by Problems with Child and Self, Denial, Poor Self Concept, and Problems from Others. With the Denial scale removed, 36% of the variance was accounted for ($F(2,42) = 7.77$, $p = .0003$) by Problems with Child and Self, Poor Self Concept and Problems from Others.

TABLE VI
VARIABLES PREDICTING SEXUAL CHILD ABUSE IN CROSSVALIDATION

Variable	R ²	F	p
103	.32	7.04	.001
237	.41	5.94	.01
Denial scale	.48	5.82	.02
226	.55	6.59	.01
9	.61	8.07	.007
40	.65	4.19	.05
155	.70	5.93	.02
67	.75	7.02	.01
27	.77	4.31	.05
236	.80	4.76	.04
223	.83	6.22	.02
146	.85	3.99	.05
184	.90	8.80	.006
5	.91	4.50	.04
61	.92	4.35	.05
153	.93	3.19	.08
13	.94	2.88	.10
52	.95	5.09	.03
234	.95	2.37	.14
20	.96	6.07	.02
82	.98	21.88	.0001
233	.99	9.76	.005
117	.99	8.86	.007
158	.99	7.09	.01
181	.99	9.01	.007
74	.995	2.10	.16

Discriminant Analyses

The significant items from the regression analysis in the cross validation sample (25 sexual abuse items and the denial scale) were then entered in a discriminant analysis to predict type of subject, sexual abuse or comparison in the cross validation sample. Again, the 0 or 1 nonweighted scoring was retained. The 26 variables predicted type of subject in all 46 cases, yielding a 100% correct classification rate. A second discriminant analysis was

computed using the domains and the denial scale. This analysis predicted type of subject in 36 of the 43 cases, yielding a 83% overall correct classification rate. For the comparison subjects, 91% (n = 21) were correctly classified. For the sexual abuse subjects, 73% (n = 17) were correctly classified.

CHAPTER V

DISCUSSION

Overall the findings for the initial validity and reliability of an instrument to assess sexual child abuse potential are promising. The results suggest that the SCAP item pool, including both CAP and the new sexual abuse items, appear to be adequate with respect to assessing sexual child abuse potential. An interesting finding was the number of items responded to in the direction opposite of that suggested from the review of the literature and current theory. Not only were the items responded to in the opposite direction from that hypothesized, the items were statistically significant. Although not unexpected, the strength and number were somewhat surprising. However, careful inspection led to the conclusion that these items represented a response style of denial. This response style has been well documented in the literature and appears to be characteristic of sexual child abusers. Given the number and significance of the items as well as previous findings in the literature, development of the Denial scale appeared appropriate. Indeed, analyses indicated that the Denial scale accounted for a significant amount of variance between the groups in both samples. Items suggestive of

intimacy/identification with a child, alcohol problems, secretive behavior, anger with others, impulsiveness, and idealistic parenting comprise the content of the Denial scale. The scale appears to be fairly independent of the CAP validity scales/indices in content with little overlap in items. Four of the CAP Lie scale items are shared with the 36 Denial scale items (11%) and as a result, the two scales share 25% of variance in common. The scale appears to be more specific to denial rather than faking bad or random responding, with some faking good behavior apparent in the item content.

The CAP/SCAP pool of 245 items appears to have been adequate for scale development, as 108 of the items were significant. In the initial sample, the Sexual Child Abuse scale items and Denial scale accounted for a moderately large (80%) amount of the variance associated with sexual child abuse. These items were able to discriminate all of the initial sample. The content of these items centered around the following: feeling alone and unloved, having no friends and not being able to count on others; feelings of distress and anxiety; confusion about sex; feeling worthless and useless; rushing into things; being abused as a child; and having a child who flirts.

The Sexual Child Abuse scale items and the Denial scale accounted for a large amount of the variance (99.5%) in explaining sexual child abuse for the crossvalidation sample as well. Again, the items were able to correctly classify

all of the crossvalidation sample. The individual items differed, with only five items remaining significant across samples. Inspection of the items from the regression analysis in this sample revealed very similar underlying content. The content of these items centered around: feeling unloved by others, having no friends, and not being able to depend on others; feelings of sadness, unhappiness, anxiety and being easily upset; confusion about sex and having a poor sex life; feeling useless, unable to do as much as others, and not feeling good about one's self; rushing into things; changes in the family; and having a child who gets into trouble or is sick alot.

Two of the domains from the literature review, Alcoholism and Rigidity, failed in the item development. This was either due to failure to attain significance in the item analysis or loss of items to the Denial scale. For example, all of the Alcoholism domain items were included in the Denial scale.

Overall, the domains were found to be significant (MANOVA) in both the initial and cross validation samples, suggesting particular relevance to sexual child abuse. The univariate AOV results indicated that all domains were significant in the initial sample. When AOV results are examined across both samples, the domains of Poor Self Concept, Family Stress, Parent Child Relationship, Distress, and Problems with Child and Self remained consistent. The Denial scale remained consistent in the regression analyses;

the domains were not consistent from the initial to crossvalidation samples. The best sexual child abuse predictors of the domains for the initial group were Sexual/Marital Problems, Social Isolation/Introversion, Distress, Poor Impulse Control, Family Stress, and Parent/Child Relationships. For the crossvalidation sample, Problems with Child and Self, Poor Self Concept and Problems from Others were the best predictors of sexual child abuse. As previously mentioned, the content underlying the predictive items was similar across samples. Since domains are a summation of the items, consistency across domains would be expected. Some consistency in the AOV's and not in the regression analyses suggests that maximization of chance variance in the regression may have occurred, or that additional nonpredictive items in the domains obscured any similarities. This lack of consistency could also be due to differences in the samples (e.g. length of treatment), inadequate sampling, poorer matching in the crossvalidation sample, and measurement error.

In a more rigorous test of crossvalidation, the initial sample discriminant function derived from the Sexual Child Abuse scale total and the Denial scale was applied to the crossvalidation sample. Only unweighted (0 or 1) values used for the summation of scales, with no application of beta weights to maximize predictive ability. As the number of predictive variables entered into a discriminant analysis increases, an increase in classification is attained due to

the maximization of chance variance. Therefore, only the two scale totals were used as predictive variables. As expected, the most conservative classification rate (74% overall correct) was found, representing the lower bounds of classification rates in the present samples.

Taken as a whole, the present findings appear promising in the development of an inventory to predict sexual child abuse. Reliability data for the Sexual Child Abuse and Denial scales indicated moderate to high internal consistency across the samples, a necessary finding which in effect sets the upper limit for validity of a psychometric instrument. The individual item and domain analyses provided adequate and meaningful results within both samples and some consistency in underlying content measured between the samples. The Sexual Child Abuse scale (72 items) and the Denial scale (36 items) explained a significant amount of the variance associated with sexual child abuse in the initial and crossvalidation samples. The item pool and scales were able to substantially discriminate sexual child abusers from comparison subjects.

As expected, correct classification rates for the initial sample were superior to rates found in crossvalidation. The misclassification rates were generally higher in the sexual abuse groups (false negatives) than in the comparison groups (false positive). This finding is desirable since the consequences of false positive findings, labelling a nonabuser as an abuser, can have very serious

implications (Milner, 1986). The correct classification rates in the crossvalidation sample were adequate, and in the most rigorous test of crossvalidation the rates remained fair.

Lower correct classification rates were expected given significant differences ($F(1,51) = 254.18, p = .0001$) in the length of treatment for the sexual child abusers between the groups. Sexual child abusers for the initial group had a mean length of treatment of 17.05 weeks ($SD = 12.73$), while the crossvalidation abusers were in treatment for a mean of 114.43 weeks ($SD = 33.61$). In addition to length of treatment differences, attempts at matching comparison subjects in the crossvalidation sample were less successful. Treatment and matching differences were generally expected to introduce further error and increase misclassifications. No attempt to weight items using regression beta coefficients was made. Such a procedure has been found to increase prediction in a similar study (Milner, 1986). Thus, classification rates may represent a conservative estimate for the crossvalidation sample.

The findings that the items of the Sexual Child Abuse and the Denial scales provide a description of a sexual child abuser and are predictive of sexual child abuse support content validity for the scales. Initial suggestions of construct validity are found in that the items and domains are similar to stated constructs found in the literature (convergent construct validity). In

addition, no significant items measuring constructs not found in the literature were apparent (discriminant construct validity). Discriminant analyses support initial concurrent predictive validity data for the instrument.

However, evidence of validity, whether content, construct or predictive, is accrued over many investigations of an instrument. Therefore the present findings must be viewed as preliminary and with much caution. Several further crossvalidation studies with untreated sexual child abusers and individually matched controls are needed before accurate overall estimates of reliability and validity can be made.

Some of the research problems found in the existing literature were addressed in the present study, such as lack of operational definitions, lack of matching, no differentiation of types (intrafamilial), very small samples, subjective or nonspecific measurement tools, and lack of validity screening. However, several problems exist in the study including a limited sample size. A sample size of 1000 total subjects would be ideal, allowing a 10 subjects to 1 item (N-variable ratio) needed for optimal factor analysis. Factor analysis was not attempted in the study due to this limited sample size. Scale cutoffs and item weighting was not attempted in the present due to the sample size limitation. Although individual matching was attempted in the crossvalidation sample, poorer individual matches were obtained due to the limited size. Matching on

an individual basis is important due to the possibility of confounding factors such as age and education. The data presented for the scales have limits of generalization, and may only apply to sexual child abusers in treatment. Thus, further studies of the instrument should include recent and untreated sexual child abusers. Studies should also be attempted in other regions than the Northeast, where the subjects were located in the present study.

In summary, the Sexual Child Abuse and Denial scales appear promising in developing an instrument to screen for sexual child abuse potential. Preliminary evidence supporting reliability, concurrent predictive, content and construct validity were presented. Further studies should focus on crossvalidation of the instrument and scales with samples of individually matched and untreated sexual child abusers and controls. These studies will help to determine the ability of the scales to predict and correctly classify sexual child abusers. Factor analysis, determination of appropriate cutoffs, and weighting of items remain for future studies, which are underway. Further studies providing construct validity through correlating the scales with other instruments measuring similar and dissimilar constructs are needed to provide convergent and discriminant construct validity.

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APPENDIX A
INFORMED CONSENT

.

Massachusetts Society for the Prevention of Cruelty to
Children
Male Development Project -- David S. Robinson, Director

AGREEMENT TO PARTICIPATE IN STUDY (INFORMED CONSENT)

I understand that MSPCC is conducting a study of one of its services and clients. This study, the Male Development Project, will evaluate the group services available to men and will also investigate how life experiences shape men's attitudes and ideas. The research has been described to me and I understand the following to be true:

1. The study involves three 2-hour interviews, arranged at my convenience. Time 1 will take place in the near future, Time 2 approximately 3 months later, and the Time 3 approximately 6 months after that.

2. My participation is completely confidential. My name will not appear on any of the questionnaires and my answers will not be shown or discussed with anyone other than the research team unless I provide written request to do so. I understand that the researchers hold a Confidentiality Certificate from the Health and Human Services which grants the authority to refuse to disclose any identifying about me or my participation in the study to outside agencies or authorities. The researchers have chosen, however, to establish two exceptions to complete confidentiality. They will report on:

1) My disclosure of information regarding active child maltreatment as defined by Massachusetts Law, chapter 119, 51A.

2) My disclosure of information regarding threats to my own or someone else's life or safety.

In the event of such a disclosure, however, I will be informed of a pending report.

3. One part of the study involves videotaping of group meetings. A separate agreement form will be obtained for that portion of the study. By signing this form I have not agreed to the videotaped portion of the study. And whether or not I agree to be videotaped will not affect my participation in other parts of the study.

4. As part of the evaluation, my group leader will complete several questionnaires related to my progress and participation. At no time will my name appear on these forms, and this information will also be kept completely confidential.

5. I will be reimbursed for participation at the conclusion of Time 1, Time 2, and Time 3.

6. My participation is completely voluntary. I have the absolute right to withdraw from the study at any time. In addition, if a question comes up that I do not want to answer, I am not required to do so. My services from MSPCC and my probation or parole will not be affected by whether or not I continue to participate.

7. If I have any questions about this study or about my participation, I may contact David Robinson, the Director of Planning and Research at MSPCC (617-227-2280).

I have read the statement above. In addition, the statement as well as a detailed description of the study have also been read to me. I understand and have received a copy of both. I have had the opportunity to ask questions about my participation, and my questions have been answered. I agree to participate in this research project.

Participant's signature Date

Researcher's signature Date

Witness's signature Date

APPENDIX B

DEMOGRAPHICS

subject # _____ Date _____ E= _____
DEMOGRAPHICS

The following questions will ask you about your employment, education, finances and household. Answer each as best you can.

1. What is your birthdate? _____

2. What is your religion?

Catholic Unitarian Mormon Jewish
 Gen. Protestant Jehovah Witness Adventist Muslim
 Christian Scientist None Other _____

2A. Are you: practicing non-practicing doesn't apply

3. What is your race/ethnic background?

Black Hispanic/Latino Bi-racial/mixed
 White Asian/Pacific Islander Native American
 Other _____

4. What national/ethnic background (other than American) do you most strongly identify with? (for example, Italian, Irish, Portuguese, Cape Verdean, Puerto Rican, NONE) etc.) _____

EMPLOYMENT

5. Are you currently employed?

YES (Go to Question #7)
 NO (Go to Question #6)

6. If you are not currently employed, are you:

disabled in school retired keeping house
 unemployed temporarily laid off other _____

6A. What was your most recent occupation/title? _____

6B. Briefly, describe your responsibilities and the type of company or organization you worked for.

6C. How many hours did you usually work each week? _____

6D. How long did you have this job/position? _____

6E. When did you leave this job/position? _____

(Skip Question #7, go to Question #8.)

7.If you are employed, what is your current occupation/title?

7A.Briefly, describe your responsibilities and the type of company or organization you work for.

7B.How many hours do you usually work each week? _____

7C.How long have you had your present job/position? _____

8.What is the highest level or most prestigious job you have ever had?

If it is different from your current or most recent job, please answer the following questions about this job: (Otherwise, go to Question #9.)

8A.Briefly, describe your responsibilities and the type of company or organization you worked for.

8B.How many hours did you usually work each week? _____

8C.How long did you have this job/position? _____

8D.When did you leave this job/position? _____

9.Are you currently:

<input type="checkbox"/> legally married	<input type="checkbox"/> divorced	<input type="checkbox"/> consensually united (living together)
<input type="checkbox"/> separated	<input type="checkbox"/> widowed	<input type="checkbox"/> never married

10.Are you and your spouse/partner currently living together?

Yes No Does not apply

(If no, how long have you been apart? _____)

-3-

11. Is your spouse/partner currently employed?

Yes No Does not apply
(Skip Question #12, go to Question #13.)

12. What is your spouse's/partner's current or most recent occupation/title?

12A. Briefly, describe the job responsibilities and the type of company or organization involved.

12B. How many hours are/were usually worked each week? _____

12C. What is/was the duration of this job/position? _____

EDUCATION

13. What is the highest grade (K-12) that you completed? _____

14. Please check all that apply:

<input type="checkbox"/> Received G.E.D.	<input type="checkbox"/> Vocational training (after high school and other than college.)
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Partial advanced degree only
<input type="checkbox"/> Partial college only	<input type="checkbox"/> Completed advanced degree (M.A., Ph.D., M.D., etc.)
<input type="checkbox"/> College graduate	
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Other _____	

15. What is the highest grade (K-12) that your partner completed? _____

16. Please check all that apply to your partner's education:

<input type="checkbox"/> Received G.E.D.	<input type="checkbox"/> Vocational training (after high school and other than college.)
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Partial advanced degree only
<input type="checkbox"/> Partial college only	<input type="checkbox"/> Completed advanced degree (M.A., Ph.D., M.D., etc.)
<input type="checkbox"/> College graduate	
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Does not apply	

FINANCES

17. What is your family's annual income?

- | | |
|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$40,000 - \$50,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$50,000 - \$60,000 |
| <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$60,000 - \$70,000 |
| <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$70,000 - \$80,000 |
| <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> \$80,000 - \$90,000 |
| <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$Over \$90,000 |

18. During the past year, have you or your family received any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> AFDC | <input type="checkbox"/> SSI | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Food Stamps | |
| <input type="checkbox"/> Disability Benefits | <input type="checkbox"/> Other financial assistance: | |
| <input type="checkbox"/> Subsidized housing | _____ | |
| | <input type="checkbox"/> None | |

19. Please complete the following table regarding your children and/or step-children.

	<u>First name</u>	<u>Gender</u>	<u>Birthdate</u>	<u>Currently lives with you</u>	
				Yes	No
Children:				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
Step-children:				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
Other children living with you:				<u>Relationship to you:</u>	

VITA

Kevin R. Robertson

Candidate for the Degree of

Doctor of Philosophy

Thesis: INITIAL VALIDATION OF AN INVENTORY TO ASSESS
SEXUAL CHILD ABUSE POTENTIAL

Major Field: Psychology

Area of Specialization: Clinical Psychology

Personal Data: Born in Salem, Virginia, March 22, 1957.

Education: Received Bachelor of Science Degree in Psychology from Western Carolina University in May, 1982, summa cum laude; received Master of Arts Degree in Clinical Psychology from Western Carolina University in 1984; APA Doctoral Internship in Clinical Psychology completed at the University of North Carolina at Chapel Hill School of Medicine in 1988, outstanding psychology intern award; completed requirements for the Doctor of Philosophy Degree in Clinical Psychology at Oklahoma State University in December, 1989.

Professional Experience: Research Instructor, Departments of Neurology and Psychiatry, Joint Appointment, University of North Carolina at Chapel Hill School of Medicine, September, 1988 to present.