

AN INVESTIGATION OF COGNITIVE DISTORTIONS
AMONG SEXUAL OFFENDERS, NON-SEXUALLY OFFENDING CRIMINALS
AND NORMALS

by

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An Investigation of Cognitive Distortions Among Sexual

Offenders, Non-Sexually Offending Criminals and Normals

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ABSTRACT

Recent research indicates that cognitions which justify and rationalize sexual assault play an important role in sustaining assaultive behaviour. Consequently, it has been argued that effective treatment must assess and treat such cognitive distortions. The present study used the Abel-Becker Cognition Scale and the Burt Rape Myth Acceptance (RMA) Scale to investigate the cognitive distortions of 69 child molesters and 21 non-child molesting sexual offenders. The experimental groups were compared to 97 non-sexual offending subjects awaiting adjudication at the Vancouver Pretrial Services Centre (VPSC) and 100 introductory psychology students. Given the high face validity of the Abel-Becker Scale and the RMA Scale, the presence and influence of faking good was evaluated. Sexual offenders faked good to a significantly greater degree than the control groups. However, faking good was not found to have a significant impact on the sexual offender's cognition scores. The results indicate that child molesters adhere to child molestation distortions significantly more than the non-child molesting sexual offenders and the student control group but not the VPSC control group. Non-child molesting sexual offenders adhere to rape distortions significantly more than the student control group but not significantly more than the child molesters or the VPSC control group. Implications for treatment and further research are discussed.

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INTRODUCTION

In recent years the issue of sexual abuse has gained increasing attention from clinicians, researchers and the general public. Although the actual incidence of sexual abuse is unknown, it is estimated that 5% to 20% of those under 18 years of age have experienced unwanted sexual behaviour from an adult (Bagley, 1986). Given such estimates, sexual abuse constitutes a major public health issue.

Recent research on the treatment of sexual offenders has posited that distorted beliefs about the nature of the offence and its consequences facilitate the recurrence of sexual offences. These distorted beliefs, typically referred to as cognitive distortions, are ways of thinking that allow an offender to deny, minimize, justify, and rationalize deviant behaviour. It is increasingly being asserted that effective treatment must assess and treat such cognitions. However, there has been a dearth of studies and articles that empirically investigate cognitive distortions. In an effort to add to the research in this area this study investigated the cognitive distortions of convicted child molesters, non-child molesting sexual offenders, a pretrial control group without convictions for sexual offences, and a student control group. A measure of "faking good" was taken and examined for its impact upon the cognitive self report measures used. The present study also examined the

relationship between treatment duration and adherence to cognitive distortions. Implications for treatment and future research are discussed.

The Role of Cognition in Deviant Behaviour

The treatment of sexual offenders, whether they be exhibitionists, frotteurs, rapists, or child molesters, has traditionally centred on a variety of behavioural techniques intended to normalize sexual preferences and enhance social functioning (Abel, Becker, Cunningham-Rathner, Rouleau, Kaplan, & Reich, 1984; Abel, Blanchard, & Becker, 1978; Greer & Stuart, 1983; Knop, 1982; Marshall & Barbaree, 1988; Mayer, 1988; Quinsey, 1977). These techniques include covert sensitization, masturbatory satiation, olfactory aversion, drug therapy, social skills training, assertiveness training, and sex education. The principle underlying these techniques is that behaviour is the focus of treatment and that sexually deviant behaviour is subject to the principles of classical and operant conditioning.

For the most part, the role of cognition in the etiology of sexual offences has been neglected (Lanyon, 1986; Murphy & Stalgaitis, 1987; Stermac & Segal, 1989). However, literature from a number of disciplines, including psychology, reference the significance of cognition in deviant behaviour.

Although not always mentioning cognition specifically, a number of sociologists have commented on techniques that individuals may use in an attempt to escape public and self condemnation for their untoward behaviour. Mills' (1940) notion of motive talk, Sykes and Matza's (1957) techniques of neutralization, Scott and Lyman's (1968) examination of accounts, Hewitt and Stokes' (1975) disclaimers, and Stokes and Hewitt's (1976) aligning actions are among these.

These authors describe how individuals attempt to avoid moral culpability and restore social equilibrium when there has been a discrepancy between actions and expectations. For instance, when there is a discrepancy between an individual's acts and the accepted norms of society it is argued that the offending individual will employ ameliorative techniques in an attempt to disavow the deviant label. If successful, the individual escapes self-blame and the blame of others. Significantly, Sykes and Matza (1957) note that although such techniques usually follow the behaviour, they can precede it as well. As a consequence, the offending behaviour is more likely to occur. Furthermore, Sykes and Matza's assertion that "an understanding of how internal and external demands for conformity are neutralized may be crucial for understanding delinquent behavior" (p. 666) highlights the relevance of investigating the cognitive distortions of sexual offenders.

In their discussion of techniques of neutralization, Sykes and Matza (1957) describe five such techniques. These

include Denial of Responsibility, Denial of Injury, Denial of the Victim, Condemnation of the Condemners, and Appeal to Higher Loyalties. The first they describe, the denial of responsibility, outlines how an individual may attempt to negate personal accountability for some behaviour. For example, the individual may claim that their behaviour was caused by an accident or some outside force beyond their control. If the person can deny responsibility for their acts, the opprobrium of self and/or others is less likely to be invoked.

The denial of injury entails an attempt by the individual to deny that any real or significant harm has resulted from some act that he or she has committed. This enables the individual to disclaim the wrongfulness of the act by breaking the link between it and its consequences. For example, Sykes and Matza (1957) note that vandalism can be defined by the delinquent as merely "mischief" especially if the person whose property has been defaced can afford repairs.

In some situations the person may accept responsibility for their actions and admit that some harm has been done. However, they may still neutralize the indignation of self and others through the denial of the victim. In such an instance the act is justified on the grounds that the victim is the actual wrong-doer and is therefore deserving of punishment or injury. For example, the wrongfulness of transgressions against homosexuals, attacks on members of

minority groups or revenge on an "unfair" teacher may be justified in such a manner.

A fourth technique of neutralization that Sykes and Matza (1957) describe is condemnation of the condemners. In this case the person who has committed a deviant act shifts attention from their own behaviour to the motives and behaviour of those who disapprove of his or her transgressions. The transgressor may claim that the condemners are themselves hypocrites, deviants, or are attempting to advance personal interests. By attacking others the transgressor is able to deflect blame and thereby minimize or hide the wrongfulness of their own behaviour.

Finally, through an appeal to higher loyalties an individual may neutralize internal and external social controls. By subjugating the demands of society to some higher loyalty such as family or friends, the individual no longer needs to consider those demands. While the norms of society might not necessarily be rejected, the call to higher loyalties is accorded precedence.

Similar to Sykes and Matza (1957), Scott and Lyman (1968) describe a variety of "accounts" that may be invoked when a person is accused of some wrong-doing. They describe such accounts as taking the form of excuses or justifications. Excuses are accounts when full responsibility for an act is disavowed although it may be acknowledged to be bad, wrong, or inappropriate. An example of this process would be the soldier who admits to killing

but who notes that he was "under orders" and is therefore not personally responsible for his behaviour. Justifications, in contrast, are accounts in which one accepts responsibility for an act but denies its wrongfulness and coincidentally asserts its positive value. In this case a soldier may admit killing but deny an immoral act was committed since those killed were "the enemy" and therefore deserved such a fate.

Four types of excuses are forwarded: appeal to accidents, appeal to defeasability, appeal to biological drives and scapegoating.

In appeals to accident, responsibility is mitigated or relieved by emphasizing recognized hazards in the environment, the inefficiency of the body, and the human incapacity to control all motor responses. Such an excuse tends to be accepted since it is assumed that accidents occurring to any single person will be irregular and infrequent. However, should accidents occur to any single person on a regular and frequent basis others are likely to discredit such pleas and may instead label that person clumsy or careless -- thereby restoring culpability.

The appeal to defeasability subsumes Sykes and Matza's (1957) denial of responsibility. By claiming that full information was not available or that one's "will" was not "free" an individual can excuse him or herself from responsibility for his or her acts. For example, the person might argue that their acts resulted from misinformation

that was supplied intentionally or innocently by others. Alternatively, the individual may argue that lacking information led him/her to act differently than he/she would have otherwise. Excuses claiming an infringement of "free will" may refer to invoked duress, undue influence, or an impairment of both knowledge and will due to intoxication, or perhaps lunacy. The denial of intent and knowledge of consequences also falls under this category. In this case, the individual may claim that the effect of his/her behaviour was not intended or perhaps that a particular outcome had not been foreseen or thought likely to occur. If, for example, one individual causes another to cry, that individual may claim that he/she had not meant to cause such an outcome or had not thought that his/her actions would result in that end.

Another excuse that may be used refers to the strength of biological drives, particularly "uncontrollable" sex drives. Scott and Lyman (1968) note that first and second generation Italians in America excuse pre- and extra-marital sexual relations by invoking the uncontrollable nature of men's sexual appetite -- particularly in situations where they find themselves alone with a woman.

The final excuse described by Scott and Lyman (1968) suggests that individuals will scapegoat others and by doing so shift responsibility for their behaviour onto others. For example, an individual might state that his questioned actions are due to the behaviour or attitudes of another.

The youth who states that his bullying has directly resulted from the unfriendly behaviour of his classmates is a case in point.

The justifications that Scott and Lyman (1968) outline include and add to those suggested by Sykes and Matza (1957). The additions they make are "sad tales" and "self-fulfillment". A sad tale consists of an individual's reference to an extremely difficult past (which may or may not represent a distorted perception) in order to explain an individual's present behaviour or state of being. A mental patient is noted who, when explaining his mental health difficulties, suggested that his efforts to secure a Masters degree while also working part time had simply proven too much of a strain. Justifications invoking self-fulfillment are described as a peculiarly modern phenomenon. Cited as an example is the case of an LSD user who commented:

The whole purpose in taking the stuff is self-development. Acid expands consciousness. Mine eyes have seen the glory - can you say that? I never knew what capacities I had until I went on acid. (Scott and Lyman, 1968, p. 52)

The studies noted above are directly relevant to the issue of cognitive distortions. Bandura (1973,1978) and his colleagues (Bandura, Underwood, & Fromson, 1975) note the integral role that such techniques (which Bandura refers to as cognitive restructuring) play in the release of socially abhorrent acts -- particularly aggression. Bandura's research indicates that when responsibility for

reprehensible conduct is obscured the likelihood of that behaviour occurring is increased. Although not using the terms employed by the sociologists noted above, Bandura describes how an individual may employ a cognitive restructuring process that includes euphemistic labelling, portrays conduct in the service of moral ends, dehumanizes the victim, blames the victim, and/or obscures or distorts the relationship between an action and its effects (for example, by displacing responsibility for the act). Bandura asserts that this process allows the individual self-exoneration thereby weakening the restraints that would normally inhibit aggressive behaviour. In other words, the behaviour is made excusable or even commendable.

Empirical research indicates that individuals do engage in aggressive behaviour to a significantly greater degree when the forementioned techniques are invoked as compared to when they are not (Bandura et al., 1975; Diener, Dineen, Endresen, Beaman, & Fraser, 1975; Milgram, 1963). In cases where individuals invoke ways of thinking that negate denigrating self-labels, the commission of ordinarily reprehensible behaviours is facilitated (Kelman, 1973; Sanford & Comstock, 1971). Although Bandura's research does not focus on sexual offenders, these findings are relevant to the cognitive distortions found among sexual offenders. They lay the general foundations for understanding how particular ways of thinking can facilitate acts that are ordinarily unacceptable.

Yochelson and Samenow's (1976) controversial examination of the criminal personality also illustrates the significance and effect of cognitions upon behaviour. Among other issues, they pay particular attention to how the criminal interprets the world and his or her actions in it. Indeed, they argue that an understanding of the criminal's thought processes is essential for therapists attempting to facilitate change. For instance, they note how the criminal eliminates internal deterrents to crime such as fear and anxiety. Previously noted aspects of this process include not realizing or discounting that others are harmed, and displacing responsibility. Others include viewing oneself as good, thinking that the behaviour is common, and/or minimizing the behaviour. Yochelson and Samenow (1976) have not been without critics (eg. Scott, 1977; Jackson, 1978) and their work does not deal with sexual offenders in particular. However, their work does represent an attempt to merge therapeutic concerns about a criminally deviant population and the role of cognitions in the development and perpetuation of criminally deviant behaviour.

The Role of Cognition in Sexual Offences

Initially, research on the cognitions of rapists served to establish an association between thinking styles and sexual offences. Burt (1980) identified a number of beliefs about rape that can be considered cognitive distortions. For

example,: "a woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex"; "if a girl engages in necking or petting and things get out of hand, it is her own fault if her partner forces sex on her"; and "women who get raped while hitchhiking get what they deserve". While it seems safe to assume that these statements represent distortions of reality, there is research to substantiate that assumption.

For instance, Abbey and her colleagues (Abbey, 1982, 1987; Abbey, Cozzarelli, McLaughlin, & Harnish, 1987; Abbey & Melby, 1986) have shown that men tend to overestimate the sexual intent of women. Several studies showed that in situations where "the female...intended to be friendly...they were perceived as being seductive and promiscuous by the male subjects" (Abbey, 1982, p. 836). Abbey (1987) argues that such distortions will not usually have serious effects. However, Abbey (1987) does state that they can "lead to ... rape because [the man] ignores [the woman's] clarification or feels justified regardless of it because she 'led him on'" (p. 175).

Burt (1978, 1980) hypothesized that the "net effect of rape myths is to deny or reduce perceived injury or to blame the victims for their own victimization" (1980, p. 217). Rape myths thereby act as "psychological releasers or neutralizers, allowing potential rapists to turn off social prohibitions against injuring or using others" (1978, p. 282).

Scully and Marolla (1984) used the concept of accounts (Scott & Lyman, 1968) to investigate the excuses and justifications that a sample of convicted, incarcerated rapists used to explain their sexual offences. The types of justifications and excuses that they found are similar to those already noted. For example, justificatory themes included the assertion that the woman was a seductress, that she meant "yes" when she said "no", or that nice girls don't get raped -- statements clearly designed to blame the victim. Other excuses included the belief that most women eventually relax and enjoy rape, and/or that any wrongdoing was of a minor nature.

An appeal to forces beyond the rapist's control typifies the excuses that Scully and Marolla (1984) describe. For example, the rapists noted their use of drugs or alcohol, emotional problems that they had at the time of the offence, or some aspect of the crime that cast them in a positive light. These were used to assert that intent was absent or that responsibility was diminished. Therefore, despite the offence, they were really a "nice guy" and the offence did not represent their true self.

Experimental studies have been designed to examine the significance of the distortions outlined above. For example, Malamuth (1981) found that "normal" men (as compared to rapists), who indicated a higher likelihood of raping were more similar to a group of convicted rapists in terms of belief in rape myths than a group of normals who reported a

lower likelihood of raping. It was also found that a higher reported likelihood of raping was positively associated with greater aggression against women in a lab setting. Subsequent research (Briere & Malamuth, 1983; Malamuth, 1983) found that adherence to rape myths successfully predicted aggression toward women in a laboratory setting. Additional studies indicate that men who have threatened or actually used force to gain nonconsensual sex with a woman (but who had not been apprehended) show a greater degree of adherence to rape myths than sexually nonaggressive men (Koss, Leonard, Beezley, & Oros, 1985; Malamuth, 1986). Significantly, Koss and his colleagues suggest that while adherence to rape myths may be causally related to sexual aggression, it may be possible that these beliefs develop subsequent to the act in order to allay negative feelings. They argue however, that Malamuth's (1981) research suggests that sexually aggressive men emerge from those who indicate a propensity for rape, and it is therefore apparent that distorted beliefs about rape precede sexually aggressive behaviour.

Gene Abel and his colleagues have authored much of the literature concerning the significance of cognitive distortions among sexual offenders in general, and child molesters in particular. In accordance with the literature already mentioned, Abel et al. (1984) argue that cognitive distortions develop in order to allay the guilt and anxiety that can result from engaging in deviant behaviour --

specifically, deviant sexual behaviour. In contrast to many of those investigating the cognitive distortions of rapists, Abel, Rouleau, & Cunningham-Rathner (1986) claim that there is no evidence that such attitudes or beliefs are responsible for the deviant behaviour. Rather, they assert that distortions develop subsequent to the act in order to justify the behaviour. For example, in the case of a child molester, such a shift can include the belief that adult-child sex is good for the child. Importantly, it is argued that such beliefs not only allay the guilt for past behaviour but also ensure that future acts tend not to arouse negative feelings -- thereby supporting the reoccurrence of such behaviour (Abel, Becker, Cunningham-Rathner, 1984; Conte, 1985). If sexually deviant behaviour continues without negative consequences the distortions can become so firmly entrenched that engaging in deviant sexual acts is ultimately seen as normal and justified (Abel et al., 1984). Abel et al. (1986) cite the case of a child psychiatrist who had been charged with the molestation of young boys as an example of the tenacity of such distortions. When confronted with a medical licensing board that could revoke his license, the psychiatrist claimed that his sexual behaviour with a number of boys under the age of 13 had not been harmful. He argued that he had been attentive to any injury to them, had watched their responses to him and, given his training, had determined that his actions had not been harmful. The espousal of these beliefs

before an examining board exemplifies the tenacity of such distortions -- particularly given the incongruity between such beliefs and the evidence of the harm done by sexual offences, even when force is not used (Becker, Skinner, & Abel, 1983). As such, the identification and amelioration of cognitive distortions are indicated as playing an important role in the treatment of child molesters and the reduction of recidivism (Abel, Mittelman, Becker, Rathner, & Rouleau, 1988; Abel, et al., 1986; Murphy & Stalgaitis, 1987).

Content analysis of the publications of American pedophile organizations (organizations that advocate and promote adult sexual behaviour with children) further illustrates the excusatory and justificatory distortions employed by child molesters. In a series of articles, DeYoung (1984, 1988, 1989) examined the publications of three United States pedophile organizations: the Rene Guyon Society, the Childhood Sensuality Circle, and the North American Man/Boy Love Association. DeYoung found these publications pervaded by statements and articles designed to deny injury, deny victimization, condemn the condemners, and appeal to higher loyalties. For example, in attempting to deny that adult-child sex is necessarily harmful, the publication of the North American Man/Boy Love Association often includes "anecdotal accounts, letters, poetry and articles that proclaim the benefits and advantages to children of having a sexual relationship with an adult male" (DeYoung, 1989, p. 116). Given that the goals of these

organizations include the decriminalization of adult-child sex and the encouragement of adult sexual behaviour with children, these non-clinical examples clearly illustrate the role of cognitive distortions in the attempt to normalize and justify a widely disdained philosophy and practice.

Although there has been little emphasis or empirical examination of the significance of cognitive distortions among sexual offenders (Abel, Blanchard, & Becker, 1978; Abel, Mittelman, & Becker, 1985; Lanyon, 1986; Marshall & Barbaree, 1988; Quinsey, 1977; Schwartz & Masters, 1983; Travin, Bluestone, Coleman, Cullen, & Melella, 1986), there is growing acknowledgment of their significance (Finkelhor & Araji, 1986; Groth, 1983; Jenkins-Hall, 1989; Langevin & Lang, 1985; Lockhart, Saunders, & Cleveland, 1988; Murphy, 1989; Murphy & Stalgaitis, 1987; Nedoma, Mellan, & Pondelickova, 1971; Nelson, Miner, Marques, Russel, Achterkirchen, 1988; Pithers, Kashima, Cumming, Beal, & Buell, 1988; Pollock & Hashmall, 1991; Segal & Stermac, 1990; Stermac & Segal, 1989).

Increased interest in cognitive distortions has recently resulted in three empirical investigations. Moving beyond the anecdotal and descriptive, Abel, Gore, Holland, Camp, Becker, and Rathner (1989) recently published the first empirical investigation to determine whether cognitive distortions are present among child molesters and whether they discriminate child molesters from other sexual offenders and normals. Using the Abel-Becker Cognition

Scale, Abel et al. (1989) found that child molesters do differ from normals. Specifically, it was found that child molesters can be distinguished from normals by their sanctioning of beliefs that were grouped into six "factor base scores". These were: 1) adult-child sex helps the child (this was the most discriminatory factor - accounting for 35.4% of the variance among child molesters. An example of this factor is the assertion that "my relationship with my daughter (son) or other child is strengthened by the fact that we have sex together"), 2) children initiate child-adult sex for specific reasons (e.g., "when a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult"), 3) adults initiate child-adult sex for specific reasons (e.g., "I show my love and affection to a child by having sex with her (him)"), 4) the child's behaviour shows their desire for child-adult sex, 5) adults can predict when child-adult sex will damage the child in the future, and 6) child-adult sex is or will be acceptable in society. However, despite discriminating child molesters from normals these factors did not significantly discriminate child molesters from other sexual offenders. This is somewhat surprising given Abel's assertion that the distortions of sexual offenders are offense specific.

The Abel-Becker Cognition Scale was the first device for assessing the cognitive distortions of child molesters (Abel et al., 1984). It is comprised of 29 items that

subjects rate from 1 (strongly agree) to 5 (strongly disagree). It assesses adherence to such items as: "A child who doesn't resist an adult's sexual advances really wants to have sex with the adult"; "Having sex with a child is a good way for an adult to teach the child about sex"; and "Children do not tell others about having sex with a parent (or other adult) because they really like it and want it to continue" (There is some controversy as to whether adult-child sex is necessarily harmful [Brongersma, 1984; DeYoung, 1985, p. 69-70; 1987, p. 83-93; Finkelhor, 1979; Nelson, 1986; Suppe, 1984] and, therefore, whether such statements are necessarily distortions of the truth. This author assumes they are for the purpose of the study that follows).

An additional study by Stermac and Segal (1989) assessed cognitive distortions among child molesters, rapists, and normals by using both descriptive vignettes of adult child sex and the Abel-Becker Cognition Scale. Stermac and Segal (1989) found that child molesters differed from other subjects by perceiving more benefits resulting from adult-child sexual contact, greater complicity on the child's part, and less responsibility on the adult's part. Child molesters were also distinguished by greater endorsement of pedophilic cognitions on the Abel-Becker questionnaire than other subject groups.

Pollock and Hashmall (1991) have developed an "excuse syntax" which illustrates the potential clinical relevance of research on cognitive distortions. Pollock and Hashmall

(1991) reviewed the records of 86 child molesters and collected all the explanatory statements made by the offenders. Over 250 statements were collected and 21 different explanations identified. The 21 explanations were sorted into six thematic content categories. These were explanations that 1) invoked situational mitigating factors (eg. being intoxicated); 2) indicated that adult child sex is not wrong; 3) indicated that the incident was nonsexual; 4) invoked psychological mitigating factors (eg. fear of adult females); 5) blamed the victim; and 6) denied the offense. An excuse syntax was developed to formalize judgements about the degree to which an offender accepts personal responsibility for his offence, degree of defensiveness, and the logical consistency of an offender's explanations. While noting that their procedure is not the only possible strategy they offer it as a springboard for further conceptualization and research.

THE PRESENT STUDY

Increasingly, the treatment of sexual offenders has begun to include an emphasis on cognitions. This theoretical shift is resulting in treatment efforts designed to identify and ameliorate the distorted beliefs that sexual offenders have about sexual offending and its consequences. Indeed, Stermac and Segal (1989,) note that "these beliefs or attitudes [i.e., cognitive distortions] ... need to be considered as important treatment targets since their modification may lay the foundation for greater compliance with subsequent components of a multifaceted treatment approach" (p. 583).

In a brief description of the treatment of cognitive distortions Abel, Mittelman, and Becker (1985) suggest that the effectiveness of treating cognitive distortions is "particularly difficult to assess, since objective measures have not been well developed..." (p. 202). This failing has contributed to the relative dearth of research on the cognitive distortions of child molesters. However, Abel et al.'s (1989) publication and a recent dissertation (Gore, 1989) indicate that the Abel-Becker Cognition Scale possesses adequate psychometric properties. Further use of the Abel-Becker Scale can serve to refine its test properties and improve the research base in this area.

Although the studies noted above have added to our understanding they also provoke further questions. For

example, it has been argued that different types of sexual offenders, such as child molesters and rapists, adhere to different types of distortions (Abel et al., 1986). The Abel-Becker Scale's inclusion of items specific to the cognitive distortions of child molesters reflects this assumed distinction. However, despite finding that the Abel-Becker Cognition Scale differentiated child molesters from normals, Abel et al. (1989) found that the Cognition Scale did not distinguish child molesters from non-child molesting sexual offenders. Therefore, research is needed that further investigates whether assessment devices such as the Abel-Becker Scale and the Burt Rape Myth Acceptance (RMA) Scale are responded to in significantly different ways by different types of sexual offenders. If child molesters and non-child molesting sexual offenders adhere to different types of distortions one would expect them to respond differently on the Abel-Becker Scale and the RMA Scale.

The impact of faking good on cognitive self-reports is a particularly important issue given the finding that child molesters falsify self-reports (Abel, Blanchard, & Becker, 1978). Since both the Abel-Becker Scale and the RMA Scale have high face validity, and are therefore particularly prone to manipulation (Furnham, 1986), it is clearly necessary to investigate the impact of faking good on these self-reports (Langevin, 1991; Murphy, 1989; Stermac & Segal, 1989).

In order to investigate these questions, the present study examined the responses of adult male sexual offenders to the Abel-Becker Cognition Scale (1984, Appendix D) and an abbreviated form of the RMA Scale (Burt, 1980; Appendix E). In order to test for the effects of response set, subjects were also administered the Child Abuse Potential (CAP) Inventory (Milner, 1986). The validity scales on the CAP were used to identify individuals who "fake good." In response to a subject who indicated that he would have answered the questionnaires more deviantly earlier in treatment a measure of time in treatment was taken.

Hypotheses

A priori hypotheses are as follows:

1) The responses of child molesters to the Abel-Becker Cognition Scale will be significantly more distorted than those of the non-child molesting sexual offenders and the control groups.

2) The responses of the non-child molesting sexual offenders to the RMA Scale will be significantly more distorted than those of the child molesters and the control groups.

3) Sexual offenders will "fake good" more than controls.

4) Sexual offenders who fake good will have significantly less distorted responses than those sexual offenders who do not.

5) There will be an inverse relationship between time in treatment and adherence to cognitive distortions.

METHOD

Subjects

Clinical Group

The study included a group of 69 convicted child molesters and 21 convicted non-child molesting sexual offenders. Consenting participants were drawn from sexual offender treatment groups in the province of British Columbia. All had, or were, serving provincial jail sentences. To protect anonymity subjects indicated what age range they fell within rather than their specific age. Ages ranged from 18 to 75 years.

Controls

The control groups consisted of: 1) non-sexual offenders remanded at the Vancouver Pretrial Services Centre (VPSC) and 2) university students drawn from an introductory psychology course.

Control Group 1

The VPSC control group included 97 subjects. Age ranged from 18 to 67 years with a mean of 28.8 (s.d. = 8.4). These subjects were awaiting adjudication for varied crimes ranging from illegal entry to murder. None had a current or previous conviction for a sexual offense.

Control Group 2

The student control group included 100 subjects. Age ranged from 17 to 29 years with a mean of 19.1 (s.d. = 1.8). Sixty-six were female and thirty-four were male. They

volunteered to participate in order to fulfill course requirements.

Procedure

All subjects were asked to complete the Abel-Becker Cognition Scale, the RMA Scale and the CAP. Sexual offenders also completed a demographic and offence information form. The questionnaires were presented in randomized order.

Instructions by the experimenter and on the questionnaire introduction noted the subjects' right to refuse participation or withdraw at a later point. Subjects' anonymity was assured and emphasized. Sexual offenders completed the questionnaires during the course of group therapy sessions. Individuals in the VPSC control group completed the questionnaires during the hour they are locked in their cells after their dinner. The students completed the questionnaires in groups of five in the experimenter's office. Upon completion the subjects placed their questionnaires in sealed envelopes and returned them to the experimenter.

Measures

Abel-Becker Cognition Scale (see Appendix D). Research by Abel et al. (1989) indicates that the validity and reliability of the Able-Becker Cognition Scale is within acceptable limits. Specifically, Abel and his colleagues found that the cognition scale discriminates child molesters

from controls and is sensitive to the severity of child molesting as measured by duration of offending and number of victims. Abel's research indicates test-retest correlations of .76 over a three week interval and coefficient alphas ranging from .59 to .82 for the six subscales.

Burt Rape Myth Acceptance Scale (see Appendix E). The RMA Scale has a reported Cronbach alpha of .875. Construct validity is indicated by the scale's significant correlation with sex role stereotyping ($R = .483$), sexual conservatism ($R = .386$), adversarial sexual beliefs ($R = .404$), and acceptance of interpersonal violence ($R = .499$).

The Child Abuse Potential Inventory. The CAP has undergone extensive psychometric evaluation. The CAP abuse scale has internal consistency reliabilities of .92 to .96 for controls and .95 to .98 for abusers. The abuse scale also has good temporal reliability; .91 and .75 for one day and three month intervals, respectively. In comparison to the abuse scale the validity scales have less internal consistency and temporal stability. The lie scale has internal consistency reliabilities of .72 to .82 for controls and .78 to .85 for abusers. The same figures for the random response scale are .17 to .24 for controls and .20 to .11 for abusers. Given that the random response scale measures randomness, these small correlations are not unexpected. The temporal stability of the lie scale ranges from .81 to .65 for one day and three month intervals. One day and three month retestings of the inconsistency scale

produced correlations of .84 and .55. The relatively lower levels of reliability are considered to be within acceptable limits. The CAP has also been found to possess content, construct, and predictive validity (Milner, 1986).

Demographic Data Form (see Appendix F). The demographic questionnaire was constructed for the current study and was administered only to the sexual offender group. It contains questions about the type of sexual offenses the individual has been convicted for, relationship to the victim(s), the sex and age of the victims, legal/correctional status, treatment duration, as well as other items of personal information.

RESULTS

Sample Characteristics

The clinical sample comprised 69 child molesters and 21 non-child molesting sexual offenders. Of the non-child molesting sexual offenders, 11 were convicted of rape, 3 had been convicted for fondling an adult female and 7 had been convicted for exposing themselves to an adult female. The non-child molesting sexual offenders were treated as a homogeneous group for analysis since all involved sexual offenses against an adult female. The modal age of the clinical sample fell in the 31 to 35 year range. Ages ranged from 18 to 75 years.

Of the 90 sexual offenders, 26 (28%) had previous sexual offense convictions. All twenty-six had been reconvicted for the same offense. The majority (73%) of the 26 repeat offenders were child molesters. Of the 69 child molesters, 43 (62.3%) were related to the child or serving the role of father. In 52 of the child molester cases (75.4%), the victim was exclusively female, in 9 cases (13%) exclusively male, and 6 cases (8.7%) involved victims of both genders. This listing fails to sum to 69 because of missing data. Of the 90 sexual offenders, 51 were incarcerated at the time of testing, 5 were on parole, 27 were on probation and 7 failed to indicate their disposition.

The VPSC control group ranged in age from 18 to 67 years (mean = 28.8; s.d. = 8.4). The student control group

was considerably younger ranging in age from 17 to 29 years (mean = 19.1; s.d. = 1.8). Since analysis indicated no significant effect for gender the students were treated as a homogeneous group.

Statistical Analyses

Abel-Becker Cognition Scale Scores

Item 28 was excluded from analysis since it assesses attitudes toward treatment and not child molestation (as an act). Analysis of variance indicated significant between group differences ($F(3, 283) = 10.23, p < .001$). Child molesters have significantly more distorted beliefs about child molestation than non-child molesting sexual offenders ($t(88) = 1.82, p < .05$) and the student control group ($t(167) = 4.95, p < .001$). However, the child molesters' scores are not significantly different than those of the VPSC control group ($t(164) = -.12, ns$).

Burt Rape Myth Acceptance Scale Scores

Items 12 and 13 were excluded from analysis since there is no research that indicates which level of agreement constitutes a distortion. Analysis of variance indicated significant between group differences ($F(3, 282) = 6.54, p < .001$). The non-child molesting sexual offenders have significantly more distorted beliefs about rape than the student control group ($t(119) = 1.74, p < .05$). However,

the scores of the non-child molesting sexual offenders were not significantly different from either the child molesters (t (88) = $-.38$, ns) or the VPSC control group (t (115) = $-.96$, ns).

Faking Good

The CAP indicated that eleven (12.4%) of the sexual offenders faked good compared to four (4.3%) of the VPSC control group and three (3%) of the student control group. This difference is significant (chi square (2, $N = 18$) = 6.33 , $p < .05$). Examining the effect of faking good across all groups indicated no significant effect on the Abel-Becker scale scores or the RMA scale scores (t (279) = 1.21 , ns) & (t (279) = 1.06 , ns). Examination of the main group of interest, the sexual offenders, also showed no significant effect on the Abel-Becker scale scores or the RMA scale scores (t (87) = $-.04$, ns) & (t (87) = $.77$, ns).

Cognitive Distortions Over the Course of Treatment

There is no significant correlation between the length of time a child molester is in treatment and his scores on the Abel-Becker scale or the RMA scale (r (88) = $.04$, ns; r (88) = $.27$, ns). There is also no significant correlation between the length of time a non-child molesting sexual offender is in treatment and his scores on the Abel-Becker scale or the RMA scale (r (20) = $.24$, ns; r (20) = $.06$, ns).

Descriptive Analysis

Tables I and II show the group response percentages for the individual questions of the Abel-Becker scale and the RMA scale. An examination of these tables gives the reader a better understanding of the degree of agreement for specific distortions. Tables III and IV illustrates the rank ordering of questionnaire items across groups. Rank ordering not only illustrates which distortions are most and least endorsed but also how these sequences compare across groups.

DISCUSSION

Group Responses to the Abel-Becker Cognition Scale

The results are largely consistent with the original hypotheses. Child molesters adhere to significantly more distorted beliefs about adult-child sex than non-child molesting sexual offenders. This finding is consistent with Stermac and Segal's (1989) results. This outcome also provides initial support for Abel's assertion (Abel et al., 1986) that sex offenders adhere to offense specific distortions. As expected, child molesters also adhere to significantly more distorted beliefs about adult-child sex than student controls. This finding supports previous research (eg. Abel et al., 1989) which also found that child molesters adhere to distorted beliefs significantly more than normals.

Contrary to expectations, the child molesters do not hold significantly more distorted beliefs than the VPSC control group. Since previous research has not included a non-sex offending criminal control group this finding is unique. It is also surprising. The most parsimonious explanation is that the child molesters are lying. As already mentioned, the high face validity of the Abel-Becker Scale makes it prone to manipulation. Another explanation for this finding is that the VPSC population holds a number of undetected and/or unconvicted child molesters. This is a possibility since it is estimated that 10% of the general

population of adult males have sexually abused a child (Finkelhor, 1987). Furthermore, the VPSC population may exceed this estimate since, by definition, they are more likely to have contravened social mores of various types.

A third possibility is that there is a significant proportion of males in the general criminal population who have experienced childhood sexual abuse. These individuals may endorse particular distortions in an attempt to normalize their experiences. Whether this process occurs consciously or not, it may serve to reduce anxiety and protect self-image. For example, 7.4% of the VPSC group endorsed question #10, the belief that adult-child sex would not harm the child in the future. This compares to 1.4% of the child molesters and 0% of the non-child molesting sexual offenders and student control group (chi square = (1, N = 8) = 4.5, $p < .05$). Items 7, 9, 21, and 24 are conceptually similar items and the same trend, although not statistically significant, is present (see Table I). The question remains as to why sexual abuse victims in the other groups would not also engage in such denial. Perhaps the child molesters' criminal convictions presented them with evidence that child molestation causes harm and they are therefore less able to deny this fact. The non-child molesting sexual offenders' general disdain for child molesters may lead them to highlight rather than deny the harm of child molestation. Although undoubtedly some percentage of the student control group has suffered

childhood sexual abuse the rate is probably lower than the VPSC group given more stable home environments. Of those students who have been molested, greater personal, social, and economic supports may make denial less necessary than among the VPSC group. Although speculative, it is possible that the VPSC control group has endorsed some of the Abel-Becker items in order to deny the impact of childhood abuse rather than to justify pedophilia.

Group Responses to the Burt Rape Myth Acceptance Scale

The results largely fail to support the original hypotheses. As expected, subjects that have sexually offended against an adult female have significantly more distorted beliefs about rape than the student control group. However, these sexual offenders do not have significantly more distorted beliefs about rape than the child molesters or the VPSC control group. Indeed, the group means indicate that the VPSC control group has the most distorted beliefs followed by the child molesters and then the non-child molesting sexual offenders. Again, it is possible that the non-child molesting sexual offenders are lying or that the VPSC group holds a number of unconvicted sexually aggressive men.

An additional possibility is that criminal groups, whether convicted for any type of sexual assault or not, have similarly distorted beliefs about rape. Indeed, sexual offenders and non-sexual offending criminals share many

demographic, social, developmental and psychological features (Marshall, 1983). For example, both groups are typically poorly educated, come from lower socio-economic backgrounds, as children suffered lax, harsh or inconsistent discipline from aggressive and alcoholic males, and are mostly semi-skilled, unskilled or unemployed workers. Significantly, Burt (1980) has found that sex role stereotyping, adherence to adversarial sexual beliefs, and acceptance of interpersonal violence increases adherence to rape myths. Those working with criminal populations well recognize that sex role stereotyping, adversarial sexual beliefs, and acceptance of interpersonal violence are common among incarcerated offenders and that their backgrounds and upbringing have facilitated the development of these. It is possible that all or some combination of the demographic, social, developmental and psychological factors noted above make criminal populations prone to adhere to rape myths.

These findings also indicate that sexual offenders do not adhere to offense specific distortions. Child molesters appear as likely to adhere to rape myths as those who have sexually offended against an adult female.

The lack of group differences on the RMA Scale also indicates what may be the most significant finding of this research. The similarities between the groups suggests that the cognitive distortions measured in this study are not a necessary or sufficient component of child molestation or sexual assault. When examined statistically, some group

differences do emerge on the Abel-Becker Scale and the RMA Scale. However, these differences are slight. This is particularly clear with the group responses to the RMA Scale. What is evident is a large amount of overlap between the groups. For example, an examination of the rank ordering of the RMA questions (Table IV) shows that the first and second ranked questions (3 and 5) are identical for all four groups. Rank ordering of group responses to the Abel-Becker questions (Table III) also shows the same questions (13, 19 and 27) are ranked in the top three for all groups. However, it is improbable that all of the control group members who endorse these distortions are engaging in assaultive behaviour. This is most easily argued in the case of the female members of the student control group. Since it is typically men who are found guilty of child molestation and sexual assault it is highly unlikely that the women who endorsed questions are actually committing assaultive acts - particularly rape. Furthermore, the lack of differences between the child molesters and the VPSC group on the Abel-Becker Scale need not be explained away. It may simply indicate that adherence to the Abel-Becker questions is not unique to those who molest children. In short, the results suggest that adherence to cognitive distortions is not a sufficient component of child molestation or sexual assault.

An additional similarity between the groups is the large number of subjects who failed to endorse any questions. For example, of the 69 child molesters, 34% (24) ascribed to

none of the Abel-Becker items. The corresponding percentages for the non-child molesting sexual offenders, the VPSC control group and the student control group are 47%, 31% and 56%. On the RMA Scale the figures are 28%, 42%, 31% and 31%. The salient point is that there are a significant number of child molesters and non-child molesting sexual offenders who fail to ascribe to any distortions. Indeed, by looking at their questionnaire responses it would be impossible to identify individuals as child molesters, non-child molesting sexual offenders, or normals. This finding suggests that adherence to cognitive distortions may not be a necessary component of child molestation or sexual assault.

Faking Good

As expected, the results indicate that sexual offenders are more likely than criminal and student controls to "fake good". However, contrary to predictions, the beliefs of sexual offenders who did not fake good were not significantly more distorted than sexual offenders who did. This may be due to obtaining the measure of faking good from the CAP and not directly from the cognitive distortion scales. It is possible that sexual offenders who had not faked good on the CAP became more guarded when dealing with the sensitive issues of child molestation and rape. This tendency could account for the lack of significant differences in belief systems between those who faked good and those who did not.

Cognitive Distortions Over the Course of Treatment

Counter to expectations, there was no relation between the amount of time a sexual offender was in treatment and his adherence to cognitive distortions. Those providing treatment within the British Columbia Forensic Services consider "cognitive restructuring to alter faulty attitudes or beliefs that ... rationalize the offending behaviour" (LaTorre, undated, p. 23) an essential treatment strategy. It would appear that this strategy is not having its desired effect. However, the impetus to collect data on the length of time in treatment was prompted by a sexual offender. He noted that his responses would have been more deviant earlier in his treatment. Such improvements can be obscured by other individuals who fail to change. Furthermore, the improvement of such individuals is also likely to be hidden by the presence of a floor effect. As stated, of the 69 child molesters, 34% (24) ascribed to none of the 27 Abel-Becker items. The most distortions endorsed by any one child molester was nine. Many of the child molesters who agreed to none of the distortions had been in treatment for only short periods of time. Longer time in treatment could not show improvement in these individuals if a decrease in admitted distortions is the criterion. Nevertheless, this result is rather disappointing and suggests the need for further research and clinical evaluation of this therapeutic goal.

Clinical and Research implications

The similarities between the groups rather than the statistical differences is the most significant finding of this research. This finding has a number of clinical and research implications. For example, the similarity of the child molesters and the VPSC group on the Abel-Becker scale indicates the necessity for future research to include non-sexual offending criminal control groups. If one assumes that this similarity was the result of undetected child molesters in the VPSC control group future research should utilize rigorous methodology to negate this potential confound. The failure to find significant differences between the child molesters and VPSC control group also suggests that future research should control for the effects of previous sexual abuse. The finding that the RMA Scale responses of child molesters and non-child molesting sexual offenders do not differ indicates that the treatment of sexual offenders, at least with regards to cognitive distortions, would be facilitated by treating child molesters and other sexual offenders together.

The possibility that the cognitive distortions studied here are neither necessary nor sufficient components of child molestation or sexual assault is particularly significant. It indicates that cognition may be of limited usefulness when trying to understand these behaviours. The

number of sexual offenders who ascribe to no distortions and the number of normals who do suggests that cognition may merely be a moderator variable. For example, an individual may believe that adult child sex is not harmful. However, because the person lacks any physiological arousal and attraction to children he does not engage in sexual relations with children. Similarly, an individual devoid of distortions but who is physiologically aroused and attracted to children may still act on that arousal -- as indicated by the present findings. This suggests that treatment would be most efficacious in cases where distortions are present in combination with physiological arousal to a target situation (e.g., sex with children).

The inability of the scales to show strong between group differences also suggests that it would be inappropriate to use the scales in an attempt to determine if a given individual is a sexual offender. In their present forms neither the Abel-Becker Scale or the RMA Scale have sufficient discriminatory power to allow for such use. However, they could be used to promote discussion in sexual offender treatment groups.

The finding that sexual offenders fake good significantly more than normals underlines the need to incorporate measures of response set into the Abel-Becker Cognition Scale and the RMA Scale. For example, questions such as "I am always sensitive to the sexual desires of any child I am with" would be similar to other questions on the

Abel-Becker Scale and would allow for a more direct appraisal of faking good. However, it must be acknowledged that the direct assessment of cognitive distortions necessarily poses measurement difficulties that may be very difficult to overcome. Sexual offenders undergoing assessment and treatment, particularly if mandated by the courts, have much to gain by being as socially appropriate as possible. The socially appropriate answers on the Abel-Becker Scale and the RMA Scale are highly transparent. If we desire to measure the particular distortions that an individual may ascribe to this direct type of approach may be necessary. However, Burt (1978, 1980) has illustrated that an individual's tendency to hold rigid sex role stereotypes, adversarial sexual beliefs, to be sexually conservative, and to accept interpersonal violence gives an indication of whether they will ascribe to distorted beliefs about rape. This raises the possibility of using indirect measures to determine the likelihood that an individual ascribes to cognitive distortions. This approach may not enable the assessor to determine the exact distortions an individual holds but it would deal with some of the difficulties posed by using transparent assessment devices. Until then we are left with instruments that may simply be too blunt to measure the constructs we are interested in.

The empirical investigation of the cognitive distortions of sexual offenders is still in its early stages. One of the goals of this study was to add to the research base in this

area and to contribute to the further refinement of the test instruments, particularly the Abel-Becker scale. During the course of this work it became apparent that in some ways the cart has been put before the horse. For instance, one of the fundamental assumptions of Abel's research is that sexual offenses, in and of themselves, generate guilt and anxiety in the offender. The need to allay these feelings then leads to the development of cognitive distortions (Abel et al., 1989). This basic assumption is arguable. For example, psychopathic individuals characteristically have little guilt or anxiety for the crimes they commit. Therefore, sexual offenders who are psychopathic will have no need to engage in guilt allaying cognitive distortions. Even sexual offenders who are not psychopathic may not feel the guilt and anxiety that has been ascribed to them.

Sometimes, however, researchers, particularly those working with paedophiles in prison, have been inclined to read too much into the prisoners' own confession that they feel bad about what they did ... What they [researchers] fail to understand is the very simple point that a man facing a quite often long prison sentence will say almost anything to create a favourable impression with the Parole Board, or the after care people, or anyone in authority who has it in their power to make life tougher or easier for them. I ... have spoken to a number of prisoners and ex-prisoners who readily tell me that they can see nothing wrong with an attraction to little boys or girls ... (O'Carrol, 1980, p. 78)

The above statement indicates that adults who engage in adult child sex do not necessarily find the experience

distressing to themselves. Indeed, the lack of child molesters who voluntarily seek treatment may indicate that many are simply not disturbed by their actions. Therefore, the assumption that sexual offences, in and of themselves, generate guilt and anxiety may be unfounded in at least some cases. Further research will need to take this consideration into account. For example, controlling for psychopathy would enable researchers to collect data that clarifies this confound. Failure to do so undoubtedly skews the understanding of cognitive distortions. This consideration should also be taken into account therapeutically. Failure to do so makes it likely that therapists will spend time and effort trying to discern and treat disordered cognitions that simply do not exist in some offenders. Again, this underlines the point that cognitive distortions may not be a necessary component of child molestation or sexual assault.

The above point also suggests that in some cases child molesters should be seen as more of a criminal concern than a psychological concern. At present, many of those who are convicted for child molestation are required to obtain psychological treatment prior to their release. However, unlike medical treatment where a pill can be given and a cure effected, psychological treatment requires the active participation and motivation of the client. In cases where the client has no willingness to change it is highly unlikely that change will occur. In these cases treatment is illusory. The offender gives the impression of having dealt

with his behaviour and the therapist gives the impression of having provided treatment. In reality neither has been accomplished. It is in these cases that it may be appropriate to simply regard child molestation as criminal and impose sentences in which treatment is not a necessary precondition for release. Doing so would allow overworked therapists to concentrate on those individuals who desire change and who seek out treatment despite the lack of potential secondary gain. It would also prevent an illusory belief that something has been accomplished simply because an individual attended therapy.

Abel's assumption that cognitive distortions develop in order to allay guilt and anxiety also fails to take the research and writings' of feminist authors (eg. Brownmiller, 1975; Clark & Lewis, 1977) or Burt's (1978, 1980) into account. Feminists argue that socio-cultural factors promote adherence to distorted beliefs about sexual offending. For example, feminists have argued that pervasive socio-cultural attitudes towards women and children effectively support sexual assault. One example is the notion that a woman is duty bound to provide sex for her husband. It is only recently that this belief has softened and laws have changed to acknowledge that a wife can be raped by her husband. Another is the belief that the man is the unquestioned head of the household. Such a belief, it has been argued, leads men to think that they have a right to sexually exploit those within their household. Burt (1978, 1980) built on

feminist writings and found that pervasive cultural beliefs such as these do increase the acceptance of rape myths. Again, this indicates that Abel's assumption about the development of cognitive distortions requires some revision. Moreover, it suggests that the modification of cognitive distortions may well require offenders to change their adherence to broad based cultural belief systems.

The research on cognitive distortions also assumes that the distortions that offenders adhere to are sincerely held beliefs. An alternative possibility is that these are beliefs the offender is willing to endorse in order to avoid or limit the condemnation of others. For example, some offenders may feel it is more acceptable to say they raped because "she asked for it" rather than because they simply enjoy rape. In the first case we are dealing with cognitions that can play an important etiological role in sexual offences. In the second, we are dealing with post hoc explanations with no etiological significance.

The foregoing distinction has significant research and treatment implications. For example, the difficulty distinguishing between a priori beliefs and post hoc explanations makes it difficult to interpret the results of research -- this study included. Unfortunately, it is probably impossible for a paper and pencil test to control for this. Probably only long term intensive therapeutic interventions, or longitudinal studies, will allow clinicians to discover whether an offender's distortions are

post hoc or not. The therapeutic concern is that time may be spent "treating" cognitive distortions that the offender does not really believe and which have no etiological significance.

An additional conceptual issue involves the types of items included on the Able-Becker Scale and the RMA Scale. The sociological and psychological literature reviewed at the beginning of this paper examined the rationalizations that could be invoked to allay guilt and anxiety. Basically, there are two types -- justificatory and excusatory. Justificatory statements indicate that an act has been committed but for various reasons that act is not wrong. An example of such a statement is: "if an adult has sex with a young child it prevents the child from having sexual hang-ups in the future". Excusatory statements acknowledge that an act was wrong but that the perpetrator bears no or only partial responsibility for his or her actions. For example; "I know I molested her but it was only because I was drunk". Both types of rationalizations need to be examined to understand how sexual offenders defend their behaviour. However, both the Abel-Becker Scale and the RMA Scale contain only justificatory items. This suggests a serious compromise to the content validity of each scale. The extent of the compromise is indicated by Pollock and Hashmall (1991). They found that 83% of the child molesters they studied ascribed to either situational or psychological excuses for their offenses. Obviously, research and

treatment that focuses solely on justificatory beliefs fails to address a significant aspect of the domain researchers are trying to measure and therapists trying to treat. The impact of treatment is necessarily undermined to the degree that excusatory rationalizations play an etiological role in sexual assault.

During the course of working with the Abel-Becker scale it became clear that there are a number of questions with ambiguous meaning. For example, question 13 states "An adult can tell if having sex with a young child will emotionally damage the child in the future". This was agreed to by 27.8% of the child molesters, 30% of the non-child molesting sexual offenders, 44.6% of the VPSC control group, and 28.3% of the student control group. According to Abel, agreement indicates a deviant response -- a cognitive distortion. Abel apparently assumes that a belief in such foreknowledge could be used as a rationalization for child molestation. A non-deviant response would indicate that an adult can never predict how such an assault will effect the child. However, on some of the response sheets, subjects indicated that they agreed with the question since it was clear to them that sexual relations with an adult would damage a child. Therefore, the ambiguity of the question results in interpretations and responses that are counter to the test constructors' intent. It is impossible to know how many subjects approached item 13 in this way. I suspect that it is more than the few who wrote clarifying comments. Some

subjects noted similiar difficulties with items 19 ("My daughter or son or other young child knows that I will still love her or him even if she or he refuses to be sexual with me") and 27 ("An adult can know how much sex between him or her and a child will hurt the child later on"). Although difficulties of this sort are not unique to the Abel-Becker Scale (see Eisenberg, 1941) future refinements will need to clarify these questions. The current ambiguity obscures our understanding of the cognitive distortions of sexual offenders and other groups.

In summary, although some group differences did emerge, the most significant finding of this research is the lack of group differences. This suggests that cognitive distortions may be neither necessary nor sufficient components of child molestation or sexual assault. Therefore, cognitive distortions may be best conceptualized as moderator variables. As such, these distortions will be of greater or lesser significance given the presence or absence of other variables such as physiological arousal. Assessing and understanding cognitive distortions continues to be hampered by a number of factors. These factors include the possibility of subjects faking good, conceptual confusions that undermine our understanding of the origins of these distortions and their role in sexual offending, and test instruments that require further refinement. Future research will need to address these factors before a complete understanding of cognitive distortions can be attained.

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APPENDIX A

Information for Group Leaders/therapists

Thank-you for agreeing to devote group time to the completion of this project. I hope that you and your clients will find it useful. In the event that I am unable to be present the following information should facilitate your efforts. Included in each package is a set of questionnaires and an information/consent form. You can read the information/consent form to the group and coincidentally deal with any questions that may arise. For ethical reasons it is important that you stress that participation is voluntary. The confidentiality of materials and the importance of honest responding should also be stressed. If a question cannot be answered it should be left blank. However, an attempt should be made to answer all questions. Once participation is obtained and the consent forms signed completion of the questionnaires can be facilitated by reading the questionnaire instructions to the group as a whole. Two questionnaires are specifically designed for assessing child molesters and those suspected of physical child abuse, respectively, but I am also interested in the responses of other sexual offenders. Should non-child molesters complain that the questionnaires do not apply to them instruct them to fill out the questionnaires and that subsequent discussion will show the relevance of considering such questions. If the questionnaire relating to rape is queried by non-rapists the same applies. The questionnaires should be completed without consultation between clients and while in group. This standardization procedure is intended to ensure the validity and reliability of questionnaire responses.

Upon completion of the questionnaires they can be placed in the accompanying envelope and sealed. Finally, you may place all the envelopes in the large package addressed to S.F.U. and mail.

Following the completion of the questionnaires you may find that the cognitive distortion questionnaire and the rape myth questionnaire are useful instigators for discussion. For example, one might discuss what types of thoughts coincide with sex offending and how those thoughts perpetuate the offence cycle. This can then lead into how those thoughts are inappropriate and what could be done when such thoughts occur. Hopefully, such discussion will prove fruitful for your group. Again, thank-you for your time and efforts. Should you have any questions or concerns feel free to contact me at 291-3354 or my supervisors Dr. Robert Ley

(291-3172), Dr. Bruce Alexander (291-4124), or Dr. Conrad Bowden (732-3388).

Sincerely,

Anton Schweighofer, B.A. (Hons.)
Simon Fraser University

APPENDIX B

Information for Study Participants

I would like to invite you to participate in a study investigating your thoughts about sexual relations. This study is part of my masters thesis in clinical psychology at Simon Fraser University. The study is supervised by Dr. Robert Ley of Simon Fraser University. Your involvement will be greatly appreciated but you are under no obligation to participate.

Your involvement in the study would include answering four short multiple-choice questionnaires. Your answers are anonymous and confidential. You should not put your name on the questionnaires. There are questions designed to measure honesty so be as honest as possible. After you have finished you can put your questionnaires in an envelope and seal it. Nobody in your group will see your answers - not even the group leader. These will then be sent to me. Your answers will only be used for my thesis. Furthermore, since your answers are anonymous and will only be seen by me, they will in no way impact upon your sentence. Once I have finished this study the questionnaires will be destroyed.

By filling out the questionnaires you will have an opportunity to explore your beliefs about sexual relations. By so doing, and perhaps later discussing them in your treatment group, you will have a chance to think about how such beliefs can effect your behaviour. This will hopefully move you one step further along in your treatment.

As mentioned, you are under no obligation to participate and you may withdraw at any time. If you do choose to participate I hope that the study will be both useful and interesting for you.

Sincerely,

Anton Schweighofer B.A. (Hons.)
Simon Fraser University

APPENDIX C

Informed Consent by Study Participants

The university and researcher conducting this study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of subjects. This form and the preceding information sheet are given to you for your benefit and full understanding of the procedures involved. Your signature on this form will ensure that you have received all information necessary to give an informed consent to your participation. Any complaints may be brought to the attention of myself, the project supervisor, or the chairman of the psychology department, Dr. R. Blackman, at 291-3354.

Having been asked by Anton Schweighofer of Simon Fraser University to participate in a research project, I have read the procedures specified in the document entitled:

Information for Study Participants

Copies of the results of this study, upon its completion, may be obtained by contacting Anton Schweighofer at 291-3354.

I understand the procedures to be used on this project and that all information will be anonymous and confidential.

I agree to participate by completing the four questionnaires required for this study.

Name (Please print): _____

Signature: _____

Date: _____

APPENDIX D

Carefully read each of the statements below and circle the number that corresponds to your level of agreement.

- 1 - Strongly agree
- 2 - Agree
- 3 - Neutral (neither agree or disagree)
- 4 - Disagree
- 5 - Strongly disagree

1) If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals.

1 2 3 4 5

2) A man (or woman) is justified in having sex with his (her) children or step-children, if his wife (husband) doesn't like sex.

1 2 3 4 5

3) A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not.

1 2 3 4 5

4) A child who doesn't physically resist an adult's sexual advances, really wants to have sex with the adult.

1 2 3 4 5

5) If a 13 year old (or younger) flirts with an adult, it means he (she) wants to have sex with the adult.

1 2 3 4 5

6) Sex between a 13 year old (or younger child) and an adult causes the child no emotional problems.

1 2 3 4 5

7) Having sex with a child is a good way for an adult to teach the child about sex.

1 2 3 4 5

8) If I tell my young child (step-child or close relative) what to do sexually and they do it, that means they will always do it because they really want to.

1 2 3 4 5

9) When a young child has sex with an adult, it helps the child learn how to relate to adults in the future.

1 2 3 4 5

10) Most children 13 (or younger) would enjoy having sex with an adult, and it wouldn't harm the child in the future.

1 2 3 4 5

11) Children don't tell others about having sex with a parent (or other adult) because they really like it and want it to continue.

1 2 3 4 5

12) Sometime in the future, our society will realize that sex between a child and an adult is all right.

1 2 3 4 5

13) An adult can tell if having sex with a young child will emotionally damage the child in the future.

1 2 3 4 5

14) An adult just feeling a child's body all over without touching her (his) genitals is not really being sexual with the child.

1 2 3 4 5

15) I show my love and affection to a child by having sex with her (him)

1 2 3 4 5

16) It's better to have sex with your child (or someone else's child) than to have an affair.

1 2 3 4 5

17) An adult fondling a young child or having the child fondle the adult will not cause the child any harm.

1 2 3 4 5

18) A child will never have sex with an adult unless the child really wants to.

1 2 3 4 5

19) My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.

1 2 3 4 5

20) When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult.

1 2 3 4 5

21) If an adult has sex with a young child it prevents the child from having sexual hang-ups in the future.

1 2 3 4 5

22) When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me.

1 2 3 4 5

23) My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together.

1 2 3 4 5

24) If a child has sex with an adult, the child will look back at the experience as an adult and see it as a positive experience.

1 2 3 4 5

25) The only way I could do harm to a child when having sex with her (him) would be to use physical force to get her (him) to have sex with me.

1 2 3 4 5

26) When children watch an adult masturbate, it helps the child learn about sex.

1 2 3 4 5

27) An adult can know just how much sex between him (her) and a child will hurt the child later on.

1 2 3 4 5

28) If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals.

1 2 3 4 5

APPENDIX E

Carefully read each of the statements below and circle the number that corresponds to your level of agreement.

- 1 - strongly agree
- 2
- 3
- 4 - neutral (neither agree or disagree)
- 5
- 6
- 7 - strongly disagree

1. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.

1 2 3 4 5 6 7

2. Any female can get raped.

1 2 3 4 5 6 7

3. One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.

1 2 3 4 5 6 7

4. Any healthy woman can successfully resist a rapist if she really wants to.

1 2 3 4 5 6 7

5. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.

1 2 3 4 5 6 7

6. In the majority of rapes, the victim is promiscuous or has a bad reputation.

1 2 3 4 5 6 7

7. If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.

1 2 3 4 5 6 7

8. Women who get raped while hitchhiking get what they deserve.

1 2 3 4 5 6 7

9. A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.

1 2 3 4 5 6 7

10. Many women have an unconscious wish to be raped, and may then unconsciously set up a situation in which they are likely to be attacked.

1 2 3 4 5 6 7

11. If a woman gets drunk at a party and had intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.

1 2 3 4 5 6 7

12. What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?

- almost all
- about 3/4
- about half
- about 1/4
- almost none

13. What percentage of reported rapes would you guess were merely invented by women who discovered they were pregnant and wanted to protect their own reputation?

- almost all
- about 3/4
- about half
- about 1/4
- almost none

APPENDIX F

Client Demographics

1) What is your current offense(s) ? (Tick the appropriate answer)

sexually assaulting a minor _____

raping an adult woman _____

fondling an adult woman against her will _____

publicly exposing yourself to an adult woman _____

making obscene phone calls _____

other (specify) _____

2) If your conviction was for sexually assaulting a minor:

- were you related to the child(ren) or serving the role of father?

yes _____

No _____

- What was the gender of the child(ren)?

male _____

female _____

both _____

- Of what age was the child(ren)?

0-5 _____

6-10 _____

11-15 _____

16-18 _____

3) For what sexual offense(s) have you been previously convicted?

I have not been previously convicted _____
sexually assaulting a minor _____
raping an adult woman _____
fondling an adult woman against her will _____
publicly exposing yourself to an adult woman _____
making obscene phone calls _____
other (specify) _____

4) Are you presently incarcerated?

yes _____

no _____

If not, what are your present circumstances?

on parole _____

other (specify) _____

5) In what age range do you belong?

18-25 _____

41-45 _____

26-30 _____

46-50 _____

31-35 _____

51-54 _____

36-40 _____

55 + _____

6) How long have you been in treatment?

less than 1 month _____ 4-8 months _____ over 12 _____

1-4 months _____ 8-12 months _____

Table I

Cross-tabulation of Abel-Becker Cognition Scale Items by Group

	CMS	NCMS	VPSC Control	Student Control
1) If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals.				
Agree	15.9%	0%	2.1%	2%
Disagree	69.4%	95%	75.8%	83%
Neutral	14.5%	5%	22.1%	15%
2) A man (or woman) is justified in having sex with his (her) children or step-children, if his wife (husband) doesn't like sex.				
Agree	0%	0%	3.2%	0%
Disagree	95.7%	100%	90.5%	99%
Neutral	4.3%	0%	6.3%	1%
3) A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not.				
Agree	7.4%	0%	9.4%	3%
Disagree	86.8%	100%	81.3%	91.9%
Neutral	5.9%	0%	9.4%	5.1%
4) A child who doesn't physically resist an adult's sexual advances, really wants to have sex with the adult.				
Agree	4.3%	0%	2.1%	1%
Disagree	92.8%	100%	89.4%	97%
Neutral	2.9%	0%	8.5%	2%

	CMS	NCMs	VPSC Control	Student Control
5) If a 13 year old (or younger) flirts with an adult, it means he (she) wants to have sex with the adult.				
Agree	5.8%	0%	3.2%	1%
Disagree	82.6%	90.5%	76.8%	95%
Neutral	11.6%	9.5%	20%	4%
6) Sex between a 13 year old (or younger child) and an adult causes the child no emotional problems.				
Agree	5.8%	14.3%	10.4%	1%
Disagree	89.9%	81%	82.3%	97%
Neutral	4.3%	4.8%	7.3%	2%
7) Having sex with a child is a good way for an adult to teach the child about sex.				
Agree	0%	0%	4.2%	0%
Disagree	92.8%	100%	94.8%	100%
Neutral	7.2%	0%	1%	0%
8) If I tell my young child (step-child or close relative) what to do sexually and they do it, that means they will always do it because they really want to.				
Agree	3.1%	0%	2.2%	0%
Disagree	92.3%	90%	81.8%	94.6%
Neutral	4.6%	10%	16.7%	5.4%

9) When a young child has sex with an adult, it helps the child learn how to relate to adults in the future.

	CMs	NCMs	VPSC Control	Student Control
Agree	2.9%	0%	4.3%	0%
Disagree	94.2%	100%	89.4%	100%
Neutral	2.2%	0%	6.4%	0%

10) Most children 13 (or younger) would enjoy having sex with an adult, and it wouldn't harm the child in the future.

	CMs	NCMs	VPSC Control	Student Control
Agree	1.4%	0%	7.4%	0%
Disagree	94.2%	100%	88.4%	100%
Neutral	4.3%	0%	4.2%	0%

11) Children don't tell others about having sex with a parent (or other adult) because they really like it and want it to continue.

	CMs	NCMs	VPSC Control	Student Control
Agree	1.4%	0%	4.3%	0%
Disagree	94.2%	95.2%	87.1%	100%
Neutral	4.3%	4.8%	8.6%	0%

12) Sometime in the future, our society will realize that sex between a child and an adult is all right.

	CMs	NCMs	VPSC Control	Student Control
Agree	0%	0%	2.1%	0%
Disagree	92.8%	100%	91.5%	99%
Neutral	7.2%	0%	6.4%	1%

	CMS	NCMS	VPSC Control	Student Control
13) An adult can tell if having sex with a young child will emotionally damage the child in the future.				
Agree	27.8%	30%	44.6%	28.3%
Disagree	60.9%	65%	47.8%	57.6%
Neutral	11.6%	5%	7.6%	14.1%
14) An adult just feeling a child's body all over without touching her (his) genitals is not really being sexual with the child.				
Agree	11.6%	0%	9.7%	4%
Disagree	69.6%	85.7%	69.9%	87%
Neutral	18.8%	14.3%	20.4%	9%
15) I show my love and affection to a child by having sex with her (him)				
Agree	2.9%	0%	2.1%	0%
Disagree	89.9%	100%	93.6%	100%
Neutral	7.2%	0%	4.3%	0%
16) It's better to have sex with your child (or someone else's child) than to have an affair.				
Agree	2.9%	0%	2.1%	0%
Disagree	95.7%	100%	96.8%	100%
Neutral	1.4%	0%	1.1%	0%

	CMs	NCMs	VPSC Control	Student Control
17) An adult fondling a young child or having the child fondle the adult will not cause the child any harm.				
Agree	1.4%	4.8%	4.2%	0%
Disagree	97.1%	90.5%	93.8%	100%
Neutral	1.4%	4.8%	2.1%	0%
18) A child will never have sex with an adult unless the child really wants to.				
Agree	5.9%	4.8%	9.7%	7%
Disagree	82.4%	95.2%	98.5%	90%
Neutral	11.8%	0%	11.8%	3%
19) My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.				
Agree	37.9%	13.3%	28%	25%
Disagree	45.5%	73.3%	54.7%	46.2%
Neutral	16.7%	13.3%	17.3%	28.8%
20) When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult.				
Agree	1.4%	0%	3.2%	0%
Disagree	97.1%	100%	92.6%	99%
Neutral	1.4%	0%	4.2%	1%

	CMS	NCMs	VPSC Control	Student Control
21) If an adult has sex with a young child it prevents the child from having sexual hang-ups in the future.				
Agree	2.9%	0%	4.3%	0%
Disagree	92.8%	100%	89.1%	99%
Neutral	4.3%	0%	6.5%	1%
22) When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me.				
Agree	4.3%	0%	2.1%	0%
Disagree	95.7%	100%	91.6%	100%
Neutral	0%	0%	6.3%	0%
23) My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together.				
Agree	4.5%	0%	2.3%	0%
Disagree	92.5%	100%	95.4%	96.8%
Neutral	3%	0%	2.3%	3.2%
24) If a child has sex with an adult, the child will look back at the experience as an adult and see it as a positive experience.				
Agree	1.4%	0%	3.2%	0%
Disagree	94.2%	100%	86.3%	99%
Neutral	4.3%	0%	10.5%	1%

	CMS	NCMS	VPSC Control	Student Control
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25) The only way I could do harm to a child when having sex with her (him) would be to use physical force to get her (him) to have sex with me.

Agree	5.8%	0%	8.5%	0%
Disagree	89.9%	90.5%	87.2%	99%
Neutral	4.3%	9.5%	4.3%	1%

26) When children watch an adult masturbate, it helps the child learn about sex.

Agree	4.3%	0%	4.3%	2%
Disagree	84.1%	100%	85.1%	92.9%
Neutral	11.6%	0%	10.6%	5.1%

27) An adult can know just how much sex between him (her) and a child will hurt the child later on.

Agree	15.9%	14.3%	22.2%	19.4%
Disagree	75.4%	81%	70%	72.4%
Neutral	8.7%	4.8%	2.5%	2.9%

28) If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals.

Agree	2.9%	4.8%	6.5%	1%
Disagree	94.2%	95.2%	90.3%	97%
Neutral	2.9%	0%	3.2%	2%

Table II

Cross-tabulation of Burt Rape Myth Acceptance Scale Items by Group

	CMS	NCMS	VPSC Control	Student Control
1. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.				
Agree	10.4%	4.8%	17.2%	11%
Disagree	62.7%	66.7%	46.2%	79%
Neutral	26.9%	28.6%	36.6%	10%
2. Any female can get raped.				
Agree	74.6%	76.2%	77.1%	93%
Disagree	11.9%	14.3%	14.6%	4%
Neutral	13.4%	9.5%	8.3%	3%
3. One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.				
Agree	40.3%	33.3%	44.6%	36.7%
Disagree	37.3%	33.3%	19.6%	36.7%
Neutral	22.4%	33.3%	35.9%	26.5%
4. Any healthy woman can successfully resist a rapist if she really wants to.				
Agree	14.5%	9.5%	12.9%	10%
Disagree	73.9%	76.2%	72%	86%
Neutral	11.6%	14.3%	15.1%	4%
5. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.				
Agree	29%	23.8%	21.3%	22.4%
Disagree	52.2%	47%	59.6%	65.3%
Neutral	18.8%	28.6%	19.1%	12.2%

	CMS	NCMs	VPSC Control	Student Control
6. In the majority of rapes, the victim is promiscuous or has a bad reputation.				
Agree	8.8%	9.5%	11.7%	3%
Disagree	75%	76.2%	61.7%	84%
Neutral	16.2%	14.3%	26.6%	13%
7. If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.				
Agree	10.1%	4.8%	12.5%	12%
Disagree	75.4%	76.2%	68.8%	83%
Neutral	14.5%	19%	18.8%	5%
8. Women who get raped while hitchhiking get what they deserve.				
Agree	11.6%	4.8%	7.3%	10%
Disagree	84.1%	85.7%	84.4%	87%
Neutral	4.3%	9.5%	8.3%	3%
9. A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.				
Agree	1.4%	4.8%	8.3%	4%
Disagree	88.4%	85.7%	82.3%	94%
Neutral	10.1%	9.5%	9.4%	2%
10. Many women have an unconscious wish to be raped, and may then unconsciously set up a situation in which they are likely to be attacked.				
Agree	17.4%	9.5%	15.1%	6%
Disagree	68.1%	71.4%	55.9%	82%
Neutral	14.5%	19%	29%	12%

	CMS	NCMs	VPSC Control	Student Control
11. If a woman gets drunk at a party and had intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.				
Agree	5.8%	0%	6.3%	3%
Disagree	85.5%	85.7%	84.4%	97%
Neutral	8.7%	14.3%	9.4%	0%

12. What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?

- almost all	2.9%	5%	1.1%	0%
- about 3/4	2.9%	0%	3.3%	0%
- about half	22.1%	15%	19.8%	3%
- about 1/4	27.9%	25%	33%	35%
- almost none	44.1%	55%	42.9%	62%

13. What percentage of reported rapes would you guess were merely invented by women who discovered they were pregnant and wanted to protect their own reputation?

- almost all	3%	0%	1.1%	0%
- about 3/4	3%	0%	8.7%	1%
- about half	10.4%	5.3%	12%	3%
- about 1/4	31.3%	21.1%	23.9%	26.3%
- almost none	52.2%	73.7%	54.3%	69.7%

Table III

Rank Ordering of Abel-Becker Cognition Questions by Group

	CMS	NCMS	VPSC Control	Student Control
1)	19 (37.9%)	13 (30%)	13 (44.6%)	13 (28.3%)
2)	13 (27.8%)	6, 27 (14.3%)	19 (28%)	19 (25%)
3)	1, 27 (15.9%)	19 (13.3%)	27 (22.2%)	27 (19.4%)
4)	14 (11.6%)	18, 17 28 (4.8%)	6 (10.4%)	18 (7%)
5)	3 (7.4%)	remaining (0%)	18, 14 (9.7%)	14 (4%)
6)	18 (5.9%)		3 (9.4%)	3 (3%)
7)	6, 5, 25 (5.8%)		25 (8.5%)	1, 26 (2%)
8)	23 (4.5)		10 (7.4%)	4, 5, 6 28 (1%)
9)	4, 22, 26 (4.3%)		28 (6.5%)	remaining (0%)
10)	8 (3.1%)		9, 11, 21, 26 (4.3%)	
11)	9, 15, 16, 21, 28 (2.9%)		7, 17 (4.2%)	
12)	10, 11, 17, 20, 24 (1.4%)		2, 5, 20, 24 (3.2%)	
13)	2, 7, 12 (0%)		23 (2.3%)	
14)			8 (2.2%)	
15)			1, 4, 12, 15 16, 22 (2.1)	

Table IV

Rank Ordering of Burt Rape Myth Acceptance Questions by Group

	CMs	NCMs	VPSC Control	Student Control
1)	3 (40.3%)	3 (33.3%)	3 (44.6%)	3 (36.7%)
2)	5 (29%)	5 (23.8%)	5 (21.3%)	5 (22.4%)
3)	10 (17.4%)	2 (14.3%)	1 (17.2%)	7 (12%)
4)	4 (14.5%)	4, 6, 10 (9.5%)	10 (15.1%)	1 (11%)
5)	2 (11.9%)	1, 7, 8, 9 (4.8%)	2 (14.6%)	4, 8 (10%)
6)	8 (11.6%)	11 (0%)	4 (12.9%)	10 (6%)
7)	1 (10.4%)		7 (12.5%)	2, 9 (4%)
8)	7 (10.1%)		6 (11.7%)	6, 11 (3%)
9)	6 (8.8%)		9 (8.3%)	
10)	11 (5.8%)		8 (7.3%)	
11)	9 (1.4%)		11 (6.3%)	