# ENDORSEMENT OF COGNITIVE DISTORTIONS AND VARIANTS OF HOSTILITY AMONG ADOLESCENT SEXUAL OFFENDERS AND NONSEXUAL OFFENDERS

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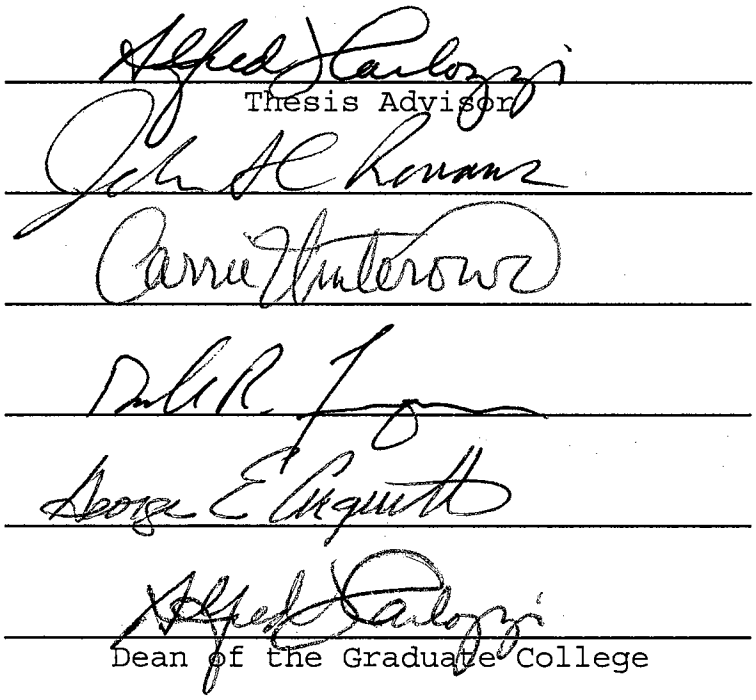

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# Chapter I

## Introduction

### Background

There is a significant amount of research focused on identifying factors that contribute to sexual offenses committed by adults (Barnard, Fuller, Robbins, & Shaw, 1989). Based on the amount of research being conducted one can assume that there is a belief in the adult correctional literature that adult sexual offenders can be rehabilitated. Others may say that adults have crystallized their belief systems, and rehabilitation is not likely. The purpose of prisons is to protect the community not to rehabilitate the sexual offender. Therefore, one can argue that if rehabilitation is to be successful, it should be implemented prior to the crystallization of core beliefs that contribute to the sexual offending behavior. Many adult offenders begin their assault history during their adolescence and for some as early as childhood. Much of an individual's personality structure is formulated during the adolescent years. It would seem logical to begin treatment as early as inappropriate sexual behaviors are evident, and

offense specific treatment should be a part of the program at correctional facilities for adolescent delinquents, as well as for adult offenders.

Research regarding adult sexual offenders has been conducted for a number of years, but research regarding adolescent sexual offenders has grown steadily only within the last 10-15 years. The reasons for this expansion are varied but are likely to include an increased interest in this population, significantly more reports of adolescent sexual offenders, and recognition of the seriousness of adolescent sexual offending behavior. Much of the recent research has focused on identifying specific traits and in identifying differences among adolescent sexual offenders, rather than viewing them as a homogenous group (Becker, Kaplan, & Tenke, 1992; Camp & Thyer, 1993; Davis & Leitenberg, 1987; Fehrenbach, Smith, Monastersky, & Deisher 1986; Herkov, Gynther, Thomas, & Myers, 1996; Hunter & Becker, 1994; Kavoussi, Kaplan, & Becker, 1988; Kempton & Forehand, 1992; O'Brien & Bera, 1986; Worling, 1995a; Worling, 1995b). A significant number of authors have argued that adolescent sexual offenders are a heterogeneous group (Awad & Saunders, 1991; Becker 1990; Becker & Hunter, 1997; Becker, Kaplan, & Tenke, 1992; Breer, 1987; Kavoussi, Kaplan, & Becker, 1988; Kempton & Forehand, 1992; Knight &

Prentky, 1993; Worling, 1995a). Adolescent sexual offenders can vary in victim selection, and this one characteristic is often related to many variables that can include beliefs about self-worth, social attractiveness, family environment and mental illness. Adolescent sexual offenders also present several characteristics, many due to the adolescents' cognitive, emotional, and physical development. These characteristics can include feelings of male inadequacy, demonstrated hostility, low self-esteem, atypical sexual fantasies, poor social skills, and exposure to aggression and intimidation (Davis & Leitenberg, 1987). Other etiological factors may include history of physical or sexual abuse, poor peer relationships, and poor academic achievement (Fehrenbach et al. 1986).

Knowledge of adolescent sexual offenders is relatively in its infancy. It has only been a few years since treatment programs were offered for adolescent sexual offenders. In 1982, 20 programs were identified that provided treatment for adolescent offenders. The earliest is believed to have started in 1977. This number has increased dramatically since that time. Currently, there exist over 800 treatment programs for this specific population (Knopp, Longo, & Stevenson, 1992; Sapp & Vaughn, 1990).

Research regarding adolescent sexual offenders is also relatively new. Research has focused on many areas such as demographic characteristics, psychological factors, levels of hostility, cognitive distortions, sexual and physical abuse histories, previous offense history, and treatment of this population. Effort has been made to identify differences in adolescent sexual offenders. Generally, adolescent molesters are considered a distinct group of offender as compared to adolescent rapists. One notable difference is adolescent rapists tend to use more force and display higher levels of hostility during the commission of a sexual offense (Breer, 1987). Certainly, further information is needed to fully understand all the characteristics of adolescent sexual offenders.

Treatment of adolescent sexual offenders is varied but the majority of the programs implement a model consisting of cognitive-behavioral interventions (Lakey, 1995; Ryan & Lane, 1997). This type of treatment model employs several cognitive components consisting of values clarification, empathy training, anger management, sex education, and thinking patterns. Identification of thinking patterns is an important component of the treatment of the adolescent offender. Thinking patterns that are deviant and include the use of cognitive distortions contribute to the

continuation of sexual offending (Ryan & Lane, 1997; Ward, Hudson, Johnston, & Marshall, 1997). The greater the number of cognitive distortions endorsed by the adolescent sexual offender, the greater the risk he will pose to the community (Becker & Hunter, 1997). While there are few studies that can adequately validate the successfulness of treatment, the need to reduce the number of cognitive distortions utilized by adolescent sexual offenders is supported by many researchers and treatment professionals.

Cognitive distortions can be synonymous with thinking errors. They can be defined as patterns of thought that contribute to sexual offending behavior (Ryan & Lane, 1997). These distortions are specific to the offender but allow the offender to engage in a sexual offense by using rationalization and justification or other cognitive processes. Thinking errors were first postulated by Yochelson and Samenow (1976) when they formulated a theory of cognitive processes used by adult criminals. The use of thinking errors allows the criminals to initially engage and then continue with their criminal behavior. This theory has begun to evolve in the adolescent literature to assist in the understanding of the etiology of sexual offenses committed by the juvenile delinquent population. However, additional research is warranted to identify the specific

thinking errors utilized by the adolescent sexual offender population.

The Problem

Previous research has found that adolescent offenders commit between 13-20% of forcible rapes and 30-50% of all childhood sexual assaults (Brannon & Troyer, 1995; Brown, Flanagan, & McLeod, 1984; U.S. Department of Justice, 1996). In 1997 alone, adolescents accounted for 27% of all serious violent crimes including 14% of sexual assaults (Snyder & Sickmund, 1999). The victims of adolescent sexual offenders are also young with the most frequently reported age being six years old (Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996). A recent report by the United States Department of Justice stated that children under the age of eleven were most likely to be sexually assaulted by adolescents. Additionally, one-third of all sexual assaults reported to law enforcement agencies involved victims under the age of twelve (Snyder & Sickmund, 1999). Furthermore, adolescent sexual offenders typically are 14 years of age and have an average of 7.7 victims (Kahn & Chambers, 1991; Ryan et al. 1996). Clearly, the impact of adolescent sexual offenders' behavior is severe and the need for continued research and effective intervention is evident.

## Purpose of the Study

The purpose of the study was to further identify differences in the population of adolescent sexual offenders. Areas of differences addressed in the study included cognitive distortions regarding child molestation and rape and variants of hostility. The main purpose of this study was to identify factors that contribute to sexual offending behavior by adolescents. There are several factors that contribute to this type of behavior but the use of cognitive distortions in this population is one factor that has not been studied considerably by researchers. Consistent with other factors related to sexual offending, the study of cognitive distortions has primarily been conducted with adult offenders. The purpose for this study was to assess two types of adolescent sexual offenders, those with child victims and those with peer age or older victims, in addition to nonsexual offenders on two potentially relevant factors, cognitive distortions and variants of hostility.

## Definition of Terms

An adolescent sexual offender can be defined as an individual under the age of 18 who has committed an act of sexual aggression breaching societal norms and moral codes, violated federal, state, and municipal law, statute, or

ordinance (American Academy of Child and Adolescent Psychiatry, 1999). The offender will use force and coercion to engage the victim in the activity in which they might not otherwise participate (Breer, 1987). Ryan and Lane (1997) define the adolescent sexual offender "as a minor who commits any sexual act with a person of any age against the person's will, without consent, or in an aggressive, exploitative, or threatening manner" (p.3).

For the purpose of this study, an adolescent sexual offender was an individual under the age of 18, who was male, and through the use of force or coercion engaged with a person in sexual acts. Non-contact offenses such as voyeurism and exhibitionism were not categorized as sexual offenses for this study because these types of offenses are not typically found in a restrictive residential setting as the one in which this study was conducted. An adolescent molester was defined as an adolescent who committed a sexual offense against another person who was at least four years younger than the offender. An adolescent rapist was defined as an adolescent who committed a sexual offense against someone who was no more than three years younger than the offender. Because female offenders are considered a distinct group and consist of about 5% to 8% of the reported population of adolescent sexual offenders (Camp &

Thyer, 1993), they were not included in this study. Because of the majority of adolescent sexual offenders being reported are male and all participants in this study were male, offenders in this paper will be referred to as "he".

Physical abuse was defined as being kicked, bit, hit with a fist, beaten up, choked, threatened with a knife or gun, or actually assaulted with a knife or gun. Sexual abuse was defined as unwanted attempts to initiate some type of genital contact [genital fondling, intercourse, oral sex] (Spaccarelli, Coatsworth, & Bowden, 1995).

Limitations of the Study

The study was conducted in a residential treatment facility for adolescent delinquents. Adolescents adjudicated to this facility typically have previous offense histories or have engaged in an offense that justified a placement in a secure setting rather than in an outpatient treatment or sentence of probation. Adolescent sexual offenders in this facility were believed to be chronic offenders. They were believed to differ from adolescent offenders that may be found in a sample of adolescent sexual offenders receiving outpatient treatment. Results of the study may be influenced by the type of offenders sampled and should not be generalized to all adolescent sexual offenders.

The label of sexual offender also carries a heavy stigma. Responses to the measurements may have been influenced by the offender attempting to present himself in a favorable manner. Efforts were made to promote frankness in the responses of the participants, which included ensuring anonymity and confidentiality. This is described further in the Methodology section of this paper.

It is likely that adolescents residing in a correctional facility have previously experienced some type of abuse, either sexual of physical (Fehrenbach et al. 1986). Two of the instruments used in this study pertain to beliefs about sexual offenses and responses to these instruments may be influenced by a history of sexual abuse in the participant. The third instrument is related to hostility and responses to this instrument may be influenced by a history of physical abuse. Results were analyzed considering the influence of abuse histories on the outcome scores of each instrument.

Hypotheses

A number of questions pertaining to cognitive distortions displayed by adolescent sexual offenders will be addressed in this study. Cognitive distortions are theorized to play a significant role in the continuation of sexual offending, specifically distortions related to the

type of sexual offense committed. Is it likely then that adolescent rapists would endorse more rape-oriented myths than adolescent molesters? Is it likely that adolescent molesters would endorse more cognitive distortions regarding child molestation than adolescent rapists? Adolescent rapists have been found to be more violent in their offenses than adolescent molesters (Breer, 1987). Is it likely that adolescent rapists would endorse more statements concerning the use of hostility than adolescent molesters?

1. Differences will be found between the groups of offenders regarding cognitive distortions about child molestation. Specifically, adolescent molesters will endorse more cognitive distortions regarding child molestation when compared to adolescent rapists and adolescent nonsexual offenders.
2. Adolescent molesters and adolescent rapists will endorse overall a higher number of cognitive distortions regarding rape than adolescent nonsexual offenders.
3. There will be variability between groups regarding levels of hostility. Adolescent rapists and adolescent nonsexual offenders will also

endorse more beliefs associated with higher levels of hostility than adolescent molesters.

## Chapter II

Review of the Literature

Overview

This chapter provides a summary of information regarding adolescent sexual offenders. Over the past several years, adolescents have increasingly become more involved in criminal activity. Sexual assaults are one type of crime that is committed by adolescents. Typically, adolescent males commit these sexual crimes and this type of criminal behavior is likely to continue into adulthood. The age and type of victims of adolescent sexual offenders vary but commonly are female and known to the offender. Treatment for adolescent sexual offenders is essential. Most treatment programs utilize a cognitive behavioral model focusing on components that include anger management, victim empathy, social skills training, and identification of cognitive distortions. This last component is vital to the adolescent sexual offender because cognitive distortions allow the offender to justify, minimize, and rationalize his behavior. Once these distortions can be

identified and altered, a decrease in offending behavior is assumed to occur.

Incidence of Offenses

It has become evident that adolescents are committing a significant number of criminal acts. Since 1986, there has been a 98% increase in the delinquent cases involving offenses against persons. Aggravated assault, simple assault, criminal homicide, and violent sexual offenses were categories that displayed a significant increase of offenses committed by adolescents (Stahl, 1998). One such criminal act that receives much attention in the research literature is sexual assault. The exact number is unknown but some researchers have attempted to identify the number of adolescent sexual offenders in the population. Juveniles constitute 40% of total arrests for sexual offenses excluding prostitution (O'Brien & Bera, 1986). Male adolescents have been estimated to have committed 20% of forcible rapes in this country and 30-50% of all childhood sexual assaults (Becker, 1990; Becker, Cunningham-Rathner, & Kaplan, 1986; Brannon & Troyer, 1995; Fehrenbach et al. 1986). In 1986, adolescent males accounted for 19% of arrests for forcible rape and 18% for other sexual offenses (Blaske, Borduin, Henggeler, & Mann, 1989). More recent studies identified juveniles as committing as much as 13%

to 16% of rapes and 18% of other sexual assaults (Snyder & Sickmund, 1995; U.S. Department of Justice, 1996). These statistics can provide some concept of the numbers of sexual offenses committed by adolescents, but it is likely that these numbers are an underestimation. Because of inconsistencies in definitions, exclusion of specific sexual offenders from statistics, and the reticence of victims to report, exact numbers are impossible to calculate (Becker, Cunningham-Rathner, & Kaplan, 1986; Kaufman, Daleiden, & Hilliker, 1994).

Few studies assess female sexual offenders due to the fact that few females are reported as sexual offenders (Davis & Leitenberg, 1987). Ryan et al. (1996) found in a sample of 1,616 youths that had committed a sexual offense, 2.6% of this sample consisted of females. This is a nationwide study with several reporting agencies and is likely to accurately reflect the number of female adolescent sexual offenders across the nation. This is similar to a previous study conducted by Fehrenbach et al. (1986) who reported eight females in a sample of 305 participants referred for treatment for sexual offending behavior. Similar statistics are found for adult female sexual offenders. Travin, Cullen, and Protter (1990) reported 1% of their clinical population of adult sexual

offenders consisted of women. Additionally, from a female prison population, 1.65% consisted of women convicted of a sexual offense (Travin et al. 1990). Each of these studies provides useful information regarding female sexual offenders but include only females that were referred for treatment or corrections for their offenses. These numbers do not account for female offenders that are not reported or referred to a treatment or correctional agency. There are many assumptions that contribute to the lack of research regarding female offenders, but it is likely due to few reports of male victims being sexually assaulted by a female and the belief that sexual perpetrators are always male. Clearly, male adolescents have been the primary focus of studies regarding sexual offending among adolescents.

It is important to review the adult literature to obtain further information regarding adolescent sexual offenders. A study of 411 adult sexual offenders found 58.4% reported onset of sexual deviance prior to the age of 18 (Abel, Mittleman, & Becker, 1985). This sample committed an average of 533 sexual offenses with 366 victims. Groth, Longo, & McFadin (1982) surveyed 83 convicted rapists and 54 convicted child molesters and found the majority of these offenders committed their first sexual offense during their adolescence. This same group stated they had been

convicted of more than one sexual offense and admitted to committing two to five times as many offenses for which they were apprehended. Often studies using sexual offenders as participants rely on self-report information. This is one limitation of the above studies due to the difficulty in accurately assessing the reliability of the provided information. Regardless, this information underscores the need for interventions during adolescence. A separate study supporting this need conducted an eight-year follow-up study of 19 sexually assaultive juveniles and found a recidivism rate of 37%. One participant committed nine adult sexual offenses during a 9.6 month period and another committed five adult sexual offenses during a 10.8 month period following a release from a correctional facility. The 19 juveniles also did not limit their offenses to sexual offenses. Seventeen (89%) were arrested as adults for other violent offenses such as murder, kidnapping, robbery, and assault. When compared to a group of juveniles with nonsexual but violent offenses, the sexual offenders were found to be significantly more violent than the nonsexual offenders also followed in the study (Rubenstein, Yeager, Goodstein, & Lewis, 1993). Sexual offenders may also escalate in their assaultive behavior as they age. Adult offenders have reported engaging in noncontact

offenses such as exhibitionism and voyeurism as adolescents prior to committing contact sexual offenses as adults (Longo & Groth, 1983; Longo & McFadin, 1981).

The idea that sexual offenders are only adult males is certainly a myth. Adolescent sexual offenders are committing a significant amount of sexual offenses but only a small percentage of these offenders are female. The research literature indicates that adult offenders begin their deviant behavior during adolescence and are likely to have several victims by the time they reach adulthood. Clearly, the need for early intervention and prevention programs for adolescent sexual offenders is indicated.

Characteristics of Victims

Young children are most likely to be sexually assaulted by adolescents, which include children under the age of 11 (Snyder & Sickmund, 1999). Ryan et al. (1996) found in a sample of 1,616 male youths with sexual offenses, 63% had victims younger than 9 years of age with the most frequently reported age being six years old. The average number of victims per offender was 7.7 and 25.9% of this sample had committed some sexually abusive behavior before the age of 12. Surprisingly, only 7.5% of this sample had previously been charged with a sexual offense. Davis & Leitenberg (1987) reviewed the literature on sexual

offenses committed by adolescents and reported between 46% and 66% had victims under the age of ten. Fehrenbach et al. (1986) reported 61.6% of their sample had victims under the age of 12 and 43.8% had victims under the age of six. Overall, victims of adolescent sexual offenders generally fall between the ages of 6 and 12 years (Awad & Saunders, 1989; Becker, Cunningham-Rathner, & Kaplan, 1986; Kaufman, Daleiden, & Hilliker, 1994; Pierce & Pierce, 1987; Ryan & Lane, 1997).

Most sexual assault victims tend to be female. Fehrenbach et al. (1986) reported 72% of victims of adolescent offenders were female, 18% were male and 10% were male and female. This is consistent with Van Ness (1984) and Wasserman and Kappel (1985) who reported female victim percentages to be 68 and 77 respectively. Typically, peer-age or older victims of adolescent offenders will be female. As the age of the victim decreases, the likelihood of the victim being a male increases. Male sexual assault victims dominate if the victim is a child (Davis & Leitenberg, 1987). Worling (1995a) confirmed this statement in his study of adolescent sexual offenders. All but 3 of the 34 sexual offenders in his study who had male victims assaulted males that were children.

Most victims of adolescent sexual offenders were known to the offender and are usually relatives of the offender (Kaufman, Daleiden, & Hilliker, 1994). In a study completed by Fehrenbach et al. (1986), rape of younger children unknown to the offender was rare. Forty percent of child victims of rape were relatives of the offender and 57% of child victims of rape were acquaintances of the offender. Relatives and acquaintances of the adolescent offender were also the majority of victims of indecent liberties, which included offenses such as fondling and sexual touching, that did not include penetration.

Victims of adolescent sexual offenders are generally quite young. They are typically female, but the percentages of male victims increase as the age of the victim decreases. The research literature also indicates that many of the victims were known to the offender. This presents a serious problem, not only are young children being victimized but the cycle of sexual abuse also appears to have a very early onset. It is probable that some of the sexual assault victims will continue the cycle and become sexual offenders as they get older.

Characteristics of the Adolescent Sexual Offender

The modal age of a male adolescent sexual offender is fourteen years (Ryan et al. 1996). Groth, Longo, & McFadin

(1982) found the mean age to be 16 for offenders committing their first sexual offense. In a study assessing offender characteristics, the mean age of the 305 offenders evaluated was 14.8 (Fehrenbach et al. 1986). Kahn & Chambers (1991) found a median age of 14.7 years in their sample of 221 adolescent sexual offenders. Average age of adolescent sexual offenders appears to be 14-16 years of age.

Pierce and Pierce, (1990) have described characteristics generally seen in adolescent sexual offenders as low self-esteem, social isolation, inadequate social skills, and poor sexual boundaries. This is similar to the results of a study by Fehrenbach et al. (1986), which stated that 65% of the adolescent offenders in their study experienced significant social isolation. Thirty-two percent of the participants reported having no friends and 34% reported having only a few friends. Those most frequently without any close friends were offenders who had committed rape (Fehrenbach et al. 1986). Adolescent male offenders also demonstrate feelings of inadequacy, fear of rejection, anger toward women, and atypical erotic fantasies (Davis & Leitenberg, 1987).

Adolescent molesters have relational characteristics that consist of shyness, passivity, and awkwardness. They

also have a tendency to have inadequate social skills. Adolescent molesters have found to be chronically isolated from their peers and significant others (Fehrenbach et al. 1986). In contrast, the adolescent rapist will have greater success socially than the adolescent molester. They may be viewed by others as charming. However, they are likely to employ the use of denial regarding their offense or minimize the seriousness of the offense (Breer, 1987). This type of offender is likely to be more violent with strong needs to control others. Other characteristics of the adolescent rapist can be viewed as manipulative, angry, impulsive, and insecure (Fehrenbach et al. 1986; Groth, 1977).

Adolescent sexual offenders typically come from dysfunctional families. Often, these adolescents have experienced a history of abuse, sexual and physical. One study found 11% of the offenders had been sexually abused and 16% had been physically abused (Fehrenbach et al. 1986). A study conducted by Becker, Kaplan, & Tenke (1992) included adolescent sexual offenders who had been abused. Of the participants in this study, 19.8% had been sexually abused and 54.2% had been physically abused. Kaufman, Daleiden, & Hilliker (1994) found 62% of intrafamilial offenders were sexually abused with 53% of this group being

abused by relatives. Fifty-one percent of extrafamilial offenders were sexually abused with also about half of this population being abused by a relative. A separate study found a much larger percentage of adolescent sexual offenders being sexually abused prior to committing their offenses. In this study, 42% had been sexually abused. The majority of the perpetrators of these adolescents were unrelated males (66%) and in 11% of the cases the perpetrator was unknown. Physical abuse reported by the adolescents in this study was experienced by 47% of the sample (Kahn & Chambers, 1991). Adolescent molesters have been found to be sexually victimized more often than adolescent rapists or nonsexual violent offenders and experienced significantly higher levels of family violence (Ford & Linney, 1995).

When comparing adolescent sexual offenders to other delinquents, they are found to be similarly violent, have previous nonsexual offenses, and display little differences in degree of psychopathology (Breer, 1996). One study compared personality characteristics among adolescent sexual offenders and nonsexual offenders using the Jesness Inventory; a measure designed to describe personalities among delinquents. The results imply that the adolescent sexual offenders in the study exhibited the least deviant

personality (Oliver, Nagayama Hall, & Neuhaus, 1993). In contrast to Oliver et al. (1993), sexual offenders in a separate study displayed more psychopathology than the nonsexual offenders. Sexual offenders also endorsed higher levels of psychopathology in a study done by Jacobs, Kennedy, & Meyer (1997). However, participants in this study were older than nonsexual offenders when referred for their first delinquent act and had fewer prior referrals than the nonsexual offenders. A separate study using only adolescent sexual offenders as its participants found sexual offenders who had committed rape or sodomy had higher scale elevations on the Minnesota Multiphasic Personality Inventory (MMPI-2 and MMPI-A) than a comparison group of psychiatric inpatients, suggesting serious psychopathology (Herkov et al. 1996). It was opined by the authors in this study that the finding of serious psychopathology was due to their participants being incarcerated as compared to participants in the previous studies being on an outpatient status. It is assumed that offenders deemed to be in need of incarceration were the reason for the differences in psychopathology. Kavoussi, Kaplan, & Becker (1988) also assessed psychopathology in adolescent sexual offenders and found of those adolescents who raped or attempted to rape adult women, 75% met the

criteria for Conduct Disorder as compared to 38% of nonrapist offenders, which included child sexual assaulters, voyeurs, and frotteurs. Severe psychopathology was not found in this sample but this may be due to the referral source being an outpatient facility and more pathological offenders are likely to be referred for inpatient mental health treatment.

There appears to be no one type of adolescent sexual offender. Two general categories of offenders include adolescents who commit sexual offenses against children and adolescents who commit sexual offenses against peers or older victims. Selection of victims is not the only area that adolescent offenders may vary. Personality characteristics, history of abuse, and degree of psychopathology are other areas that need to be considered when conceptualizing this population. These differences need to be considered when formulating treatment options and clearer definitions of the categories of offenders would assist with this task.

Rationale for Categorizing Adolescent Sexual Offenders

Sexual offenders can first be compared to other delinquent groups. There appears to be many psychological factors that account for the group differences in sexual offenders as opposed to other delinquents. Hostility

towards girls and women, belief in rape myths, and numerous cognitive distortions regarding their behavior have been evident in many adolescent sexual offenders (Davis & Leitenberg, 1987). Emotional functioning of adolescent sexual offenders is believed to more disturbed when compared to other delinquent groups and adolescent sexual offenders appear to experience more anxiety and interpersonal isolation than other adolescent groups (Blaske et al. 1989).

One simple way of categorizing sexual offenders is to separate those who rape from those who molest. A rapist is generally considered as one who rapes victims of similar age or older. A molester generally is one who engages in sexual acts with children (Breer, 1987). Some researchers believe rapists to be more violent when committing a sexual assault than molesters. In a sample studied by Nicholas Groth, 30% of rapists used knives and 12% used a blunt instrument while none of the molesters used a weapon (Breer, 1996). Rapists engage in sexual assaults for control and humiliation and hostile feelings toward the victim while molesters may believe they have true affection for their victims and commit their assault through the use of bribery and persuasion (Breer, 1987). In a study assessing differences in adolescent rapists and adolescent

child molesters, Hsu & Starzynski (1990) found the adolescent rapists to be more violent than the child molesters. Violence committed by the adolescent rapists included beatings of the victims and choking to the point of losing consciousness. None of the adolescent child molesters in this study used physical violence against their victims.

In a study comparing adolescent peer sexual offenders and adolescent child sexual offenders, Worling (1995a) found little differences regarding interpersonal functioning, hostility, self-esteem, and depression. This finding contradicts previous studies that found differences between adolescent rapists and child molesters (Awad & Saunders, 1991; Becker, Cunningham-Rathner, & Kaplan, 1986; Hsu & Starzynski, 1990). The groups also did not differ significantly regarding commonly held rape myths. The author of this study believed differences may be found if participants were assessed regarding attitudes towards sexual interactions with children in addition to assessment of sexual interactions with peers and adults. Similar to other studies regarding adolescent sexual offenders, this study was limited by its use of only self-report instruments. The study sample also included only adolescent offenders in a treatment setting. Utilizing

comparison groups, as well as adolescent sexual offenders from other settings would have provided additional information regarding factors being explored.

Other researchers have devised a more specific method to categorize adolescent sexual offenders. O'Brien and Bera (1986) have formulated seven categories when classifying adolescent sexual offenders based on behaviors and associated personal family variables. The categories have been labeled as Naive Experimenter, Undersocialized Child Exploiter, Pseudo-Socialized Child Exploiter, Sexual Aggressive, Sexual Compulsive, Disturbed Impulsive, and Group-Influenced. The differences between groups were made for therapeutic and research purposes and enable a treatment provider or researcher to develop appropriate interventions.

The first category is the Naive Experimenter, which can be described as a younger adolescent with adequate social skills and peer relationships. This offender typically has no history of acting out behavior and the sexual offense will appear to be situationally determined with little or no force or threats. Motivation for the abuse is to explore and experiment with developing sexual feelings. The Undersocialized Child Exploiter differs from this previous offender with characteristics of social

isolation and gravitation toward younger children. Motivation for abuse is typically an attempt to achieve intimacy, self-esteem, or self-importance. An adolescent offender with good social skills and adequate relationships with others can be termed a Pseudo-Socialized Child Exploiter. This individual is generally an older adolescent and will describe the offense as mutual and noncoercive. Guiltless and narcissistic exploitation of a child to gain sexual pleasure is what motivates this type of offender. The Sexual Aggressive offender is characterized as a more violent individual. This offender will have a history of antisocial behaviors and impulse control problems. The sexual offense will involve the use of threats and violence. Acquisition of personal power through domination and humiliation of the victim is the goal of the sexual aggressive. The Sexual Compulsive typically has the inability to express negative emotions in an appropriate manner. Sexually arousing behavior will have compulsive and addictive qualities. The offense typically is planned, solitary, and consists of noncontact offenses such as obscene phone calling, exhibitionism, and fetish burglary. The offense appears to serve as a release of anxiety and tension. The Disturbed Impulsive individual differs from the other categories. This type of offender will display an

acute disturbance of reality testing and have a history of psychological, family and substance abuse problems. The motivation is determined by each individual offender and is difficult to define in a general manner. The Group Influenced is the last category and also differs from all previous groups of offenders. The Group Influenced offender is likely to be a younger individual with no previous contact with juvenile authorities. Sexual offenses occur with the involvement of peers. Motivation follows either a follower dynamic or a leader dynamic.

Adolescent offenders were once considered a homogenous group but research regarding this population indicates otherwise. Once adolescent sexual offenders are clearly defined and categorized, researchers and clinicians can originate additional theories to explain the deviant behavior and further assist with treatment or rehabilitation options.

Theoretical Perspectives

Many theorists have formulated several explanations for adolescent sexual offending. In an effort to understand the chronicity of sexual offending among adolescents, theorists have used learning theories, systems theories, biological theories, feminist theories, developmental and other psychological theories to find answers to reasons why

some adolescent offenders commit sexual offenses and others do not (Breer, 1996; Hunter & Becker, 1994; Ryan & Lane, 1997). Explanations can include the use of classical conditioning, thinking errors or cognitive distortions, and the use of regressive behaviors by the adolescent. Adolescent sexual offenders have also been conceptualized from the extreme of exhibiting psychosis to being a normal experimenting adolescent male, the "boys will be boys" mentality.

One specific learning theory includes the classical conditioning model, which is based on pairing of events and experiences. More specifically, the acquisition of sexually deviant thoughts or behaviors is the result of pairing an unconditioned stimulus (UCS) such as tactile stimulation of the genitals, with a conditioned stimulus (CS). The CS could be a variety of stimuli. Marshall and Eccles (1993) described many studies using this model. Conditioned stimuli in these studies included such items as pictures of women's boots, female articles of clothing, and pictures of non-preferred subjects such as naked women presented to homosexual men or pictures of adult women presented to men who give preference for prepubescent girls. Conditioned responses were found to decrease outside of the laboratory setting unless the individual engaged in masturbation. It

is theorized that masturbation strengthens the conditioned response, which can either be deviant or appropriate sexual thoughts, depending upon the design of the study. In regards to adolescent sexual offenders, the adolescent may have experiences of sexual arousal that are paired with deviant situation or some type of exploitative relationship, which in turn can facilitate sexual offending behavior. It is also theorized that sexual offending behavior may occur in response to a pairing of violent and forceful components of the rapist's first sexual encounter or the involvement of a child in the initial sexual experience of a child molester. If sexual arousal is combined with a deviant component, sexual deviance, according to this theory, will occur and be reinforced by the continuation of the deviant behavior (Ryan & Lane, 1997).

Other learning theorists explain sexual offending behavior as being learned through a process of reinforcement and punishment or through observation and imitation. Using Skinner's theory, deviant sexual behavior might be reinforced by the experienced sexual arousal or inhibited by experiencing a negative consequence to the deviant behavior (Ryan & Lane, 1997). Sexual deviance can also be learned through the process of imitating and

observing a model. If exposed to deviant models, the adolescent may imitate these deviant behaviors. Combined with the use of reinforcement for these behaviors, a pattern of sexually deviant behaviors can be formulated (Ryan & Lane, 1997). Adolescent sexual offenders may have learned by example because their environment involved individuals engaging in inappropriate sexual behavior. Being exposed to pornographic material as well as hearing stories of sexual exploits are often experiences of adolescent sexual offenders (Becker, 1998; Ford & Linney, 1995).

It is common to find a history of sexual abuse or incest in the histories of adolescent sexual offenders. Often the adolescent is not the only family member who has been identified as a sexual offender. It is logical that a systems model can be used to explain the cycle of sexual abuse that is found in many families of adolescent sexual offenders. The systems model does not have one definite explanation for the developing sexual offending behavior but will identify patterns of behavior within the family to understand what prompted the adolescent to offend (Breer, 1996). A systems perspective will consider several traits within the family such as the level of enmeshment, exploitative characteristics displayed by the family,

degree of attachment between the adolescent and the caregiver(s), sexualized models of coping, and inappropriate boundaries between family members (Hoghughi & Richardson, 1997; Ryan & Lane, 1997).

Biological theories attempt to determine the biological determinants to adolescent sexual offending. Research focuses on brain structure, gender differences, the link between hormonal changes in adolescence and the initiation of deviant behaviors during puberty. Theorists from this school of thought believe atypical sexual behavior results from hormonal or biochemical imbalances (Pithers, et al. 1995). Additionally, research is underway regarding neurological factors that contribute to aggression and this line of research can be expanded to include sexual aggression (Ryan & Lane, 1997). This theory is evolving and requires additional research before assumptions can be made regarding adolescent sexual offending.

The feminist perspective on the etiology of sexual offending behavior is another theory that is in need of further development. The basic feature of this theory is that sexual abuse is primarily a male behavior exhibited in a society that is male dominated and views women as powerless (Hoghughi & Richardson, 1997). This theory has

not been used to explain sexually deviant behavior in adolescents and completely ignores female sexual offenders. However, factors that may contribute to sexually deviant behaviors, such as rape myths concerning women, can be measured. Identification of these factors can contribute to feminist theory and further our understanding of a predominantly male behavior.

Several of the theories used to explain deviant sexual behavior consist of a combination of the above theories. Developmental models are one such example and often include family characteristics, attributes of society, and childhood experiences when attempting to conceptualize adolescent offenders. Many of these integrative theories have yet to be empirically validated and are often derived from only clinical observations (Becker, 1998). Human behavior is difficult to explain and no one theory can adequately explain why adolescents commit sexual offenses. As the amount of literature regarding adolescent sexual offenders continues to increase, so will the amount of theories attempting to explain the etiologies of deviant adolescent sexual behavior. Presently however, there is no generally accepted theory concerning this population and additional research is warranted before treatment providers of adolescent sexual offenders will fully understand their

clients and be able to provide effective therapeutic services (Becker, 1998; Cashwell & Caruso, 1994).

Treatment of the Adolescent Sexual Offender

The treatment of adolescent sexual offenders is relatively in its infancy when compared to adult sexual offenders. Adolescents who committed sexual offenses were often labeled "Adolescent Adjustment Reaction" (Groth & Laredo, 1981) or viewed by authorities as sexually experimenting due to their developing sexual interest. In the early 1980s, two states provided treatment programs for adolescent sexual offenders (Longo, 1982). Sapp and Vaughn (1990) surveyed state operated treatment programs for adolescent sexual offenders and found the earliest program began 1979 and 18 of 30 respondents began their programs in 1985. The majority of these programs required mandatory treatment which included sex education, group and individual counseling, victim empathy, understanding of thinking errors, assertiveness training, and social skills acquisition. The number of treatment programs has increased significantly in the last twenty years, in addition to the research devoted to empirically validating specific treatment modalities for adolescent sexual offenders. Currently there are believed to be over 800 treatment programs specifically designed for adolescent

sexual offenders (Knopp, Longo, & Stevenson, 1992; Pithers et al. 1995).

One attempt at assessing the impact of treatment on adolescent sexual offenders is to review recidivism rates. This method is inadequate because it often relies solely on those sexual offenders who are caught for committing sexual offenses and then reported to a correctional agency or those who are able to be followed on a long term basis (Groth et al. 1982). However, recidivism studies can be used as a guide from which to base further research. Recidivism studies provide a general picture of what adolescent sexual offenders do following treatment. Overall, recidivism rates are low for repeat sexual offenses but are much higher for nonsexual offenses (Brannon & Troyer, 1995; Fehrenbach et al. 1986; Kahn & Chambers, 1991; Kahn & Lafond, 1988). Percentages have varied from 3-16% for repeat of sexual offenses (Becker, 1990; Brannon & Troyer, 1995; Kahn & Chambers, 1991; Smith & Monastersky, 1986) but 10% is believed to be the more typical recidivism rate for adolescent sexual offenders (Davis & Leitenberg, 1987).

It has been found that the younger the offender was at the time of the offense, the more likely is criminal reoffending. Offenders with a history of being sexually

abused were likely to reoffend criminally as were those with deviant arousal patterns (Kahn & Chambers, 1991). The authors of this study cautioned against overgeneralization but nevertheless their findings were pertinent to the study of adolescent sexual offenders.

Prior delinquent behavior is often found in the histories of adolescent sexual offenders. Fehrenbach et al. (1986) found 57% were believed to have previously committed a sexual offense, 44% had committed a nonsexual offense, and 23% had committed sexual and nonsexual offenses. Becker et al. (1986) reported nearly 90% of adolescent sexual offenders had prior arrests for a sexual crime and 28% had previous arrests for a nonsexual crime.

Studies have also focused on behavioral assessment of this specific population and how this type of assessment can be used to improve current treatment modalities and measure treatment effectiveness. An effort is being made to establish psychometric properties of phallometric assessment. Phallometric assessment involves the use of some type of instrument to measure changes in penile circumference in response to some type of stimuli. This type of assessment can be used to establish baselines in arousal patterns of adolescent sexual offenders and measure effectiveness of treatment by measuring differences in this

behavioral assessment. Hunter & Santos (1990) used phallometric assessment to measure differences in response of adolescent sexual offenders following cognitive-behavioral treatment. The results supported the efficacy of the treatment. Adolescent perpetrators of female children showed a 33% reduction in arousal to deviant cues and perpetrators of male children showed a reduction of 39% in deviant arousal. This type of assessment can also be used to identify differences in child molesters and rapists (Becker, Kaplan, & Tenke, 1992).

Pyschopharmacological treatment is another mode of treatment for adolescent sexual offenders but presents with additional controversy than other forms of treatment. Depo-Provera is an anti-testosterone drug that is used in the treatment of adult sexual offenders. It is believed to reduce the frequency and intensity of arousal in the offender and may assist in the reduction of offending behaviors. Anti-testosterone drugs are typically reserved for chronic sexual offenders and are not recommended for adolescents younger than 17 years of age (AACAP, 1999). This type of therapy has several side effects, including the delay in onset of puberty, and should not be used with adolescent offenders until further research validates the

effectiveness and efficacy of this medication (Ryan & Lane, 1997).

Other psychopharmacological interventions are used with adolescent sexual offenders but target comorbid conditions in the offenders. Depression and anxiety are believed to contribute to sexual deviancy and these conditions are treated in an effort to reduce the occurrence of offending behaviors (Pithers et al 1995). Selective serotonin reuptake inhibitors (SSRIs) have been found to reduce sexual arousal and sexual preoccupations. This specific class of anti-depressants is also effective in the treatment of obsessive-compulsive behaviors and is recommended for individuals with sexually compulsive disorders.

The majority of treatment programs focus on cognitive-behavioral components of the adolescent perpetrator. Treatment goals of these programs include a)reducing denial and increasing accountability, b)increasing empathy for victims, c) facilitating the attainment of insight for motives regarding sexual offenses, d)focusing on the offender's own sexual victimization, e)providing sex education, f)decreasing the use of cognitive distortions, g)developing appropriate interpersonal and social skills, h) learning anger management, and j)providing family

therapy to facilitate the reintegration of the offender into the family (Davis & Leitenberg, 1987).

The National Adolescent Perpetrator Network (NAPN) is a network of more than 900 persons from programs who provide treatment and interventions to adolescent sexual offenders (Ryan et al. 1996). NAPN also provides guidelines when formulating treatment plans for adolescent sexual offenders. They include 1)identification of sexual abuse cycle, 2)accepting responsibility for offending behavior, 3)sexual victimization of the offender, 4)development of victim empathy, 5)reduction of deviant sexual arousal, 6)identification of cognitive distortion, irrational thinking or "thinking errors", and 7)development of appropriate relationships with others (Becker, 1990).

Lakey (1995) also provides guidelines for providing treatment to adolescent sexual offenders. She stated simply that the goal of treatment is to prevent reoffending. To obtain this goal, adolescent offenders in treatment must accept responsibility for their offenses and identify the events, thoughts, and feelings that triggered the sexual offense. Deviant sexual fantasies and masturbatory practices will need to be altered in addition to gaining impulse control and anger management. Similar to other programs, Lakey also emphasized the need for the offender

to develop empathy for his victim and begin to learn how his actions can affect others.

Treatment is provided in many forms. Treatment programs offer group, family, and individual counseling, sex education, and psychological assessments (Barbaree & Cortoni, 1993; Breer 1996; Knopp, Freeman-Longo, & Lane, 1997). A cognitive-behavioral format is preferred for most treatment programs for adolescent sexual offenders followed by a relapse-prevention format and a psychosocio-educational format. The cognitive-behavioral approach is based on a learning theory to restructure faulty cognitions and inappropriate behaviors. A relapse prevention program teaches self-management skills to assist the sexual offender in identifying and interrupting the chain of events that may lead up to a relapse in sexual offending. The psychosocio-educational model uses peer groups, educational classes and social skills development in the treatment of the sexual offenders (Knopp, Freeman-Longo, & Lane, 1997). In a treatment provider survey conducted by Knopp et al. (1997), percentages of more specific treatment modalities were obtained. Several modalities were provided by the respondents with victim empathy(96%), anger management (94%), sex education (93%), social skills training (92%), and cognitive distortions (88%) being the

more preferred modalities implemented. These results vary somewhat from the results of a previous study conducted by Sapp & Vaughn (1990). Sex education was used in 97% of respondents' programs, victim empathy was 93%, social skills training was preferred by 87%, anger management was 43%, and thinking errors was 23%.

A cognitive-behavioral perspective can also be used to assess risk and level of care required for this adolescent population. Areas on which to focus include number of previous arrests, number of victims, level of psychopathy, distortions in thinking patterns, types of offenses and level of force used, and degree of compulsivity and arousal (Becker & Hunter, 1997).

The literature appears to support the cognitive-behavioral model in explaining deviant sexual behavior. This model states that deviant thinking allows the deviant behavior. To treat sexual offenders, faulty thought patterns must be identified and replaced with appropriate thinking patterns so that deviant sexual behaviors will not be repeated (Becker, 1990; Becker & Hunter, 1997; Breer, 1996; Davis & Leitenberg, 1987; Ryan and Lane, 1997; Lakey, 1992; Lakey, 1995). Researchers support the use of the cognitive behavioral model in addressing thought patterns of adolescent sexual offenders but this model fails in

identifying other issues that may have impacted the behavior of the offender. Researchers and practitioners advocate for the use of a holistic model in treating adolescent sexual offenders. In addition to addressing cognitive distortions, treatment providers must also address family dynamics, inadequacy of social skills, impulse control difficulties, and victim empathy.

## Contributions of Cognitive Distortions to Sexual Offending

Addressing cognitive distortions or faulty thinking in adolescent sexual offenders is an important component in the treatment of these individuals. The idea of thinking errors was first formulated by Yochelson and Samenow (1976). These authors believe a significant part of the criminal's personality consists of his propensity to engage in faulty thinking. This form of cognition allows the offender to validate his deviant behavior. This line of thinking is rational to the criminal but appears irrational to society. The offender, according to these authors, will fail to put himself in another's position, is likely to be irresponsible, view himself as a victim, and have beliefs of entitlement and grandiosity. This theory, although formalized by Yochelson and Samenow for adult criminals, is relevant to the understanding of adolescent sexual offenders. Under this theory, adolescent sexual offenders

make a decision based on their erroneous thinking. The adolescent offenders will formulate an idea, make an opinion regarding the idea and then act on the idea. Often, they do not consider the perspective of others and will project blame onto their victims and believe they are the ones being victimized. Thinking errors permit the adolescent sexual offender to justify his offending behavior and allow his behavior to appear reasonable. Those typically found in adolescent sexual offenders can include the need for power, beliefs of inadequacy, inability to see other's perspective, no concept of trust, the victim stance, and unrealistic expectations of others (Lane, 1997).

The role of thinking errors has been used to understand the role of the adolescent sexual offender's perpetrating cycle. The role of a sexual offending cycle was developed by the Closed Adolescent Treatment Center in 1977-1978. Adolescent offenders receiving treatment at this facility displayed common behaviors and thinking patterns. It is theorized that sexual offenders follow a cycle prior, during, and following the commission of a sexual offense. This cycle is initially unknown to the sexual offender but consists of his thoughts, feelings, and behaviors. The cycle consists of a triggering event that prompts the

adolescent to engage in negative and irrational beliefs about himself and his future. In response to these negative thoughts, he attempts to regain a sense of power or control. These attempts can be a variety of actions, but in the sexual offender, often lead to sexual offending behavior. Feelings of power and control are expressed through a sexual offense and this offense prompts another series of faulty thinking. Wanting to avoid the consequences of a sexual offense, he will reframe the offense as justifiable or sanctioned. The adolescent initiates his sexual offending cycle but may not always complete the cycle. If the youth experiences relief from negative beliefs, the cycle will terminate. Progression from each stage of the cycle only occurs if relief is not found at each stage. The rate of progression through the cycle also varies among adolescent offenders. If the adolescent relies on the maladaptive compensatory mechanisms of the cycle to alleviate anxiety or other negative emotions, it is likely the adolescent will rely on offending behavior as a form of coping. The more gratifying the offense, the more likely the offense will be repeated (Lane,1997).

Cognitive distortions are statements made by sexual offenders that serve the purpose of justifying,

rationalizing, or minimizing a sexual offense. Depending upon the type of offender, cognitive distortions can include the belief that the act was consensual, enjoyable, and harmless to the victim. Children will benefit from the sexual act with the adult and females only present token resistance to sexual activities are additional comments that may be made by adolescent sexual offenders. These statements are not believed to be a causal factor in sexual offending but rather the means to justifying the behavior (Abel, Becker, & Cunningham-Rathner, 1984). Cognitive restructuring is an important element of adolescent sexual offender treatment. Offenders must learn to identify the cognitive distortions that facilitated the sexual offense. They must learn to understand the events, thoughts and feelings that trigger their sexual offending behavior.

Conclusions

This study attempts to identify specific cognitive distortions used by the adolescent sexual offender. Identification of these distortions could facilitate the understanding of this population and enhance the treatment provided. Reduction in the number of sexual offenses committed by adolescent offenders, in addition to reducing the number of offenders, can only be achieved through understanding of the thoughts contributing to the behavior

of the adolescent sexual offender and implementation of adequate interventions.

## Chapter III

Methodology

### Chapter Overview

This chapter discusses the procedures utilized to gather information about the sample groups that comprise the two levels of the independent variable. The first group consisted of participants adjudicated for a sexual offense. The second group consisted of participants who were adjudicated for any offense other than a sexual offense. The dependent variables were the levels of endorsement for child molestation and rape myths, and subscales regarding variants of hostility. Each participant was adjudicated for a felony offense and was placed in the custody of the Department of Juvenile Justice. All participants ranged in age from 14 to 18 and were residing in a correctional facility.

### Selection of Participants

Participants for the study consisted of 86 adjudicated male offenders. The Department of Juvenile Justice placed each participant in the L.E. Rader Center; a state funded facility providing treatment and corrections for

adjudicated delinquents. The main purposes of this type of placement are to rehabilitate adjudicated juveniles and protect the community from additional offenses. All participants have exhibited criminal behavior that is chronic in nature and included both crimes against people and crimes against property. Juveniles that exhibit situational delinquent behavior occurring only in a single event are not classified as appropriate for long-term residential treatment within the Department of Juvenile Justice and were not included as participants for this study. Once a juvenile is committed to the custody of the Department of Juvenile Justice, a juvenile justice specialist will review and assess each individual and recommend appropriate placement options. The Placement Unit within the department then authorizes placement.

Informed consent was obtained from the Department of Juvenile Justice (Appendix A). Since each adolescent is in the custody of the Department of Juvenile Justice, the superintendent of the treatment facility served as the legal guardian for each participant. A written request was sent to the superintendent of the facility requesting permission to conduct the study (Appendix B). Following approval and consent from the Department of Juvenile Justice, and the legal guardian's written consent to

conduct the research, the study was carried out at the correctional facility.

Once permission was granted to conduct the study, arrangements were made for the principal investigator to collect data from the participants. The principal investigator collected the data in two days. One day involved obtaining data from the participants residing in the medium secure portion of the facility and the second day was used to collect data from participants in the maximum secure portion of the facility. Each participant resided in a specific unit on the facility grounds. The study was conducted in a group format with each unit participating separately. All residents from each unit were requested to volunteer for the study. Each potential participant was informed by the principal investigator that the study was for the purpose of completing requirements for a doctoral degree. Once volunteers for the study were identified, assent forms were provided by the principal investigator to be completed by each participant (Appendix C). Confidentiality is an important component when conducting research with adolescent delinquents specifically, sexual offenders. The assurance of confidentiality facilitates in obtaining accurate and valid data. Because of the social undesirability of sexual

offending behavior, responses to some test items may be affected or not answered in the most truthful manner. Participants in the study were given an assent form to be signed detailing the procedures of the study and the statement that participation in the study is voluntary and that they may leave the study at any time. Identifying information was not obtained from the participants and they were assured their responses would remain confidential.

Characteristics of Participants

Participants were all males and comprised of 35% Caucasians, 21% American Indians, 20% African-Americans, 4% Latinos/Hispanics, and 2% identified themselves as "other". The mean age of the participants was 16.3 years (SD= 1.10) with a range of 14 to 18 years. Of the participants, 43% were adjudicated for sexual offenses and 57% were adjudicated for nonsexual offenses. Adjudicated sexual offenders were identified by either past or current adjudicated sexual offenses. The other participants were those adolescents who had been adjudicated for a nonsexual offense. Approximately 22% of the participants had a previous placement in the residential facility and 61% were residing in the maximum-security section of the facility and 39% were residing in the medium secure facility.

Average length of stay for the participants was 9.5 months (SD=10.3) with a range of 1 to 48 months.

Characteristics of Adolescent Sexual Offenders

Thirty-six participants identified themselves as sexual offenders. Sexual offenses committed by these participants included Rape, Rape by Instrumentation, Lewd Molestation, Forcible Sodomy, Child Molestation, and Sexual Battery. The mean number of adjudications for the adolescent sexual offenders was 3.0 (SD=1.99). The mean age of this group of participants was 16.11 (SD=1.17). Ethnic diversity consisted of 53% Caucasians, 8% African-Americans, 25% American Indians, 5% Latinos/Hispanics, and 5% identified themselves as other. Average length of stay in this correctional facility was 13.11 months (SD=11.43). The adolescent sexual offender participants were asked to provide characteristics of their victims. The majority of the sexual offenders had both male and female victims (53%), 36% had female victims only, and 11% had only male victims. Sixty-four percent of this group of participants reported having victims that were at least four years younger, 11% reported victims being the same age or older, and 22% reported having both younger and same age or older victims.

## Characteristics of Adolescent Nonsexual Offenders

Forty-eight participants had adjudications that included only nonsexual offenses. Nonsexual offenses reported by this group of participants included Murder, Manslaughter, Shooting with Intent to Kill, Unauthorized Use of A Motor Vehicle, Robbery, Assault and Battery, Auto Burglary, Concealing Stolen Property, Animal Cruelty, Arson, and Larceny. The mean number of adjudicated offenses for nonsexual offenders was 3.72 (SD=1.99). The mean age for these participants was 16.43 (SD=1.03). Ethnic diversity for this specific group included 33% Caucasians, 35% African-Americans, 25% American Indians, and 4% Hispanics/Latinos. Average length of stay in this correctional facility was 6.6 months (SD=8.24). Victim characteristics for this group of participants were not requested.

## Procedure

All residents of the treatment facility were asked to participate in the study on a voluntary basis. This request was made by the principal investigator on a unit by unit basis. The participants were informed that the reason for the study was for the requirements of a doctoral dissertation and that their participation in the study was voluntary.

The procedure of the study was carried out in a group format with the principal investigator explaining the purpose of the study, providing the packets to be completed by the participants, and verbalizing instructions relevant to each instrument. Participants from the medium secure facility participated separately from the participants from the maximum secure facility. A numbered packet was given to each participant. The packet included a demographic sheet and the three instruments used to gather research data. Each participant was informed that his responses could not be traceable following the completion of the study. Assent forms were given to the participants to be signed prior to handing out the numbered packets. Assent forms with signatures of the participants were then collected. Once all assent forms were collected, testing packets were handed out to each participant. Steps were used to enhance the truthfulness and candor of each participant. These steps included collecting assent forms with names of participants separate from the testing packets, obtaining no identifying information on the demographic sheet, and ensuring the participants that facility personnel would not have access to the research data.

The demographic sheet consisted of questions in relation to age, ethnicity, sexual/physical abuse history,

length of stay at the treatment facility, age and gender of sexual offense victims, and previous treatment for sexual offending behavior (See Appendix D). The principal investigator obtained adjudicated offenses for each participant from the correctional facility personnel prior to conducting the study. Each offense was listed on a facility data sheet. Each participant's data sheet was given to him while he was completing the demographic sheet to ensure accuracy in reported adjudications. The participants listed each of their offenses on their demographic sheets. The participants then were asked to complete the Abel & Becker Cognitions Scale, the Burt Rape Myth Acceptance Scale, and the Buss-Durkee Hostility Inventory. The principal investigator provided the instructions for each instrument verbally to the participants. If an individual experienced difficulty reading, the items were read aloud to him by the principal investigator. Since each scale requires reading and basic reading comprehension, an attempt was made to obtain reading levels of the participants; however this type of information was not available for a significant portion of the participants. Only a small number of the participants had complete cognitive testing or other information regarding their level of intellectual functioning or

reading abilities stated in their files. Once the demographic sheet and three instruments were completed, the participant turned in all materials in a sealed packet to the principal investigator.

Research Instruments

*Abel and Becker Cognitions Scale* This is a 29-item scale that measures cognitive distortions regarding the sexual molestation of children. The scale includes such items as: "I show my affection to a child by having sex with her (him). "A child who doesn't resist an adult's sexual advances really wants to have sex with the adult.", and "Having sex with a child is a good way for an adult to teach the child about sex." Respondents were asked to rate each item with their level of agreement with each statement. On a Likert-type scale, participants indicated the extent to which they agree to each statement. Respondents mark each item on a scale of 1 (strongly agree) to 5 (strongly disagree). All items are scored in the same direction. The scores are then averaged to obtain an overall level of agreement or disagreement regarding the cognitions. The lower the score the more agreement one has to the cognitive distortion. The test appears to have good test-retest reliability (.64 to .77), and factor based subscales have acceptable Cronbach Alphas (.59 to .82). The

subscales have been found to separate child molesters from normal controls and two of the subscales separate child molesters from other types of sexual offenders. The subscales are not used in interpretation and require further analysis before they can demonstrate clinical relevance (Abel, Gore, Holland, Camp, Becker, & Rathner, 1989; Gore, 1988). This scale does not appear to have been previously used with adolescent offenders.

*Burt Rape Myth Acceptance Scale* This is a 19-item scale measuring the acceptance or rejection of myths about rape. Of the all rape myth scales, the Burt Rape Myth Acceptance Scale is used the most prominently in research (Toulouse, 1997). Similar to the Abel and Becker Cognitions Scale, this scale measures cognitive distortions, specifically regarding rape. It was designed to identify an individual's endorsement of commonly held rape myths. Examples of test items include: "A woman can successfully resist a rapist if she really wants to." and "In the majority of rapes, the victim is promiscuous or has a bad reputation." All items are presented with a seven-point scale. Items 1-11 are scored on a 7-point scale from strongly disagree to strongly agree. Numbers 12 and 13 are scored from almost none to almost all, and items 14 through 19 are scored from never to always. Responses to the

questions are added to obtain an overall score. Possible scores can range from 19 to 103. A high score indicates that the respondent believes that victims of sexual assault are at least partially responsible because of their dress or behavior and that victims fabricate accounts of sexual assault. This scale has been shown to be resistant to response bias related to social desirability and also has been found to predict later sexual violence in males "moderately well" (Toulouse, 1997; Malamuth, Linz, Heavey, Barnes, & Acker, 1995). Internal consistency (Cronbach's Alpha) have been reported to be .88 (Burt, 1980; Burt & Albin, 1981). This scale's validity and reliability are believed to be acceptable for assessing rape myth acceptance (Toulouse, 1997). This instrument has been previously used in the adolescent sexual offender population with guarded recommendations for further use (Epps, Haworth, & Swaffer, 1993).

*Buss-Durkee Hostility Inventory* This scale is a widely used measure of hostility and was designed to assess the expression of aggression and/or hostility (Biaggio, Supplee, & Curtis, 1981; Selby, 1984). This measurement consists of 66 true/false questions that include seven subscales: negativism, resentment, indirect hostility, assault, suspicion, irritability, and verbal hostility.

Sample items include: "I get into fights about as often as the next person.", "I demand that people respect my rights.", and "I often make threats I don't really mean to carry out." (Buss & Durkee, 1957). Points are assigned to the statements depending upon the response given. Points are then totaled to achieve an overall score. Subscales will also have individual scores and can be used to aid in interpretation. In previous research, reliability coefficients have ranged from .64 to .82, significant at the .00 level, indicating good test-retest reliability. This scale is believed to provide adequate overall and general impressions of hostility. Studies also suggest this instrument is adequate in discriminating between criminal and "normal" populations and is useful in the assessment or prediction of violence potential (Selby, 1984). The overall score appears to provide a general impression of hostility and propensity to act out anger, however, individual subscales of this inventory seem to lack a high level of discriminant validity (Biaggio, Supplee, & Curtis, 1981). Use of this instrument has been primarily in the adult population (Felsten, 1996; Overholser & Beck, 1986).

Analysis of Data

The results of the study were analyzed using Multivariate Analysis of Variance (MANOVA) and Analysis of

Variance (ANOVA). The results of the study were initially analyzed for significant differences between the offender groups. The independent variable in the study had four levels and included the classification of Molester, Molester/Rapist, Rapist, Nonsexual offender for the adolescents residing in the correctional facility. The dependent variables included the average score on the Abel and Becker Cognitions Scale, the overall score on the Burt Rape Myth Acceptance Scale and the seven subscale scores on the Buss-Durkee Hostility Inventory. These subscales included negativism, resentment, indirect hostility, assault, suspicion, verbal hostility, and irritability.

Univariate and multivariate analyses of variance were also performed to assess for interactional effects of history of physical and sexual abuse and offender groups. A MANOVA was computed to identify differences between each classification of offender and the scores from the Buss Durkee Hostility Inventory. An ANOVA was also computed to identify differences between each classification of offender and the scores on the Abel and Becker Cognitions Scale and the Burt Rape Myth Acceptance Scale. Results from all analyses will be used to test the following null hypotheses:

Ho: There will be no differences in the endorsement of cognitive distortions regarding child molestation, as measured by the Abel & Becker Cognition Scale, between the four groups.

Ho: There will be no differences in the endorsement of cognitive distortions regarding rape, as measured by the Burt Rape Myth Acceptance Scale, between the four groups.

Ho: There will be no differences regarding variants of hostility, as measured by the Buss-Durkee Hostility Inventory, among the four groups of adolescents.

## Chapter IV

Results

Overview

All residents of the residential facility were solicited to participate in the study. One hundred and one packets were given to the residents and 84 packets were completed and were used for analysis. Of the packets that were incomplete, 1 packet was returned blank, 2 were incomplete due to the participants being unable to read the instruments, and 14 packets had demographic sheets completed but the other instruments in the packets were either incomplete or incorrectly completed and were not useful for interpretation.

Cronbach alphas were computed for each dependent variable. Coefficients were calculated for the Abel and Becker Cognition Scale, the Burt Rape Myth Acceptance Scale, the Buss-Durkee Hostility total score and subscale scores. The results of the internal consistency analyses are presented in Table 1. No instruments were eliminated from analyses.

Correlation coefficients were computed using the Pearson product-moment correlation coefficient. Correlations between measures do not appear to be highly correlated. Correlations for each measurement are presented in Appendix E.

Table 1
Internal Consistency Coefficients for the Dependent Variables

| Instrument | Variable | Number of Items | Internal Consistency |
|---|---|---|---|
| ABCS | Molestation | 29 | .9398 |
| BRMAS | Rape | 19 | .7748 |
| BDHI | Hostility | 66 | .8282 |
| | Negativism | 5 | .5055 |
| | Resentment | 8 | .4280 |
| | Indirect Hostility | 9 | .5173 |
| | Assault | 10 | .6916 |
| | Suspicion | 10 | .4369 |
| | Irritability | 11 | .4890 |
| | Verbal Hostility | 13 | .3552 |

Note. N=84 for each variable. ABCS=Abel and Becker Cognition Scale, BRMAS=Burt Rape Myth Acceptance Scale, BDHI=Buss-Durkee Hostility Inventory.

The hypotheses of this study required separating the participants into four groups, which included Adolescent Molester, Adolescent Rapist, Molester/Rapist, and Nonsexual offender. Results from the study indicated there was an inadequate amount of participants per group to justify four comparison groups. Due to the small number of participants in two of the groups (Molester/Rapist=10 and Rapist=6),

comparison groups were condensed to include only adolescent sexual offender and adolescent nonsexual offender for the analyses. This was done in an effort to increase power for each analysis.

Findings

The first set of analyses examined the differences regarding cognitive distortions about child molestation between adolescent sexual offenders and adolescent nonsexual offenders. The result of the univariate analysis of variance was not significant $F(1, 82) = 1.74$, $p > .05$. The first null hypothesis failed to be rejected. Adolescent sexual offenders and adolescent nonsexual offenders did not display differences regarding their beliefs concerning child molestation.

The next set of analyses examined the differences regarding cognitive distortions surrounding beliefs about rape. The result of this univariate analysis of variance for cognitive distortions regarding rape was also not significant $F(1, 82) = 2.92$, $p > .05$. The second null hypothesis also failed to be rejected, implying the two groups of offenders did not differ regarding their beliefs concerning rape.

An additional analysis examined the differences between groups regarding variants of hostility.

Multivariate analysis of variance with offender groups as the independent variable and the hostility inventory subscales as dependent variables was computed. The results indicated that a significant multivariate effect did not result $F(7, 74) = 1.65$, $p>.05$. The third null hypothesis also failed to be rejected. Offender groups do not appear to display differences regarding variants of hostility.

Means and standard deviations for each instrument are presented in Table 2.

Table 2
Means and Standard Deviations for Offenders

| Instrument | Sexual Offender n=36 | | Nonsexual Offender n=48 | | Total n=84 | |
|---|---|---|---|---|---|---|
| Abel & Becker | 4.35 | (0.68) | 4.13 | (0.80) | 4.23 | (0.76) |
| Burt Rape | 52.5 | (18.73) | 59.38 | (17.87) | 56.43 | (18.45) |
| Buss Durkee | | | | | | |
| Total | 44.03 | (10.02) | 39.29 | (8.52) | 41.32 | (9.43) |
| *Subscales* | | | | | | |
| Negativity | 3.17 | (1.34) | 3.35 | (1.38) | 3.27 | (1.36) |
| Resentment | 4.97 | (1.42) | 4.13 | (1.72) | 4.49 | (1.65) |
| Indirect Hostility | 6.47 | (2.13) | 5.25 | (1.78) | 5.77 | (2.02) |
| Assault | 6.78 | (2.42) | 6.23 | (2.28) | 6.46 | (2.34) |
| Verbal Hostility | 8.56 | (2.72) | 8.00 | (1.89) | 8.24 | (2.28) |
| Suspicion | 7.00 | (1.57) | 6.21 | (1.89) | 6.55 | (1.79) |
| Irritability | 7.08 | (2.02) | 6.13 | (2.30) | 6.54 | (2.22) |

Seventy-seven percent of participants reported experiencing physical abuse and 43% reported a history of sexual abuse. Seventy-eight percent of the sexual offenders

reported a history of sexual abuse in contrast to 17% of the nonsexual offenders. Ninety-two percent of the sexual offenders reported a history of physical abuse and 67% of the nonsexual offenders report a history of physical abuse. Tables 3 and 4 describe the history of sexual abuse and physical abuse reported by the two groups of participants. The relationships of the alleged perpetrators are also provided in the tables.

Table 3
Percentages of Perpetrators of Abuse Reported by Adolescent Sexual Offenders (N=36)

| Relationship | Physical Abuse | Sexual Abuse |
|---|---|---|
| Father | 33.3 | 11.1 |
| Mother | 33.3 | 8.3 |
| Brother | 22.2 | 2.8 |
| Sister | 13.9 | 5.6 |
| Aunt | 2.8 | 8.3 |
| Uncle | 19.4 | 5.6 |
| Cousin | 19.4 | 19.4 |
| Stepfather | 38.9 | 11.1 |
| Stepmother | 8.3 | n/a |
| Step/half Brother | 13.9 | 2.8 |
| Step/half Sister | 5.6 | n/a |
| Acquaintance | 36.1 | 36.1 |
| Stranger | 36.1 | 19.4 |
| Other | 8.3 | 13.9 |

Due to the histories of physical and sexual abuse reported by the participants, additional analyses were computed to analyze potential interactional effects of a history of physical or sexual abuse and types of offenses on outcome scores of each instrument. An univariate

analysis of variance compared scores between the two groups of offenders with and without history of sexual abuse

Table 4
Percentages of Perpetrators of Abuse Reported by Adolescent Nonsexual Offenders (N=48)

| Relationship | Physical Abuse | Sexual Abuse |
|---|---|---|
| Father | 6.3 | 14.6 |
| Mother | 2.1 | 6.3 |
| Brother | 2.1 | 14.6 |
| Sister | n/a | 4.2 |
| Aunt | 2.1 | n/a |
| Uncle | n/a | n/a |
| Cousin | n/a | 4.2 |
| Stepfather | 2.1 | 14.6 |
| Stepmother | n/a | n/a |
| Step/half Brother | n/a | 4.2 |
| Step/half Sister | n/a | n/a |
| Acquaintance | 2.1 | 8.3 |
| Stranger | 6.3 | 39.6 |
| Other | 4.2 | 12.5 |

concerning beliefs about child molestation. Result of this analysis was not significant $F(1, 77) = .893$, $p>.05$. The second univariate analysis of variance compared groups regarding reported rape myths. This analysis also failed to find significance $F(1,77) = 1.22$, $p>.05$. Analyzing the subscale scores of the hostility inventory, a Multivariate Analysis of Variance was computed and indicated a significant result did not occur $F(7, 71) =.474$, $p> .05$.

Additional analyses were computed to assess for an interaction regarding offenses and history of physical abuse. A univariate analysis of variance did not detect a

significant interactional effect regarding endorsement of beliefs regarding child molestation $F(1, 77) = 2.46$, $p>.05$. A significant result also did not occur when analyzing the beliefs regarding rape $F(1, 77) = 3.27$, $p> .05$. A reported history of physical abuse did appear to create a significant interaction when assessing levels of hostility among the offenders. A Multivariate Analysis of Variance was computed and indicated a non-significant result $F(7,71) = 1.69$, $p< .05$.

# Chapter V

## Summary

### Summary and Discussion of Findings

The findings of this study do not support the presented hypotheses. The offender groups examined in this study did not significantly differ regarding their beliefs about child molestation and rape or differ regarding variants of hostility. Overall scores for each group also indicated neither group had high levels of endorsement for the beliefs presented on the instruments.

The characteristics of the adolescent sexual offenders in this study appear to vary with previous research findings. The average age of sexual offenders in this study was 16.11, which is somewhat older than found in other studies. The sexual offenders committed both sexual and nonsexual offenses. Data were not available regarding previous offenses so it is unclear if this group of sexual offenders had previous sexual offenses or nonsexual offenses prior to their commitment to the correctional facility. The majority of the sexual offenders reported both male and female victims and similar to previous

research, the majority of the victims at least four years younger than the offender were male. However, the majority of the female victims were also at least four years younger than the offender. This is inconsistent with previous reports, which indicate that female victims of adolescent sexual offenders typically will at least be the same age of the offender. This difference is probably due to the sampling of this correctional population and not a new trend of victim selection. Additional research using samples of adolescent sexual offenders from both correctional and community settings is warranted to fully examine this finding.

The initial purpose of this study was to compare different groups of sexual offenders, specifically comparing adolescent molesters with adolescent rapists. There is a prevailing belief that adolescent sexual offenders are not a homogenous group and research is needed to identify specific differences in this population. This study attempted to identify factors that may vary within the population of adolescent sexual offenders, however, the limited number of sexual offenders in this sample prohibited this examination. The alternative was to compare adolescent sexual offenders with adolescent nonsexual offenders. Both groups of offenders appear to be similar

with respect to variables of cognitive distortions and variants of hostility.

Previous research of adolescent sexual offenders has focused on identifying differences in this population. Research has also focused on identifying differences between adolescent sexual offenders and nonsexual offenders. By identifying differences within groups of sexual offenders and between groups of all offenders, intervention and treatment programs can be developed to address problems unique to each group of offenders. This study did not find any discernible differences between groups of sexual offenders and nonsexual offenders. The results of this study differ from previous research, which has generally found differences between sexual offenders and nonsexual offenders concerning a variety of traits. Previous research has found nonsexual offenders display higher levels of aggression than sexual offenders (Hastings, Anderson, & Hemphill, 1997). In contrast, this study did not find differences in variants of hostility for sexual offenders and nonsexual offenders. Generally, differences have also been found for cognitions related to sexually offending behavior. Results regarding differences in cognition also do not support previous research findings. The lack of significant findings may be due to

the heterogeneity of the adolescent offender population and factors not assessed may have contributed to the outcome scores on the instruments. Additionally, cognitive distortions used by this population may also not be accurately reflected on the instruments chosen for the study and thus no differences were found between offender groups.

Implications of Findings

The hypotheses developed for this study purported that subgroups of adolescent sexual offenders will vary regarding their beliefs that contributed to their deviant sexual behavior. Previous researchers have stated that accurate and reliable research cannot be conducted until specific coherent theory is developed regarding the etiology of cognitive distortions and how they contribute to sexual offending behavior (Neidigh & Krop, 1992; Ward et al, 1997). Previous research has focused on cognitive distortions, which is only one aspect of cognition. Ward et al (1997) suggest that researchers should focus on many of the cognitive variants that lead to offending behavior such as cognitive structures (schemata), operations (information processing), and products (self-statements, attributions). Many of the instruments used to study sexual offenders focus on the products of cognition. The understanding of

the development of sexual offending beliefs is hampered until all cognitive factors are considered. Additionally, social, biological, and other psychological factors should be included when developing and testing hypotheses for sexual offender research.

Identifying cognitive distortions is an important component of sexual offender treatment. Adolescent sexual offenders employ cognitive distortions to justify, minimize, and rationalize their deviant sexual behavior. This study attempted to identify differences in cognitions regarding sexual offenses utilized by adolescent sexual offenders. Previous research has compared adolescent sexual offenders and adolescent nonsexual offenders regarding psychopathology, demographic characteristics, and interpersonal functioning but this is the first study to compare these two groups regarding their use of cognitive distortions related to specific acts of sexual offending. The results imply no identifiable differences between the two groups. Reviewing each group's score separately, neither group displayed high endorsement of cognitive distortions regarding child molestation or rape. Reviewing the subscales of the hostility inventory, the groups also did not differ. Treatment programs for adolescent offenders may tailor the treatment to the specific type of treatment,

(e.g. sex offender treatment, violent offender treatment, property offender treatment). It is suggested in the findings of this study, that specific differences may not exist between groups of offenders. Targeting specific components of offender groups may be unnecessary and may not contribute to reducing recidivism among offenders. Other factors contributing to delinquent behavior should be explored in treatment to reduce the likelihood of repeat offenses in the adolescent population.

General Limitations of the Study

One limitation of this study was the use of self-report measures to obtain information regarding beliefs of adolescent sexual offenders. All three measures used in this study required self-report from the participants. Because the measures asked participants to respond to items that concern socially undesirable traits, it is likely the participants were guarded in their responses. Although attempts were made to ensure confidentiality and anonymity of the participants' responses, self-report bias was still likely to occur.

Secondly, one purpose of this study was to further identify factors that contribute to sexual offending behavior in adolescents. Adolescent sexual offenders are considered a heterogeneous group and this is problematic

for conducting research with this population. Due to the variability in this specific group of offenders, many factors likely to influence the outcome of this study were not apparent and thus not assessed. An attempt was made to classify the adolescent sexual offenders into more specific groups but the sample number per group was too small for analysis and the identification of specific factors was not possible.

The adolescent offenders in this study were requested to participate on a voluntary basis. This type of recruitment also presents an additional limitation to the study. No data were available for adolescents who refused to take part in the study. Without this type of data, confounding effects of voluntary participation were not able to be assessed.

The instruments chosen for this study may have also been too transparent for the constructs being measured. Sexual offenses are socially undesirable behaviors and participants may have responded to the items in a way that would portray them as more acceptable to the community. The Abel and Becker Cognition Scale has previously been found to separate offenders from non-offenders in adult offenders and the Burt Rape Myth Acceptance Scale is believed to be resistant to response bias related to social desirability

(Abel et al. 1989; Malamuth et al. 1995; Toulouse, 1997). However, these instruments may be impacted by the need to appear socially appropriate and may not have tapped into the specific cognitive distortions that contribute to sexually deviant behaviors of adolescent sexual offenders.

Methodological limitations may have also impacted the interpretation of the results. Participants were limited to incarcerated youth at a medium and maximum security level correctional facility. Additional comparison groups should be utilized in future studies to fully assess the use of cognitive distortions in adolescent sexual offenders. Because this is a heterogeneous group, using one setting does not tap into the all beliefs that may be used by this type of offender and results cannot be generalized to all adolescent sexual offenders. By utilizing additional comparison groups, more questions could be answered. These questions could include how adolescent sexual offenders may differ in relation to placement, consequence of adjudication, and mental health issues.

An additional limitation of this study included the use of the Abel and Becker Cognition Scale. This scale was initially developed to be used with adult sexual offenders. Questions include content designed for adults to consider regarding the appropriateness of sexual relationships with

children. Becker developed a similar scale for adolescent sexual offenders, but its psychometric properties are considered to be inadequate and a revision of this adolescent version is currently being developed (Bonner, Marx, Thompson, Michealson, 1998).

Lastly, the small sample size in this study limits the generalizability of the results and the characteristics found among the adolescent sexual offenders. Sexual offenders volunteering for this study were in a secure facility and had previously committed chronic offenses resulting in this type of placement. Large samples of sexual offenders from other settings should be used in future studies, as well as nonsexual offenders and non-delinquent adolescents for comparison groups.

Future Directions

This present study raises numerous questions for future studies. The use of cognitive distortions by adolescent sexual offenders to justify deviant sexual acts is an accepted tenet in the research literature (Lakey, 1992; Ryan & Lane, 1997). Future studies should focus on identifying specific cognitive distortions used by the subgroups of this population and how these cognitions specifically influence the types of crimes they commit.

Being labeled a sexual offender is a socially

undesirable label and future researchers should consider designing studies so that each subgroup (molester, rapist, non-sexual offender) could be tested separately from the other subgroups. This may enhance candid responses from each participant. This study was carried out in a group format with both adolescent sexual offenders and adolescent nonsexual offenders completing the questionnaires together. Future researchers should consider gathering data from participants separately. Adolescent sexual offenders receive negative responses from the public and this treatment likely exists within the correctional facility.

Currently there are no valid and reliable instruments specifically designed for identifying cognitive distortions in adolescent sexual offenders. The Adolescent Cognition Scale designed by Judith Becker to measure cognitions in adolescent sexual offenders has been found to be empirically unsound (Bonner et al. 1998). This scale is currently being revised but other instruments need to be developed to adequately identify beliefs that contribute to sexual offending behavior. The Burt Rape Myth Acceptance Scale is been used primarily in the adult population and may not detect specific attitudes in the adolescent offender population that contribute to sexual offending behavior. Further study of this scale with adolescents is

warranted.

Kempton & Forehand (1992) suggests that subgroups based on sexual offenses may not differ significantly as in the adult population. An adolescent offender may commit a sexual offense against a victim who may be a few years younger and be charged with rape or child molestation, depending upon the age differences between the victim and the offender. In the adult population, the age difference will be much greater for child molestation charge to apply. Factors related to child molestation in the adult population may not be the same as those found in the adolescent population. Alternative methods for separating adolescent sexual offenders should be employed to formulate more homogeneity or similarities within groups. Further research is needed to identify factors that can separate this group of offender more appropriately.

Additional studies should also continue to include comparison groups when attempting to identify specific factors that contribute to sexual offending behavior. Comparison groups should include nonsexual offenders as well as adolescents who have not committed a criminal offense. Utilizing comparison groups will assist the researcher in ascertaining specific factors that differ among adolescent offenders and non-offenders and provide

treatment providers a clearer understanding of the variability found within the adolescent offender population.

Discussion

This preliminary investigation raises a number of questions for future researchers. Adolescent sexual offenders should be investigated further to identify factors that contribute to the variability of the sexual crimes they commit. Previous researchers have focused on family characteristics, personality traits, and more recently biological and neurological contributors. Some studies have considered cognitive factors of adolescent sexual offenders but this is the first study to consider specific cognitive distortions regarding child molestation and rape. This study was unable to compare two groups of sexual offenders, child molesters and rapists. Additional research is needed to identify the subgroups within the adolescent sexual offender population and then compare these groups regarding beliefs about sexual offenses. These subgroups could be based on variables such as type of offenses, previous sexual or nonsexual offenses, or age at first sexual offense.

The literature supports the belief that cognitive distortions are used by sexual offenders to justify their

sexually deviant behaviors. Additional research should be conducted to further identify the specifics of the cognitive distortions used by adolescent sexual offenders and what specific treatment interventions can be employed to decrease or alter these distortions.

In conclusion, additional information is required to adequately assess and treat adolescent sexual offenders. Becker (1998) defines the prevalence of adolescent sexual offenders and their young victims as a public health problem. Additional focus should be given to this area so that this problem can be reduced.

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## Appendix A

ADOLESCENT ASSENT FORM

I, _____, (print your name), hereby agree to participate in the following research conducted by Christy Pearson, M.S. and Alfred Carlozzi, Ed.D. of Oklahoma State University, to gather information about me while performing the following procedure. My participation in this study will involve completing a demographic sheet and three questionnaires to be given to me in a group format. I understand this will take about 30 minutes. I authorize the use of information collected in this project as part of a study of characteristics of young people with various problem behaviors.

I am aware that all of the information provided by me is strictly confidential, and I will not be identified in this study. Information gathered in the study will be used for group comparison research purposes only. For my protection, all information related to me will be coded with an identification number rather than by my name. I understand my responses will not be given to staff members, teachers, parents, or administration. They will be reviewed only by the current research team or future research teams who are authorized by the principal researchers. Assent forms will be stored at the principal researcher's office and will be kept separate from the questionnaires. If I choose not to participate, the researchers from Oklahoma State University and the staff from the facility in which I reside will not be aware of my decision. Furthermore, I am aware that I may choose to end my participation in this study at any time without penalty. I also understand that if I feel any undue stress or anxiety as a result of participation in this study, I may talk with the researchers associated with this study, and I may ask questions related to this study.

I am aware that there is no connection between participation in this study and the treatment I will receive at this facility, and that my confidentiality and anonymity within this facility will be protected. If I choose not to participate in this study, no documentation indicating this decision will be placed in my file.

American Psychological Association ethical standards for research with human subjects will be followed in all stages of this study. I understand that if I have any questions about this study that are not satisfactorily answered, I may contact Al Carlozzi, Ed.D. or Christy Pearson, M.S. at (405) 744-5493. I may also contact Gay Clarkson, Department of Research, 305 Whitehurst, Oklahoma State University, Stillwater, OK 74078 (405) 744-5700.

I have read and fully understand the assent form. I sign it freely and voluntarily. A copy has been given to me.

Date:_____

Signed:_____
(signature of participant)

**Appendix B**

# DEMOGRAPHIC SHEET

**MY AGE**_____ **RTP**_____ **ITP**_____

**LENGTH OF STAY**(How long I have been at Rader)_____

**I HAVE BEEN AT RADER PRIOR TO THIS STAY**

Yes_____ No_____

**ETHNICITY**

African American_____
Native American _____
Caucasian_____
Asian American_____
Latino/Hispanic_____
Other _____

**ADJUDICATED OFFENSES** (Please list all adjudications)

_____

_____

_____

**I AM CURRENTLY RECEIVING TREATMENT FOR MY SEXUAL OFFENDING BEHAVIOR**

Yes_____
No_____
I have not committed a sexual offense_____

**I HAVE RECEIVED TREATMENT/COUNSELING PREVIOUSLY FOR MY SEX OFFENDING BEHAVIOR**

Yes_____
No_____
I have not committed a sexual offense_____

**THE VICTIM(S) OF MY SEXUAL OFFENSE WAS**

Male_____
Female_____
Both _____
I have not committed a sexual offense _____

**THE AGE OF MY SEXUAL OFFENSE VICTIM(S) WAS**

_____

I have not committed a sexual offense_____

**THE VICTIM OF MY SEXUAL OFFENSE WAS**

____My father
____My mother
____My brother
____My sister
____My aunt
____My uncle
____My cousin
____Other (please describe who)
____I have not committed a sexual offense
____Stepfather
____Stepmother
____Step/half-brother
____Step/half-sister
____Acquaintance/friend of family
____Stranger

**THE AGE OF MY FIRST SEXUAL EXPERIENCE**
(the first time I had sexual contact with another person)_____

**MY FIRST SEXUAL EXPERIENCE WAS WITH**

_____Someone my age
_____Someone four or more years older than me
_____Someone four or more years younger than me

**OTHER SEXUAL EXPERIENCES HAVE BEEN WITH** (Check all that apply)

_____Someone my age
_____Someone four or more years older than me
_____Someone four or more years younger than me

**I HAVE EXPERIENCED UNWANTED ATTEMPTS TO INITIATE SOME TYPE OF GENITAL CONTACT (GENITAL FONDLING, INTERCOURSE, ORAL SEX) BY ONE OR MORE OF THE FOLLOWING:**

____My father
____My mother
____My brother
____My sister
____My aunt
____My uncle
____My cousin
____I have not had this kind of experience
____Stepfather
____Stepmother
____Step/half-brother
____Step/half-sister
____Acquaintance/friend of family
____Stranger
____Other (please describe who)

**I HAVE BEEN KICKED, BIT, HIT WITH A FIST, BEATEN UP, CHOKED, THREATENED WITH A KNIFE OR GUN, OR ACTUALLY ASSAULTED WITH A KNIFE OR GUN BY ONE OR MORE OF THE FOLLOWING:**

____My father
____My mother
____My brother
____My sister
____My aunt
____My uncle
____My cousin
____Stepfather
____Stepmother
____Step/half-brother
____Step/half-sister
____Acquaintance/friend of family
____Stranger
____Other (please describe who)
____I have not had any of these experiences

## Appendix C

Mr. Roger Conway
Superintendent
L.E. Rader Center
Rt. 4, Box 9
Sand Springs, OK 74063

Re: Consent for Research

Dear Mr. Conway:

I am requesting your permission to conduct research at the L. E. Rader Center. I have enclosed a copy of my proposal outlining the study I would like to conduct at your facility. The research question involves the use of cognitive distortions regarding sexual offending among adjudicated sexual offenders. I would like to use the residents of the Rader Center to provide further understanding of this question. The purpose of the study is also for the requirements of my doctoral degree.

Additionally, I am requesting your consent on behalf of the residents to have them serve as participants in the study. The residents will by asked to complete 3 brief instruments in addition to a short questionnaire. The residents will be asked to participate on a voluntary basis and will not be penalized for refusal to participate. There will be minimal risk involved in the study and each participant will be debriefed at the conclusion of the study. It should take each resident approximately 30 minutes to complete the instruments. Residents will be tested in a group format based on the cottage in which they reside.

Since many of the residents are under the age of 18 and are unable to give informed consent to participate in the study, I need you, as the guardian, to provide consent. If you do not have questions concerning this request, please sign the enclosed form and return it to the address provided.

Thank you for your assistance.

Sincerely,

Christy Pearson, M.S.
P.O. Box 504
Stillwater, OK 74076

## Appendix D

## INFORMED CONSENT

The purpose of this study is to obtain further information regarding the use of cognitive distortions regarding sexual offending among adjudicated delinquents.

I,_____, authorize Christy Pearson, M.S. and Alfred Carlozzi, Ed.D. of Oklahoma State University, to gather information about the topic mentioned in the above statement. This information will be gathered using the residents of the L. E. Rader Center.

The participation in the study will involve the residents completing 3 brief instruments and a short questionnaire. All information provided by the residents will be confidential and no resident will be identified in the study. For the protection of the residents, all information will be coded by a number rather than by a name. If any resident chooses not to participate in the study, they may do so voluntarily and without penalty. If any resident experiences any undue stress or anxiety as a result of the participation in the study, they may consult the principal investigators.

There will be no connection between a resident's participation in the study and treatment he will receive at the facility. Each resident's anonymity within the facility will be protected. If a resident chooses not to participate, no documentation indicating this decision will be placed in the resident's file.

American Psychological Association ethical standards for research with human subjects will be followed in all stages of this study. Any questions about the study that are not satisfactorily answered may be directed to Christy Pearson, primary researcher or the following for further assistance:

Alfred Carlozzi, Ed.D.
School of Applied Health &
Educational Psychology
434 Willard
Oklahoma State University
Stillwater, OK 74076
405-744-5493

Gay Clarkson
Department of Research
305 Whitehurst
Oklahoma State University
Stillwater, OK 74076
405-744-5700

Date:_____

Signature:_____

## Appendix E

Correlation Coefficients

Significant Correlation Coefficients for Each Dependent Variable

| | Abel | Burt | Buss | Negat | Resen | Inhos | Assau | Suspi | Irrit | Verb |
|---|---|---|---|---|---|---|---|---|---|---|
| Abel | ----- | -.567** | .216* | .015 | .014 | .216* | .103 | .067 | .303** | .228* |
| Burt | -.567** | ----- | -.172 | .004 | .011 | -.294** | -.112 | -.094 | -.193 | -.083 |
| Buss | .216* | -.172 | ----- | .509** | .597** | .664** | .793** | .639** | .754** | .762** |
| Negat | .015 | .004 | .509** | ----- | .306** | .331** | .354** | .086 | .311** | .263* |
| Resen | .014 | .011 | .597** | .306** | ----- | .309** | .334** | .394** | .307** | .337** |
| Inhos | .216* | -.294** | .664** | .331** | .309** | ----- | .389** | .307** | .401** | .406** |
| Assau | .103 | -.112 | .793** | .354** | .334** | .389** | ----- | .450** | .552** | .563** |
| Suspi | .067 | -.094 | .639** | .086 | .394** | .307** | .450** | ----- | .392** | .406** |
| Irrit | .303** | -.193 | .754** | .311** | .307** | .401** | .552** | .392** | ----- | .507** |
| Verb | .228* | -.083 | .762** | .263* | .337** | .406** | .563** | .406** | .507** | ----- |

**Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

Note. Negat=Negativity; Resen=Resentment; Inhos=Indirect Hostility; Assau=Assault; Suspi=Suspicion; Irrit=Irritability; Verb=Verbal Hostility

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

**DATE: 12-09-98** **IRB #: ED-99-060**

**Proposal Title: ENDORSEMENT OF COGNITIVE DISTORTIONS REGARDING CHILD MOLESTATION AND RAPE AND LEVELS OF HOSTILITY AMONG DELINQUENT SEXUAL OFFENDERS AND DELINQUENT NONSEXUAL OFFENDERS**

**Principal Investigator(s):** Alfred Carlozzi, Christy Pearson

**Reviewed and Processed as:** Full Board

**Approval Status Recommended by Reviewer(s):** Approved

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Signature: Carol Olson Date: February 19, 1999

Carol Olson, Director of University Research Compliance
cc: Christy Pearson

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

# VITA

Christy Pearson

Candidate for the Degree of

Doctor of Philosophy

Thesis: ENDORSEMENT OF COGNITIVE DISTORTIONS AND VARIANTS OF HOSTILITY AMONG ADOLESCENT SEXUAL OFFENDERS AND NONSEXUAL OFFENDERS

Major Field: Applied Behavioral Studies

Biographical:

Education: Graduated from Bartlesville High School, Bartlesville, Oklahoma in May 1985; received Bachelor of Science degree in Psychology from Oklahoma State University, Stillwater, Oklahoma in May 1989; received Master of Science degree in Counseling Psychology from Northeastern State University in 1995. Completed the requirements for the Doctor of Philosophy degree at Oklahoma State University in December 2000.

Experience: Employed as a legal advocate for people with mental illness and developmental disabilities from 1991 to 1994, worked as a psychological assistant with juvenile delinquents from 1994 to 1996, employed by the School of Applied Health and Educational Psychology as a graduate teaching and research assistant from 1996 to 1999; employed by the University of Colorado Health Sciences Center as a psychology intern, 1999 to the present.

Professional Memberships: American Psychological Association