

## EDITORIAL

### Teaching an old Doug new tricks – or how I have learned to embrace qualitative research

I'd like to believe that I'm a scientist at heart. Four science degrees in my past, including my PhD, all based on quantitative research. To me, until very recently, qualitative research has been an oxymoron. I snobbishly (but actually ignorantly) thought of qualitative research as nothing more than case studies, or bad research showing evidence of some new attribution error (researchers found what they were looking for, or if they didn't, it was someone else's fault).

So, what has changed my attitude towards qualitative research? Well, at first it seemed to me that some theses were being done using qualitative design because some students couldn't cope with quantitative design. But, it has turned out that the research being conducted simply was not amenable to quantitative methods. So, the students needed to do something else – if the research question is interesting, then the method used to answer that question may be something other than quantitative analysis. The "old me" used to think that if you couldn't apply quantitative methods, you simply had not designed your study well enough. So ... quantitative analysis *requires* a researcher to essentially create an artificial and well-controlled experiment out of what is often an interactive, social event. How would one apply quantitative analysis to a subjective or interactive event? Isn't something essential to that event lost in the deconstruction of such events? Of course it is. Do we ignore "the more ephemeral aspects of the social world" (Long, White, Friedman, and Brazeal, 2000, p. 195) when we do only quantitative research? Of course we do - unfortunately, we must!

Another factor that has helped to convert me to qualitative design was the simple realisation that all research is emergent and thematic. All qualitative design does is build on that point and not divorce the creative side of research (coming up with ideas and exploring them as you conduct your study) from the analysis. The latter deserves a bit of explanation: quantitative studies usually are "top down" and measurement driven: design a discrete "question" (hypothesis) that is answerable numerically or statistically. Then, if the data analysis yielded significant results, you could say something about how the hypothesis was supported. Interesting trends in the data may be reportable, but rarely would such trends or "themes" (unless analysable) be reported. Qualitative design is more exploratory and is conceptually more "bottom up" – the researcher has an idea, he or she

explores that idea with participants. The methods used include: interviews, observational studies, taking notes, open-ended questionnaires, photographs, personal reflections – all very subjective. The researcher may have preconceived ideas about the focus of the study and a theoretical model for the study, but the goal is often to generate hypotheses and theory from the data being collected. The latter is not necessarily different from the more rigorous quantitative approach to research, as the data being collected may contradict or expand a quantitative theoretical model as well.

Probably the most important factor for me is that I don't really see much of a difference anymore between qualitative and quantitative design. I used to, but really, it's a matter of degree isn't it? Most research begins with an idea to be explored, and the idea is probably not thought of in quantitative terms. Then the researcher needs to decide what sort of research question to ask. The research question may have both quantitative and qualitative aspects.

For example, I recently read a very interesting thesis about issues that sex offenders experience during their reintegration back into the community. I suppose the researcher could have numerically dissected each file into risk scores, types of offences, numbers of days at risk, amongst other data, and perhaps there may have been some sort of relationship between such data and recidivism outcome. That would be a good little descriptive quantitative study and the results could probably inform agencies as to how intensively some released offenders should be supervised. Or, the researcher could examine what sorts of challenges did the various men face upon release, how did that impact on their ability to cope, what do they feel they need to work on to do well (and stay) in the community? The researcher did the latter and it was fascinating. But did the researcher actually give us all the answers we might want in such a study? The answer to that question would depend upon which questions we want answered, since the answer is arguably "both". Given that perhaps answering both is beyond a PhD (and really two different aspects of a similar issue), then a good qualitative study like the one described is very good value for informing treatment and community risk managers. Arguably, the quantitative issues raised in this example are somewhat less interesting to a student researcher, but important nonetheless.

The final factor is that New Zealand and Australia are rich with qualitative expertise and that is our good fortune. While I remain a proponent of quantitative research, I also recognise that qualitative research is a hot area these days and is not necessarily to be thought of as completely distinct from quantitative research. Flick (2007) noted that “the practice of research is characterized by a more or less pragmatic eclecticism in using a variety of qualitative and quantitative methods according to what the research question needs in order to be answered” (p. 7). While Flick admits in the next sentence of his book that the “how to” question – i.e., how to combine qualitative and quantitative approaches – in the same study “remain rather few and limited”, it is refreshing to read that we don’t have to decide. We can be pragmatic. Pick the best approach for the research question being considered. Find emerging themes, explore them, and perhaps collect some quantitative data to prove a particular point if one wants to do that.

So, in sum, qualitative and quantitative research approaches are different, but these approaches can be used synergistically and complementarily if one is willing to get educated and expand their analytical skill set. Both approaches have their strengths; and it’s the job of the researcher to use the best methods to facilitate answering a research question.

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### **Outgoing Editor’s comment**

As this is the last issue I will be the editor for it is perhaps appropriate to note the papers in this issue of SAANZ appear to have been instrumental in the editors thinking. The current issue consists of five papers and represents a strong offering with two papers representing pilot studies, two authoritative reviews of important policy issues, and a qualitative paper. The submissions reveal the depth of research methods available and the papers in this issue have a strong theme of adding to the policy debate about the best way to manage the release of high risk sex offenders into the community, and serve as bench marks for future studies. The offerings help establish the journal as fertile ground for research that promotes the role ANZATSA plays as a peak body in the policy debate.

The submission by Willis is a strong review supporting the importance of release planning to reduce recidivism in incarcerated sex offenders. It provides welcome authorities for policy planners to help rejuvenate the provision of basic infrastructure to support the stability of offenders in the community as

an aid to the reduction of recidivism. The paper by Jones and Vess is a pilot study investigating the cognitive distortions of child molesters with relevance to Implicit Theory research. An empirical study, it supports the connection between Implicit theories and Personality Traits. Katie Seidler’s paper is the issue’s only pure qualitative study. It too provides data for the policy debate, this time from the offender’s perspective, allowing for the introduction of the offender as an important source of data for what is the best way to pitch policy to prevent recidivism. Good science proceeds by investigating an issue from all sides, and it is necessary to have all opinions and information sources available if policy is to be meaningfully developed and sensibly implemented. The journal would be reliably informed if we could also obtain submissions from survivor groups and their families to round out the perspectives gathered in this issue.

The paper by Reid et al. is another pilot study and underlines the advantages that small group studies play in providing preliminary data to enhance the development of larger group studies. The importance of profiling and attempting to understand the heterogeneity of offenders lies in the ability to target treatment resources. This paper makes an important contribution to that issue. The final paper in the series is by Nisbet and colleagues. This paper is an example of an authoritative review supported by data mining and provides important benchmarking for recidivism rates of young sex offenders in New South Wales. The effort provides a rich source for program evaluation and an understanding of recidivism patterns of young people. Along the way it corrects a number of persuasive but false impressions about young sex offenders in our community.

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## Back to Basics: Empirical Support for the Importance of Release Planning in Reducing Sex Offender Recidivism

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### Abstract

Research on the factors underlying sex offender recidivism has focussed limited attention on release planning. This article reports findings from a series of empirical studies investigating whether poor release planning might contribute to sex offender recidivism. A coding protocol was developed to measure the comprehensiveness of release planning which included items relating to accommodation, employment, pro-social support, community-based treatment, and the Good Lives Model (T. Ward & C.A. Stewart, 2003) secondary goods. The protocol was retrospectively applied to groups of recidivist and nonrecidivist child molesters, matched on static risk level and time since release. As predicted, overall release planning was significantly poorer for recidivists compared to nonrecidivists. The accommodation, employment, and social support items combined to best predict recidivism, with predictive accuracy comparable to that obtained using static risk models. Results highlighted the importance of release planning in efforts to reduce sex offender recidivism. Implications for policy makers and community members are briefly discussed.

### Introduction

Anecdotally, there is a widespread belief among clinicians and other professionals working in correctional settings that poor planning for the reintegration of sex offenders from prison into the community can increase their likelihood of recidivism. Difficulties that sex offenders face with finding suitable housing and employment have been chronicled in newspaper articles (e.g., Haines, 2006) and portrayed in the popular media, including the critically well-received film, *The Woodsman*. Child molesters face particularly acute challenges in terms of community reintegration. In extreme cases, public fear evoked by such offenders has led to instances of public shunning, pickets, vigils, and evictions (Petrunik & Deutschmann, 2008). Forcing child molesters out of communities may reflect an attempt to eradicate the potential for further harm. The problem, however, is that child molesters do not return to prison when forced out of communities. Rather they are left potentially homeless or in unstable living conditions, which has been linked with

recidivism for general offenders (Zamble & Quinsey, 1997). Effective planning for the reintegration of child molesters appears paramount in efforts to prevent them from reoffending. There has been no systematic investigation to date, however, on the effect of release planning on sex offender recidivism. If poor release planning increases sex offender recidivism risk, correctional staff and relevant community agencies may be in a position to reduce reoffending through more effective reintegration of sex offenders from prison into the community.

It is well established that offence-history variables such as the number of prior convictions for sexual offences, or a preference for male victims are good predictors of sex offender recidivism. Such *static risk factors* provide a key component of overall risk assessment and have been validated in numerous studies (e.g., Hanson & Thornton, 2000; Harris et al., 2003). A growing body of research has shown that *dynamic risk factors*, which are potentially changeable and thus can become the focus of treatment, are also related to recidivism. *Stable* dynamic risk factors are relatively enduring tendencies, such as distorted attitudes or deviant sexual preferences (Hanson & Morton-Bourgon, 2005). By contrast, *acute* dynamic risk factors are those that can potentially change rapidly and precipitate recidivism, such as victim access, substance abuse, and deterioration in mood (Hanson & Harris, 2000). Specific environmental contexts, for example living near a park where children frequently play, or in a neighbourhood in which drugs are widely available, likely aggravate acute dynamic risk factors. The implication is that effective planning for community reintegration – for example, ensuring that an offender will not live in an area with easy access to children and has stable employment and social support – should reduce the likelihood of recidivism. Despite a growing body of research on risk assessment, no previous studies have examined the effects of release planning on sex offender recidivism. This article reports findings from a series of studies investigating poor release planning as a risk factor for sex offender recidivism. It was hypothesised that recidivist sex

offenders would have had poorer release planning than matched groups of nonrecidivist sex offenders.

### Overview of empirical research

Willis and Grace (2008) developed a coding protocol to evaluate the quality and comprehensiveness of release planning for sex offenders. The protocol included items relating to planning for accommodation, employment, social support, community-based treatment, and the Good Lives Model (GLM; Ward & Stewart, 2003) secondary goods. Briefly, the GLM is a contemporary strengths-based model of offender rehabilitation which emphasises the promotion of *primary goods* (basic human needs that, once met, enhance psychological well being, e.g., friendship and mastery experiences) as treatment targets. *Secondary goods* provide concrete means of securing primary goods and take the form of socially acceptable and personally meaningful approach-oriented goals. Willis and Grace (2008) retrospectively applied their coding protocol to graduates of the Kia Marama prison-based treatment programme. Kia Marama is a self-contained 60-bed unit for men convicted of sexual offences against children, located at Rolleston Prison near Christchurch, New Zealand. The sample consisted of 39 recidivists and 42 nonrecidivists, matched for static risk level and time since release. As predicted, recidivists had significantly poorer release planning overall, and for the accommodation, employment, and GLM secondary goods items. Planning for social support was also poorer for recidivists, and this difference approached significance. Results were confounded, however, by between-group differences in stable dynamic risk factors, as assessed using Allan, Grace, Rutherford, and Hudson's (2007) factor scores. Specifically, recidivists' Sexual Interests, Pro-Offending Attitudes, and Overall Deviance scores were significantly higher than nonrecidivists' scores. However, because the Allan et al. dynamic risk factors were developed based on those psychometric variables that were most predictive of recidivism using the same sample from which the Willis and Grace (2008) sample was derived, it would be anticipated that recidivists would score higher on those dynamic risk factors. Thus it was important to consider whether factor scores would differ between recidivists and nonrecidivists in an independent sample of sex offenders. Moreover, it was important to consider whether the difference in release planning scores shown between recidivists and nonrecidivists as measured by the coding protocol would be replicated in an independent sample.

Accordingly, Willis and Grace (2009) conducted a validation study using groups of recidivist ( $n = 30$ ) and nonrecidivist ( $n = 30$ ) graduates of a different treatment programme (Te Piriti, located at Auckland Prison) who were matched for static risk level and time since

release. The GLM secondary goods item of the Willis and Grace (2008) coding protocol could not be rated due to insufficient information available in participants' files, however all other items were rated. Consistent with Willis and Grace's (2008) findings, overall release planning was poorer for recidivists compared to nonrecidivists. In addition to the total release planning score, planning for employment and social support were also significantly poorer for recidivists. Moreover, there were no between-group differences on the Allan et al. (2007) factor scores, suggesting that differences in release planning were not confounded by differences in stable dynamic risk factors.

Willis and Grace (2009) pooled data from both studies ( $N = 141$ ), and conducted additional analyses to investigate whether release planning predicted time to reoffending, and to determine the best predictive model of release planning variables for recidivism. As predicted, poorer release planning was associated with shorter time to reoffence, providing further support for the premise that release planning is a contributing factor to recidivism. In combination, the accommodation, employment, and social support planning items produced the best predictive model for recidivism, which demonstrated accuracy ( $AUC = .71$ ) in the same range as that commonly obtained using static risk models (e.g., Barbaree, Seto, Langton, & Peacock, 2001; Harris et al., 2003). Given that the nonrecidivists in the present study were matched on static risk with the recidivists, and further that static risk was not significantly correlated with release planning, results suggest that assessment of release planning may represent an additional, equally strong, and independent source of predictive validity for recidivism. Whether the quality of release planning produces significant increments in predictive accuracy above static risk measures, however, could not be examined in the present research because the matching procedure used to obtain the nonrecidivist groups ensured that there was no correlation between static risk and recidivism.

The exclusive focus on release planning limited the conclusions that could be made from the Willis and Grace (2008, 2009) studies: whether offenders were successful at implementing their release plans was unknown. Accordingly, a third study investigated whether release planning was correlated with actual reintegration experiences amongst recently released sex offenders (Willis & Johnston, manuscript in preparation). As expected, significant positive correlations were found between release planning and actual reintegration experiences at various time intervals post-release, enabling stronger conclusions to be drawn from the Willis and Grace (2008, 2009) studies. Specifically, it can be assumed that reintegration experiences differed significantly between recidivists and nonrecidivists, and accordingly that

positive reintegration experiences contributed to reductions in sex offender recidivism.

### Implications

Findings from the present research suggest that release planning warrants considerable attention in prison-based sex offender treatment programmes. Improvements to release planning and the reintegration experiences of sex offenders, however, cannot be achieved by Correctional staff alone but require that responses of community members and policy makers to released sex offenders are conducive to successful reintegration.

A growing body of research has considered the effects of specific legislative responses to released sex offenders, for example residential restrictions, which limit the proximity released sex offenders can live to areas children commonly frequent such as schools and parks. Originally enacted to enhance community safety and reduce sex offender recidivism, residential restrictions might actually increase the same risk they intended to deter, through contributing to housing disruption and social isolation for some offenders (e.g., Levenson & Cotter, 2005). Not surprisingly, then, there is little empirical evidence that such legislation contributes to reductions in sexual recidivism (e.g., Zandbergen, Levenson, and Hart, in press; Duwe, Donnay, and Tewksbury, 2008).

At a broader community level, released sex offenders require co-operation from the general public in order to successfully reintegrate from prison into the community. Vigilante-type responses including public shunning, pickets, vigils, and evictions are not conducive to successful reintegration. Such responses are understandable given the fear evoked by released sex offenders, however their potential to interfere with sex offender reintegration might inadvertently increase recidivism risk.

### Conclusion

The present research represents the first known attempt to show a link between poor release planning and subsequent sex offender recidivism. Improving release planning and the subsequent reintegration of child molesters from prison into our communities should contribute to reductions in child molestation, which is the ultimate aim behind this and other such research on sexual offenders.

Accommodation, pro-social support and employment all reflect needs that occupy the lower steps of Maslow's (1943) well-known Hierarchy of Needs. According to Maslow, physiological, safety, and social needs must be secured before higher-order values such as self-esteem, respect of others, and morality can be realised. It seems unrealistic to expect released sex

offenders to live as law-abiding, respectful members of society while they struggle to attain basic human needs. Assisting sex offenders to develop effective release plans may help to ensure that their basic needs are met post-release, and in turn contribute towards a reduction in sex offender recidivism.

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## Implicit Theories and Personality Patterns in Child-Victim Sex Offenders

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### Abstract

Research has suggested that child sex offenders hold thematically distinct cognitive distortions, which Ward and Keenan (1999) call Implicit Theories. The aim of this preliminary study was to investigate the relationship between offenders' Implicit Theories and their personality related cognitions. The variables were measured using the Implicit Theory Questionnaire and Millon's (1990) MCMI-III personality scales. Subjects were 28 male sex offenders against children serving a custodial sentence in New Zealand, who elected to participate in a treatment program. A majority of participants had personality scale scores that reached the clinical threshold. Results found that dependant, depressive and schizoid personality patterns significantly correlated with Implicit Theories. Clinical and theoretical implications are discussed.

### Introduction

The deviant thoughts of sex offenders have been labelled as cognitive distortions and refer to the blaming, minimising, excusing and rationalising of sexually abusive behaviour (Ward, 2000). Cognitive distortions, also described as "offence-endorsing statements" (Ward, Gannon, & Keown, 2006, p. 324), are purported to facilitate and maintain offending behaviour (Gannon, Ward, & Polaschek, 2004; Ward & Keenan, 1999). Cognitive distortions have been regarded as a critical feature in the etiology and maintenance of child sex offending behaviour (Hall & Hirschman, 1991, 1992; Marshall & Barbaree, 1990; Ward & Seigert, 2002). As a result, challenging sex offenders' cognitive distortions has become a key component of their treatment. However, conceptualising cognitive distortions has been difficult, in part due to their complex nature.

In an early study of cognitive distortions as a concept, Abel, Becker and Cunningham-Rathner (1984, p. 98), described cognitive distortions as "a set of cognitive beliefs that support sexual involvement with children". These authors suggested that child-victim sex offenders experience a state of cognitive conflict generated by the

incongruence between their deviant thoughts and social norms. The impact of this conflict generates aversive levels of anxiety and complex emotions, including shame and guilt. By using Festinger's (1957) Cognitive Dissonance Theory, Abel et al., suggested that child sex offenders distort their cognitions to align them with their deviant thoughts, fantasies and behaviour. This process alleviates the conflict and subsequent distress. These cognitive distortions then facilitate continued sexually deviant behaviour.

Choudhry (1995) investigated the cognitive distortions of intra-familial and extra-familial child-victim sex offenders, assessing their attitudes and beliefs surrounding adult-child sexual interactions. Their results showed no significant differences in cognitions between these two types of offenders. These findings suggested that cognitive distortions of child-victim sex offenders are not thematically bound by the relationship to the victim. Instead it was suggested that cognitive distortions are a reflection of something more fundamental to the offender.

### Implicit theories

More recently, Ward (2000) proposed that cognitive distortions stem from underlying maladaptive assumptions or beliefs and the tendency to biased information processing. The proposition of biased perceptions based on maladaptive beliefs or assumptions parallels the schemas of Beck's Cognitive Theory (1963). Negative schemas are generated as a result of developmental adversity, are deeply entrenched, and provide a lens through which neutral information is filtered as negative. Ward and Keenan's (1999) conceptualisation viewed the cognitive distortions of sex offenders as products of a much larger network of interlocking and underlying schemas (or beliefs). Ward (2000) called these beliefs 'Implicit Theories'. These beliefs function to explain the actions of self, others, and the world in general, and assist in developing expectations relating to the social environment. Unlike Abel et al.'s (1984) Cognitive Distortion Hypothesis that views cognitive distortions as independent or isolated distorted thoughts, the

cognitive distortions generated from Implicit Theories are pervasive, stemming from a larger belief structure.

Marziano, Ward, Beech and Pattison (2006) examined the cognitive distortions in child-victim sex offenders' offence narratives to identify thematically distinct distortions that clustered together to form a larger belief network. The results of their qualitative analyses identified distinct clusters of cognitive distortions related to five Implicit Theories. These include:

#### **Children as sexual objects**

This Implicit Theory is the belief that children both enjoy and desire the pleasure that comes from sexual connection, and that children have the capacity to make informed decisions about sexual behaviour. These offenders also believe that sexual contact with children is unlikely to be harmful, and in fact is beneficial for the child (Ward & Keenan, 1999). Sanctioning this experience is viewed as denying offenders' and their victims' natural expression of sexuality. Cognitive distortions generated by this Implicit Theory may include "children are curious about sex and enjoy it" and "the child was trying to arouse me by walking in front of me with skimpy clothes on".

#### **Entitlement**

Offenders who hold the Entitlement Implicit Theory believe they are in a superior category than others, placing themselves in a position of special consideration and treatment. Due to this special status, offenders believe their sexual needs deserve to be met by whomever and whenever they desire. Ward and Keenan (1999) suggest that child-victim sex offenders holding this Implicit Theory believe they are above laws and morals, which ought to be acknowledged by others who hold a lower status. Cognitive distortions generated by this Implicit Theory may include "people do what I tell them and that includes sex" and "men are entitled to have sex with whomever they like whenever they like".

#### **Dangerous world**

According to Ward and Keenan (1999), there are two strands to the Dangerous World Implicit Theory. The first strand emphasises the offenders' need to assert their dominance and control over others to ensure their status or position is strengthened. This can involve punishment or retribution against others who are perceived to have harmed them in some way. This punishment can involve the sexual abuse of a child as retribution for perceived wrongs by their mother. Another key feature of the first strand is that sex offenders believe the world and those in it to be inherently hostile (Marziano, et al., 2006). Cognitive distortions generated by this implicit theory may include "I did it to get revenge on her and her mother".

The second strand of the Dangerous World Implicit Theory emphasises the offenders' view that the world is

a threatening place. A key feature is the offenders' belief that adults are threatening, untrustworthy and rejecting while children are more dependable, acceptable and less likely to take unfair advantage (Ward & Keenan, 1999). Unlike the retributive stance of the first strand, child-victim sex offenders holding beliefs from the second strand do not perceive themselves as capable to retaliate against others. Cognitive distortions generated by this implicit theory may include "you can't trust adults" and "kids really know how to love you".

#### **Uncontrollability**

Offenders who hold the Uncontrollability Implicit Theory believe that events in the world, including their own emotions, sexual feelings and thoughts, are uncontrollable. Ward and Keenan (1999) state that exposure to traumatic events such as a death of a parent or sexual abuse is likely to generate a feeling of having no control over the world and others. Cognitive distortions generated by this implicit theory may include "I was high on drugs and alcohol at the time" and "I did it because I was sexually abused as a child" and, "Some people are not 'true' child molesters – they are just out of control and made a mistake".

#### **Nature of harm**

The key belief related to this Implicit Theory is that harm is on a dimension of severity and that sexual contact is beneficial and unlikely to cause any harm. Offenders believe that harm to the child depends on circumstances. This can be due to the offenders' perception that without the use of force or penetration, or if the child was asleep at the time and is unaware of what is taking place, the child is unharmed. Child-victim sex offenders who hold this Implicit Theory also believe that sex is inherently pleasurable and thus, beneficial. Cognitive distortions generated by this implicit theory may include "we were only touching, it wasn't really sex" or "if something is enjoyable, how can it be harmful?"

#### **Implicit theories and personality**

Buschman and van Beek (2003) proposed that offence related cognitive distortions are part of a larger underlying belief system based on personality traits. Millon (1981, p. 8), defines personality as: "A complex pattern of deeply embedded psychological characteristics that are largely unconscious, cannot be eradicated easily and express themselves automatically in almost every facet of functioning." Millon also argues that personality provides the foundation for an individual's "distinctive pattern of perceiving, feeling, thinking and coping" (p. 8). Similar to Millon (1981) and Millon and Davis (1996), Beck, Freeman and Davis (2004) propose that underlying the development of personality are evolutionary generated strategies that facilitate survival and reproduction. Beck et al.



suggested that disorders such as depression, anxiety and personality disorders are manifestations of exaggerated strategies. At the core of this exaggeration is how individuals process affective and cognitive information, that is, emotions and thoughts.

Personality characteristics have been identified in etiological theories as important factors in sex offending behaviour against children (Hall & Hirschman, 1991, 1992, 1996; Marshall & Barbaree, 1990; Millon, 1981; Millon & Davis, 1996). Hall and Hirschman (1991, 1992, 1996) identified four causal variables in their Quadripartite Model, which they proposed were motivational precursors of sexual aggression against women or children. These include: physiological sexual arousal, cognitive distortions, affective dyscontrol and developmentally related 'personality problems'.

Personality is empirically linked with distinct coping strategies used during stressful situations (Bijttebier & Vertommen, 1999; Lussier, Proulx, & McKibben, 2001). Millon and Davis (1996) suggest that dysfunctional coping strategies can help distinguish adaptive from maladaptive personality functioning. While adaptive personality functioning uses flexibility of thought and problem focused coping, personality disorders are characterised by vicious cycles of inflexible, narrowed and maladaptive ranges of coping responses. Moreover, Millon and Davis claim that an individual's range of coping skills and adaptive flexibilities determines his or her ability to master the demands of the environment.

Ward (2000) proposed that child sex offenders have difficulties regulating their emotions. More specifically, they may have difficulty in identifying emotions, adjusting negative emotions to better cope with distress or may be unable to approach others for social support. Lussier et al., (2001) explored the link between personality and coping strategies in adult-victim and child-victim sex offenders using Millon's Clinical Multi-Axial Inventory (MCMI). Their cluster analyses revealed two MCMI profiles: dramatic and anxious. Those in the dramatic group showed higher personality trait scores on the histrionic, narcissistic, and compulsive scales. The anxious group revealed higher personality trait scores on the schizoid, avoidant, passive-aggressive, schizotypal and borderline scales. The anxious profile group had more offenders with deviant sexual preferences, as measured by phallometric assessment, and more paraphilia diagnoses than the dramatic profile group.

### **Personality disorders in child sex offenders**

Studies examining personality disorders in child sex offenders have shown that a high proportion of sampled offenders meet the Diagnostic and Statistical Manual of Mental Disorders (4th Ed, Text Revision, DSM-IV-TR,

American Psychiatric Association, 2000) criteria for one or more personality disorders (Bogaerts, Daalder, Vanheule, Desmet, & Leeuw, 2008; Bogaerts, Declercq, Vanheule, & Palmans, 2005; Chantry & Craig, 1994; Madsen, Parsons, & Grubin, 2006). However, personality disorders identified within child sex offender samples have varied between offenders and between studies. Madsen et al. (2006) found that 48% of their sample met criteria for at least one personality disorder, and that of these, 11% met criteria for two personality disorders and 14% met the criteria for three or more. Antisocial, avoidant, depressive, paranoid and obsessive-compulsive disorders were most frequent.

Bogaerts, Vanheule, Leeuw and Desmet (2006) investigated personality disorder prevalence and attachment differences between 84 child-victim sex offenders and a matched control group of 80 non-offenders using the Assessment of the DSM-IV Personality Disorders (ADP-IV). Their results showed that the sex offenders' personality pattern scores were higher than the control group on all of the personality scales. Bogaerts et al. also conducted a logistic regression which showed that schizoid and antisocial personality trait scores significantly predicted sex offender group membership. Additionally, insecure attachment styles also significantly predicted sex offender group membership.

Chantry and Craig (1994) conducted a study using the MCMI (Millon, 1983) to distinguish between child-victim sex offenders, adult-victim sex offenders, and violent (non-sexual) offenders. The child-victim sex offenders' mean MCMI personality pattern scores were significantly higher than both adult-victim sex offenders and violent offenders on the passive-aggressive personality scale. The child-victim sex offenders' mean personality trait scores were significantly higher on schizoid, dependent, and borderline compared to the violent offender group. Dependant personality pattern scores were the highest among the child-victim sex offender group. Chantry and Craig described the clinical picture of the child sex offender group as showing, "significant problems with dependency combined with psychic distress (anxiety and depression). They appear to be passive; submissive; insecure; docile; placating; and lacking in initiative, acquiescing to a strong adult authority figure for nurturance, affection, protection, and security" (p. 433).

Similar results were obtained by Ahlmeyer, Kleinsasser, Stoner and Retzlaff (2003) when they examined MCMI personality data in 472 child sex offenders, 233 adult victim sex offenders and 7,226 general population offenders within a U.S.A. penal institution. Their analyses showed that specific personality scale scores could significantly predict child sex offender group membership when compared to the

scores of adult sex offenders and general population offenders. The MCMI personality scales that predicted child sex offender group membership were schizoid, avoidant, depressive, dependent and self-defeating (masochistic) types. Dependent personality was the personality pattern most predictive of child sex offender group membership. The prominence of the dependant personality is consistent with Chantry and Craig's (1994) earlier data.

### **Personality and cognitive distortions**

Ward and Keenan's (1999) Implicit Theories provide a useful framework to understand child sex offenders' perceptions of themselves and their victims. Buschman and van Beek (2003) proposed that cognitive distortions are a representation of offenders' underlying explanatory theories and general interpersonal tendencies. On a theoretical level, offence related cognitive distortions may be part of a global underlying personality structure that shares a thematically similar cognitive style. Furthermore, thematically distinct cognitive distortions may underlie child sex offenders' motivations for their offending. The current study examined whether the cognitive distortions that proposed by Ward and Keenan's Implicit Theories are associated with personality related cognitions. Tentative predictions were made based on the qualitatively similar cognitions found between the Implicit Theories and DSM-IV-TR (American Psychiatric Association, 2000) personality disorder criteria. The Dangerous World Implicit Theory was predicted to positively correlate with paranoid personality trait scores; the Entitlement Implicit Theory was predicted to positively correlate with narcissistic personality trait scores; and the Uncontrollability Implicit Theory was predicted to positively correlate with antisocial personality trait scores. An examination of the relationships between both Nature of Harm and Children as Sexual Beings Implicit Theories and personality pattern scores were exploratory.

## **Method**

### **Participants**

Participants consisted of 30 male child sex offenders, of whom 28 provided valid data. At the time of recruitment the participants were serving a custodial sentence for sexual offence/s against child victim/s under the age of 16. Participants were recruited from two Department of Corrections special treatment units, one in the North Island (Te Piriti) and one in the South Island (Kia Marama) of New Zealand. The 30 offenders who participated in the study were aged between 19 and 80 with a mean age of 44 years. A one-way ANOVA was conducted which identified the mean ages from

both units differed at a significant level ( $F(1,26) = 7.06$ ,  $p < .05$ ). The 20 participants recruited from the Te Piriti Special Treatment Unit were significantly older ( $M=50.5$ ,  $SD=15.6$ ) than the 10 participants recruited from Kia Marama special treatment unit ( $M=34.2$ ,  $SD=15.4$ ). The total sample consisted of 12 New Zealand Europeans (43%), 13 Maori (46%), one Pacific Islander and two British offenders. Ten of the 13 Maori and the one Pacific Islander participants were recruited from the Te Piriti programme, along with seven of the 12 New Zealand European participants.

Eligibility to undertake treatment in either of these programmes includes admitting their offending, an absence of a mental illness that would interfere in treatment, volunteering for the treatment, and being 20 years of age or older. In addition to the special treatment units' eligibility criteria, the current study required participants to possess a sufficient reading ability to complete the questionnaires without assistance.

### **Instruments**

#### **The Implicit Theory Questionnaire (ITQ)**

The relevant cognitive distortions are measured with Ward and Keenan's (1999) Implicit Theories Questionnaire (ITQ, Goddard, 2006). The ITQ comprises 204 items which make up the five Implicit Theory subscales (Children as Sexual Beings, Entitlement, Nature of Harm, Dangerous World, and Uncontrollability). Each item is presented as a statement to which a level of agreement or disagreement on a four-point scale is required. The ITQ has yielded high internal reliability, with Cronbach's alphas ranging from .79 to .93 for all subscales. Test-retest reliability also yielded strong correlations for each subscale ranging between .84 and 1.00 (Goddard, 2006). The ITQ is used as a measure of attitudes and beliefs relating to the involvement of children in sexual activities and takes approximately 45minutes to one hour to complete.

#### **The Millon Clinical Multiaxial Inventory (MCMI-III)**

Personality trait scores were measured using the Millon Clinical Multiaxial Inventory (MCMI-III; Millon, 1994). The MCMI-III consists of 175 items that are consistent with Axis II personality disorders in the DSM-IV, seven subscales consistent with Axis I disorders and four validity scales. The MCMI-III scales have yielded moderate to high internal reliability, with Cronbach's alphas ranging from .66 to .89 for the personality scales. High test-retest reliability has also been established for each personality scale ranging between .85 and .93 (Millon, 1994).

## Procedure

All offenders arriving at both Kia Marama and Te Piriti special treatment units were invited to participate in the current study. Offenders arrived at the units sporadically according to their sentence completion dates and unit space availability. The collection of the Implicit Theory data coincided with the offenders' arrival at their respective treatment units in order to mitigate the likelihood of any treatment effects on cognitive distortions. A standard battery of psychometric testing is routinely conducted with offenders at both units immediately prior to the commencement of their treatment, and includes the MCMI-III.

## Results

An alpha level of 5% was used for all statistical analyses in this study. Means and standard deviations for Implicit Theory endorsement and MCMI-III personality pattern scores are located in Tables 1 and 2, respectively. Participants' data was removed if they responded to less than two thirds of the ITQ items. As a result, two participants' data were removed from the ITQ dataset leaving a functional sample of 28. These two participants also provided invalid MCMI-III data due to disclosure scores below 34.

## Distribution of implicit theory endorsement

Table 1: Mean endorsement scores and standard deviations according to each Implicit Theory

Implicit Theory	Min	Max	Mean	Standard Deviation
Children as Sexual Beings	1.00	3.33	1.47	0.50
Dangerous World	1.00	3.11	2.36	0.50
Entitlement	1.09	2.32	1.69	0.30
Nature of Harm	1.05	3.18	1.33	0.44
Uncontrollability	1.00	3.05	1.94	0.54

The Implicit Theory Questionnaire asked participants to evaluate statements, where 1 = strongly disagree, 2 = somewhat disagree, 3 = somewhat agree and 4 = strongly agree. The highest mean score of Implicit Theory endorsement was the Dangerous World subscale as shown in Table 1.

## MCMI-III distribution

According to Millon (1994), the threshold for the clinical *presence* of clinical personality pattern is a base rate score of 75, while the threshold for clinically *prominent* personality patterns is 85. Table 2 shows that 23 (82%) of the participants reached the threshold

Table 2: MCMI-III mean scores, standard deviations

Personality Disorder	Min	Max	Mean	Standard Deviation	Freq. of Presence (75-84)	Freq. of Prominence (85+)
Paranoid	1	88	59.29	19.64	1	2
Borderline	1	82	53.39	22.01	2	0
Schizotypal	0	82	53.36	25.58	4	0
Masochistic	0	85	54.29	27.30	9	1
Negativistic	1	90	57.93	28.45	7	3
Compulsive	21	83	48.50	14.54	1	0
Sadistic	5	89	52.54	22.53	2	1
Antisocial	16	95	66.11	20.18	7	4
Narcissistic	9	82	49.18	16.93	2	0
Histrionic	5	73	41.96	16.77	1	0
Dependent	30	92	62.11	17.89	5	2
Depressive	0	110	65.43	23.94	7	4
Avoidant	1	99	55.75	28.25	5	3
Schizoid	1	106	56.71	22.82	5	1
Disclosure <sup>a</sup>	14	98	62.97	19.86	2	5
Desirability <sup>b</sup>	15	94	67.28	21.41	5	4
Debasement <sup>c</sup>	0	85	50.10	23.90	1	1

<sup>a</sup> Scores below 34 and above 178 considered invalid responding (2 participants' data removed).

<sup>b</sup> Scores above 75 may conceal aspects of psychological or interpersonal difficulties.

<sup>c</sup> Scores above 75 suggest strong inclination to depreciate.

for the presence of patterns consistent with at least one DSM-IV-TR personality disorder. On average, each participant scored between 75 and 84 on two MCMI-III personality scales ( $M=2.04$ ,  $SD=1.73$ ), ranging between zero and six, respectively. Of the 23 participants reaching the cut-off for the clinical presence of personality traits, over half (57%) also had one or more personality scale that reached clinical prominence (i.e., 85 or greater).

The masochistic personality scale showed the greatest frequency count of scores between 75 and 84, with nine of the twenty-eight participants scoring in this range. The next most frequently observed personality scales reaching clinical presence threshold were passive-aggressive, antisocial and depressive personality scales, each with seven participants scoring between 75 and 84 on these scales. The two highest frequency counts of clinically prominent personality traits were passive-aggressive and antisocial with 4 participants each scoring 85 or greater on these personality scales.

### **Implicit theory & personality trait score correlations**

No significant relationships were revealed between endorsement scores of Children as Sexual Beings Implicit Theory and the MCMI-III personality scales. The results showed a significant positive correlation between Dangerous World Implicit Theory endorsement and dependent personality trait scores ( $r=28$ ,  $0.387$ ,  $p<0.05$ ). Also reaching significance was the positive relationship between Dangerous World endorsement scores and depressive personality trait scores ( $r=28$ ,  $0.399$ ,  $p<0.05$ ). The positive trend between Dangerous World endorsement and paranoid personality trait scores approached significance ( $r=28$ ,  $0.366$ ,  $p=0.06$ ).

No significant relationships were revealed between the endorsement scores of Entitlement and Nature of Harm Implicit Theories and the MCMI-III personality scales. However, the results showed a significant positive correlation between Uncontrollability Implicit Theory endorsement and schizoid personality trait scores ( $r=28$ ,  $0.404$ ,  $p<0.05$ ). Also reaching significance was the positive relationship between Uncontrollability endorsement scores and depressive personality trait scores ( $r=28$ ,  $0.499$ ,  $p<0.01$ ).

### **Discussion**

This study represents a preliminary investigation into the relationships between personality patterns and implicit theories in child-victim sex offenders. Results partially supported the tentative predictions relating personality traits with cognitive distortions generated by the five Implicit Theories. As offenders' dependent and depressive personality traits increased, so too did

their level of endorsement of the Dangerous World Implicit Theory. Those who hold the Dangerous World Implicit Theory appear to believe the world is a hostile and malevolent environment filled with people who are prepared and willing to harm them. Those with dependent traits perceive themselves as weak, helpless, and fragile, and they fear being alone to care for themselves. They may have childlike impressions of others and limited competencies in managing and resolving stressful situations. Those with dependent traits also entrust others to carry out the adult functions and responsibilities in their lives, with underdeveloped abilities to function independently. Those with dependent traits may endorse the fearful strand of Ward and Keenan's (1999) Dangerous World Implicit Theory. That is, offenders endorse the belief that the world is a threatening place where adults are untrustworthy and rejecting, while children are more dependable.

Those with depressive personality traits are described as dispirited individuals with a sense of permanent hopelessness. Within their social environment they perceive themselves as defenseless, with feelings of being vulnerable and assailable. Those with depressive personality traits will demand assurances of affection, steadfastness and protection, and in this way are not dissimilar to those of dependant personality traits. The results suggest that the depressive personality traits correlate with the beliefs generated by the Dangerous World Implicit Theory. The nature of this relationship may relate to the pessimistic perceptions of self, others and the world in general.

A relationship between paranoid traits and Dangerous World endorsement was tentatively predicted, however, the results only demonstrated an association approaching significance. This may be due to the small sample size of the current study. Only three participants in the current study had scores showing the presence or prominence of paranoid traits.

The Uncontrollability Implicit Theory was the only other Implicit Theory to reveal relationships with personality traits. As offenders' levels of schizoid and depressive personality traits rose, so too did their endorsement of the Uncontrollability Implicit Theory. Those who hold the Uncontrollability Implicit Theory believe the world is uncontrollable and one is powerless in managing or exerting influence over their lives, including emotions, sexual urges or behaviours. Beliefs of this nature provide a lowered sense of responsibility and heightened sense of victimisation. The relationship with schizoid personality traits was not predicted. The central traits of the schizoid personality relate to apathy, indifference and social isolation. However, Millon & Davis (1996) propose there are four subtypes of schizoid personalities; affectless, remote, languid and depersonalised. The depersonalised subtype describes

the individual as dislocated from others as well as the self. The depersonalised schizoid personality may provide a tentative explanation of the relationship between schizoid trait scores and the Uncontrollability Implicit Theory; the schizoid sex offender believes the mind has no control over emotions or behaviour, including sexual urges.

Depressive personality traits were also correlated with Uncontrollability Implicit Theory. Millon (1994) describes the cognitive style of an individual with depressive personality traits as "fatalistic". This may be the central cognitive trait that intersects the depressive traits with Uncontrollability Implicit Theory. A fatalistic attitude may foster a sense of disempowerment and a lack of influence over one's life and environment. This may be the common cognitive trait linking the two.

Consistent with previous findings in the literature (Bogaerts, et al., 2008; Bogaerts, et al., 2005; Chantry & Craig, 1994; Madsen, et al., 2006), the majority of child-victim sex offenders in the current sample showed evidence to support the clinical presence of at least one type of maladaptive personality type as measured by Millon's MCMI-III (1994). A majority of participants also showed evidence for more than one type. This suggests that as a group, the prevalence rate for the clinical presence and prominence of disordered personality traits is high. Also consistent with the mixture of personality types identified in previous research, masochistic, passive-aggressive, antisocial and depressive were most frequently observed within the sample.

A number of methodological factors limit the current results. The primary limitation is the small sample size, which lowers statistical power and the capacity to detect significant associations among variables. The current study's sample included only those child sex offenders who elected to take part in treatment, so that those offenders who did not elect to take part in treatment are not represented. Also not represented in the current sample are the child-victim sex offenders whose offences evade detection, conviction and a custodial sentence. The implications of the current results may therefore only apply to child sex offenders who volunteer for treatment within a custodial environment. More generalisable results could be obtained with more diverse samples of sex offenders.

The current findings tentatively suggest that offenders' personality traits may have a measurable association with their offence related cognitions. This implies that assessing personality traits and related cognitions may allow us to better understand their offending behavior and provide treatment that is better tailored to personality differences. Such developments would assist the field in moving forward to overcome

current obstacles to treatment readiness and responsiveness.

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## Community Management of Sex Offenders: Stigma versus Support

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### Abstract

Sexual offending has come increasingly to the public agenda in recent decades, although much of the community remains ill-informed about the nature of or risk associated with sexual abuse, such that many people see sex offenders as dangerous and predatory. This has seen a solid political and social push for strategies that aim to control and manage sex offenders in the community. One such strategy is sex offender registration. This article explores the experience of registered sex offenders in New South Wales, Australia through qualitative inquiry involving interviewing convicted and registered offenders in the community. In particular, the experience of offenders will be explored in relation to the registration process and how this affects their ability to manage risks and reintegrate into the community.

### Introduction

Sexual offending has gained increasing attention in recent decades. This has had both positive and negative consequences. On the plus side, there has been a push for public education and this has led to increasing awareness about sexual abuse that, even acknowledging the underreporting of sexual abuse and the difficulties obtaining a conviction, have precipitated increasing numbers of victims coming forward and disclosing abuse, also resulting in higher rates of offenders coming before the Courts (Salmelainen & Coumarelos, 1993). Concomitantly, there has been a proliferation of treatment opportunities for offenders, particularly in custody and, associated with burgeoning research initiatives into this treatment, the clinical community has far greater knowledge about “what works” with offenders (e.g., Andrews & Bonta, 2007; Gendreau & Goggin, 1996).

Unfortunately, in recent years there has been a solid push for “get tough on crime” initiatives and, being perhaps the most publicly unpalatable of criminals, sex offenders have borne the brunt of this. This has brought about a range of harsh and restrictive sentencing and management sanctions for sex offenders, which have been instituted under the guise of community protection (Birgden, 2007; Centre for Sex Offender Management, 2008; Gendreau et al., 2000).

The current state of knowledge is inarguably clear that, whilst incarceration serves as both punishment for offenders and protection for the community, it does not work as a deterrent for future offending, nor does it have any therapeutic effect in addressing criminogenic needs (Andrews & Bonta 2007; Byrne & Taxman, 2006; Smith, Goggin & Gendreau, 2002). In fact, recent research has indicated that incarceration may actually serve to increase reoffending by “schooling” offenders in the ways of crime (Gendreau et al., 2000).

Research has established that structured correctional therapeutic programming can reduce recidivism by both statistically and socially significant amounts, provided that such treatment is based on the risk, needs and responsivity principles (Andrews & Bonta, 2007; Hudson et al., 2002). Within the sex offender field, treatment based on these principles has been well researched and the message is generally that offence-focussed treatment can have a significant impact on reoffence rates (e.g., Gendreau & Goggin, 1996; Hanson et al., 2002).

As stated above, the socio-political climate on sexual abuse has changed in recent years. Specifically, public outrage at acts of sexual abuse has increased and this has led to ever increasing calls for ostensibly Draconian measures of State control over sex offenders, who are seen as predatory, out of control, inhuman and, therefore, unwanted within the community (Greer, 2003; Hudson, 2005). However, the base rates for sexual offending are relatively low, at about 14% (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005), which is considerably lower than most other offence types. Without information on base rates or without education about the dynamics of sexual offending, within the current media and political climate, members of the community have developed a distorted and inherently unhelpful view of sex offenders as being dangerous and inherently untreatable (Centre for Sex Offender Management, 2000). This perspective has informed many recent legislative initiatives for the post-custodial management of sex offenders.

As a community, we have developed a position of “zero tolerance” on sexual offenders (Petrunik, 2002), with a strong focus on individual-level change,

including a priority on individual control and detention, rather than community-based initiatives that see change and responsibility for offending occurring on a wider scale (Byrne & Taxman, 2006).

Politicians have responded to the community's cries in the latter part of the 20<sup>th</sup> century and Australia, like its international democratic counterparts, saw the passing of legislation that served to further control and detain sex offenders. However, as Birgden (2007) suggests, such policy initiatives are generally punitive and are not couched in therapeutic jurisprudence principles that might motivate offenders to take responsibility and address their offending behaviour (see also Ogloff & Doyle, 2009).

The effect of these legislative initiatives has been to allow for the indefinite and/or extended detention or supervision of sex offenders who were deemed dangerous, as well as the registration of sex offenders in the community, often for many years after the expiration of their legal sentences. This means that sex offenders are staying in custody longer, they are being watched in the community more closely and they are forced to conform to strict policing and regulatory guidelines in the community (Parent & Barnett, 2004; Petrunik, 2002). Further to this, offenders are being placed under increasing pressure to engage in treatment and are often penalised for failing to do so, including having their release to parole delayed until they have served their full sentence in custody, such that they may be released to the community without any preparation, support or supervision. Alternatively, sex offenders are being released on parole where they are pressured to engage in treatment in the community. However, this is often difficult to access, waitlists are extensive and funding is generally unavailable.

Recent legislative and policy initiatives have been the subject of increasing debate and research and there is, to date, no evidence that the new so-called "intermediate sanctions" have any demonstrable effect on recidivism (Gendreau et al., 2000; Gendreau, Goggin & Smith, 2000), with the exception of one study coming out of New Zealand with offenders on Extended Supervision Orders (Vess, 2009), where the effect is positive.

Recent community, policy and political developments have meant that increasing numbers of sex offenders are being placed in the community without supervision or support. Further to this, coupled with the strain of surveillance and reporting requirements, in addition to often intense media scrutiny, it is argued that, rather than decreasing risk, such measures actually place offenders under increased stress and pressure, thereby serving to potentially increase the risk of reoffence (Petrunik, 2002; Wilson et al, 2007). As such, the current climate relating to sex offenders may be having

the opposite effect to that intended with respect to community protection.

## **Method**

The present study aims to investigate this issue from a qualitative perspective. In New South Wales, Australia, one of the more recently instituted "intermediary sanctions" has been the Child Protection Register. This mirrors a U.S. initiative, which, according to the Centre for Sex Offender Management (2008) is designed to achieve two primary aims:

1. To assist law enforcement personnel in investigating crimes and in tracking known sex offenders, and
2. To deter known sex offenders from reoffending, presumably for fear of being detected more easily by authorities.

The Register is managed by the NSW Police Service and entails known sex offenders being "registered" on a centralised database, whereby they are under legal obligation to inform the authorities of salient personal information. If an offender does not report to police or inform them of their personal details, they are considered to be in breach of the legislation and this may result in criminal charges being laid, potentially also resulting in the imposition of a custodial term. The length of time an offender serves on the register is ostensibly determined by the nature of their charges. Typically the terms are either seven or 15 years and this period is independent of the length of any legal Order imposed by a Court, such as a parole Order or Good Behaviour Bond.

The present research aimed to examine offenders' lived experience of the Register and, in particular, to explore whether the Register was helpful to them in managing their risks. Participants were adjudicated offenders, living in the community and on the Child Protection Register. However, it was not important whether they were still also serving a criminal sanction for their offending. Recruiting was done by snowballing and all participants were interviewed within a semi-structured format that was conducted by the primary author or an intern psychologist under the supervision of the author. Informed consent was obtained and the participants chose to be referred to by only their first names or by a pseudonym in order to protect their privacy. The interview with participants was semi-structured according to the following core questions:

- What is your understanding of the sex offender register?
- What purpose do you think the register serves?
- What has your experience been of the register?
- How has the register been helpful or unhelpful to you?
- Do you think the register is helpful or unhelpful in assisting you to manage your risk?



- Do you think the register is helpful or unhelpful for you in assisting you to reintegrate into the community?
- How important is being able to reintegrate into the community for your future risk management?
- How do you think the community should manage sex offenders?

Interviews were audio-taped and then professionally transcribed. The data was analysed according to the process of Modified Analytic Induction (MAI). The aim of MAI is to develop descriptive theory from an inductive examination of the data (Bogdan & Biklen, 1998) that seeks to make statements about the relationships between and patterns in the variables of interest (Gilgun, 1995). Further to this, the importance of the inductive method allows for novel ways of understanding when there is little extant literature or information about the area of study (Varallo, Berlin Ray & Hartman Ellis, 1998). Importantly for me, MAI allows for the researcher to be sensitised to important concepts through previous experience. Therefore, the analysis of the research data is *sensitised* to the particular issues of interest, thus allowing the researcher to utilise their experience in approaching the data, rather than being the *tabula rasa* that is necessary for other forms of analysis, such as Grounded Theory Analysis (McLeod, 2001).

This paper will present preliminary data on eight offenders, who have been interviewed to date. Data will be presented here according to several core themes that have been identified through analysis.

## Research Findings

### “It’s more window dressing than substance”

The first area of interest in terms of the research data speaks to offenders’ understanding of the Child Protection Register, both in terms of its intended and real purpose, which are seemingly quite different.

Participants understand that, theoretically, the Register is designed to “protect the community” (Chris, p. 2) by “minimising the risk of ... sexual offenders in the community” (Gene, p. 2). Presumably, therefore, the Register serves to reduce reoffending by ex-offenders in the community, thereby also promoting the interests of child protection by protecting future victims. However, according to the offenders in this research, the Register is simply an investigative tool used by police to increase the chances of them catching an offender if they were to reoffend.

**Chris:** *Well, it serves the community as far as if anything did happen they’d be the first point of call as to any possible suspects (p. 4) ... as long as*

*someone knows where these sex offenders are I suppose it would be reassuring ... to the community to know at least they can round them up when they need to (p. 25) ... It’s there as a net ... to possibly catch ... a shark (p. 30).*

In this sense, the Register is an investigative tool that benefits the police. The offenders in this research were clear that collecting information on offenders does not facilitate any reduction in offending, although it would allow police to catch an offender more expediently. This is consistent with the argument by the Centre for Sex Offender Management (2008) offered above for the implementation of the Register in the United States.

It is argued, however, that whilst the police may benefit from the Register, the gains for the community are less direct. The Register does not actually serve to reduce reoffending per se and, as such, victims are still created, although the offender may remain at liberty for less long after reoffending.

**Gene:** *From the viewpoint of a member of the public who’s had no experience of...criminal matters or sexual offending matters, it would seem ... that if you know where a person is every day or every minute or where they live or where they work ...*

*you could contact them more quickly ... you know where they are in the world at any particular time ... I can’t see this having an effect on sexual offending (p. 3).*

As such, it can be argued that, as far as the community is concerned, the Register is of little practical validity.

**Max:** *I don’t think it serves really much of a practical purpose. It serves a theoretical use. Some people will say, look a Police man can tap into his computer when he sees a car parked outside a school and sees if that person is a sex offender ... I still think they can do that anyhow by finding the registered owner of the car ... so I think it’s more window dressing than substance (p. 3).*

Offenders typically have a difficult relationship with police, which has, for many, been fuelled by the traumatic experiences they have had in connection with police, such as being charged. Some of the participants in this research felt that the Register exacerbated this by forcing continued interaction between police and ex-offenders, long past the expiration of their Court imposed sentences.

**Max:** *Sadly a lot of people have a real dislike of the Police, and it’s the only time you’re going to come in*

*contact with the Police again and the emotion of being through a trial and being put in gaol and ... you've finally finished your sentence ... You're still in contact with the Police ... it's not a good emotion ... (p. 7).*

According to Kebbell, Alison & Hurran (2008), police may interview sex offenders in an overly punitive or harsh manner that is unfortunately less likely to facilitate disclosure or information giving. Rather, sex offenders, like other people, appear to respond better to demonstrations of humanity by officers, rather than being interviewed in an aggressive manner, where officers' obvious dislike for offenders is manifested.

**Max:** ... one of the issues that offenders have is the ... absolute hatred that they have for Parole Officers, Police, it just doesn't make them particularly good people to deal with these issues ... (p. 17).

As a result of experiences with police, many offenders situate themselves as being Other in relation to the police. In other words, there is an "Us" and "Them" mentality that develops between offenders and criminal justice authorities. The psychosocial process of "Othering" has been discussed in relation to disenfranchising minorities, especially in relation to blaming migrants for crime (Collins et al., 2000; Teo, 2000), as well as in reference to public and political discourse on acts of terrorism and creating social distance from extremist terrorists and their wider cultural communities (Leudar, Marsland, & Nekvapil, 2004). Such a perspective encourages offenders to see police as the enemy, such that they are concerned that the police might seek to create a situation of "entrapment" (Lindsey, p. 6) by goading and harassing them into breaching the legislation and, thereby, committing an offence (see also Gendreau et al., 2000).

According to some of the participants in this research, the Register may have an adverse impact on their relationship with police by encouraging them to be more "devious" (Peter, p. 16) in terms of their communication with police.

**Chris:** I think it increases the risk to the community and probably... they're less likely to co-operate with the police ... therefore the police would have ... no way of finding them if they really wanted to ... go underground so to speak ... they could do it quite easily (p. 9).

In other words, offenders recognised that there were ways of subverting the need to communicate with police, especially about crucial matters of risk

management and some of the participants identified ways in which they could deliberately get around their reporting requirements. Further to this, the participants recognised that, if they did want to offend or actively engage in risky behaviours, there would be ways they were aware of being able to do this without involving police, thereby, highlighting the lack of effectiveness that the Register would potentially have in terms of reducing reoffending.

**Gene:** ... knowing where a person is has nothing to do with ... with whether they ... commit an offence ... it would make their actions ... less transparent and ... more secretive ... (p. 3).

**Interviewer:** Could you imagine that you would be sitting there going "Oh god there's the Register, I'm going to get caught"?

**Peter:** No ... But, I'd be a bit more clever ... I would ... not use my computer ... and I would not go into sites which are illegal.

Max also highlighted that there is a, perhaps flawed, assumption that offenders will be honest in their communication with police.

**Max:** ... Then you're assuming that criminal sex offenders are going to be honest with the Police ... Now that's another ball game altogether ... I think the community ... might think they're safer but I don't think they are necessarily safer because we assume that sex offenders are going to commit offences using means they have already told the Police about ... (p. 4-5).

### **"But the Register is not going to do a thing for him except penalise him"**

Most participants did not conceptualise the Register as a method of promoting community protection and child safety. Rather, they saw the Register as an extension of their punishment.

**Lindsey:** ... the punishment in gaol was the punishment for the crime, not to carry on after you've done your gaol sentence. Parole is understandable but to carry on after a person has served their time ... they shouldn't be punished further down the track (p. 9).

**Fred:** ... But the Register is not going to do a thing for him except penalise him ... his Good Behaviour Bond will go, the AVO will go and he still ... has that link ... He's going to be punished for another six and a half years (p. 13).

Many of the participants believed that the additional term they had to spend on the Register following their release to the community was unfair and a miscarriage of the justice system. Specifically, they considered the police as extending their punishment over and above the Courts, which impinges on their human rights and retards their ability to reintegrate into the community and promote a healthier sense of identity that does not include offending. According to Ogloff & Doyle (2009) these are also some of the reasons why legal challenges have been made to such supervision initiatives in recent times, both in this country and abroad. These authors assert that traditional legal doctrine has had offenders punished for crimes that they have committed. However, such initiatives as indefinite detention and the Child Protection Register punish offenders for crimes they *might* commit, based on often tenuous risk assessment practice and research (see also Hayes et al., 2009).

**Gene:** *And judges have the option to set a head sentence and a minimum sentence. That's their job, they're paid to do that ... Once, the head sentence has been completed, it's assumed that punishment has been administered. Then they may still be a risk to society, but the punishment has been administered. If the risk is greater, the punishment period should be longer. But that's up to the judge to decide. ... it's the balance between human rights and civil rights and the rights of society (p. 14).*

### **“I think that part of it is tough on crime and tough on criminals type thing”**

Participants often made reference to how unfair they believed it was for sex offenders to be registered when other groups of offenders were not subject to the same reporting guidelines. Many participants spoke of the political hype around sexual offending that is present in the community currently and this has been well documented in recent research on the management of sex offenders (e.g., Centre for Sex Offender Management, 2000; Gendreau, Goggin, & Smith, 2000; Wilson, Picheca, & Prinzo 2005). According to participants, this hype is an “emotional thing” (Peter, p. 21) that is driven by fears that the community holds in relation to their “gut reactions” (Max, p. 4) about sex offenders. This fear has infected politicians to the extent that “they’ve got to be seen to be doing something” (Lindsey, p. 7) by the community (e.g., see Hayes et al., 2009).

**Max:** *Well, I suspect it was a lot to do with politics of the issue ... I think that part of it is tough on crime*

*and tough on criminals type thing ... it became a political thing ... (p. 2).*

As a result of this public hysteria about sexual offending and the increasing push for public registration of these offenders, including potentially this information being made available to the public, some of the participants in this study were concerned about the possibility of retribution or acts of retaliation by members of the community, such as has been seen in the United States. Participants also recognised how many procedures necessary for basic living have now been made more difficult for them as a function of the Register and the public hysteria surrounding this. As a result of this public hysteria, sex offenders are being further marginalised and stigmatised in the community, whereby many find it difficult to secure employment, social support or stability in accommodation (Byrne & Taxman, 2006; Parent & Barnett, 2004) and these are crucial factors in successful community reintegration.

**Chris:** *... it's even difficult getting public housing ... You know ... “oh you're a sex offender. Look no sorry, we have people under the age of 18 here so sorry you're not welcome”, but if you were in gaol for drugs, drugs kill more people than ... anything (but) .... there's nothing stopping you from getting out of gaol, getting on with your life, getting a place wherever you like, you can keep selling drugs. You know, there's no Register for people who are selling drugs and killing people ... (p. 13).*

This labelling and stereotyping of sex offenders as being dangerous, predatory and unrehabilitatable has obvious implications for offenders’ notions of identity, as well as the reintegration and rehabilitation process and this can adversely impact on their experience of treatment and, therefore, on their risk of reoffending (Hudson, 2005).

In sum, the Child Protection Register can serve to marginalise offenders in community, it forces their continued interaction with police, and it increases their potential experience of stress and alienation, driven by public hysteria about the perceived dangers of sexual offenders. Consequently, there are concerns that the Register may actually be having an adverse impact on offenders in terms of risk management and community reintegration (Centre for Sex Offender Management, 2008; Wilson et al., 2007; Wilson, Picheca, & Prinzo 2005).

**“... I think psychologically that doesn't help the rehabilitation and reintegration of that person in society”**

Many participants spoke about the Register as making it more difficult for them to reintegrate into the community.

**Max:** *(The Register has a ) bad effect in the sense that it's a constant reminder to an offender (that they) ... are seen as an offender within their community and I think psychologically that doesn't help the rehabilitation and reintegration of that person in society. They ... can perceive themselves as being on the outside ... (p. 6).*

In addition to the increased pressure of having to cooperate and communicate with police, participants highlighted the emotional stress and state of distress that being on the Register can engender. It should be obvious that much of this relates to the dynamic risk factors that have been demonstrated to contribute to risk of sexual recidivism (Andrews & Bonta, 2007; Boer et al., 1997). Further to this, encouraging secrecy and facilitating isolation are “critical elements” in sexual offending behaviour according to Wilson et al. (2007). In other words, according to some participants in this study, the experience of the Register has contributed to circumstances that have given rise to dynamic risks, including the experience of emotional stress and social isolation, or difficulties sustaining relationships or employment and these may actually increase their risk of reoffending. This is clearly antithetical to the intended impact of the Child Protection Register and also counterintuitive to members of the general public in terms of how they understand community sex offender management (Centre for Sex Offender Management, 2008).

**Max:** *... when they've come out of gaol to be a functioning person in society, I think it probably could lead to breakdowns, to alcoholism, drugs, and it might lead to a different type of offending. Feeling of uselessness, feeling of despair, feeling of I'm just a piece of shit and lead to suicide ... I think it could lead to the breakdown of that person and really they become a burden on society ... it can affect your relationships too, because ... (if) you want to go out into a relationship, you really do need to tell your partner not only what's happened, but also that you're on the Register ... (p. 8).*

Just as being socially isolated is a risk factor for sexual offending behaviour (e.g., Marshall, 1993;

Seidman et al., 1994) and for other maladaptive behaviours, including self-harm and substance abuse, (e.g., Hawthorne, 2008), the presence of social support is important in healing and rehabilitation (e.g., Ayuso-Mateos et al., 2007; Buckman, Bates & Morgenstern, 2008; Burgess et al., 2005). The Circles of Support and Accountability (COSA) model that is gaining attention globally aims to offer high risk and socially alienated sex offenders a network of social support and accountability to ease their transition back into the community. The research on COSA's is burgeoning and the initial results are promising, underscoring the importance of being surrounded by others in the restoration, rehabilitation and risk management processes (Wilson et al., 2007; Wilson, Cortoni & Vermani, 2007; Wilson, Picheca & Prinzo, 2005; Wilson, Picheca & Prinzo, 2007a; Wilson, Picheca & Prinzo, 2007b). This will be discussed further below.

**Peter:** *... the notion of being absolutely shit, you know, because everybody tells you [that] you are. It's not going to improve anybody's self-esteem ... The fact ... is you have to overcome the notion that you're not a criminal ... you've done something wrong and you've got to work through that. Secondly, you will have to be able to build up your self-esteem after that when you did your punishment ... you have to forgive yourself. You have to say look I've done wrong, I've paid for it, now I have to move on ... you can't do this in isolation (p. 26-27).*

**“They're the perpetrators and they ... shoulder all responsibility, there's no question about it”**

Clinicians work with offenders to assist them in managing their risks in the community in order to maximise their chances of continued safety and an offence-free lifestyle. This is the aim of the treatment process and is integral in relapse prevention or safety management planning. Offenders are encouraged to be responsible and accountable in terms of managing their risks and there are questions about the impact of the Register to this end.

There are various stakeholders in terms of responsibility for community safety and child protection. Succinctly, there are the offenders themselves, the criminal justice system as a whole, forensic practitioners, and the community at large, which includes both parents and schools. Although, to some extent, all stakeholders share some of the burden in terms of managing sexual abuse, research participants were clear that it is the individual offender's responsibility to ultimately manage risk and the Register was seen as being, at best, neutral and, at worst, unhelpful to this end.

**Max:** *I think the person himself has got to assume ... responsibility and say I am not going to reoffend and they've got to get into that state of mind by the time they leave (gaol) that they will never reoffend (p. 19).*

This notion of individual responsibility for risk management is central to the Relapse Prevention model that has become so important in clinical work with sex offenders (Pithers, 1990). As the Register is designed, it places responsibility with the offenders to keep the police informed about salient personal information. However, as discussed, there is no evidence of a relationship between this information (make of car, email address etc) and the risk of reoffending. In the case of an Internet offender, an email address is useful information in terms of being able to monitor and eventually catch an offender, however, it does not speak to issues of loneliness, sexual deviancy, unstructured personal routine, substance abuse etc., that have been reliably demonstrated to be associated with acute risk of sexual abuse (e.g., Boer et al., 1997). Hence, the Register does not speak to either risk management or risk assessment, thereby making its relationship with community protection tenuous. In sum, whilst the Register may deter some offenders from reoffending (Birgden, 2007; Centre for Sex Offender Management, 2008), it does not provide offenders with any tangible means of reducing or managing risks, which ultimately comes down to individual motivation and responsibility.

**Peter:** *the offender ... they're the most responsible ... They're the perpetrators and ... they shoulder all responsibility, there's no question about it (p.19).*

According to Gendreau et al. (2000), given the abject dearth of evidence that recent intermediate sanctions with offenders work to reduce recidivism and improve community protection, the only sensible conclusion is to return to the "what works" literature that has amassed a decent body of research indicating the effectiveness of cognitive-behavioural treatments in reducing recidivism. In other words, the subordination of treatment alternatives and individual autonomy to the greater demands of community safety and retribution or punitive sanctions is not supported (Birgden, 2007).

### **"I think the rehabilitation process is just really important"**

The participants in this research identified that the Register itself does not offer any service to the offender themselves, nor does it seek to protect the offender in any way or to promote the development of risk management skills for the individual offender. Rather,

many identified that greater access to therapeutic services would be in their best interests in terms of promoting risk management skills.

**Peter:** *Well treatment has to be ongoing ... There's no question about it because well in my case ... it helps me just reinforce the things I have done ... you need a reinforcement on somebody who is ... intellectually prepared to listen to you. You know not judging ... That's the most important and in some ways if community really wants to help they should allow this to be going through ... Medicare (Government medical benefits scheme) because by being helped, it helps the community to make it safe. That's the only way you can go. You can't just have a Register and then once a year I've got to go and see the police and tell them I'm still driving the same car and living in the same place. It's got to be a much deeper sort of help (p. 27-28).*

**Max:** *Yeah. I think the rehabilitation process is just really important. People become sex offenders for a variety of reasons and I think those reasons need to be identified, and dealt with to make sure the problems doesn't ever arise again (p. 16).*

One interesting and, to date, unexplored use of the Register would be as a reporting mechanism that could be attached to a wider risk management system that was therapeutic in its focus. It is suggested that truly effective risk management with sex offenders should come from a multi-agency, multiple-source perspective, which is also consistent with considering sexual offending as a public health issue (Brantingham & Faust, 1976; Laws, 2000). In this way, police officers would be trained to identify and monitor dynamic risk factors and they would then communicate with treatment providers if there was a change in the offender's circumstances or functioning that might indicate an increase in their acute risk of reoffending. This process would then theoretically facilitate the offender's participation in or return to treatment, depending on their case management programming. This would be an example of how risk management might be seen on a continuum, with various services cooperating to assist an offender in managing his risks and access appropriate supports.

**Gene:** *... the point of the monitoring would be to have a trained monitor, who was not just a cop ... but somebody who is more experienced ... to see if somebody is about to ... go off the rails ... who isn't coping well ... if a person trained in psychology sees a person who isn't coping well ... they could suggest*

*some intervention ... to reduce that problem. Like if ... the person is having real sexual frustrations ... the cop would never pick this up but a psychologist would and then there are ways to deal with us ... the Register as it is would have no effect on that sort of person's committing an offence (p. 6).*

## Summary

In sum, participants in this research indicated that their experience of the Child Protection Register has varied from neutral to overwhelmingly negative. Participants recognised that, despite the Register's intended purpose of facilitating child protection, it does not have any tangible impact on their risk of reoffending. Whilst some offenders may think twice before reoffending, the participants in this research highlighted that, if they really wanted to offend, they would simply find a more "devious" way to go about doing so. They recognised that, in all likelihood, they would be arrested more expediently by police and participants indicated that they generally had a negative experience of police, in addition to finding that police dealt with them in a generally hostile and confrontative manner (see Kebbell, Alison, & Hurran, 2008). Offenders recognised that it was their responsibility to manage their risk but they identified that it is helpful to have professional and therapeutic assistance to this end. Overwhelming, participants felt that the Register did not offer them a service and, rather, was another method of sex offender control and marginalisation in a frightened community where sex offenders have been demonised. Unfortunately this does nothing to facilitate community reintegration and restoration of offenders, which is important in both the risk reduction and risk management processes.

## Conclusion and Recommendations – Where to from here?

It is my contention that, whilst there are some benefits of accountability associated with recent initiatives with sex offenders, the current system is not working. Whilst such initiatives may be potentially useful law enforcement tools (Wilson et al., 2007), they have no demonstrable effect on reoffending (Byrne & Taxman, 2006) and, therefore, no tangible impact on community safety, despite the community's belief to the contrary. Hence, the current system is not meeting the needs of the community in terms of protection and restoration and further, it is not meeting the needs of offenders, especially with respect to accessing treatment and facilitating the establishment of positive and prosocial routines within the community (Wilson, Picheca & Prinzo, 2007a). To this end, treatment should be considered a crime-control strategy (e.g., Byrne & Taxman, 2006), rather than a luxury for offenders.

The following recommendations are then made with a view to improving the system in order to better meet the needs of the various stakeholders. Firstly, it is argued that the best approach is one whereby there is a continuity of care between the prison system and the community, such that offenders can access available and effective treatment, as well as being managed and contained within the community in such a way that they are being held responsible and accountable to the community at the same time as being supported and encouraged to develop meaningful, appropriate and positive prosocial routines in the community. Management, supervision and intervention should also be tailored according to risk (Andrews & Bonta, 2007), rather than offering all offenders a blanket approach, such as the Register.

One exciting initiative that appears to have attempted to meet this goal is the Circles of Support and Accountability (COSA) project that was initiated in Canada. This programme aims to provide high risk sex offenders with structured and intensive community support as they transition to the community, through the use of trained community volunteers, who ostensibly become the offenders' family/peer network (Petrunik, 2002; Wilson et al., 2007; Wilson, Cortoni & Vermani, 2007; Wilson, Picheca & Prinzo, 2005; Wilson, Picheca & Prinzo, 2007a; Wilson, Picheca & Prinzo, 2007b). Supporting this "inner circle" is a group of professionals, including social welfare and criminal justice representatives, who provide the volunteers with expert advice and support in order to manage risk. The COSA is not designed to replace professional support and treatment or criminal justice supervision but is, rather, an adjunct service designed to meet the social support needs of the offender, thereby facilitating their engagement in and maximising the benefits of other therapeutic interventions. In essence, the COSA is a means by which the community can assist in the management of a problem that inherently lies in the community, that is, sexual abuse, in such a way that offenders are encouraged to maintain accountability and responsibility whilst adjusting to the community and addressing their offending behaviour.

COSA's have been the subject of evaluative research in recent years, as well as extending beyond Canada to include trials in America and the United Kingdom, as well as other countries like Australia and New Zealand. Research suggests that COSA's are successful in significantly reducing recidivism (sexual, violent and general), in high risk-offenders (Wilson, Cortoni & Vermani, 2007; Wilson, Picheca & Prinzo, 2007b). Further to this, qualitative research with both offenders and volunteers alike has indicated generally high levels of satisfaction with the process, including offenders feeling supported and accepted and community members feeling empowered and more accepting and

understanding of offenders and their behaviour (Wilson, Picheca & Prinzo, 2007a).

Secondly, this continuity of care model prioritises interagency cooperation and communication. As stated above, sexual abuse needs to be seen as a community problem or public health issue that requires multiple sites of service, intervention and support. At a minimum, mental health and criminal justice services will need to liaise closely. However, other services are also implicated in sex offender management, including the education system, community services, and social welfare agencies. I would argue that it is only through a coordinated approach that we as a community will make a meaningful contribution to child protection in relation to sexual abuse.

Offenders will need to be prepared for their release to the community after prison and this should be done in a structured fashion (i.e., Parent & Barnett, 2004). Ideally, this would involve a comprehensive process of relapse prevention planning that includes consideration of the various aspects of life that contribute to a meaningful, satisfying and prosocial existence (e.g., Ward & Brown, 2004), such as employment, recreation, social support, accommodation and so on.

Further, the usefulness of the Register would be improved by greater communication and collaboration between police officers and treatment providers. For example, a supervising officer might contact an offender's therapist to inform them that the offender was engaging in risk practices that could then be addressed therapeutically. Forensic treatment services, especially for sex offenders, are conventionally limited and underfunded and much of this has to do with community attitudes about offenders and about sex offenders (Hollin, 1996). Therefore, it is important that facilitating greater access to treatment services be placed on the public and political agenda.

Given the lack of empirical support for intermediary community sanctions with sex offenders, I believe that such sanctions should be critically evaluated from a criminological, political, psychological and jurisprudence perspective. Questions should be asked about whether there are more effective ways to manage the issue of sexual abuse as a community and, in answering this question, the views of various stake holders will need to be canvassed (e.g., Centre for Sex Offender Management, 2000). Importantly, this should also include listening to the voices of offenders, who are ultimately responsible for risk management and, therefore, child protection in terms of preventing sexual abuse.

Lastly, these initiatives will take time and they will require a great deal of public education, confronting accepted discourses on sexual abuse and on offenders, and challenging the current political agenda in relation to the community management of offenders. This

necessarily implicates the media and other public service institutions, including the criminal justice system. The former have traditionally been responsible for exaggerated and inflammatory reporting (Greer, 2003; Hope & Sparks, 2000), whilst the latter have conventionally remained silent publicly. However, it is important that in protecting children and reducing sexual reoffending that all sections of the community, including offenders, come together to establish an open discourse about risk and risk management. This would involve including offenders in the community and recognising their role in child protection. I would argue that it is only through this cooperation that we will begin to truly reduce offending and work towards building a safer community.

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## Application of the Massachusetts Treatment Centre Revised Rapist Typology to New Zealand High-risk Rapists: A Pilot Study

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### Abstract

Rapist heterogeneity across interpersonal, psychological, cognitive and behavioural domains is a common research finding (Langton & Marshall, 2001). Classification systems offer an organising structure to enable greater understanding of differentiating core characteristics and offence motivations. This pilot study investigated whether the Massachusetts Treatment Centre Revised Rapist Typology (MTC: R3) (Knight & Prentky, 1990) could be applied to a New Zealand sample of 10 high-risk rapists selected by the Department of Corrections to participate in a pilot rape treatment programme. Mean differences between MTC: R3 groups on the Violence Risk Scale-Sexual Offender Version (VRS-SO) (Wong, Olver, Nicholaichuk, & Gordon, 2003) were also investigated. Results supported the application of the MTC: R3 typology to this sample of New Zealand high-risk rapists. Mean differences on risk assessment items suggest that rapists may present differing patterns of risk on the basis of MTC: R3 classification.

### Introduction

Recognition of heterogeneity amongst rape offenders has encouraged the development and investigation of classification systems since the 1950's (Koss, 2005). Supporters of these classification approaches argue that understanding the differential characteristics and motivations of rape offenders will lead to the development of more effective intervention approaches and prevention of recidivism (Robertello & Terry, 2007). Of these rapist classification approaches the Massachusetts Treatment Centre (MTC) Rapist Typology has been labelled the most methodologically sophisticated (Polaschek, 2003).

### The Massachusetts Treatment Centre Rapist Typology

Knight and Prentky (1990) developed the MTC typology as a response to the lack of a well operationalised, reliable and empirically grounded classification system. At the most basic level rapists can be classified as primarily following either an anger or a sexual pathway. The typology then identifies five main rapist categories. The Opportunistic and the Sexually Motivated rapists (split into Sadistic and Non-sadistic) follow the sexual pathway, whereas the Pervasively Angry and the Vindictive rapists follow the anger pathway. Figure 1 displays the offender types included in the MTC: R3 typology.

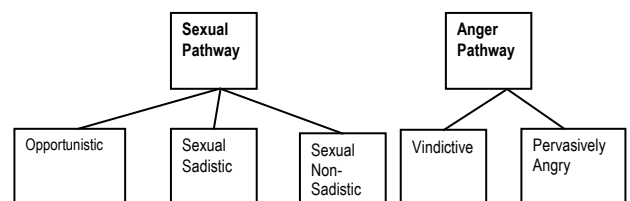


Figure 1: The Offender Types in the MTC: R3

The rapes of the Opportunistic rapist are impulsive, involve little planning and are controlled largely by immediately antecedent situational factors. These offenders have a long history of antisocial behaviour, poor impulse control and lack interpersonal awareness. Immediate sexual gratification is the motivation for rape; however the rape is non-paraphiliac and not the result of ritualised fantasies. If the opportunity to rape is not available the Opportunistic rapist will not plan an assault. Aggression is usually instrumental and limited to what is necessary to complete the rape. Anger may

arise due to victim resistance but is not a motivator for the attack.

Enduring sexual preoccupation is evident in all sexually motivated rapists. They are divided into Sadistic and Non-sadistic subtypes based on the presence or absence of sadistic themes within their rapes or fantasies. The Sexual Sadistic rapist is marked by the presence of sexual fantasies and a fusion of sexual and aggressive drives. The poor differentiation between sexual and aggressive drives leads to the eroticisation of destructive behaviours, resulting in highly planned and rehearsed assaults. Sexual aggression is focussed on victim humiliation and inflicting physical harm in a ritualised fantasy driven offence.

The Sexual Non-Sadistic rapist is marked by enduring sexual preoccupation without the fusion of aggression. They present a range of deviant sexual interests and paraphilias, of which the rape is just one manifestation. Their fantasies derive from sexual arousal combined with cognitive distortions surrounding sexual masculine and feminine stereotypes. They exhibit little interpersonal aggression in their rape or daily life and may flee if they encounter victim resistance. These rapists possess a low masculine self-image, feelings of sexual inadequacy, and are socially isolated.

The Pervasively Angry rapist is motivated by undifferentiated anger, in all areas of life and directed toward males and females alike. These rapists have a long history of antisocial and aggressive behaviour and exhibit poor behavioural control and impulsivity across social contexts. Their anger is not sexualised and assaults are not driven by sexual fantasies. The rage experienced by these rapists is exhibited in the gratuitous expressive aggression in their rapes. They inflict high levels of pain and injury on their victims and excessive violence is likely even with a compliant victim.

The Vindictive rapist expresses misogynistic anger focussed solely on women. They lack sexualisation or paraphiliac fantasies in their offence as the goal is to humiliate, degrade and harm their victim. Aggression can range from verbal abuse to homicide at the most extreme. The Vindictive rapist is usually socially isolated and displays little evidence of lifestyle impulsivity.

### **Rapist Classification and Treatment**

Traditionally, rapists have been treated using generic programmes developed primarily from research examining the treatment needs of child molesters (Gannon, Collie, Ward & Thakker, 2008). This approach has continued despite findings suggesting that these populations differ in many ways, including rapists' lower sexual recidivism rates and higher non-

sexual recidivism rates when compared with child molesters (e.g., Polaschek and King, 2002). Meta-analytic studies examining the efficacy of rapist treatment have failed to validate this approach. In 1989 Furby, Weinrott and Blackshaw found a lack of information supporting treatment efficacy, highlighting methodological issues and outdated treatment content as possible reasons. More recently Losel and Schmuker (2005), using 69 studies, found a 6.4% reduction in sexual recidivism, a 5.2% reduction in violent recidivism, and an 11.1% reduction in general recidivism for all treated sexual offenders. Cognitive-behavioural and hormonal treatments were found to be promising treatment approaches. They concluded that there was a positive treatment effect for rapists, but this was based only on five studies. This small number of available studies gives support to Polaschek, Ward and Hudson's (1997) earlier conclusion that due to the lack of reporting of offender type data, the low number of rapists in mixed samples and resulting lack of statistical power, meta-analytic data did not provide enough evidence either way to allow a conclusion of whether rapist treatment approaches had been effective.

Individual rapist treatment studies have found some promising results.

Nichoalichuk, Gordon, and Wong (2000) compared sexual offenders treated with a cognitive behavioural programme with a matched comparison sample of untreated sexual offenders. Rapists made up 56.7% (N = 168) of the treatment group. Over a mean six year follow-up period treated rapists had a significantly lower rate of sexual recidivism (14.3%) compared to the untreated comparison group (42%). Beech, Olver, Fisher, and Beckett (2005) evaluated the effects of treatment in a sample of 112 rapists and 58 sexual murderers. Their results indicated a significant post-treatment decrease in rape supportive attitudes and an increase in rapists' ability to regulate emotions and deal with anger. No change was found for sexual preoccupation overall. This study also investigated treatment changes across the three motivational groups identified in their study sample. The sexual motivated group represented the 'typical sex offender' (e.g., Sexual Non-Sadistic). This group exhibited changes in their entitlement beliefs surrounding sex, exhibited decreased anger, and showed improved emotional control post treatment. The grievance motivated rapist group (e.g., Vindictive & Pervasively Angry) did not exhibit change throughout treatment, especially with regard to the key targets of anger and emotional regulation. The sadistic group exhibited a high level of treatment engagement and accepted increased responsibility for their offending and reduced the level of grievance beliefs and hostility toward women.

The finding that treatment may be differentially effective for subgroups of rapists suggests that analysis

of rapist classification typologies may be beneficial in treatment. In order to test this idea it is important to determine if the classification system can be applied to the population being targeted in treatment and to analyse differential risk factors and criminogenic needs in each subtype. This was the focus of the current study, a Masters dissertation designed to act as a pilot project to be followed up with future research. Two central research questions were posed:

Can the MTC: R3 be used to classify a sample of high-risk New Zealand rapists?

Are there mean differences in these high-risk rapists on risk assessment scores based on MTC: R3 classifications?

## **Method**

### **Participants**

This study utilised data from 10 offenders selected by the New Zealand Department of Corrections for the pilot Adult Treatment Sex Offender Treatment Programme (ASOTP). Using computerised records, a 2005 prison muster of New Zealand inmates located offenders with an index offence for serious sexual assault (sentenced to five years plus) of an adult victim (over 16 years old). The muster revealed 386 offenders who met these criteria. A computer scored static sex recidivism risk measure, the Automated Sexual Recidivism Scale (ASRS), a short 7 item version of the Static-99, (cutoff score of 3 plus) was then used to select a higher risk rape offender sample (offender with a medium-high and greater risk of sexual recidivism). Using this New Zealand validated measure and score selection criteria a group of 182 offenders were identified as the high-risk rape offender sample requiring treatment. From this sample 10 volunteer participants were selected for the pilot treatment programme. Assessment of the selected treatment participants was also guided by offender scores on the Department of Corrections principle general static risk measure, Risk of re-Conviction X Risk of Re-Imprisonment model (RoC\*RoI) and the Static-99 to ensure those at greatest risk of serious reoffending had the opportunity for specialist treatment.

Six participants were of European ethnicity and four were Maori. Participant's ages ranged from 31 to 49 years. Six of the ten victims were unknown to the rapist. Four of the victims were strangers and two were prostitutes. Of the four victims that were known to the offender one was an intimate partner. Nine of the ten participants engaged in vaginal rape, two engaged in anal rape, two in oral sex and one in an indecent act.

## **Measures**

### **Risk of re-Conviction X Risk of Re-Imprisonment model (RoC\*RoI)**

Developed for the New Zealand Department of Corrections, the RoC\*RoI (Bakker, O'Malley, & Riley, 1998) predicts risk of conviction and imprisonment on the basis of static risk variables. The measure was developed based on the criminal histories of 133,000 offenders. A number of variables under the following categories contribute to the final risk score; personal characteristics, jail and time at large, seriousness of offending and offence type. Total scores range from 0.0 to 1.0 (1 representing a 100% risk of serious recidivism).

### **The Automated Sexual Recidivism Scale (ASRS)**

The ASRS (Skelton, Wales & Vess, 2006) is a computer-scored actuarial risk instrument designed to predict sexual recidivism. Static risk factors are assessed via official record review. The seven item ASRS was developed using the New Zealand Department of Corrections database of historical offender variables with reference to selecting items from the Static-99 that could be scored from official New Zealand criminal histories. Scores range from 0 to 9 and offenders can be categorised as low, medium-low, medium-high and high-risk.

### **Static-99**

The STATIC-99 (Hanson & Thornton, 1999) is a brief actuarial instrument designed to assess the long-term potential for sexual recidivism among adult male sex offenders. This scale determines risk through the assessment of 10 static risk variables that are empirically related to sexual recidivism. Examples include the offender's age, having prior sexual offences, and having unrelated, stranger or male victims. Probability estimates are provided with regard to the offender's likelihood of reconviction. Though it is possible to score up to 10, a score of six is considered to indicate a high-risk level.

### **The Violence Risk Scale-Sexual Offender Version (VRS-SO)**

The VRS-SO (Wong, Olver, Nicholaichuk, & Gordon, 2003) is a rating scale designed to assess risk, predict sexual recidivism, and to inform sexual offender treatment delivery. The measure includes 7 static and 17 dynamic risk variables. Static risk items are a replication of those in the Static-99. A literature review provided the dynamic items, each of which is empirically, theoretically, or conceptually related to sexual recidivism. The VRS-SO has been found to predict both sexual and nonsexual violent recidivism.

### **The Massachusetts Treatment Centre Revised Rapist Typology, Version 3**

The original MTC rapist typology was developed in the 1980's using both inductive and deductive techniques. There has been a concentrated effort put into validating

the typology, and the MTC: R3 (Knight & Prentky, 1990) has grown out of this validation research. Knight, (1999) highlights the substantial body of evidence that supports the concurrent validity, cross-temporal stability, and predictive potency of this classification system. Prentky, Knight and Cerce, (1994) found good reliability for primary rapist subtype classification ( $r = .68$ ).

### Procedure

This research was conducted using psychometric and file data gathered by the Department of Corrections prior to the ASOTP (this included previous specialist psychological assessment in most cases). Upon assessment, written consent was given by all offenders to use their psychometric assessment data and offence descriptions in research, with the provision that they would not be identified in this study. Rapists' MTC: R3 classifications were determined by treatment programme psychologists and the primary researcher. Using the variables outlined by the developers of the MTC: R3 typology (Knight & Prentky, 1990) an assessment tool was developed to assist in the file-based classification of rapists. Once the coding protocol was developed, the inter-rater agreement for MTC: R3 classifications was assessed by having four post-graduate psychology students independently classify each offender based on a description of the MTC: R3 typology and a summary of each offender's background, details of their index rape and their current convictions and sentence. All raters were blind to the Department of Corrections file and primary researchers classifications, and were previously unfamiliar with the MTC: R3 typology. To allow an analysis of the efficacy of the assessment tool two of these students used the assessment tool and decision tree and two completed their assessment based solely on a description of the classifications and offender details.

### Results

The inter-rater reliability of the MTC: R3 primary rapist subtype classification and anger versus sexual pathway were evaluated using intra-class correlations. A two way random effects model with an absolute agreement definition was used. Previous research (Knight, Prentky & Cerce, 1994) found good reliability for primary rapist subtype ( $r = .68$ ) according to Cicchetti & Sparrow's criteria for interpreting intraclass correlations ( $< .40 =$  poor,  $.40 - .59 =$  fair,  $.60 - .74 =$  good and  $> .74 =$  excellent). Agreement between the primary researcher and the Department of Corrections File classification was excellent for primary rapist subtype classification ( $r = 1.00$ ) and the anger versus sexual pathway ( $r = 1.00$ ). Agreement between the primary researcher and both raters who used the MTC: R3 Discriminating Variables

Coding Tool was excellent for subtype ( $r = 1.00$ ;  $r = .77$ ) and pathway ( $r = 1.00$ ;  $r = .82$ ). Of the raters who did not use the coding tool, one obtained excellent agreement for subtype ( $r = .79$ ) and pathway ( $r = .82$ ). The other obtained fair agreement for classification ( $r = .42$ ) and good agreement for pathway ( $r = .62$ ).

Based on the Department of Corrections file information and the primary researcher's classifications rapists were split equally with regard to rape pathway, with five following a sexual pathway and five following an anger pathway. The MTC: R3 classifications are displayed in Figure 2. Of the sexually motivated rapists none were classified as Sexual Sadistic. Three rapists were classified as Sexual Non-sadistic due to their high levels of sexualisation and sexual fantasies preceding the rape. The other two sexually motivated rapists were classified as Opportunistic rapists as their rapes were impulsive and unplanned acts, both occurring in the context of burglary. Of the anger motivated rapists four were classified as Vindictive due to the focus of their anger being directed solely at women. The one rapist classified as Pervasively Angry showed evidence of a long history of global anger.

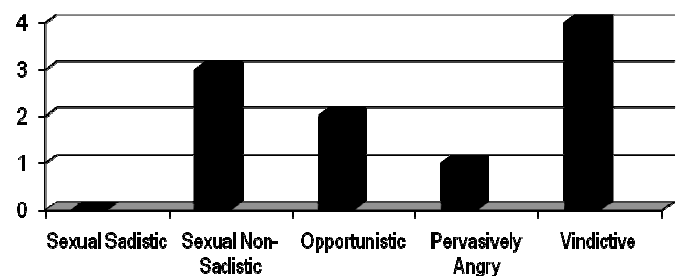


Figure 2: MTC: R3 Rapist Classifications of the Current Sample

### MTC: R3 Classification Risk

The following section involves discussion of mean differences on risk assessment scores by MTC: R3 classification. References to mean differences in this section do not infer that these differences are statistically significant. Instead this section aims to reveal patterns that could be evaluated with further research.

### Risk Scales: RoC\*RoI; ASRS; Static-99

Table 1 presents group means for the RoC\*RoI, ASRS and Static-99 risk measures. Pervasively Angry rapists had the highest mean risk score on the RoC\*RoI general recidivism measure. With regard to the more specific measures of sexual recidivism, Sexual Non-sadistic rapists had the highest mean score on the

ASRS, and the Opportunistic group had the highest mean score on the Static-99.

Table 1: Means for Risk Measures by MTC: R3 Classification

Risk Measure	Opportunistic	Sexual Pervasively Angry	Non-sadistic	
RoC*RoI	0.74	0.80	0.60	0.84
ASRS	3.50	4.33	3.75	4.00
Static-99	7.50	7.00	6.25	6.00

### Violence Risk Scale: Sex Offender Version (VRS:SO)

Figure 3 displays group means for each VRS:SO item. Opportunistic rapists exhibited the highest mean score on Treatment Compliance and Compliance with Community Supervision. Sexual Non-sadistic rapists exhibited the highest mean score on Sexually Deviant Lifestyle, Sexual Compulsivity, Substance Abuse, and Deviant Sexual Preference. Opportunistic and Sexual Non-sadistic rapists shared highest mean scores on Offence Planning, Cognitive Distortions and Sexual Offending Cycle. Pervasively Angry rapists exhibited highest mean scores on Criminal Personality, Interpersonal Aggression, Emotional Control, Insight, Community Support and Impulsivity. Highest mean scores for Released to High-Risk Situation (HRS) were found for Sexual Non-sadistic and Pervasively Angry rapists.

### Discussion

The first research question asked ‘can the MTC: R3 be used to classify a sample of high-risk New Zealand rapists?’ Results indicate that this sample was able to be classified using the MTC: R3 typology at a satisfactory level of reliability. All 10 rapists in this sample could be assigned to a classification by the six people who participated in the classification process. Use of the MTC: R3 Discriminating Variables and Coding Tool increased inter-rater agreement with regard to both classification and pathway. This tool will be further refined through future research and development.

### MTC: R3 Classifications: Previous Research Findings

It is of interest to note that our sample of high-risk offenders can be likened to the high-risk sample that the MTC: R3 was developed on. Previous studies have failed to classify some rapists using the MTC: R3. For

example, Barbaree, Seto, Serin, Amos, and Preston (1994) were unable to classify 25% of their sample of 80 rapists. It is possible that the similarity of our sample to the original MTC: R3 sample allowed a good fit in terms of classification. Perhaps with a lower risk sample classification may be more difficult. None of the rapists in the current study were classified as Sexual Sadistic; however this was not unexpected considering the low numbers of sexually sadistic offenders found in many studies (e.g., Marshall & Kennedy, 2003). Also as in our study, Barbaree et al. (1994) classified only one (out of 80) rapists as pervasively angry. When classifying rapists it seems that the pervasively angry classification is applied only if the rapist does not fit into any of the other classifications, but does show a history of violent or anger motivated offences.

The second research question asked ‘are there mean differences in these high-risk rapists on risk assessment scores based on MTC: R3 classifications?’ This section was included to act as a pilot study for future studies and sought to determine whether there were mean group differences on psychometric risk measures. Mean differences were found between the four MTC: R3 classification groups and many of the patterns found were consistent with the MTC: R3 typology. For example, Pervasively Angry rapists exhibited the highest mean risk score on the measure of general recidivism (RoC\*RoI). In comparison, sexually motivated rapists (Sexual Non-sadistic and Opportunistic) exhibited higher mean scores on more specific sexual recidivism measures.

The results of the analysis of individual dynamic risk factors included in the VRS:SO followed a similar pattern. Pervasively Angry rapists exhibited the highest mean scores on Criminal Personality, Interpersonal Aggression, Emotional Control, Insight, Community Support and Impulsivity. All of these would be considered more general dynamic risk factors rather than specifically related to sexual offending. This fits well with the conceptualisation of the Pervasively Angry rapist, a rapist motivated by undifferentiated anger, with a long history of antisocial and aggressive behaviour, poor behavioural control and impulsivity across social contexts. The two rapist types that followed the Sexual Pathway (Opportunistic and Sexual Non-sadistic) exhibited a different pattern of dynamic risk that encompassed more specialised sexual dynamic risk factors (e.g., Sexually Deviant Lifestyle, Sexual Compulsivity, Deviant Sexual Preference, Offence Planning, Cognitive Distortions and Sexual Offending Cycle).

### Tailoring Rapist Treatment

It has been suggested that in order to make the best use of clinical resources there is a need to target treatment delivery to subtypes of rape offenders and move away

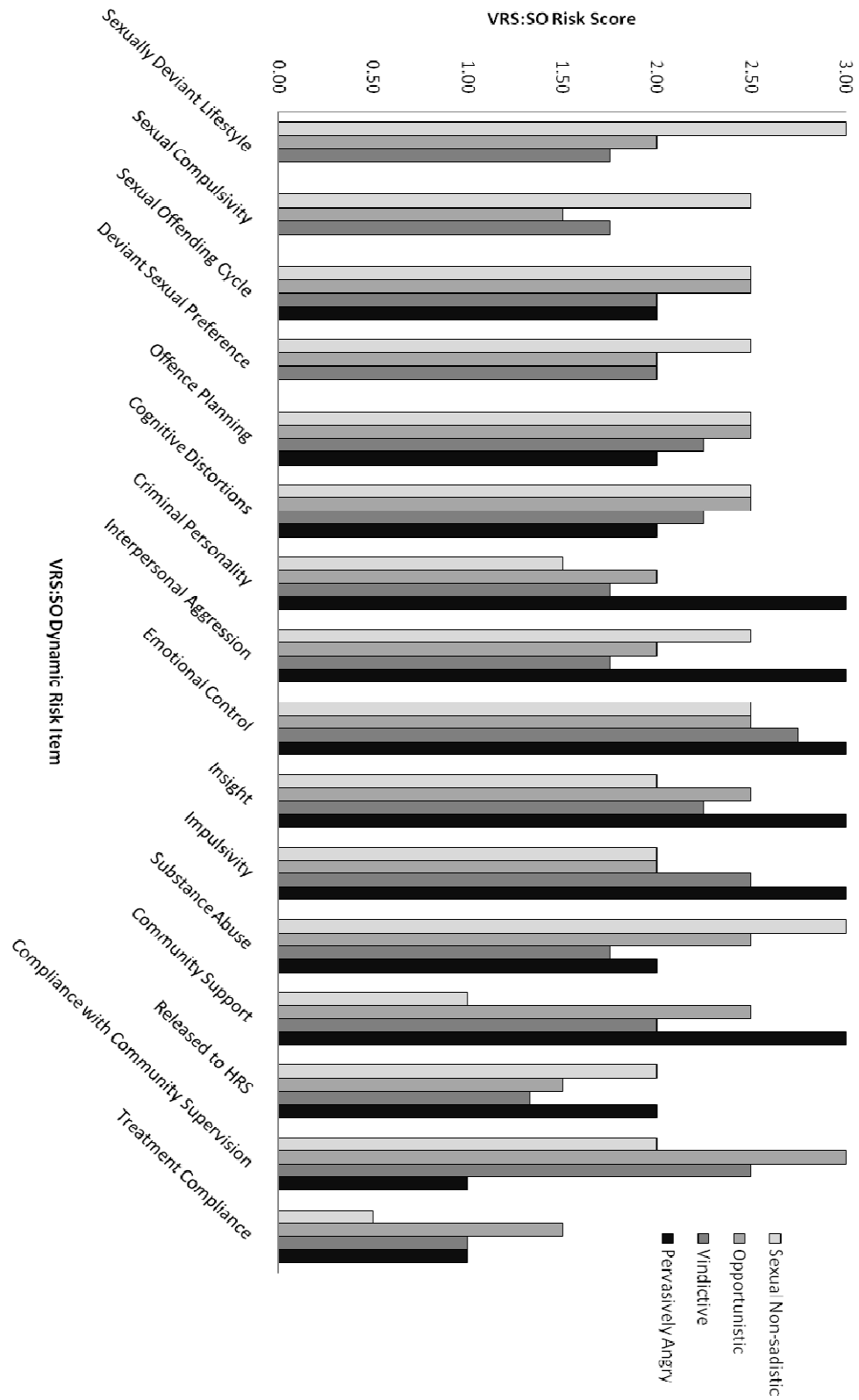


Figure 3: VRS:SO Dynamic Risk Variables by MTC: R3 Classification

from a 'one size fits all' treatment approach. For example, Deu and Edelmann (1997) posit that sexually motivated rapists are likely to benefit from current treatment approaches including altering sexual fantasies and teaching appropriate methods of achieving sexual arousal. Brown and Forth (1997) suggest that while some subtypes such as the sexually motivated rapists are suited to these specialised sex offender treatment programmes, other subtypes such as Pervasively Angry, Opportunistic and Vindictive rapists may benefit from treatment targeting general criminal offending and anger related issues. This argument is supported by Beech et al.'s (2005) finding that current treatment approaches are differentially effective for specific groups of rapists. Positive treatment outcomes were found for both their sexually motivated and sadistic groups, but no change was found on key treatment outcomes with their grievance motivated group. Thus the tailoring of treatment to the specific risk factors and criminogenic needs of each subtype appears to be a promising future treatment consideration.

### Limitations and Future Directions

The most significant limitation of the current pilot research is the sample size. The small sample size of 10 participants was used because this was the number of participants who participated in the pilot high-risk treatment programme. This study aimed to act as a building block for future research and replication with a larger sample size is needed to confirm the validity of the current results, and to be able to discover statistically significant results.

Also, when discussing the results of this study there must be careful attention paid to the study population. First, these rapists were selected for treatment because they were rated as high-risk on several psychometric measures. They are therefore unlikely to be representative of the general rapist population and caution is advised when generalising the current results to lower risk populations. However this is the population that the New Zealand Corrections Department will be targeting with the ASOTP and New Zealand research on this population is vital for the continuing improvement of this programme. Secondly this group may differ from other high-risk rapists because they consented to enter treatment. A wide literature exists detailing the difference between offenders who self-select into treatment and those who choose not to enter treatment (e.g., Jones, Pelissier, & Klein-Saffran, 2006).

### Conclusion

While the results of this study do not in their current form have the strength to inform treatment, they do suggest that the MTC: R3 typology may have potential

applications in rapist treatment programmes. The MTC: R3 Discrimination Variables Coding Tool has shown value even with raters who are unfamiliar with the MTC: R3 typology and it is likely that with further development it will prove useful in the context of both research and treatment. Further research into the relationship between MTC: R3 subtypes and the psychometric risk measures used within the current study will allow a greater understanding of the risk patterns, criminogenic needs and relevant treatment targets for each subtype and allow a more individualised treatment approach.

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## **Developmental, Individual and Family Characteristics of Specialist, Versatile, and Short-Duration Adolescent Sex Offenders**

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### **Abstract**

This article reports on developmental, individual and family characteristics of 108 adjudicated adolescent sexual offenders who had been referred to a specialised assessment and treatment service. A Principal Components Analysis of measures of developmental characteristics (abuse histories, conduct problems), individual characteristics (callous unemotional traits; externalising and internalising behaviours), and family functioning (parental involvement; parental supervision; positive parenting practices; inconsistent discipline and corporal punishment) yielded three main components. These components were designated Negative Environment, Positive Environment and Transgression. Three subgroups were identified on the basis of their criminal histories: specialist offenders ( $n = 47$ ); versatile offenders ( $n = 33$ ), and short-duration offenders ( $n = 28$ ). MANCOVA revealed a significant multivariate main effect for offender subtype. A significant univariate effect was found for Transgression. Results suggest that offence specialisation and versatility among adolescent sexual offenders may arise from somewhat different developmental pathways.

### **Introduction**

A considerable body of research shows that most adolescents who have committed sexual offences do not come to the attention of police for further sexual offences within the first 10 years of their adult lives (Allan, Allan, Marshall, & Kraszlan, 2003; Borduin, Schaeffer, & Heiblum, 2009; Langstrom, 2002; Nisbet, Wilson, & Smallbone, 2004; Sipe, Jensen, & Everett, 1998; Worling & Curwen, 2000). However, these studies also show that many of these same adolescents continue to commit nonsexual offences as young adults. Despite this evidence, sexual offending continues to be widely regarded as a specialised form of offending. Sex

Offender Registration and Community Notification laws, for example, have as their basis the assumption that sexual offending has a distinct etiology, involves a specific proclivity towards committing sexual offences, and is associated with a high risk of future sexual dangerousness (Zimring, 2004). This propensity to commit sexual offences is seen as being a stable and enduring characteristic of sexual offenders, leaving the community vulnerable to ongoing risk.

Notwithstanding this public policy stance, it is becoming increasingly clear that both adult and adolescent sexual offenders tend toward offence versatility rather than offence specialisation (Harris, Mazerolle, & Knight, 2009; Lussier, 2005; Seto & Lalumiere, 2005; van Wijk et al., 2006). Nisbet et al. (2004) found that 55% of their sample of adolescent sexual offenders had committed nonsexual offences prior to their index sexual offence, and as adults 61% received further convictions for nonsexual offences. In their study of adolescent sexual offenders, Ronis and Borduin (2007) reported that as many as 94% of those with peer or adult victims and 89% of those with child victims had also been adjudicated for nonsexual offences. These findings raise important questions about the extent to which sexual and nonsexual offending may share common causal antecedents.

Previous research has sought to address this question by comparing sexual and nonsexual juvenile offenders. In one review, van Wijk et al. (2006) noted many similarities in the two groups, but concluded that due to wide within-group variations clear and consistent conclusions regarding similarities and differences could not yet be drawn. The authors noted a number of methodological confounds in the literature, including the substantial number of subjects in reviewed studies who were incarcerated (generally more serious offenders), as well as the wide variability in the diagnostic instruments used. The authors noted the need

for more research into specific subgroups of offenders, especially those who have exclusively committed sexual offences and those who have committed both sexual and nonsexual offences.

Empirical research into offence specialisation and versatility among adolescent sexual offenders is by no means new. More than 65 years ago, Doshay (1943) reported a study in which 108 young males who had exclusively committed sexual offences (“primary”, or “true” sex offenders) were compared with a “mixed” group of 148 young males who had committed both sexual and nonsexual offences on a range of individual, family and offence variables. The mixed group was more likely to have adverse home and family environments (e.g., low income and poor housing), and to have a history of “demoralising recreation” (e.g., excessive motion picture viewing), gang participation and school maladjustment. Conduct problems such as rebelliousness, gambling, alcoholism, conflict with family, destructiveness, sneakiness, temper tantrums and habitual lying were four to fifteen times more likely for the mixed (criminally versatile) group. Notwithstanding these differences, both groups engaged in as many and in the same kind of sex offences, and with similar forcefulness, wilfulness and violence. As adults, none of the primary group and eight (5.4%) of the mixed group had committed further sexual offences, whereas 2.8% of the primary group and 25% of the mixed group had committed further nonsexual offences.

More recent research in this area has continued to suggest that specialist and versatile offending patterns constitute a valid typological and clinical distinction among adolescents who have committed sexual offences. Butler and Seto (2002) compared 32 adolescents who had committed sexual offences with 48 criminally versatile offenders and 34 non-aggressive offenders. The sexual offender group was further broken down into a “sex-only” group ( $n = 22$ ), who had committed exclusively sexual offences, and a “sex-plus” group ( $n = 10$ ), who had also committed nonsexual offences. Groups were compared on constructs of risk of future delinquency, childhood conduct problems, current behavioural adjustment, and antisocial attitudes and beliefs.

Butler and Seto found that sex-only offenders had significantly fewer conduct problems in primary school than the sex-plus offenders, and that compared to all other groups, sex-only offenders had significantly fewer conduct problems from age 12. The groups differed on the Externalizing Behavior subscale of the Youth Self-Report, but not on the Internalizing Behavior subscale. Nonsexual offenders did not differ from sexual offenders on antisocial beliefs. However, compared with sex-only offenders, sex-plus offenders endorsed more antisocial attitudes and beliefs.

A large-scale Dutch study also compared sex-only and sex-plus adolescent offenders on offence and demographic characteristics (van Wijk, Mali, & Bullens, 2007). This study found the sex-plus offenders were significantly younger at their index offence than the sex-only offenders and the sex-plus group was more likely to contain offenders of non-Dutch origin.

Way and Urbaniak (2008) compared the personal and family histories of groups of adolescent sex offenders with prior delinquent behaviour ( $n = 72$ ) and without prior delinquent behaviour ( $n = 80$ ). The authors found the two groups to differ on the majority of variables measured in the study, including that those subjects with prior delinquent behaviours were older and had higher rates of childhood maltreatment and drug and alcohol abuse. They were also more likely to have caregivers with more substance abuse and more extensive criminal histories.

Although the specialist/versatile dichotomy of adolescent sex offenders has clinical validity, a number of questions arise regarding the onset and persistence of the sexual and nonsexual offending of these groups. Does the sexual offending of these two groups arise from similar or quite different pathways? Similarly, does the sexual offending of versatile sex offenders arise from similar or different pathways as their nonsexual offending?

The present study sought to address these questions by examining psychological, developmental and family characteristics of a group of young people who had sexually offended. This was undertaken in two steps; firstly by analysing the way in which these characteristics were related to each other among a sample of young people who sexually offended, and secondly by analysing the extent to which these characteristics differentiated specialist and versatile adolescent sex offenders. Specifically, differences were examined among those who were detected committing a sexual offence on only one occasion (short duration offenders), those who committed sexual offences on more than one occasion (specialist offenders), and those who committed both sexual and nonsexual offences (versatile offenders).

It was hypothesised that these three groups of offenders would be distinguished by a combination of psychological, developmental and family variables suggested in the literature. Specifically, it was hypothesised that:

1. Specialist sex offenders would be distinguished by having higher rates of sexual abuse victimisation, report higher levels of internalising problems and lower levels of parental involvement,
2. Versatile offenders would have higher rates of histories of conduct problems and report higher

levels of externalising problems and lower levels of parental monitoring.

3. Short duration sex offenders would report lower rates of abuse, report lower levels of both internalising and externalising problems and higher levels of parental involvement.

## Method

### Participants

Participants were 108 adjudicated young males ( $M = 14.63$  years;  $SD = 1.24$ ) who had been referred to a specialised assessment and treatment service in Queensland. All had either pleaded guilty to, or had been found guilty of, a sexual offence as a juvenile (aged 10 – 17 years) under the Queensland Criminal Code.

For the purposes of the present study, clients who identified as being of Aboriginal or Torres Strait Islander descent were classified as having an indigenous ethnic background. The majority of participants were from a non-indigenous ethnic background (74.1%;  $n = 80$ ), while the remainder were from an indigenous background (25.9%;  $n = 28$ ).

One participant had a previous official conviction for sexual offences prior to his referral and 30.6% ( $n = 33$ ) had official prior or concurrent convictions for nonsexual offences. The mean number of nonsexual offence charges for these participants was 19.9 ( $SD = 18.21$ ) and ranged from two to 78. All but two categories of offences classified under the Australian Standard Offence Classification (ASOC) system (Australian Bureau of Statistics, 1997) were present in the backgrounds of those participants with official prior or concurrent nonsexual offending. The two exceptions were homicide and related offences, and offences against justice procedures, government security and government operations. Thus there was considerable diversity of nonsexual offending among the participants of the study.

Table 1: Offences for which participants with prior or concurrent nonsexual offences were convicted ( $n = 33$ )

Offence category	Participants	%
Theft	23	70
Break and enter	22	67
Property damage	17	52
Public order offences	13	39
Traffic offences	13	39
Assault	12	36
Misc offences	11	33
Weapons offences	6	18
Robbery	4	12
Drug offences	4	12
Deception offences	3	9

*Note.* Some participants committed more than one category of offence

The mean number of sexual offence charges for participants was 3.17 ( $SD = 4.06$ ; range = 0<sup>1</sup>-31), and the mean number of sexual offence victims was 1.41 ( $SD = .74$ ; range = 1-4). The average age of the victim of the index sexual offence was 12.46 years ( $SD = 11.56$ ). Participants were unlikely to assault a stranger (14% of cases) or use excessive force (7% of cases).

The length of time that participants were known to have been sexually acting out was calculated from file information and clinical interviews. Some participants were known from self, parental or other report to have been participating in a range of sexual misbehaviours/offences for lengthy periods of time before they were charged with their index offences. The average length of time was 23.03 weeks ( $SD = 45.94$ , range = 0 - 260).

### Procedure

Demographic and offence data were provided on referral. During the assessment phase further psychometric data were collected. During assessment young people and their parents/caregivers were given the option of having personal information provided by them (including psychometric test results) used for research. Those who selected this option were required to give their informed consent. There were no incentives for participants to give their consent, nor were there any penalties for not giving consent for research participation. At the time of this research, of a potential pool of 144 participants 108 (75%) had provided research consent. A separate database containing the non-identifying details of these clients was created for the purposes of this study.

### Measures

#### Developmental characteristics

Developmental characteristics were coded from assessment and referral information. These were history of conduct problems, history of sexual abuse (as victim) and history of physical abuse (as victim). Variables regarding childhood abuse were dichotomously coded either from the child protection summary provided at referral, or from information provided by participants during clinical interviews.

A history of conduct problems was coded during intake assessment using the criteria for item 12 of the Juvenile Sex Offender Assessment Protocol II (J-SOAP) (Prentky & Righthand, 2003). These criteria are a persistent pattern of behavioural disturbance before the age of 10 characterized by (1) repeated failure to obey rules, (2) violating the basic rights of others, and

<sup>1</sup>One participant with fetish-type offences was charged with property, rather than sexual, offences.

(3) engaging in destructive and aggressive conduct at school, at home, and/or in the community. Although the J-SOAP is scored on a scale of 0, 1 or 2, these categories were collapsed for the purpose of this study into a 0/1 dichotomy denoting the presence or absence of conduct problems before age 10.

### Individual characteristics

Individual data were obtained from the Youth Self-Report (YSR; Achenbach & Rescorla, 2001), and the Antisocial Process Screening Device (APSD; Frick & Hare, 2001). The YSR is a self-report questionnaire that forms part of the Achenbach System of Empirically Based Assessment (ASEBA). The ASEBA provides a norm-based measure of young people's overall functioning from multiple perspectives (e.g., anxiety/depression, social problems, rule-breaking behaviour). Numerous studies have demonstrated the external validity, cross-cultural validity and reliability of these measures (Achenbach & Rescorla, 2001). T-scores from the Internalizing and Externalizing scales of the YSR were used in this study.

The APSD is a 20-item caregiver and self-report measure designed to screen for child and adolescent psychopathy. The APSD measures three aspects of psychopathic symptoms: callous-unemotional traits, narcissism and impulsivity. A self-report version of the APSD has been devised for use with older youths (age 12 to 18) and has been extensively used as a research tool with this population (Falkenbach, Poythress, & Heide, 2003; Lee, Vincent, Hart, & Corrado, 2003; Murrie & Cornell, 2002; Spain, Douglas, Poythress, & Epstein, 2004; Vasey, Kotov, Frick, & Loney, 2005). Similar to the YSR, item ratings on the APSD are either 0 (*not at all true*), 1 (*sometimes true*), or 2 (*definitely true*), e.g., "You lie easily and skillfully". Caputo, Frick and Brodsky (1999) used the APSD in a comparison of adolescent sex offenders with violent nonsexual offenders and non-contact offenders, with the sex offender group reporting significantly higher levels of callous-unemotional traits. The Callous Unemotional (CU) scale of the self-report version APSD was used in the current study.

### Family characteristics

Family data were obtained from the Alabama Parenting Questionnaire (APQ) (Shelton, Frick, & Wootton, 1996). The APQ is a 42 item caregiver and youth self-report measure designed to tap dimensions of parenting known to be associated with conduct problems in children. It assesses five parenting constructs: parental involvement; positive parenting; poor monitoring/supervision; inconsistent discipline; and corporal punishment. These constructs are measured by responses to a number of statements on a five-point Likert scale ranging from *never*, *almost never*,

*sometimes*, *often*, *always*. The APQ has been shown to possess adequate internal consistency, construct validity, and good test-retest stability in use with the parents of Australian children (Dadds, Maujean, & Fraser, 2003). The psychometric properties of a German translation of the child version of the APQ was examined by Essau, Sasagawa and Frick (2006) with a large ( $n = 1219$ ) community sample of school children aged 10-14. This study confirmed the factorial validity of the self-report version of the APQ, with an alpha coefficient of .65 for the total APQ score and alpha coefficients ranging from .54 to .83 for the subscales. The self-report version of the APQ was used in this study.

## Results

### Developmental, Individual and Family functioning

Developmental, individual and family functioning characteristics are set out in Table II below. Developmental characteristics were history of conduct problems, history of sexual abuse (as victim) and history of physical abuse (as victim). Each of these variables was coded dichotomously. Individual characteristics are presented as T-scores from the Internalizing and Externalizing scales of the YSR and mean scores for the CU scale of the APSD. Family characteristics presented are mean scores from the Alabama Parenting Questionnaire.

Table 2: Developmental, Individual and Family characteristics of participants

Characteristic	M	(SD)	%
<b>Psychological characteristics</b>			
Internalizing T-score	57.64	(9.73)	
Externalizing T-score	59.48	(10.39)	
Callous-Unemotional	3.93	(1.68)	
<b>Developmental characteristics</b>			
Conduct problems			41.7
Sexual abuse			8.3
Physical abuse			26.9
<b>Family characteristics</b>			
Parental involvement	54.07	(15.59)	
Poor supervision and monitoring	27.08	(7.13)	
Positive parenting techniques	19.49	(4.64)	
Inconsistent discipline	15.10	(4.31)	
Corporal punishment	5.44	(2.40)	



*Characteristics of specialist and versatile adolescent sex offenders*

Table 3: Correlation matrix of variables

	Internalising T score	Externalising T score	Callous unemotional	Hx conduct problems	Hx sexual abuse	Hx physical abuse	Parental involvement	Poor monitoring	Positive parenting	Inconsistent discipline
Externalising T score	0.53*									
Callous unemotional	0.12	0.26*								
Hx conduct problems	0.08	0.31*	0.20							
Hx sexual abuse	-0.06	0.05	0.11	0.23*						
Hx physical abuse	-0.03	0.23*	0.06	0.22*	0.04					
Parental involvement	0.00	-0.22*	-0.25*	0.00	0.15	-0.18				
Poor monitoring	0.36*	0.59*	0.27*	0.29*	0.08	0.12	0.04			
Positive parenting	0.01	-0.16	-0.35*	0.03	0.15	-0.12	0.57*	-0.12		
Inconsistent discipline	0.27*	0.47*	0.18	0.17	0.06	0.03	0.19	0.58*	0.11	
Corporal punishment	0.10	0.27	0.12	0.07	-0.01	0.04	0.03	0.19	-0.10	0.39*

\*Correlation is significant at the  $p < .01$  level





Histories of conduct problems among participants were common. A confirmed history of sexual abuse was relatively uncommon but just over one in four participants had a confirmed history of physical abuse. The mean T-scores of participants are below the clinical range (64+) for both the internalizing and externalizing scales of the YSR. There are currently no normative data for the CU scale of the self-report version of the APSD or the subscales of the APQ.

**Principal Components Analysis**

Developmental, individual and family characteristics data were subjected to principal components analysis (PCA) using SPSS Version 11.0 for Macintosh. Prior to performing PCA the suitability of data for factor analysis was assessed. Missing data were noted for the Alabama Parenting Questionnaire (13%) and the Youth Self-Report (4%). Mean substitution was used to correct for missing data. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Oklun value was .67, exceeding the recommended value of .60 (Kaiser, 1970, 1974) and the Bartlett’s Test of Sphericity (Bartlett, 1954) reached statistical significance, supporting the factorability of the correlation matrix.

The correlation matrix is presented in Table III. The Internalizing and Externalizing scales of the YSR were significantly correlated with each other, and were both significantly correlated with the Poor Monitoring and Inconsistent Discipline scales of the APQ. The CU scale of the APDS was significantly correlated with the Externalizing scale of the YSR and the Poor Monitoring scale of the APQ. It was also significantly and inversely correlated with the Positive Parenting and Parental Involvement scales of the APQ. History of conduct problems was significantly correlated with sexual abuse and physical abuse histories, as well as the Poor Monitoring scale of the APQ and the Externalizing scale of the YSR.

Principal components analysis yielded four components with eigenvalues exceeding 1, explaining 26.11%, 17.03%, 11.78%, and 9.38% of the variance respectively. An inspection of the scree plot revealed a break after the fourth component. Using Catell’s (1966) scree test, it was decided to retain four components for further investigation.

Parallel Analysis (Horn, 1965) was used to compare the eigenvalues of the four components with a randomly generated data matrix of the same size (11 variables x 108 respondents) using Monte Carlo PCA for Parallel Analysis (Watkins, 2000). The practice of comparing the size of eigenvalues with those of a randomly generated data set of the same size is considered to be the most accurate way of identifying the correct number of components to retain (Zwick & Velicer, 1986). Using this method, only those

components with eigenvalues that exceed the corresponding values from the random data set are retained. The results of Parallel Analysis are displayed in Table 4.

Table 4: Results of Parallel Analysis

Component number	Actual eigenvalue from PCA	Criterion value from parallel analysis	Decision
1	2.87	1.55	Accept
2	1.87	1.38	Accept
3	1.28	1.26	Accept
4	1.03	1.16	Reject
5	.97	1.06	Reject

As the criterion value for the fourth component was larger than the actual eigenvalue from the PCA it was decided to re-run the PCA and specify a three-factor solution. Table 5 presents the resulting component matrix with the loadings of each of the items on the four components. The majority of items loaded on Component 1 from the PCA, with strong loadings (above .4) also noted on Components 2 and 3.

Table 5: Component matrix for 3 component solution of PCA

Item	Component		
	1	2	3
Externalising T Score	0.83		
Poor monitoring	0.80		
Inconsistent discipline	0.69	0.41	
Internalizing T Score	0.55		-0.38
Callous unemotional	0.48	-0.37	
Corporal punishment	0.40		
Parental involvement		0.85	
Positive parenting		0.84	
History of sexual abuse			0.66
History of conduct problems	0.45		0.60
History of child abuse (nonsexual)			0.46

To aid in the interpretation of these components, varimax rotation was performed. The rotated solution revealed the presence of a number of strong loadings and all variables loading substantially on only one component. The three-component solution explained a total of 54.92% of the variance, with Component 1 contributing 23.39%, Component 2 contributing 17.75% and Component 3 contributing 13.79%. Table VI sets out the rotated component matrix.

Component 1 consisted of poor Parental Monitoring and Supervision (.76), Inconsistent Discipline (.79) and Corporal Punishment (.48) from the APQ and the

Internalizing (.67) and Externalizing (.75) T-scores of the YSR. This component was designated as *Negative Environment*, as it appeared to correspond to a number of characteristics that would be associated with adverse circumstances in which a young person may grow and develop.

Component 2 consisted of Positive Parenting (.84), Parental Involvement (.85) and Callous-Unemotional traits (-.49). This component was designated as *Positive Environment*, as it appeared to correspond to a number of characteristics that would be associated with favorable circumstances in which a young person may grow and develop.

Component 3 consisted of History of conduct problems (.73), History of child sexual abuse (.69) and History of physical abuse (.49). This component was designated as *Transgression*, as it appeared to group together examples of ways in which participants had been transgressed against and had also become transgressors.

Table 6: Rotated Component Matrix

Item	Component		
	1	2	3
Inconsistent discipline	0.79		
Poor monitoring and supervision	0.77		
Externalising T Score	0.75		
Internalising T Score	0.67		
Corporal punishment	0.48		
Parental involvement		0.85	
Positive parenting		0.84	
Callous Unemotional		-0.49	
History of Conduct problems			0.73
History of sexual abuse			0.69
History of physical abuse			0.49

### Hypothesis testing

In order to test differences in offence patterns on these components, offence histories were used to place participants in one of three mutually exclusive groups. Participants who had no previous or concurrent

nonsexual offences and whose index sexual offence had a duration of greater than one week, or who had a history of sexual behaviour problems, were designated “specialist sex offenders”. Those participants who had either previous or concurrent convictions for nonsexual offences at the time of sentencing for their index sexual offence(s) were designated as “versatile offenders”. Those participants who had no previous or concurrent nonsexual offence history and whose official records suggested that their index sexual offence(s) occurred on a single occasion, or whose duration of sexual offending lasted for less than a week and had no history of sexual behaviour problems were designated “short duration sex offenders”.

After this initial sorting, the groupings of participants who had an official record of concurrent nonsexual offences at the time of sentencing for their index sexual offence (12%, n = 13) was reviewed. This review revealed that the nonsexual offences of 10 of these participants directly related to their index sexual offence. For example, a number of participants had been convicted of offences such as physical assault, burglary and deprivation of liberty that occurred during the commission of their index sexual offence(s). Based on these offence histories, 10 participants (9%) were reclassified as short duration or specialist offenders, while three were retained as versatile offenders.

The largest group was the specialist offenders (n = 47), followed by the versatile offenders (n = 33) and short-duration offenders (n = 28). Versatile offenders were significantly more likely than the other two groups to have offended against peers or adults, with 36.4% victimising a peer or adult, compared to 17.9% of short-duration offenders and 10.9% of the specialist offenders,  $\chi^2(2, n = 107) = 7.82, p < .05$ .

Demographic details of these offender groups are presented in Table 7. There were no significant differences between the three groups in age at the time of the index sexual offence  $F(2, 105) = 4.13, p = .66$ . This finding is important because it suggests that the sexual offending of this group was not related to a different point in their developmental or criminal trajectory. A significantly larger proportion (51.5%) of the versatile offenders were from an indigenous background, compared to only 12.8% of the specialist offenders and 21.4% of the short duration sex offenders,  $\chi^2(2, n = 108) = 13.28, p = .001$ . For this reason, it was decided to use indigenous status as a covariate in the subsequent analysis.

Table 7: Means (SDs) of age of participants and percentages of indigenous participants by offender subtype

Demographic details	Short duration sex offenders (n = 28)			Specialist sex offenders (n = 47)			Sex-plus offenders (n = 33)		
	M	SD	%	M	SD	%	M	SD	%
Age at index offence	14.61	1.29		14.53	1.32		14.79	1.11	
Proportion of Indigenous participants			21.4			12.8			51.5

### Multivariate analysis

Multivariate analysis of covariance (MANCOVA) was selected to test whether mean differences on the results of the principal components analysis revealed significant between-group differences.

Preliminary assumption testing for multivariate analysis was conducted to check for normality, linearity, univariate and multivariate outliers. No threats to the assumptions for multivariate analysis were identified. All statistical analyses were carried out using SPSS for Macintosh 11.0.

### Design

A total of 3 dependent variables were used: Negative Environment, Positive Environment and Transgression.

Offender group was entered as a fixed factor in the MANCOVA, while indigenous status was entered as a co-variate due to the disproportionate number of indigenous youth in the versatile offender group.

### Analysis

#### Main effects

There was a significant multivariate main effect for offender type,  $F(3, 104) = 4.28, p < .001$ ; Wilks' Lambda = .79; partial eta squared = .11.

#### Univariate effects

When the results for the 3 dependent variables were considered separately, one variable reached significance: Transgression,  $F(2, 104) = 12.39, p < .001$ ; partial eta squared = .19.

Partial eta-squared is defined as the proportion of total variance attributable to the factor, partialling out (excluding) other factors from the total non-error variance (Pierce, Block, & Aguinis, 2004). Inspection of the partial eta squared score reveals the major effect for offender group to be from the Transgression component, with this factor accounting for 19% of the total variance.

#### Pairwise comparisons

Versatile offenders were significantly different from both other groups ( $p < .001$ ) in relation to their higher scores on the Transgression component. This component was a combination of scores on their history of sexual and physical abuse, as well as having a history of conduct problems. Versatile offenders were

significantly more likely than either of the other groups to have both been transgressed against, as well as to become transgressors themselves. It was this, more than any other combination of variables that distinguished this group from the other groups.

### Discussion

This study compared specialist, versatile, and short-duration adolescent sexual offenders on a range of developmental, individual and family characteristics. Previous research has suggested that offence specialisation and versatility represents a valid typological distinction within this population. Additionally, the study sought to investigate possible differences within the specialist group by further categorising this group on the basis of duration of their sexual offending.

Overall, there were few differences between the three groups on demographic characteristics. The only significant demographic difference between the three groups was on indigenous status, with versatile offenders more likely to be from an Australian indigenous background. This finding is consistent with a recent study from Holland in which the sex-plus (versatile) group contained a larger proportion of non-Dutch offenders than the sex-only (specialist) group (van Wijk, Mali, & Bullens, 2007).

Evidence of the over-representation of minority youth in the criminal justice system is well established (Kenny & Lennings, 2007). For example, it has been observed that in New South Wales, indigenous juveniles are 21 times more likely to be in juvenile detention centres than non-indigenous youth (Walker & McDonald, 1995). Similarly, they are likely to receive significantly harsher penalties when compared to their Anglo-Australian counterparts facing the same charges (Gallagher & Poletti, 1998). It is considered likely, therefore, that the over representation of indigenous young people within the versatile group may be an artefact either of their greater exposure to social and personal adversity, or of their greater likelihood of detection, charging and sentencing, rather than suggesting racially oriented explanations for delinquency and sexual aggression.

The results of the principal components analysis demonstrated the association between poor parenting practices and higher self-reported levels of both internalising and externalising behaviours. Similarly, positive parenting practices were inversely correlated with self-reported callous-unemotional traits. Although there were significant differences between the three groups of offenders on the combined dependent variables, only one component, *Transgression*, produced a significant univariate main effect. Versatile offenders were significantly different from the other groups on the *Transgression* component, which contained elements of abuse victimisation (physical and sexual) as well as abuse perpetration (conduct problems). This group also had significantly more adult victims than either of the other groups.

These results are consistent with the findings of Butler and Seto (2002) that versatile sexual offenders had significantly more conduct problems in primary school than specialist sexual offenders. They are also consistent with a meta-analysis of 24 independent studies comparing adolescents who had sexually offended with adolescent nonsexual offenders (Seto & Lalumiere, 2005). In this meta-analysis it was noted that the general pattern of adolescent sexual offenders having fewer conduct problems than non-sex offenders obscured a difference between those who targeted peers or adults and those who target children. Studies directly comparing these two groups on measures of conduct problems showed a non-significant tendency for those with adult victims to have more conduct problems than those who offended against children. Other research, however, has failed to find support for distinguishing between the two groups, instead finding a number of common problems but no problems specific to a particular type of sexual offending (Ronis & Borduin, 2007).

It was hypothesised that specialist sex offenders would be distinguished by having a higher rate of sexual abuse victimisation, report higher levels of internalising problems and lower levels of parental involvement. It was further hypothesised that versatile offenders would have a higher rate of histories of conduct problems and report higher levels of externalising problems and lower levels of parental monitoring, and that short duration sex offenders would report lower rates of abuse, report lower levels of both internalising and externalising problems and higher levels of parental involvement. Finally, it was hypothesised that short duration sex offenders would report lower rates of abuse, report lower levels of both internalising and externalising problems and higher levels of parental involvement.

These hypotheses were not supported. The results of the principal components analysis yielded three factors that were slightly different to those expected from the

literature. Contrary to the hypotheses, both internalising and externalising scores were related more strongly to each other than to sexual abuse and physical abuse. This resulted in a slightly different composition of components.

The result of the principal components analysis, however, was consistent with the literature, particularly with regard to the impact of parenting styles (e.g. Burt, Simons, & Simons, 2006). The analysis demonstrated the association between poor parenting practices and higher self-reported levels of both internalising and externalising behaviours (Negative Environment). Similarly, positive parenting practices were inversely correlated with self-reported levels of callous-unemotional traits (Positive Environment). Both sexual abuse and physical abuse were related to each other and also to conduct problems (*Transgression*). Again, this result was consistent with the literature (Wilson, Smith Stover, & Berkowitz, 2009).

It may have been expected that these components would match the three offender groups, with versatile offenders scoring higher on Negative Environment, specialist offenders scoring higher on *Transgression* and Short Duration offenders scoring higher on Positive Environment. Although there were significant differences between the three groups of offenders on the combined dependent variables, only one component, *Transgression*, produced a significant univariate main effect. Contrary to expectations, versatile offenders were significantly different to both other groups on the *Transgression* component, however they did not have significantly higher scores than the two other groups on the Negative Environment component.

Whilst it may come as no surprise that physical and sexual abuse are correlated with each other as well as with conduct problems in children and criminal versatility in adolescence, it is perhaps more surprising that there were no significant differences between the three groups on the two other components of positive and negative environment. Specifically, the versatile group did not have significantly higher scores than the two other groups on the Negative Environment component.

Results from this study also suggest that the duration of sexual offending is not significantly associated with either a history of abuse or a positive or negative family environment. In this study, short duration sex offenders were not significantly more likely to come from a positive family environment and specialist sexual offenders were not significantly more likely to come from either a negative family environment or a background of abuse. The hypothesis of the specialist group containing a large proportion of better functioning and non-deviant adolescents was therefore not supported, as neither of these groups significantly

differed from each other on any of the three identified components.

Taken together, the present results confirm offence specialisation and versatility as a valid typological distinction among adolescents who have sexually offended, as well as suggesting offence specialisation and versatility among adolescent sexual offenders may arise from different developmental paths. Consistent with Ronis and Borduin (2007), Seto and Lalumiere (2005) and Van Wijk, Mali, & Bullens (2007), the present findings point to the importance of considering the contribution of a general delinquency factor in our understanding of the etiology of adolescent sexual offending and its treatment. The sexual offending of the versatile group in this study appears to be a continuation of an earlier propensity for disregarding rules and personal boundaries. As such, these young people may require greater levels of supervision and reinforcement for remaining within boundaries, rather than an intervention primarily aimed at correcting distorted beliefs about sexuality. It is unclear from this study what developmental pathways may lead to the sexual offending of the specialist groups, but the study does raise the question of whether sexual offences should be thought of as having a distinct "cause" or whether in many cases they are simply another way of expressing antisocial conduct.

There are a number of limitations to this study. The use of self-report measures is an acknowledged limitation and means that the data is reliant on the accuracy of the self-perception of participants. The use of self-report measures is also vulnerable to demand characteristics, impression management or common method variance. Additionally, all participants gave consent to have their data used for research, while a further 25% of possible participants refused to be involved in research. It is therefore impossible to quantify the extent of a "volunteer effect" that may have influenced the results. It is also possible that there were significant differences between the three offender groups but the sample size was insufficient to produce the statistical power required to detect the effect of group membership.

Other limitations of the study include the absence of additional comparison groups. The addition of a nonsexually offending group or a non-forensic control group would enable further comparisons to be made with the specialist and versatile groups, allowing for examination of the degree to which versatile adolescent sex offenders differ from nonsexual adolescent offenders and the extent to which specialist offenders differ from non-forensic controls.

Future research clarifying these issues has the potential to lead to more tailored intervention programs for specialist and versatile adolescent sex offenders, perhaps resulting in a decrease in nonsexual as well as

sexual recidivism. Additionally, clarification of these issues may also result in a more targeted approach to offender registration and community notification efforts and a more efficient allocation of resources in line with the principle of risk and need. Most importantly, further research on the developmental pathways of adolescent sexual offending is needed to inform primary and secondary prevention strategies.

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